#### **Final**

## Remedial Action Report for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill

Ravenna Army Ammunition Plant Portage and Trumbull Counties, Ohio

GSA Contract No. GS-10F-0076J Delivery Order No. W912QR-12-F-0020

#### Prepared for:



United States Army Corps of Engineers Louisville District

Prepared by:



Leidos Engineering of Ohio, Inc. 8866 Commons Boulevard Twinsburg, Ohio 44087

**January 30, 2015** 

#### REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE	DO NO	T RETUR	N YOUR	FORM TO THE	ABOVE ADDRESS.

1. REPORT DATE (DD-MM-YYYY)	2. REPORT TYPE		3. DATES COVERED (From - To)
30-01-2015	Technical		1941-2015
4. TITLE AND SUBTITLE		5a. CO	NTRACT NUMBER
Final	15 6 1		Contract No. GS-10F-0076J
Remedial Action Report for Soil an		5b. GR	ANT NUMBER
at the RVAAP-01 Ramsdell Quarry Ravenna Army Ammunition Plant	Landini		NA
Ravenna, Ohio		5c. PRO	OGRAM ELEMENT NUMBER
			NA
6. AUTHOR(S)		5d. PRO	DJECT NUMBER
Jed Thomas, PE			Delivery Order W912QR-12-F-0020
		5e. TAS	SK NUMBER
			NA
		5f. WO	RK UNIT NUMBER
			NA
7. PERFORMING ORGANIZATION NA	ME(S) AND ADDRESS(ES)	•	8. PERFORMING ORGANIZATION REPORT NUMBER
Leidos Engineering of Ohio, Inc.			
8866 Commons Blvd.			14-055/01222015
Twinsburg, OH 44087			
9. SPONSORING/MONITORING AGEN	ICY NAME(S) AND ADDRESS(ES)		10. SPONSOR/MONITOR'S ACRONYM(S)
USACE - Louisville District			CELRL-PM-M-E
U.S. Army Corps of Engineers, Lou	isville District		
600 Martin Luther King Jr. Place			11. SPONSOR/MONITOR'S REPORT NUMBER(S)
P.O. Box 50 Louisville, Kentucky 40202-0059			NA
12 DISTRIBUTION/AVAILABILITY ST	ATEMENT		1

Reference Distribution Page

#### 13. SUPPLEMENTARY NOTES

None

#### 14. ABSTRACT

This remedial action report summarizes the field activities for implementing Alternative 8 in accordance with the approved Record of Decision Amendment for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill. This report documents the fulfillment of the selected remedy for soil and dry sediment at RQL, as codified in the Record of Decision Amendment. Fulfillment of this selected remedy was executed by installing a perimeter fence and signage and cleanup of surficial asbestos-containing material (ACM) within the former quarry at RVAAP-01 Ramsdell Quarry Landfill, resulting in CERCLA closure for soil and dry sediment at the AOC for Restricted Access land use.

#### 15. SUBJECT TERMS

Remedial objectives, contamination, fence installation, asbestos cleanup, disposal, Ramsdell Quarry Landfill

16. SECURITY CLASSIFICATION OF:				19a. NAME OF RESPONSIBLE PERSON	
a. REPORT	b. ABSTRACT	c. THIS PAGE	ABSTRACT	OF PAGES	Nathaniel Peters
NA	NA	NA	NA		19b. TELEPHONE NUMBER (Include area code)
11/2	1474	11/14		549	502-315-2624

#### CONTRACTOR STATEMENT OF INDEPENDENT TECHNICAL REVIEW

Leidos has completed the Remedial Action Report for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Portage and Trumbull Counties, Ohio. Notice is hereby given that an independent technical review has been conducted that is appropriate to the level of risk and complexity inherent in the project. During the independent technical review, compliance with established policy principles and procedures, utilizing justified and valid assumptions, was verified. This included review of data quality objectives; technical assumptions; methods, procedures, and materials to be used; the appropriateness of data used and level of data obtained; and reasonableness of the results, including whether the product meets the customer's needs consistent with law and existing United States Army Corps of Engineers (USACE) policy.

al home	1/30/2015	
Jed Thomas, PE	Date	
Study/Design Team Leader		
Spatian adam	1/30/2015	
Heather Adams	Date	
Independent Technical Review Team Leader		
Significant concerns and the explanation of the resolution are as follows:  Internal Leidos Independent Technical Review was conducted on this document. Internal Leidos Independent Technical Review comments are recorded on a Document Review Record per Leidos quality assurance procedure QAAP 3.1. This Document Review Record is maintained in the project file. Changes to the report addressing the comments have been verified by the Study/Design Team Leader.		
As noted above, all concerns resulting from independent technical considered.	review of the project have been	
Jy	1/30/2015	
Lisa Jones-Bateman	Date	
Senior Program Manager		



John R. Kasich, Governor Mary Taylor, Lt. Governor Craig W. Butler, Director

January 16, 2015

Mark Leeper, P.G., MBA Army National Guard Directorate Environmental Programs Division ARNG-ILE-CR 703.607.7955 111 South George Mason Drive Arlington, VA 22204

Re: US Army Ravenna Ammunition Plt RVAAP

> Remediation Response Project Records Remedial Response Portage County

267000859

Subject:

Approval of the "Draft Remedial Action Report at RVAAP-01 Ramsdell Quarry Landfill, Former Ravenna Army Ammunition Plant, Ravenna, Ohio," Dated November 12, 2014 (Work Activity No. 267-000859-130)

Dear Mr. Leeper:

The Ohio Environmental Protection Agency (Ohio EPA), Northeast District Office (NEDO), Division of Environmental Response and Revitalization (DERR) has received and reviewed the document entitled, "Draft Remedial Action Report at RVAAP-01 Ramsdell Quarry Landfill, Former Ravenna Army Ammunition Plant, Ravenna, Ohio," dated November 12, 2014. This document, received by Ohio EPA's NEDO on November 14, 2014, was prepared by Leidos Engineering of Ohio, Inc.

Ohio has reviewed this documentation and has found no significant deficiencies. provide a revised document or replacement pages within 30 days, in accordance with the Findings and Orders for RVAAP.

If you have any questions or concerns, please do not hesitate to contact me at (330) 963-1249.

Sincerely,

Andrew C. Kocher Site Coordinator

Division of Environmental Response and Revitalization

ACK/nvr

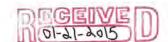
CC: Gregory F. Moore, USACE, Louisville District

> Katie Tait/Kevin Sedlak, Camp Ravenna Environmental Office, Newton Falls Haney/Harris, Camp Ravenna Environmental Office, Vista Sciences, Newton Falls

Rod Beals, Ohio EPA, NEDO, DERR ec:

Justin Burke, Ohio EPA, CO, DERR





#### **Final**

# Remedial Action Report for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill

Volume One - Main Report and Appendices Version 1.0

Ravenna Army Ammunition Plant Portage and Trumbull Counties, Ohio

GSA Contract No. GS-10F-0076J Delivery Order No. W912QR-12-F-0020

#### Prepared for:

U.S. Army Corps of Engineers 600 Martin Luther King, Jr. Place Louisville, Kentucky 40202

#### Prepared by:

Leidos Engineering of Ohio, Inc. 8866 Commons Boulevard Twinsburg, Ohio 44087

#### **DOCUMENT DISTRIBUTION**

#### for the

# Final Remedial Action Report for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill Ravenna Army Ammunition Plant Portage and Trumbull Counties, Ohio

	Number of	Number of
Name/Organization	Printed Copies	<b>Electronic Copies</b>
Andrew Kocher, Ohio EPA DERR	1	2
Rodney Beals, Ohio EPA DERR	Transmitta	al letter only
Justin Burke, Ohio EPA CO	0	1
Mark Leeper, ARNG	0	1
Kevin Sedlak, ARNG		
Katie Tait, OHARNG	2	2
Gail Harris, Vista Sciences Corporation		
Greg Moore, USACE – Louisville District	1	1
Nathaniel Peters, USACE – Louisville District	1	1
Kevin Jago, Leidos	1	1
Jed Thomas, Leidos	1	1
Pat Ryan, Leidos-REIMS	0	1
Leidos Project File W912QR-08-D0008	1	1
Leidos Central Records Facility	0	1

ARNG = Army National Guard.

OHARNG = Ohio Army National Guard.

Ohio EPA DERR = Ohio Environmental Protection Agency Division of Environmental Response and Revitalization.

Ohio EPA CO = Ohio Environmental Protection Agency Central Office.

REIMS = Ravenna Environmental Information Management System.

USACE = United States Army Corps of Engineers.

# TABLE OF CONTENTS

LIST OF TABLES	ii
LIST OF FIGURES	ii
LIST OF PHOTOGRAPHS	iii
LIST OF APPENDICES	iv
ACRONYMS AND ABBREVIATIONS	v
1.0 INTRODUCTION	1-1
1.1 PURPOSE	1-1
1.2 REPORT ORGANIZATION	1-2
2.0 FACILITY AND SITE DESCRIPTION	2-1
2.1 FACILITY DESCRIPTION	
2.2 RAMSDELL QUARRY LANDFILL DESCRIPTION AND HISTORY	2-1
2.2.1 Site Description	2-1
2.2.2 Site History	2-2
2.3 ANTICIPATED FUTURE LAND USE	2-2
3.0 2010 SOIL REMOVAL ACTIVITIES	3-1
3.1 NOTIFICATIONS AND CLEARANCES	3-1
3.1.1 USFWS and OHPO Notifications and Approvals	3-1
3.1.2 MEC Investigation	3-1
3.1.3 Utility Clearance	3-2
3.2 SITE PREPARATION ACTIVITIES	3-2
3.2.1 Herbicide Application	3-2
3.2.2 Stormwater Controls	3-2
3.2.3 Stockpiling Area and Equipment Staging Area	3-3
3.2.4 Rock Construction Entrance	3-3
3.2.5 Excavation Water Management	3-3
3.2.6 Backfill Sampling	3-4
3.3 SOIL REMOVAL ACTIVITIES	3-4
3.3.1 Initial Soil Removal Activities	3-4
3.3.2 Encountering Asbestos-Containing Material	3-5
3.4 MEETING WITH OHIO EPA NESHAP	3-6
3.5 ACM REMOVAL ACTIVITIES	3-7
3.5.1 Soil Asbestos Removal Plan and Accident Prevention Plan	3-7
3.5.2 Marking Regulated Area	3-7
3.5.3 Notifications	
3.5.4 Decontamination Unit	3-7
3.5.5 Soil Removal Activities	3-8
3.5.5.1 Confirmatory Sampling	3-8
3.5.5.2 Field Change Request	3-9

3.7 SITE RESTORATION	3.6 MEC IDENTIFICATION AND REMOVAL	3-9
4.1 ENGINEERING EVALUATION       4-1         4.2 PUBLIC NOTIFICATION.       4-1         4.3 RECORD OF DECISION AMENDMENT       4-2         5.0 2014 FENCE INSTALLATION AND ACM CLEANUP ACTIVITIES       5-1         5.1 REMEDIAL DESIGN.       5-1         5.1.1 Remedial Action Objective       5-1         5.1.2 Wetland Restoration       5-1         5.1.3 Land Use Control Remedial Design.       5-2         5.2 NOTIFICATIONS AND CLEARANCES.       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         Table 3-2. ACM Sample Results of Soil       3-6         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill S	3.7 SITE RESTORATION	3-10
4.1 ENGINEERING EVALUATION       4-1         4.2 PUBLIC NOTIFICATION.       4-1         4.3 RECORD OF DECISION AMENDMENT       4-2         5.0 2014 FENCE INSTALLATION AND ACM CLEANUP ACTIVITIES       5-1         5.1 REMEDIAL DESIGN.       5-1         5.1.1 Remedial Action Objective       5-1         5.1.2 Wetland Restoration       5-1         5.1.3 Land Use Control Remedial Design.       5-2         5.2 NOTIFICATIONS AND CLEARANCES.       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         Table 3-2. ACM Sample Results of Soil       3-6         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill S	4.0 ENGINEERING EVALUATION AND ROD AMENDMENT	4-1
4.3 RECORD OF DECISION AMENDMENT       4-2         5.0 2014 FENCE INSTALLATION AND ACM CLEANUP ACTIVITIES       5-1         5.1 REMEDIAL DESIGN       5-1         5.1.1 Remedial Action Objective       5-1         5.1.2 Wetland Restoration       5-1         5.1.3 Land Use Control Remedial Design       5-2         5.2 NOTIFICATIONS AND CLEARANCES       5-2         5.2.1 Ohio EPA Notification       5-2         5.2 VEGETATION CLEARING       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         Table 3-1. ACM Sample Results of Construction Debris       3-6         Table 3-2. ACM Sample Results of Soil       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-3         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7		
5.0 2014 FENCE INSTALLATION AND ACM CLEANUP ACTIVITIES       5-1         5.1 REMEDIAL DESIGN       5-1         5.1.1 Remedial Action Objective       5-1         5.1.2 Wetland Restoration       5-1         5.1.3 Land Use Control Remedial Design       5-2         5.2 NOTIFICATIONS AND CLEARANCES       5-2         5.2 NOTIFICATION SAND CLEARANCES       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	4.2 PUBLIC NOTIFICATION	4-1
5.1 REMEDIAL DESIGN       5-1         5.1.1 Remedial Action Objective       5-1         5.1.2 Wetland Restoration       5-1         5.1.3 Land Use Control Remedial Design       5-2         5.2 NOTIFICATIONS AND CLEARANCES       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.2.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-3         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	4.3 RECORD OF DECISION AMENDMENT	4-2
5.1.1 Remedial Action Objective       5-1         5.1.2 Wetland Restoration       5-1         5.1.3 Land Use Control Remedial Design       5-2         5.2 NOTIFICATIONS AND CLEARANCES       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-3         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.0 2014 FENCE INSTALLATION AND ACM CLEANUP ACTIVITIES	5-1
5.1.2 Wetland Restoration       5-1         5.1.3 Land Use Control Remedial Design       5-2         5.2 NOTIFICATIONS AND CLEARANCES       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-3         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.1 REMEDIAL DESIGN	5-1
5.1.3 Land Use Control Remedial Design       5-2         5.2 NOTIFICATIONS AND CLEARANCES       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-3         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.1.1 Remedial Action Objective	5-1
5.2 NOTIFICATIONS AND CLEARANCES       5-2         5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-3         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.1.2 Wetland Restoration	5-1
5.2.1 Ohio EPA Notification       5-2         5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-3         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.1.3 Land Use Control Remedial Design	5-2
5.2.2 Utility Clearance       5-2         5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         Table 3-2. ACM Sample Results of Soil       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.2 NOTIFICATIONS AND CLEARANCES	5-2
5.3 VEGETATION CLEARING       5-2         5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES       3-6         Table 3-1. ACM Sample Results of Construction Debris       3-6         LIST OF FIGURES       3-6         LIST OF FIGURES       5-7         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.2.1 Ohio EPA Notification	5-2
5.4 FENCE INSTALLATION       5-2         5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES       3-6         Table 3-1. ACM Sample Results of Construction Debris       3-6         Table 3-2. ACM Sample Results of Soil       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.2.2 Utility Clearance	5-2
5.5 ASBESTOS SIGNAGE INSTALLATION       5-4         5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         Table 3-2. ACM Sample Results of Soil       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.3 VEGETATION CLEARING	5-2
5.6 SITE RESTORATION       5-5         5.7 ACM CLEANUP       5-5         5.8 MEC AVOIDANCE       5-6         6.0 CONCLUSIONS       6-1         7.0 REFERENCES       7-1         LIST OF TABLES         Table 3-1. ACM Sample Results of Construction Debris       3-6         Table 3-2. ACM Sample Results of Soil       3-6         LIST OF FIGURES         Figure 2-1. General Location and Orientation of Camp Ravenna       2-3         Figure 2-2. Location of AOCs at Camp Ravenna       2-5         Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents       3-11         Figure 5-1. Ramsdell Quarry Landfill Fence Line       5-7	5.4 FENCE INSTALLATION	5-2
5.7 ACM CLEANUP	5.5 ASBESTOS SIGNAGE INSTALLATION	5-4
5.8 MEC AVOIDANCE	5.6 SITE RESTORATION	5-5
6-1 7.0 REFERENCES	5.7 ACM CLEANUP	5-5
Table 3-1. ACM Sample Results of Construction Debris	5.8 MEC AVOIDANCE	5-6
LIST OF TABLES  Table 3-1. ACM Sample Results of Construction Debris	6.0 CONCLUSIONS	6-1
Table 3-1. ACM Sample Results of Construction Debris	7.0 REFERENCES	7-1
Table 3-2. ACM Sample Results of Soil	LIST OF TABLES	
Table 3-2. ACM Sample Results of Soil		
LIST OF FIGURES  Figure 2-1. General Location and Orientation of Camp Ravenna	•	
Figure 2-1. General Location and Orientation of Camp Ravenna	Table 3-2. ACM Sample Results of Soil	3-6
Figure 2-2. Location of AOCs at Camp Ravenna	LIST OF FIGURES	
Figure 2-2. Location of AOCs at Camp Ravenna	Figure 2-1. General Location and Orientation of Camp Ravenna	2-3
Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents		
Figure 5-1. Ramsdell Quarry Landfill Fence Line		
	•	

# LIST OF PHOTOGRAPHS

Photograph 3-1. Installation of Equipment Staging Area	3-3
Photograph 3-2. Portable Water Storage Tank	3-3
Photograph 3-3. Initial Excavation at Northeast Corner of Quarry Bottom	3-5
Photograph 3-4. Loading Off-Road Haul Truck	3-5
Photograph 3-5. Encountered Construction Debris	3-5
Photograph 3-6. Soil Containing Construction Debris	3-5
Photograph 3-7. Decontamination Unit	3-8
Photograph 3-8. Loading Contaminated Soil into On-Road Haul Truck	3-8
Photograph 3-9. Soil Sampling After Excavation of Removal Area Containing ACM	3-9
Photograph 3-10. Inspection of Removal Area During Excavation Activities	3-9
Photograph 3-11. Grading Topsoil During Site Restoration Activities	3-10
Photograph 3-12. Established Seed in Removal Area	3-10
Photograph 5-1. Brush Clearing	5-3
Photograph 5-2. Augering Post Holes	5-3
Photograph 5-3. Posts Installed for Chain Link Fence	5-3
Photograph 5-4. Installed Chain Link Fence	5-3
Photograph 5-5. Terminal Posts in High Tensile Wire Fence	5-4
Photograph 5-6. Completed High Tensile Wire Fence	5-4
Photograph 5-7. Signs Installed Per OAC 3745-20-07(B)(1)(b)	5-5
Photograph 5-8. Tubular Post Anchors	5-5
Photograph 5-9. Investigation and Cleanup of Surficial ACM	5-6
Photograph 5-10. Containerization of an Estimated 200 lbs of ACM	5-6

# LIST OF APPENDICES

Appendix A 2	010 Soil Removal Activity Documentation
Appendix A.1	United States Fish and Wildlife Service Concurrence
Appendix A.2	Ohio Historic Preservation Office Concurrence
Appendix A.3	MEC Investigation Report – USACE, Rock Island
Appendix A.4	Utility Clearance
Appendix A.5	Herbicide Application Notification Forms
Appendix A.6	Ohio EPA Approvals of Backfill Source
Appendix A.7	Waste Characterization Sample Results
Appendix A.8	Soil Asbestos Removal Plan
Appendix A.9	Accident Prevention Plan and Site Safety and Health Plan
Appendix A.10	Notifications of Asbestos Project
Appendix A.11	Manifest Log, Waste Profile, and Waste Manifests
Appendix A.12	Visual Inspection Form
Appendix A.13	Technical Memorandum, Sampling Scheme, and Confirmation Sampling Results
Appendix A.14	Field Change Request Form
Appendix B 2	014 Fence Installation and ACM Cleanup Documentation
Appendix B.1	Ohio EPA Notification
Appendix B.2	Utility Clearance
Appendix B.3	Field Change Request Form
Appendix B.4	Certification of Visual Inspection
Appendix B.5	ACM Waste Profile, Manifest, and IDW Inspection Forms
Appendix C L	and Use Control Documents
Appendix C.1	Land Use Control Remedial Design
Appendix C.2	Metes and Bounds Survey
Appendix C.3	Land Use Control (LUC) Inspection Form for RVAAP-01 Ramsdell Quarry
Appendix C.5	Landfill Area of Concern (AOC)
Appendix C.4	RVAAP-01 Ramsdell Quarry Landfill (RQL) – Land Use Control (LUC) Brief for
Appendix C.4	Contractors/Personnel
Appendix C.5	Sign In/Out Sheet for Ramsdell Quarry Landfill

#### **ACRONYMS AND ABBREVIATIONS**

ACM Asbestos-Containing Material

ACWM Asbestos-Containing Waste Material

AOC Area Of Concern
ARNG Army National Guard
bgs Below Ground Surface
BMP Best Management Practice

CERCLA Comprehensive Environmental Response, Compensation, and Liability Act

CERCLIS Comprehensive Environmental Response, Compensation and Liability Information

System

CFR Code of Federal Regulations

COC Chemical of Concern

CUG Cleanup Goal

DoD Department of Defense

ESS Explosives Safety Submission
FBQ Fuze and Booster Quarry
FCR Field Change Request
FS Feasibility Study

HHRA Human Health Risk Assessment

LUC Land Use Control

LUCRD Land Use Control Remedial Design

MD Munitions Debris

MEC Munitions and Explosives of Concern

NCP National Oil and Hazardous Substances Pollution Contingency Plan

NESHAP National Emission Standards for Hazardous Air Pollutants

O&M Operations And Maintenance
OAC Ohio Administrative Code
OHARNG Ohio Army National Guard

Ohio EPA Ohio Environmental Protection Agency

OHPO Ohio Historic Preservation Office ORAM Ohio Rapid Assessment Method

PCB Polychlorinated Biphenyl PIKA Pika International, Inc. RAR Remedial Action Report

RD Remedial Design ROD Record of Decision

RQL Ramsdell Quarry Landfill

RVAAP Ravenna Army Ammunition Plant SVOC Semi-volatile Organic Compounds USACE U.S. Army Corps of Engineers

USFWS United States Fish and Wildlife Service

UXO Unexploded Ordnance

VOC Volatile Organic Compound

THIS PAGE INTENTIONALLY LEFT BLANK.

#### 1.0 Introduction

Leidos (formerly SAIC) has been contracted by the U.S. Army Corps of Engineers (USACE), Louisville District, to provide environmental services to attain Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) regulatory closure at the Ramsdell Quarry Landfill (RQL) area of concern (AOC) within the former Ravenna Army Ammunition Plant (RVAAP) in Portage and Trumbull counties, Ohio.

This work is being performed in accordance with U.S. General Services Administration Environmental Advisory Services Contract GS-10-F-0076J, Delivery Order W912QR-12-F-0020. In addition, planning and performance of all work is being conducted in accordance with the requirements of the Ohio Environmental Protection Agency (Ohio EPA) Director's Final Findings and Orders dated June 10, 2004 (Ohio EPA 2004).

#### 1.1 PURPOSE

The purpose of this Remedial Action Report (RAR) is to document the fulfillment of the selected remedy for soil and dry sediment at RQL. The selected remedy for RQL was codified in the *Record of Decision for Soil and Dry Sediment for the RVAAP-01 Ramsdell Quarry Landfill* (USACE 2009) [herein referred to as the Original Record of Decision (ROD)] and amended in the *Record of Decision Amendment for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill* (USACE 2013) (herein referred to as the ROD Amendment). Fulfillment of this selected remedy was executed in accordance with the *Remedial Design for the RVAAP-01 Ramsdell Quarry Landfill* (USACE 2010a) [herein referred to as the Original Remedial Design (RD)] and the *Remedial Design for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill* (USACE 2014) (herein referred to as the RQL RD).

The Army began soil removal activities in June 2010 in accordance with the Original ROD. The Original ROD (USACE 2009) and Original RD (USACE 2010a) anticipated removal of non-hazardous soil contaminated with low levels of polycyclic aromatic hydrocarbons (PAHs). Asbestos-containing materials (ACM) were encountered during soil removal activities, resulting in a change of waste type. This change in waste type was considered a post ROD "fundamental change" (i.e., change to the basic features of the remedy selected in a ROD with respect to scope, performance, or cost). The Army and Ohio EPA re-evaluated the remedy as outlined in National Oil and Hazardous Substances Pollution Contingency Plan (NCP) Section 300.435(c)(2)(ii)(A) through (H) and completed the ROD Amendment (USACE 2013) and RQL RD (USACE 2014). The ROD Amendment and RQL RD specified the removal of ACM exposed at the ground surface, installation of fencing and signage, and land use controls (LUCs). This RAR presents the summary and documents the completion of remedial activities under the Original ROD (USACE 2009) and the ROD Amendment (USACE 2013).

#### 1.2 REPORT ORGANIZATION

This RAR is organized as follows:

- Section 1: Introduction
- Section 2: Facility and Site Description
- Section 3: 2010 Soil Removal Activities
- Section 4: Engineering Evaluation and ROD Amendment
- Section 5: 2014 Fence Installation and ACM Cleanup Activities
- Section 6: Conclusions
- Section 7: References
- Appendix A: 2010 Soil Removal Activity Documentation
- Appendix B: 2014 Fence Installation and ACM Cleanup Documentation
- Appendix C: Land Use Control Documents

### 2.0 FACILITY AND SITE DESCRIPTION

#### 2.1 FACILITY DESCRIPTION

When the RVAAP restoration program began in 1989, the facility [Comprehensive Environmental Response, Compensation and Liability Information System (CERCLIS) Identification Number OH5210020736] was identified as a 21,419-acre installation. The Ohio Army National Guard (OHARNG) surveyed the property over a two-year period (2002 and 2003), and the total acreage of the property was found to be 21,683 acres. Administrative accountability for all acreage at the facility has been transferred to the Army National Guard (ARNG) with licensure to OHARNG for use as a military training site, now known as the Camp Ravenna Joint Military Training Center (Camp Ravenna). The entire 21,683-acre parcel was an industrial facility used for load, assemble, and pack operations for munitions when RVAAP was operational (Camp Ravenna did not exist at that time). The RVAAP restoration program encompasses investigation and cleanup of past activities over the entire 21,683 acres of the former RVAAP.

Currently, Camp Ravenna is a federally owned facility located in east-central Portage County and southwestern Trumbull County, Ohio approximately 3 miles (4.8 km) east-northeast of Ravenna and approximately 1 mile (1.6 km) northwest of the city of Newton Falls. Camp Ravenna is a parcel of property approximately 11 miles (17.7 km) long and 3.5 miles (5.6 km) wide bounded by State Route 5, the Michael J. Kirwan Reservoir, and the CSX System Railroad on the south; Garret, McCormick, and Berry roads on the west; the Norfolk Southern Railroad on the north; and State Route 534 on the east (Figures 2-1 and 2-2). Camp Ravenna is surrounded by several communities: Windham on the north, Garrettsville 6 miles (9.6 km) to the northwest, Newton Falls 1 mile (1.6 km) to the southeast, Charlestown to the southwest, and Wayland 3 miles (4.8 km) to the south.

#### 2.2 RAMSDELL QUARRY LANDFILL DESCRIPTION AND HISTORY

The following sections present the site description and history of RQL.

#### 2.2.1 Site Description

RQL encompasses approximately 14 acres in the northeastern portion of Camp Ravenna. RQL includes old-field communities with patches of forests and grasslands. The land surface in a large portion of the AOC slopes into a former quarry, which occupies most of the AOC. The quarry bottom is about 40 ft below the surrounding area. Much of the original soil at RQL was removed during the former quarry operations conducted at the site.

Surface water runoff collects in an isolated wetland in the bottom of the former quarry. The water in the quarry bottom appears to be hydraulically connected to groundwater, as the water levels in the quarry bottom appear to correlate with those in neighboring monitoring wells. When water is present in the wetland, the water depth is usually less than 4 ft. There is no surface water drainage outlet from

the quarry. The drainage ways and ditch lines outside of the quarry, located along access roads and the rail line in the southern part of the AOC, only contain water during rain events.

#### 2.2.2 Site History

RQL was initially a stone quarry that operated until 1941. During operations, the quarry was excavated 30 to 40 ft below existing grade. The excavated sandstone and quartzite pebble conglomerate was used for road and construction ballast. From 1946 to the 1950s, the bottom of the quarry was used to burn waste explosives from Load Line 1. Approximately 18,000 500 lb (225-kg) incendiary or napalm bombs were reported to have been burned, and liquid residues from annealing operations were disposed in the quarry.

Between 1941 and 1989, the western and southern sections of the abandoned quarry were used for landfill operations. No information is available regarding landfill disposal activities from 1941 to 1976, and no information is available on other activities at the quarry from the 1950s to 1976. Only non-hazardous solid waste was deposited in RQL from 1976 until it was closed in 1989. In 1978, a portion of the abandoned quarry was permitted as a sanitary landfill by the state of Ohio. The sanitary landfill was closed in 1990 under state of Ohio solid waste regulations. A clay cap was placed on the former permitted landfill area covering approximately four acres of the AOC. As required by Ohio EPA Solid Waste Regulations, the landfill is currently undergoing 30-year post closure maintenance until the year 2020.

#### 2.3 ANTICIPATED FUTURE LAND USE

Camp Ravenna will be used for military training. Due to residual contamination and asbestos at RQL, the future use at the AOC will be Restricted Access.

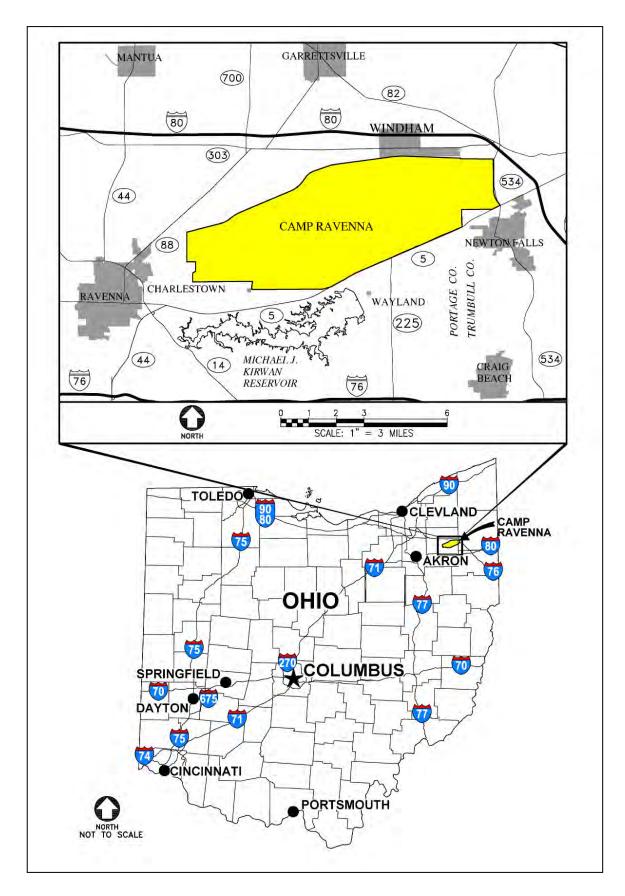


Figure 2-1. General Location and Orientation of Camp Ravenna

THIS PAGE INTENTIONALLY LEFT BLANK.

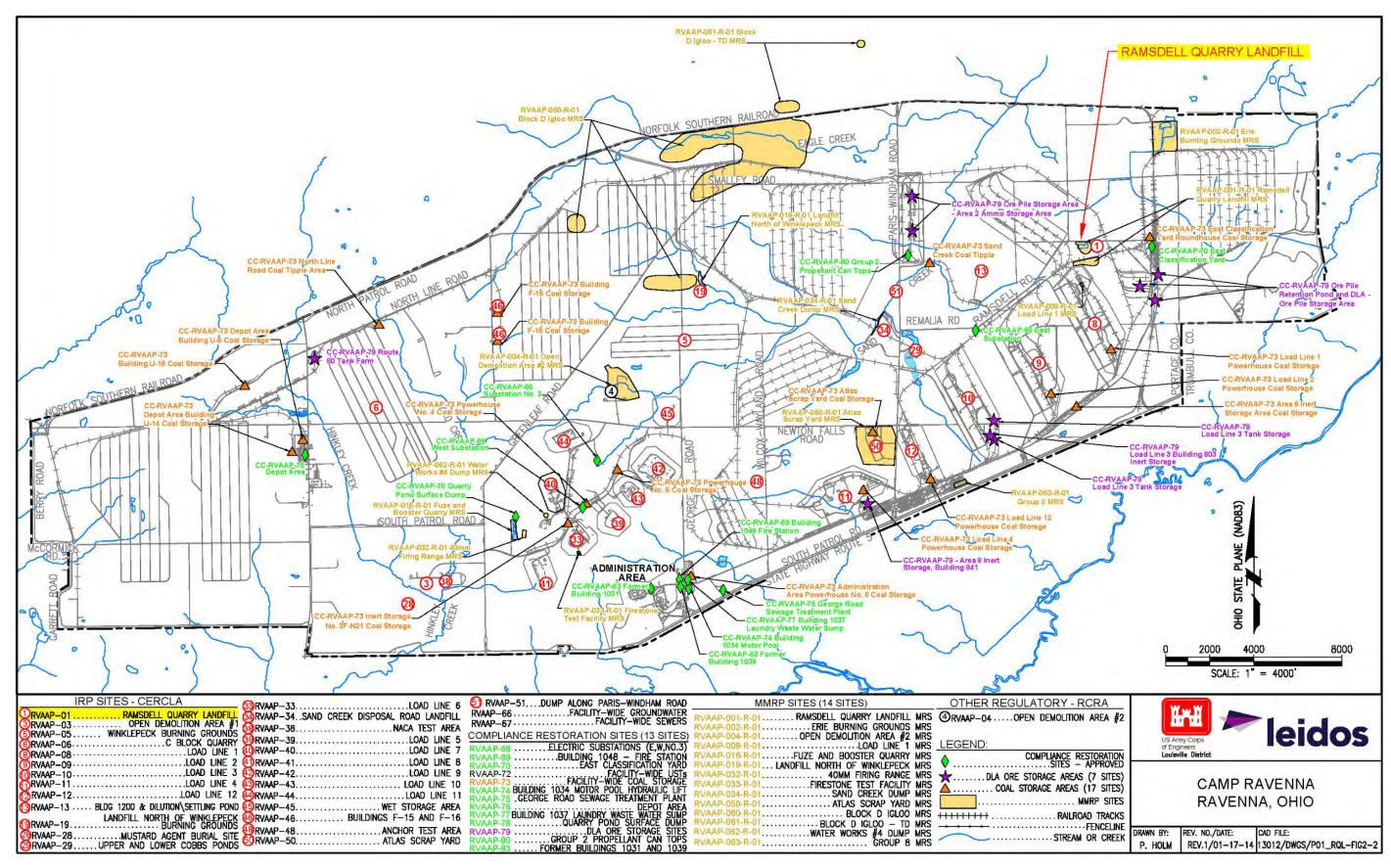


Figure 2-2. Location of AOCs at Camp Ravenna

THIS PAGE INTENTIONALLY LEFT BLANK.

#### 3.0 2010 SOIL REMOVAL ACTIVITIES

The Feasibility Study for Ramsdell Quarry (RVAAP-01) (USACE 2006) [herein referred to as the RQL Feasibility Study (FS)] identified benz(a)anthracene, benzo(a)pyrene, benzo(b)fluoranthene, dibenz(a,h)anthracene, and indeno(1,2,3-cd)pyrene as soil chemicals of concern (COCs) in the human health risk assessment (HHRA). This HHRA estimated that the risks associated with dermal exposure to soil and dry sediment in some areas of the quarry bottom by a Security Guard/Maintenance Worker visiting the site exceeded the Ohio EPA risk range and risk-based cleanup goals (CUGs). The FS evaluated remedial alternatives to address COCs exceeding CUGs and recommended soil excavation, off-site disposal, and LUCs to mitigate risks. In March 2009, the Army published the Original ROD documenting the selection of Alternative 3: Excavation and Off-site Disposal (Security Guard/Maintenance Worker Land Use) to remediate soil and dry sediment at the AOC. In June 2010, the Original RD was issued, presenting the plan and specifications for implementing Alternative 3. This section describes the activities conducted in accordance with the Original RD.

#### 3.1 NOTIFICATIONS AND CLEARANCES

#### 3.1.1 USFWS and OHPO Notifications and Approvals

On October 6, 2009, a letter was submitted to the United States Fish and Wildlife Service (USFWS) requesting concurrence of the findings and determination of no effect for implementing RQL soil removal activities. On October 14, 2009, the USFWS provided a response concurring with these findings and determination and stated no objection to the project.

On October 6, 2009, a Section 106 Review – Project Summary Form was submitted to the Ohio Historic Preservation Office (OHPO) that indicated no historic properties would be affected by the proposed project. Upon review of this form, the OHPO concurred with this assessment.

Copies of the notification letters and responses from these agencies are provided in Appendix A.1 and A.2.

#### 3.1.2 MEC Investigation

On April 20-21, 2010, USACE, Rock Island District deployed two unexploded ordnance (UXO) technicians to conduct a magnetometer sweep of anticipated soil removal areas to determine the likelihood of munitions and explosives of concern (MEC) being present in soils. The entire area was examined for the presence of any MEC on the ground surface. During the course of the investigation, no MEC was encountered. Munitions Debris (MD) was encountered in the form of plastic shipping containers for 81mm mortar projectiles, rotating band protective rings for 155mm projectiles, and remains of several AN-M76 500-lb Incendiary Bombs.

The MEC Investigation Report, provided in Appendix A.3, determined that there is a low probability of encountering MEC in regards to conducting contaminated soil removal activities; because when burning operations were conducted at RQL, the area was exposed bedrock and anything not consumed would have been readily apparent. The AN-M76 500-lb Incendiary Bombs would not have had an igniter present, and the filler was 180 lb of Oil Gel PT-1. This is a mixture containing rubber, magnesium powder, fuel oil, a thickening agent, and a small amount of gasoline. Upon completing the report, the RVAAP Facility Manager supported the conclusion that the probability of encountering MEC is low and only UXO construction support is needed for the soil removal action.

#### 3.1.3 Utility Clearance

On June 16, 2010, the operations and maintenance (O&M) contractor at RVAAP granted a utility clearance for the removal action. Documentation of the utility clearance is provided in Appendix A.4.

#### 3.2 SITE PREPARATION ACTIVITIES

#### 3.2.1 Herbicide Application

The Original RD identified the areas in which soil remediation was planned as an isolated palustrine emergent wetland, which was then classified as a Modified Category 2 wetland using the Ohio Rapid Assessment Method (ORAM) during a 2008 wetland delineation (EnviroScience 2008). The Original RD presented the Ohio EPA general conditions, pre-construction herbicide application, mitigation requirements, mitigation timing, and performance criteria for the isolated wetland.

From June 10-11, 2010, equipment movement areas and soil removal areas within the wetland were treated with an invasive weed control herbicide (Rodeo®) by a licensed applicator in accordance with the Pre-Construction Herbicide Application requirements specified in the Original RD. The Ohio EPA Aquatic Herbicide Notification Form was required since, per Ohio Administrative Code (OAC) 3745-1-01(E), the pesticide application was performed near a water of the state. That notification form and the OHARNG Daily Pest Control Summary Sheets are also presented in Appendix A.5.

#### 3.2.2 Stormwater Controls

On June 22, 2010, the remedial Subcontractor (Toltest, Inc.) mobilized to RQL and initiated site setup, installation of erosion controls, brush clearing, and installation of access roads to conduct soil removal activities. Silt fencing was placed around the disturbed areas at the equipment staging area, and silt fencing and straw wattles were placed downgradient of the equipment staging area to prevent silt from traversing from the equipment staging area to the quarry bottom. These stormwater controls were inspected daily and repaired as needed.

#### 3.2.3 Stockpiling Area and Equipment Staging Area

The Subcontractor installed an equipment staging area to provide construction support, store a portable water tank, and stage excavated soil to be loaded in on-road haul trucks. The first 6 in of topsoil was removed, the surface was leveled, a geotextile fabric was placed over the ground surface, and courses of crushed stone were placed, graded, and compacted to establish the equipment staging area.

Adjacent to the equipment staging area, a soil stockpiling area was constructed to stage soil excavated from the quarry bottom prior to being loaded into on-road haul trucks. This area was bound by an earthen berm to collect any water that may have contacted contaminated soil. Soil placed in the stockpiling area was covered during periods of inactivity. Accordingly, no contact water was generated that needed containerization.

#### 3.2.4 Rock Construction Entrance

Rock construction entrances were installed at the enter/exit point of the equipment staging area, as well as the enter/exit location to the access road leading toward the quarry bottom near monitoring well RQLmw-010. A layer of geotextile fabric was placed under the rock construction entrance and Number 2 (No. 2) crushed stone was placed to facilitate the ingress/loading/egress of on-road haul trucks onto roadways at RVAAP. The Subcontractor maintained the rock construction entrance throughout the project, ensuring it was free of mud and no mud was tracked onto the roadways.

#### 3.2.5 Excavation Water Management

A portable water storage tank was staged on the equipment staging area in the event that excavation water was generated. The management of excavated areas, including covering excavated areas at the end of the day or during times of inclement weather, eliminated any generation of excavation water throughout the execution of the soil removal activities.



Photograph 3-1. Installation of Equipment Staging
Area



Photograph 3-2. Portable Water Storage Tank

#### 3.2.6 Backfill Sampling

On June 1, 2010, Ohio EPA agreed that the commercial backfill soil source approved for the remedial action at the Fuze and Booster Quarry Landfill (FBQ) could be used for the remedial action at RQL. As stated in the *Remedial Action Report for the RVAAP-16 Fuze and Booster Quarry Landfill/Ponds* (USACE 2010b), only 55 cubic yards of this soil was used during the FBQ Remedial Action. Per Ohio EPA guidance, a sample is required for every 4,000 cubic yards of backfill soil used. At the onset of the project, it was not anticipated that a total of 4,000 cubic yards of backfill soil would be used between the remedial actions at RQL, LL12, and FBQ.

On June 30, 2010, field staff sampled potential backfill sources at Charlestown Sand and Gravel. Samples RQL-QC-1095-QC and RQL-QC-10960-QC were collected as a precaution in the event that 4,000 cubic yards of the previously sampled backfill material was used and more would be needed. In addition, a sample of suitable topsoil material was collected for wetland restoration.

The sample results indicated the following:

- 1) All metal concentrations were below either the surface or subsurface background values or below laboratory reporting limits.
- 2) All pesticide and polychlorinated biphenyl (PCB) concentrations were not detected.
- 3) All semi-volatile organic compound (SVOC), volatile organic compound (VOC), explosive, and propellant concentrations were either not detected or below laboratory reporting limits.

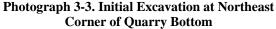
Ohio EPA provided approval to use this material on July 26, 2010. The approval notifications and backfill soil sample results are presented in Appendix A.6.

#### 3.3 SOIL REMOVAL ACTIVITIES

#### 3.3.1 Initial Soil Removal Activities

On June 30, 2010, soil removal activities in the quarry bottom commenced. A Terex TXC 300 was used to excavate PAH-contaminated soil, starting in the northeast corner of RQL. Soil was loaded into an IC100 off-road haul truck for transport to the stockpiling area. During the early soil excavation activities, construction debris with ACM was encountered. Accordingly, soil excavation activities were ceased and the Army and Ohio EPA were notified. The excavation area was covered with plastic sheeting that was weighed down to prevent impacts from rain or high winds.







Photograph 3-4. Loading Off-Road Haul Truck

#### 3.3.2 Encountering Asbestos-Containing Material

On June 30, 2010, the Army and Ohio EPA were notified that a large amount of construction and miscellaneous debris was encountered between the surface layer and bedrock [approximately 1-2 ft below ground surface (bgs)]. Some debris (e.g., transite and roofing materials) was suspected to contain asbestos. The suspect materials were sampled and sent for analysis. The analytical results revealed that the transite and roofing materials within the excavation were ACM, containing greater than 1% asbestos. Table 3-1 presents the results from the ACM samples taken from the construction debris.

In addition, at the request of the RVAAP Facility Manager, new samples were collected to recharacterize the contaminated soil. Table 3-2 presents the results of ACM in soil. The characterization results indicated the soil was still considered non-hazardous waste; however, the presence of ACM in the soil required the material to be handled and disposed as non-hazardous, asbestos-containing waste. Results of the sampling activities are presented in Appendix A.7.



**Photograph 3-5. Encountered Construction Debris** 



Photograph 3-6. Soil Containing Construction Debris

**Table 3-1. ACM Sample Results of Construction Debris** 

Sample ID	Description	Asbestos Content
AOG010576-1	Gray Transite	30% Chrysotile
AOG010576-2	Gray Transite	30% Chrysotile
AOG010576-3	Black Roofing Material	15% Chrysotile
AOG010576-4	Black Roofing Material	15% Chrysotile
AOG010576-5	Red Semi-Fibrous Material (Board)	ND
AOG010576-6	Gray Transite	30% Chrysotile

ND = Not Detected.

Table 3-2. ACM Sample Results of Soil

Sample ID	Description	Asbestos Content
RQL-043-1103-SO	Brown Soil	ND
RQL-043-1105-SO	Brown Soil	ND
RQL-043-1106-SO	Brown Soil	ND

ND = Not Detected.

After sample collection, the excavation equipment was decontaminated, and the Subcontractor demobilized from the site on July 8, 2010, while the path forward for the site was being reassessed.

#### 3.4 MEETING WITH OHIO EPA NESHAP

On July 7, 2010, the Ohio EPA Asbestos National Emission Standards for Hazardous Air Pollutants (NESHAP) Coordinator visited the site. Ohio EPA determined during this site walk that soil containing ACM must be handled and disposed as friable ACM. The Ohio EPA NESHAP Coordinator stated that:

"...any disturbed asbestos containing waste (ACWM), including debris considered to be asbestos contaminated, must be handled/disposed according to Ohio asbestos emission control rules at OAC 3745-20. Remove all visible ACWM/debris from the excavation and then sample the soil for any asbestos. A sampling plan must be submitted to Ohio EPA for review/approval. Cleanup levels are supposed to be to background levels."

As a result, it was required that 1) all disturbed and unearthed material containing ACM must be disposed, 2) excavation must continue until the lateral extents do not contain ACM, and 3) an approved sampling plan must be implemented to confirm the cleanup of ACM. In addition, the Army and Ohio EPA agreed to evaluate options for an amended remedy at RQL. After the removal of visible ACM and debris from the existing excavation area, the RVAAP stakeholders agreed to evaluate remedial options, as presented in the *Engineering Evaluation for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill* (USACE 2011) (herein referred to as the Engineering Evaluation). These remedial options included Excavation with Off-site Disposal as ACM, Capping, and Fencing.

#### 3.5 ACM REMOVAL ACTIVITIES

#### 3.5.1 Soil Asbestos Removal Plan and Accident Prevention Plan

The remedial Subcontractor developed a Soil Asbestos Removal Plan for removing ACM-contaminated soil. This plan specified the equipment and personnel to be utilized during removal activities, applicable rules and regulations, requirements for marking the regulated area, specifications for the decontamination unit, and personnel protective equipment (PPE) required for removing and handling the asbestos-containing soil. The Soil Asbestos Removal Plan is provided in Appendix A.8.

In addition, the remedial Subcontractor developed an Accident Prevention Plan and Site Safety and Health Plan. These documents outlined the roles and responsibilities, required training, procedure for incident reporting, and hazard analysis associated with removing asbestos-contaminated soil. The Accident Prevention Plan and Site Safety and Health Plan are provided in Appendix A.9.

#### 3.5.2 Marking Regulated Area

On August 18, 2010, exterior work areas were segregated with caution tape at an adequate distance from the regulated exclusion zones to deter unauthorized personnel from approaching the regulated areas. Asbestos warning tape was used to demarcate the exterior regulated areas and prevent accidental intrusion into regulated areas by non-authorized personnel.

#### 3.5.3 Notifications

The remedial Subcontractor submitted a Notification of Asbestos Demolition and Renovation in accordance with OAC 3745-20-03 and 40 Code of Federal Regulations (CFR) 61.145(b) and the Ohio Department of Health Prior Notification of Asbestos Hazard Abatement Project. These notifications are provided in Appendix A.10.

In addition, on August 19, 2010, Leidos informed Akron Regional Air Quality Management District that the soil and ACM removal activities were going to commence.

#### 3.5.4 Decontamination Unit

On August 19, 2010, Toltest constructed a three-chamber decontamination unit at the equipment staging area, as specified in the Asbestos Removal Plan. The three-chamber unit consisted of an equipment room (contaminated clothing change-out chamber), a decontamination shower located in the center chamber, and a clean room chamber. These chambers are separated by opposing, overlapping poly doors. Personnel used the decontamination unit for the duration of activities involving ACM.

#### 3.5.5 Soil Removal Activities

After site setup, soil removal activities in the northeast corner of RQL commenced. Soil removal activities were conducted by utilizing the Terex TXC 300 to load contaminated soil into an IC100 off-road haul truck. The IC100 off-road haul truck transported the contaminated soil to the stockpiling area. Soil removal from the northeast corner of RQL was conducted from 8/20/10 until 8/30/10, at which time it was apparent that ACM was no longer present in the excavation floor or sidewalls.

At the stockpiling area, a 315 Excavator was used to transfer the stockpiled soil into roll-off boxes and on-road haul trucks. The containers were lined with two 6-mil polyethylene liners (12-mil total per Ohio EPA regulations) and sealed. Roll-off boxes that were loaded were properly labeled, sealed, and temporarily staged in the Equipment Staging Area and in Load Line 4. Soil loaded directly into on-road haul trucks was immediately taken offsite. Loading activities took place until 9/3/10.

In total, 1,107 tons of non-hazardous soil with ACM was removed from the RQL quarry bottom and disposed at the American Landfill in Waynesburg, Ohio. Figure 3-1 depicts the site features and removal extents. A total of 39 truckloads of contaminated soil and 23 roll-off boxes were used to containerize, haul, and dispose this material. The manifest log, waste profiles, and waste manifests are located in Appendix A.11.



Photograph 3-7. Decontamination Unit



Photograph 3-8. Loading Contaminated Soil into On-Road Haul Truck

#### 3.5.5.1 Confirmatory Sampling

Upon completing the soil removal in the quarry bottom, an inspection was conducted by USACE, Ohio EPA, and a certified Asbestos Hazard Evaluation Specialist on August 31, 2010 to visually confirm that no ACM was presented in the excavation floor or sidewalls. A visual inspection form was completed by the Asbestos Hazard Evaluation Specialist and is located in Appendix A.12.

On September 3, 2010, a technical memorandum was provided to the Army and Ohio EPA presenting the soil sampling scheme for the bottom of RQL. The technical memorandum presented the extent of the soil removal area and portrayed the six areas (RQL-061 to RQL-066) that had incremental

sampling method samples collected and analyzed for asbestos in soil. None of the soil samples had detectable concentrations of asbestos. In addition, the soil stockpiling area was sampled when the loading and hauling activities were complete. Six soil samples (RQL-067 to RQL-071) were analyzed for asbestos. None of the soil samples had detectable concentrations of asbestos. The technical memorandum, sampling scheme, and results are located in Appendix A.13.



Photograph 3-9. Soil Sampling After Excavation of Removal Area Containing ACM



Photograph 3-10. Inspection of Removal Area During Excavation Activities

#### 3.5.5.2 Field Change Request

During implementation of the Load Line 12 remedial action (USACE 2010c), Field Change Request (FCR)-RVAAPLL12-003 approved the use of Calciment® as a drying agent during the Load Line 12 and RQL remedial actions. One field change request was made, as these remedial actions were performed concurrently. The intent of the field change request was to have a provision for using a drying agent to ensure trucks would not leak during transportation to the landfill and would ensure the landfill will accept the disposed material. Even though the field change request included the RQL remedial action, Calciment® was not used during the remedial action at RQL.

The approved field change request form is presented in Appendix A.14.

#### 3.6 MEC IDENTIFICATION AND REMOVAL

PIKA International, Inc. (PIKA) developed the *Explosives Safety Submission Munitions and Explosives of Concern Non-Time Critical Construction Support at the RVAAP-01 Ramsdell Quarry Landfill* (PIKA 2010) in support of soil remedial activities at RQL. The Explosives Safety Submission (ESS) was developed to ensure all applicable Department of Defense (DoD) and Army regulations regarding safe and secure handling of MEC were followed in the event that MEC was encountered. The soil removal actions were conducted with a DoD-certified UXO technician trained specifically in MEC identification.

On Thursday, July 1, 2010, a munition item was discovered adjacent to an area originally planned for soil removal. This item was also identified during a separate MEC investigation performed by the

Army in April 2010 and was considered to be a partial casing of a 500-lb Incendiary Bomb AN-M76. Two UXO technicians investigated the munition item and determined it to be inert. The RVAAP Facility Manager was informed and indicated that no further action was warranted, and the item could be moved aside if needed. No additional actions regarding the casing were instituted, as soil removal activities were not performed in the proximity of the casing.

#### 3.7 SITE RESTORATION

The Original RD anticipated disturbance of 1.71 acres of the isolated wetland in the quarry bottom. Soil excavation was discontinued due to the identification of unexpected ACM and only 0.5 acres of the wetland were disturbed. After sample results indicated ACM contaminated soil removal activities were complete, an estimated 702 tons of backfill were brought in from the commercial backfill source, Charlestown Sand and Gravel. In addition, an estimated 460 tons of topsoil were also brought in from Charlestown Sand and Gravel. In accordance with Ohio EPA Requirements for the Isolated Wetland presented in the Original RD (USACE 2010a), the disturbed areas from soil removal activities were backfilled and graded to their original elevations.

On September 14, 2010, the disturbed areas were seeded. The "Emergent Marsh" seed mixture for Camp Ravenna was distributed in the disturbed areas in the quarry bottom at 15 lbs/acre and mulched with straw. For the disturbed areas outside of the quarry bottom and wetland, the "open area" seed mixture for Camp Ravenna was distributed at 18 lbs/acre and mulched with straw.

During a site inspection by the Army on November 10, 2010, it was confirmed that sufficient vegetation had been established at the disturbed areas and stormwater controls could be discontinued. The stormwater controls at RQL were removed and disposed on June 22, 2011.



Photograph 3-11. Grading Topsoil During Site Restoration Activities



Photograph 3-12. Established Seed in Removal Area

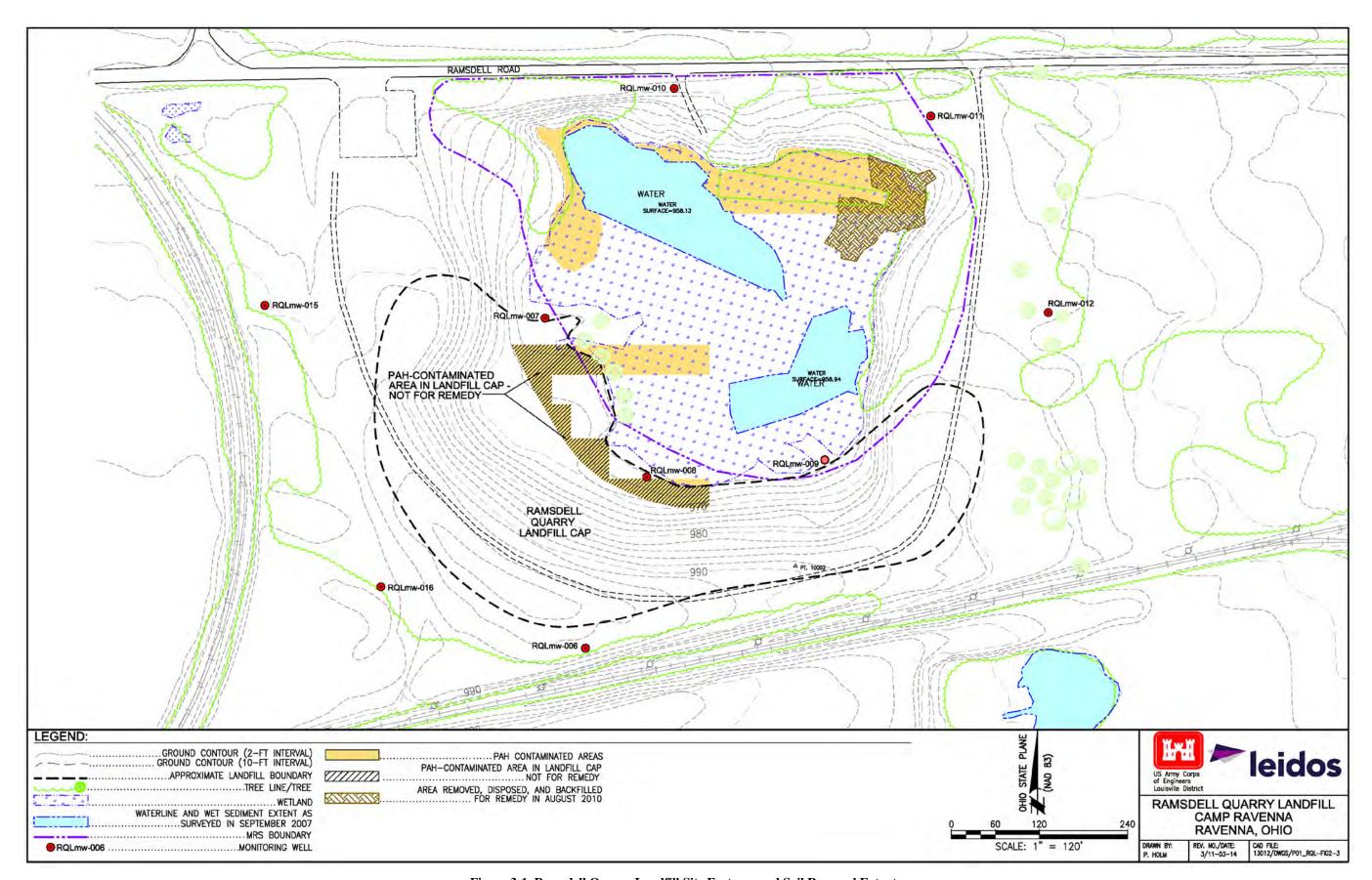


Figure 3-1. Ramsdell Quarry Landfill Site Features and Soil Removal Extents

THIS PAGE INTENTIONALLY LEFT BLANK.

#### 4.0 ENGINEERING EVALUATION AND ROD AMENDMENT

This section summarizes the re-evaluation of remedial alternatives due to the fundamental post-ROD change of waste type and selection of an amended remedy in the ROD Amendment (USACE 2013).

#### 4.1 Engineering Evaluation

As agreed during a July 7, 2010, meeting with the Army and Ohio EPA, new remedial alternatives were developed and evaluated in the Engineering Evaluation, approved by Ohio EPA on October 6, 2011. These remedial alternatives were developed and evaluated using a site-specific determination per NCP Section 300.435(c)(2) and prescribed under the *Guide to Preparing Superfund Proposed Plans, Records of Decision, and Other Remedy Selection Decision Documents* (USEPA 1999). The four new remedial alternatives developed and presented in the Engineering Evaluation were:

- Alternative 5: Excavation of Soil and Off-site Disposal as Friable ACM ~ Security Guard/Maintenance Worker
- Alternative 6: Capping ~ Security Guard/Maintenance Worker
- Alternative 7: Quarry Bottom Fence ~ Security Guard/Maintenance Worker with Restricted Land Use
- Alternative 8: Perimeter Fence ~ Security Guard/Maintenance Worker with Restricted Land Use

A comparative analysis of the four alternatives using the NCP evaluation criteria was conducted to identify relative advantages and disadvantages amongst them. As a result of the comparative analysis, the Engineering Evaluation recommended Alternative 8: Perimeter Fence ~ Restricted Land Use. This alternative included installing a fence at the perimeter of RQL and implementing a best management practice (BMP) to remove surficial ACM through non-intrusive, no-digging methods. The fence included in Alternative 8 was a combination of a chain-link security fence and high tensile wire fence. The fence specifications were finalized in an RD.

#### 4.2 Public Notification

In October 2012, the Army released the *Modified Proposed Plan for Soil and Dry Sediment at Ramsdell Quarry Landfill (RVAAP-01)* (USACE 2012) (herein referred to as the Modified Proposed Plan) for public comment. A 31-day public comment period was held from October 8, 2012 to November 7, 2012. The Army hosted a public meeting on October 18, 2012 to present the Modified Proposed Plan and take questions and comments from the public. The public meeting presented the newly recommended Alternative 8: Perimeter Fence ~ Security Guard/Maintenance Worker with Restricted Land Use.

#### 4.3 RECORD OF DECISION AMENDMENT

The change in conditions at RQL was considered a "fundamental change" by the Ohio EPA and Army (i.e., change to the basic features of the remedy selected in a ROD with respect to scope, performance, or cost); therefore, the ROD Amendment (USACE 2013) was prepared per the ROD process outlined in NCP Section 300.435(c)(2)(ii)(A) through (H). The Army issued the ROD Amendment to summarize the evaluation of the nine criteria originally presented in the Engineering Evaluation, document public input during the public notification period, and select Alternative 8: Perimeter Fence ~ Security Guard/Maintenance Worker with Restricted Land Use. The ROD Amendment was finalized and signed by the Army on June 18, 2013 and Ohio EPA on August 23, 2013.

#### 5.0 2014 Fence Installation and ACM Cleanup Activities

The following subsections present the planning and field activities associated with implementing Alternative 8: Perimeter Fence ~ Security Guard/Maintenance Worker with Restricted Land Use.

#### 5.1 REMEDIAL DESIGN

On June 5, 2014, Ohio EPA approved the RQL RD (USACE 2014). The RQL RD presented the design specifications for Alternative 8, including: 1) installing a security fence and signage around the perimeter of RQL to restrict access to areas of soil containing contaminant concentrations exceeding CUGs specified in the ROD Amendment, 2) implementing a BMP to remove surficial ACM through non-intrusive/no-digging methods, 3) documenting completion of the wetland restoration of disturbed areas, and 4) defining LUCs that will be implemented after completing the remedial action.

#### **5.1.1** Remedial Action Objective

The RQL RD specified the design for Alternative 8 to achieve the remedial action objective formalized in the ROD Amendment: protect future receptors from remaining COCs in soil above CUGs and residual asbestos by restricting access to the AOC. Implementing Alternative 8 provides physical and administrative controls for the AOC to minimize or eliminate potential exposure for receptors that are not granted access to RQL. Installation of the fence and signage, cleanup of surficial ACM, and institution of LUCs results in reduced potential exposure to contaminated soil and ACM by future receptors. Additionally, the fence creates a deterrent to prevent unauthorized activities on the closed, sanitary landfill cap within RQL.

The RQL RD also provided the Site Safety and Health Plan and Asbestos Abatement Plan followed during implementation of the remedial action.

#### 5.1.2 Wetland Restoration

As documented in the approved RQL RD, a wetland delineation of the entire quarry bottom was performed in September 2013 to assess impacts of the partial soil removal. A letter report of the 2013 wetland delineation is presented in Attachment A of the RQL RD (USACE 2014). The results were compared to the wetland delineation conducted in 2008, prior to soil removal activities. The wetland in the quarry bottom (designated as RQL-3) showed an increase in size (4.039 acres in 2008 to 4.081 acres in 2013) and had an increase in score using the ORAM (Ohio EPA 2001). The 2008 wetland delineation scored 37.5 on the ORAM and the 2013 wetland delineation scored a 39.5, which classifies the wetland as a Modified Category 2 wetland.

The wetland in the impacted area has been restored to (at minimum) its original condition. The overall increase in size and ORAM score indicate improvements to the wetland in the quarry bottom.

Accordingly, Ohio EPA concurred in the approved RQL RD that the Army met the intent for wetland restoration specified in the Original RD.

#### 5.1.3 Land Use Control Remedial Design

The approved RQL RD also presents the Land Use Control Remedial Design (LUCRD). For RQL, the LUCRD was developed with the intent of being inserted into Appendix A of the Property Management Plan. The LUCRD presents LUCs for RQL after implementing the selected remedy and monitoring and reporting requirements to be conducted by the Army.

#### 5.2 NOTIFICATIONS AND CLEARANCES

#### 5.2.1 Ohio EPA Notification

On July 23, 2014, the Army provided written correspondence informing Ohio EPA of the implementation schedule for the remedial action at RQL. The letter is presented in Appendix B.1.

#### **5.2.2** Utility Clearance

On July 30, 2014, the Army confirmed there are no known subsurface hazards at or near where the fence will be installed. The e-mail documentation of this utility clearance is presented in Appendix B.2.

#### 5.3 VEGETATION CLEARING

Vegetation clearing consisted of using a brush hog to clear lanes for fence installation. No trees were taken down during these field activities.

#### **5.4** FENCE INSTALLATION

On August 4, 2014, the fencing contractor (R&T Fence) and UXO technician mobilized to the site to implement field activities. In addition, Army personnel were on site to verify the planned fence line to be installed. Figure 5-1 presents the location of the installed fence line.

A total of 914 ft of chain-link security fence with industrial galvanized steel wire mesh was installed at the northern perimeter of RQL along Ramsdell Road. To install the chain-link fence, soil was excavated at post locations to at least 8-inch diameter and 3 ft deep with hand tools and an auger. The fence posts were set with concrete and allowed to cure for at least seven days before any stress was applied. The tops of the concrete footings were leveled with the ground, crowned to provide drainage, and troweled smooth.





Photograph 5-1. Brush Clearing

Photograph 5-2. Augering Post Holes

The chain link fabric was fastened to the top reinforcing wire, and the lower edge of the fabric was fastened to the bottom tension wire. Fabric was installed on the security (Ramsdell Road) side of fence.

Two double-swing galvanized steel chain-link gates (6 x 9 ft gate leaves) were installed along Ramsdell Road: one gate at the equipment staging area (northwestern area of RQL), and the second gate northeast of RQLmw-011. Fabric on the gates matched the adjacent fence. The gates were secured to 4-inch diameter posts that were set in concrete footings.



Photograph 5-3. Posts Installed for Chain Link Fence



Photograph 5-4. Installed Chain Link Fence

A five-strand, high tensile wire fence was installed at the eastern, southern, and western perimeters of RQL. Approximately 2,178 ft of high tensile wire fence was installed. The high tensile wire fence is 5 ft high and mounted on galvanized or coated metal posts at 10 ft intervals on post centers. Metal posts were driven into the ground using a post driver. There were instances where rock was encountered during the installation of the high tensile wire fence that made it impractical to drive the posts to the specified depth. As documented in the approved FCR-RVAAP-RQLRA-001, Tubular Post Anchors were used to anchor posts to the ground if the metal posts could not be driven to the specified depth of 3 ft bgs. The use of the anchors further ensured the long-term stability of the fence line and

provided adequate compromise for the inability to drive the posts to the specified depth. The field change request is presented in Appendix B.3.

Ten terminal posts for the high tensile wire were installed. To install the terminal posts, soil was excavated at post locations to at least 8-inch diameter and 3 ft deep with hand tools and an auger. The fence posts were set with concrete and allowed to cure for at least seven days before any stress was applied. The tops of the concrete footings were leveled with the ground, crowned to provide drainage, and troweled smooth. No excess concrete was generated during these activities.



Photograph 5-5. Terminal Posts in High Tensile Wire Fence

Photograph 5-6. Completed High Tensile Wire Fence

Upon completion of the fence installation, a grounding rod was installed. A solid copper wire was attached to the fence post and a ¾ in diameter copper-clad steel ground rod was driven to 10 ft bgs. In addition, the Army placed keyed locks on both access gates to prevent unauthorized entry to the site.

### 5.5 ASBESTOS SIGNAGE INSTALLATION

Eleven signs were installed around RQL on the gates and on the chain-link and high tensile wire fence at 300 ft centers to warn of the ACM hazard in the quarry bottom. The signs were put in place to meet the requirements of OAC 3745-20-07(B)(1)(b) and included a 20 x 14 in upright format warning sign with white background that displays the following with black letters at least one inch high.







Photograph 5-8. Tubular Post Anchors

### 5.6 SITE RESTORATION

Upon completion of the field activities, ruts and depressions along equipment movement areas and construction support areas were graded. No additional backfill was brought on site, as the grading was sufficient to establish adequate contours. A vegetative cover (i.e., grass) was placed in areas disturbed or damaged by fence installation and/or equipment movement using the Camp Ravenna-approved open-area seed mixture, and straw was placed as mulch.

#### 5.7 ACM CLEANUP

After installing the perimeter fence, ACM exposed at the ground surface was removed in accordance with the Asbestos Abatement Plan provided in Appendix E.2 of the RQL RD. Initially, an Asbestos Hazard Evaluation Specialist reviewed the quarry bottom, walking in 5-foot transects across the AOC identifying and marking ground-surface ACM requiring removal. Figure 5-2 presents the ACM survey and cleanup extent at the site.

After ACM was identified and marked for removal, an Asbestos Hazard Abatement Worker marked the regulated area to establish work zones while performing the ACM cleanup. Asbestos warning tape was used to demarcate the regulated area. The Asbestos Hazard Abatement Work removed all identified surficial/exposed ACM. ACM was removed using non-intrusive, no digging methods (e.g., removal by hand). In total, an estimated 200 lbs of ACM was removed from the site. The ACM was placed into two 6-mil polyethylene asbestos bags. The collected ACM and PPE used during cleanup activities were placed in a properly labeled drum for containerization, hauling, and disposal.

After removing surficial ACM, the Asbestos Hazard Evaluation Specialist assessed the site to verify removal of exposed ACM. A "Certification of Visual Inspection" that confirms that all identified surficial ACM was removed from the quarry bottom is presented in Appendix B.4. On November 7, 2014, the drum containing the ACM was removed from the site and transported for disposal. The waste profile, manifest, and IDW inspection forms are in Appendix B.5.



Photograph 5-9. Investigation and Cleanup of Surficial ACM



Photograph 5-10. Containerization of an Estimated 200 lbs of ACM

### 5.8 MEC AVOIDANCE

For the duration of the fence installation activities and asbestos cleanup activities, a certified UXO technician performed visual and magnetometer surveys of the site. The UXO Technician surveyed the locations for all fence posts prior to excavation and also performed transects along which surficial ACM inspection and removal was planned. When an anomaly was detected, the UXO Technician marked the anomaly with a pin flag and that area was avoided. No further action was required on marked anomalies.

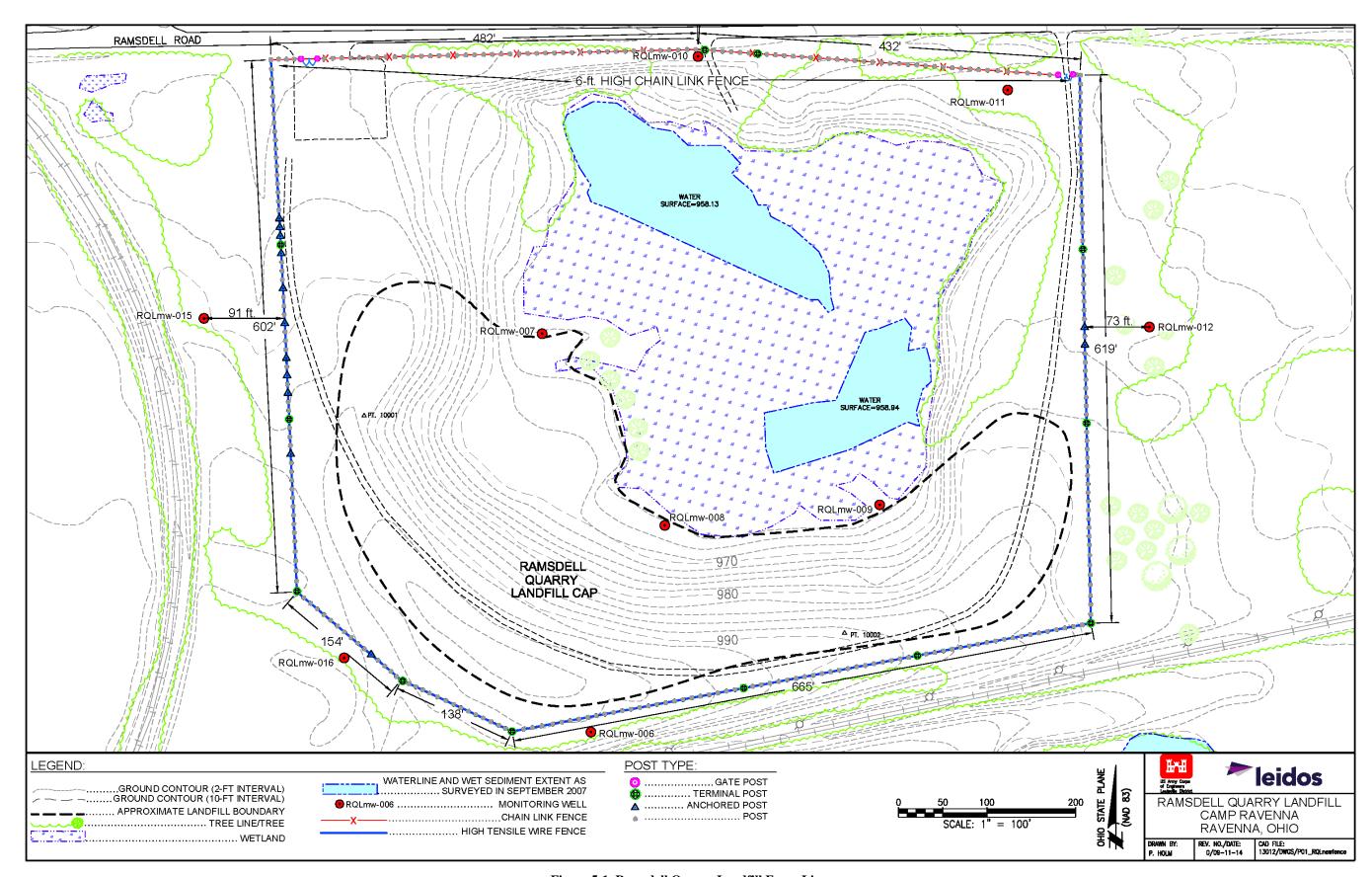


Figure 5-1. Ramsdell Quarry Landfill Fence Line

THIS PAGE INTENTIONALLY LEFT BLANK.

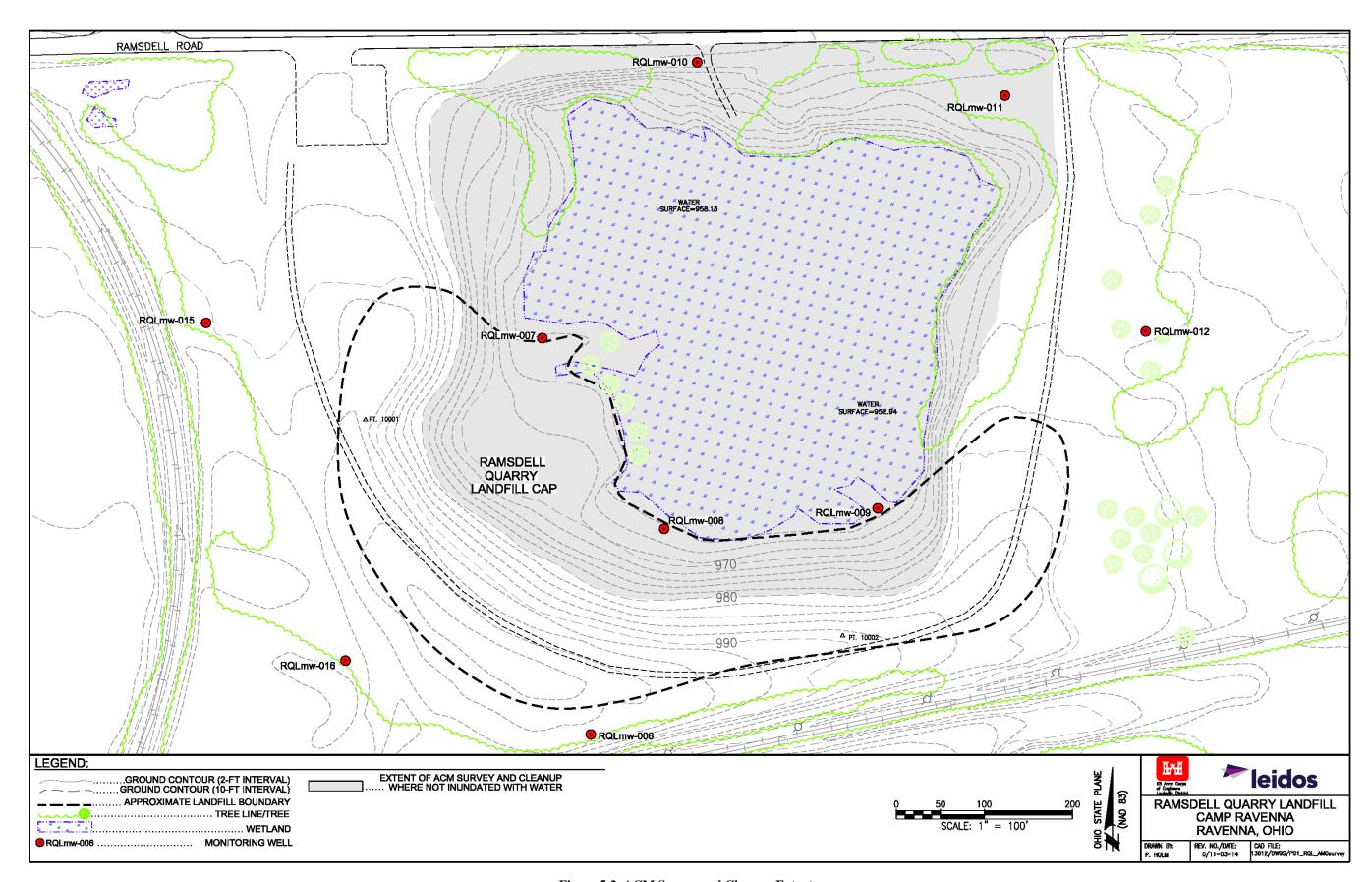


Figure 5-2. ACM Survey and Cleanup Extent

THIS PAGE INTENTIONALLY LEFT BLANK.

## 6.0 CONCLUSIONS

This RAR documents completion of remedial actions for the selected remedy for soil and dry sediment at RQL specified in the Original ROD (USACE 2009) and ROD Amendment (USACE 2013). The remedial actions described in this RAR attained the remedial action objective established in the RQL ROD Amendment.

The Army will manage future land use at RQL as Restricted Access due to residual, non-exposed asbestos in soil, residual PAH contamination above residential facility-wide CUGs, and the closed landfill. The Army will implement LUCs described in the LUCRD presented in the RQL RD and conduct CERCLA five-year reviews. Other media (i.e., surface water, wet sediment, and groundwater) and MEC will be addressed as part of future actions.

THIS PAGE INTENTIONALLY LEFT BLANK.

### 7.0 REFERENCES

- EnviroScience 2008. The Wetlands and Other Waters Delineation Report for the Remedial Action at Ramsdell Quarry Landfill, Load Line 12 and Fuze and Booster Quarry Landfill/Ponds. 2008.
- Ohio EPA (Ohio Environmental Protection Agency) 2001. Ohio Rapid Assessment Method for Wetlands v. 5.0, User's Manual and Scoring Forms. February 2001.
- Ohio EPA 2004. Director's Final Findings and Orders in the matter of U.S. Department of the Army, Ravenna Army Ammunitions Plant. June 2004.
- PIKA (PIKA International, Inc.) 2010. Explosives Safety Submission (ESS) Munitions and Explosives of Concern (MEC) Non-Time Critical Construction Support at the RVAAP-01 Ramsdell Quarry Landfill. May 2010.
- USACE (United States Army Corps of Engineers) 2006. Feasibility Study for Ramsdell Quarry Landfill (RVAAP-01) at the Ravenna Army Ammunition Plant, Ravenna, Ohio. March 2006.
- USACE 2009. Record of Decision for Ramsdell Quarry Landfill (RVAAP-01) at the Ravenna Army Ammunition Plant, Ravenna, Ohio. March 2009.
- USACE 2010c. Remedial Action Report for the RVAAP-12 Load Line 12 at the Ravenna Army Ammunition Plant. August 2010.
- USACE 2010b. Remedial Action Report for the RVAAP-16 Fuze and Booster Quarry Landfill/Ponds at the Ravenna Army Ammunition Plant. March 2010.
- USACE 2010a. Remedial Design for the RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. June 2010.
- USACE 2011. Engineering Evaluation for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill and the Ravenna Army Ammunition Plant, Ravenna, Ohio. September 2011.
- USACE 2012. Modified Proposed Plan for Soil and Dry Sediment at Ramsdell Quarry Landfill (RVAAP-01).
- USACE 2013. Record of Decision Amendment for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. May 2013.

Ramsdell Quarry Landfill Remedial Action Report Page 7-1

- USACE 2014. Remedial Design for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. June 2014.
- USEPA (United States Environmental Protection Agency) 1999. Guide to Preparing Superfund Proposed Plans, Records of Decision, and Other Remedy Selection Decision Documents. July 1999.

### APPENDIX A

## 2010 SOIL REMOVAL ACTIVITIES DOCUMENTATION

Appendix A.1 United States Fish and Wildlife Service Concurrence

Appendix A.2 Ohio Historic Preservation Office Concurrence

Appendix A.3 MEC Investigation Report – USACE, Rock Island

Appendix A.4 Utility Clearance

Appendix A.5 Herbicide Application Notification Forms

Appendix A.6 Ohio EPA Approvals of Backfill Source

Appendix A.7 Waste Characterization Sample Results

Appendix A.8 Soil Asbestos Removal Plan

Appendix A.9 Accident Prevention Plan and Site Safety and Health Plan

Appendix A.10 Notifications of Asbestos Project

Appendix A.11 Manifest Log, Waste Profile, and Waste Manifests

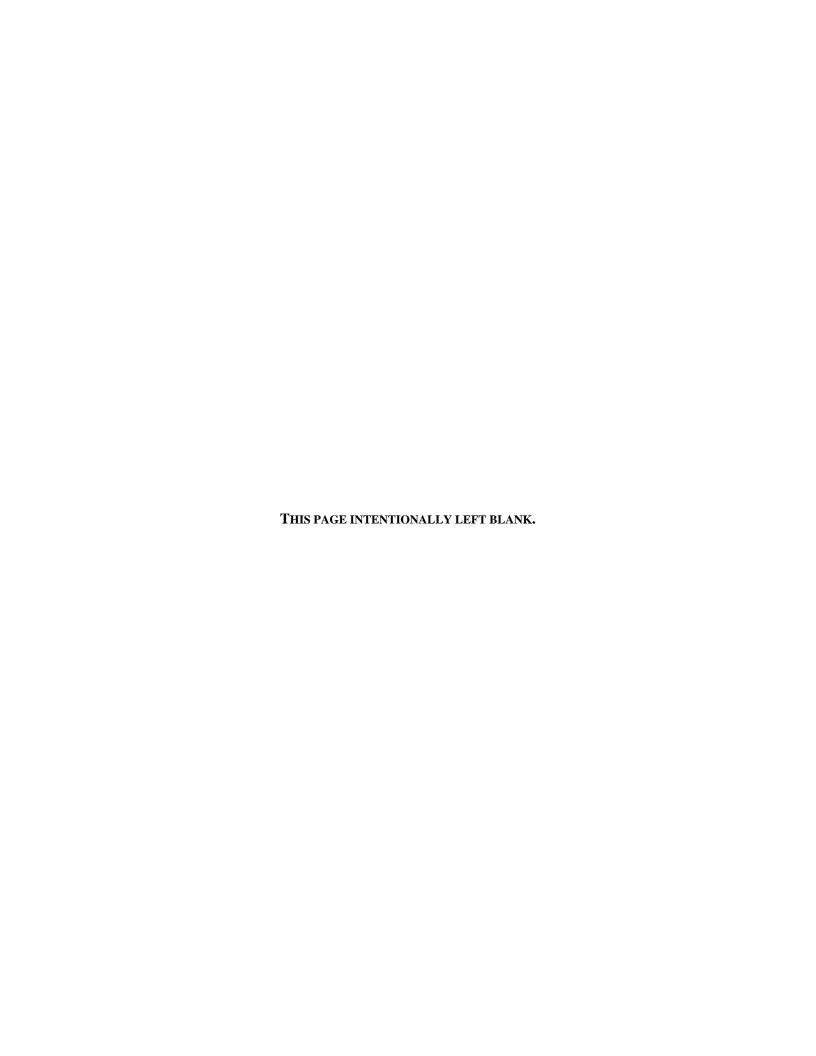
Appendix A.12 Visual Inspection Form

Appendix A.13 Technical Memorandum, Sampling Scheme, and Confirmation Sampling Results

Appendix A.14 Field Change Request Form

THIS PAGE INTENTIONALLY LEFT BLANK.







# **United States Department of the Interior**

# FISH AND WILDLIFE SERVICE

Ecological Services 4625 Morse Road, Suite 104 Columbus, Ohio 43230 (614) 416-8993 / FAX (614) 416-8994

October 14, 2009

Jed Thomas, P.E.
Deputy Project Manager
SAIC Engineering of Ohio, Inc.
8866 Commons Blvd.
Twinsburg, OH 44087

Tails: 31420-2010-TA-0017 31420-2010-CPA-0005

Re: Response to Request for Determination of a Remedial Action Conducted at Ramsdell Quarry Landfill within the Ravenna Army Ammunition Plant/Camp Ravenna

Dear Mr. Thomas:

We have received your recent correspondence requesting information about the subject proposal. There are no Federal wilderness areas, wildlife refuges or designated critical habitat within the vicinity of the project area. Based on the information you have provided, at this time we have no objection to the proposed project.

ENDANGERED SPECIES COMMENTS: Due to the project type, size, and location, we do not anticipate any impact on federally listed endangered, threatened, or candidate species, or their habitats. Should the project design change, or during the term of this action, additional information on listed or proposed species or their critical habitat become available, or if new information reveals effects of the action that were not previously considered, consultation with the Service should be initiated to assess any potential impacts.

If you have additional questions or require further assistance with your project proposal, please contact me at the following number (614) 416-8993 x12. I would be happy to discuss the project in further detail with you and provide additional assistance if necessary. In addition, you can find more information on natural resources in Ohio by visiting our homepage at: http://www.fws.gov/midwest/ohio.

Sincerely,

Mary Knapp, Ph.D. Field Supervisor

Mary Knapp\_.



# SAIC Engineering of Ohio, Inc. A subsidiary of Science Applications International Corporation

October 6, 2009

Megan Seymour U.S. Fish and Wildlife Services Ecological Services Division 6950 Americana Pkwy Suite H Reynoldsburg, OH 43068-4127

Subject: Request for Determination of a Remedial Action Conducted at Ramsdell

Quarry Landfill within the Ravenna Army Ammunition Plant/Camp

Ravenna

Dear Ms. Seymour:

Science Applications International Corporation (SAIC), as a contractor to the U.S. Army Corps of Engineers, is preparing a remedial design to implement soil removal at the Ramsdell Quarry Landfill (RQL) area of concern (AOC) within the Ravenna Army Ammunition Plant (RVAAP)/Camp Ravenna Joint Military Training Center (Camp Ravenna).

RVAAP/Camp Ravenna is located in northeastern Ohio within Portage and Trumbull Counties, approximately 3 miles northeast of Ravenna, Ohio (see Figure 1). RQL encompasses approximately 14 acres in the northeastern portion of RVAAP/Camp Ravenna (see Figure 2).

Implementation of the remedial activities is anticipated to occur in March 2010. These activities will result in the excavation and disposal of approximately 1,608 cubic yards of contaminated soil from the former quarry bottom. Soil removal will continue until the respective remedial cleanup goals for the following semivolatile organics (SVOCs) are achieved: benz(a)anthracene at 13 mg/kg; benzo(a)pyrene at 1.3 mg/kg; benzo(b)fluoranthene at 13 mg/kg; dibenz(a,h)anthracene at 1.3 mg/kg, and indeno(1,2,3-cd)pyrene at 13 mg/kg. Clearing will be required in order to provide access for excavation equipment and vehicle traffic. All clearing activities will be coordinated with the Ohio Army National Guard. It is estimated that there are at least 10 small trees located within soil removal area of the quarry. All efforts will be made to minimize the number of trees needed to be cut down to perform the removal action.

Federally listed species with known occurrences in Portage and Trumbull Counties, Ohio include the threatened northern monkshood (Aconitum noveboracense), the endangered Mitchell's satyr butterfly (Neonympha mitchellii mitchellii), the endangered clubshell (Pleurobema clava), the endangered Indiana bat (Myotis sodalis), and the candidate eastern massasauga (Sistrurus catenatus catenatus). Below is a summary of potential impacts (if any) to these species.

Northern monkshood – In correspondence dated August 25, 2005 (enclosed with this transmittal letter), the USFWS indicated that Camp Ravenna does not contain suitable habitat for the northern monkshood and it has not been found on site in either of two site-wide vascular plant inventories conducted in 1993 and 2000. Therefore the proposed action will have no effect on the northern monkshood.

Ms. Megan Seymour October 6, 2009 Page 2

Mitchell's satyr butterfly – Three lepidoptera surveys have been conducted at Camp Ravenna (Rings & Downer, 1993; Rings, 1994; Gilligan, 1999; BHE Environmental, 2006). The preferred habitat for this species is sedge dominated fens with low shrubs and tamaracks. There is some limited sedge dominated fens/wetland habitat with low shrubs at Camp Ravenna but none with tamaracks. The only tamaracks at Camp Ravenna are associated with an old home site. This type of habitat will not be disturbed by the proposed remedial action activities. Camp Ravenna does have potential habitat for the Mitchell's satyr butterfly but since the habitat will not be disturbed and since, even with extensive survey effort, the butterfly has not been identified on the training site it is the conclusion of USACE and SAIC that the proposed remedial action activities will have no effect on the Mitchell's satyr butterfly.

Clubshell Mussel – In the earlier referenced correspondence dated August 25, 2005, the USFWS indicated that the presence of the clubshell mussel at Camp Ravenna is unlikely. This opinion has been confirmed by two survey attempts (1993 and 2000) to try and find the clubshell mussel on Camp Ravenna property, with no clubshell mussels found. The proposed remedial action activities will not impact or disturb potential clubshell mussel habitat. Due to the lack of the species presence and non-disturbance of potential habitat it is the conclusion of the USACE and SAIC that the proposed remedial action activities will have no effect on the clubshell mussel.

Indiana Bat – In accordance with the Camp Ravenna INRMP, an installation-wide survey for the Indiana bat is conducted approximately every 5 years, in coordination with USFWS. Three Indiana bat surveys have been conducted at RTLS (Tawse, 1999; Davey Resource Group, 2002; Duffey & Brack, 2005). Netting efforts to date have provided no evidence of Indiana bats at RTLS. Potential habitat for the Indiana bat is evaluated and managed as part of the ongoing sustainable forest management program at Camp Ravenna. Discussions have been held with the USFWS concerning the difficulty of conducting effective Indiana Bat surveys at Camp Ravenna within the limits of specific project or timber sale boundaries. It was agreed that installation-wide bat surveys every five years would be sufficient for determining the presence of the Indiana bat at Camp Ravenna. Since the Indiana bat has not been found at Camp Ravenna, it is the conclusion of the USACE and SAIC that the proposed remedial action activities will have no effect on the Indian bat.

Eastern Massasauga – Herptile inventories, in accordance with the Camp Ravenna INRMP, are on an approximate five-year cycle. Three surveys have been conducted (Schneider, 1993; Pfingsten, 2000; BHE Environmental, 2006). RVAAP/Camp Ravenna contains suitable habitat for the massasauga, but this rattlesnake has not been observed at the RVAAP/Camp Ravenna to date. Due to the lack of the species presence on the RVAAP/Camp Ravenna property it is the conclusion of SAIC and USACE that the proposed remedial action activities will have no effect on the eastern massasauga.

The bald eagle (*Haliaeetus leucocephalus*), recently delisted, has been identified as an occasional migrant at Camp Ravenna. There are no bald eagle nests within Camp Ravenna property or within 0.5 miles of Camp Ravenna. The proposed remedial action activities will have no effect on the bald eagle.

Ms. Megan Seymour October 6, 2009 Page 3

We request that you review our findings and determinations of no effect and provide your concurrence if you agree. If there is anything we need to do to facilitate these remedial activities without negatively impacting federally listed species or critical habitat that is not mentioned in this letter or the Camp Ravenna INRMP, please let me know.

If you have questions or comments, please feel free to contact me at (330) 405-5802 or via e-mail at jed.h.thomas@saic.com.

Sincerely,

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

Jed Thomas, P.E.

Deputy Project Manager

Enclosures (2)

cc: Tom Chanda, USACE

Katie Elgin, OHARNG Mark Patterson, RVAAP

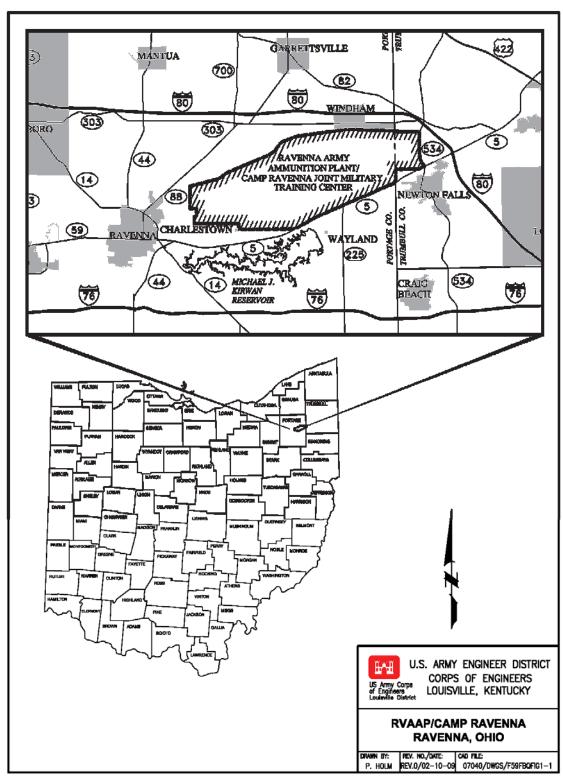
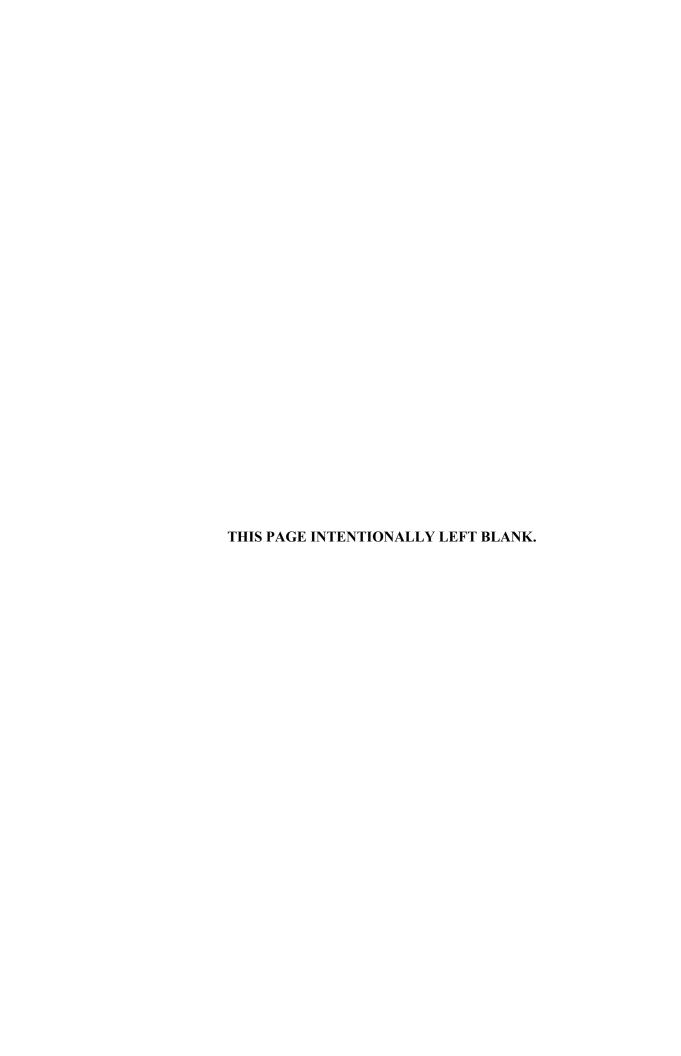


Figure 1. General Orientation and Location of RVAAP/Camp Ravenna



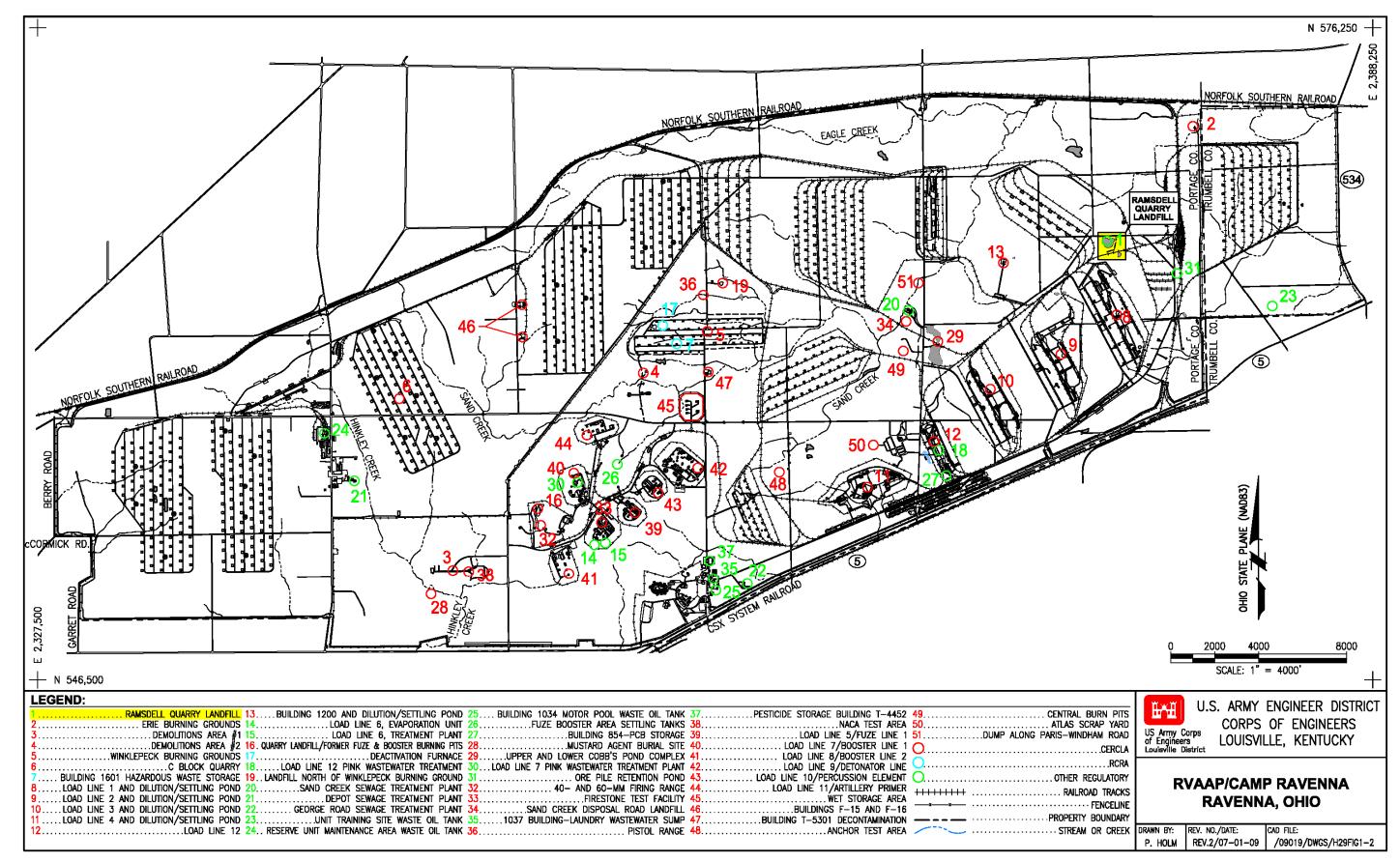


Figure 2. RVAAP/Camp Ravenna

THIS PAGE INTENTIONALLY LEFT BLANK.



# United States Department of the Interior

FISH AND WILDLIFE SERVICE

Ecological Services 6950 Americana Parkway, Suite H Reynoldsburg, Ohio 43068-4127

(614) 469-6923/Fax: (614) 469-6919

August 25, 2005

Ms. Jennifer Pyzoha AMEC Earth and Environmental, Inc. 659 High Steer, Suite 201 Worthington, Ohio 43085

Re: INRMP Revision for Ravenna Training and Logistics Site

Dear Ms. Pyzoha:

This is in response to your August 3, 2005 letter requesting information we may have regarding the occurrence or possible occurrence of Federally-listed threatened or endangered species within the vicinity of the 21,419 acres of the Rayenna Training and Logistics Site (RTLS) located in Portage and Trumbull Counties, Ohio. This information will be used as part of the revision process for the Integrated Natural Resource Management Plan (INRMP). Although our office has no new records of listed species, the Service is providing general guidelines regarding species potentially present in the project area. There are no Federal wildlife refuges, wilderness areas, or Critical Habitat within the vicinity of this site.

ENDANGERED SPECIES COMMENTS: The proposed project lies within the range of the Indiana bat (Myotis sodalis), a Federally-listed endangered species. Since first listed as endangered in 1967, their population has declined by nearly 60%. Several factors have contributed to the decline of the Indiana bat, including the loss and degradation of suitable hibernacula, human disturbance during hibernation, pesticides, and the loss and degradation of forested habitat, particularly stands of large, mature trees. Fragmentation of forest habitat may also contribute to declines. Summer habitat requirements for the species are not well defined but the following are considered important:

- 1. Dead or live trees and snags with peeling or exfoliating bark, split tree trunk and/or branches, or cavities, which may be used as maternity roost areas.
- 2. Live trees (such as shagbark hickory and oaks) which have exfoliating bark.
- 3. Stream corridors, riparian areas, and upland woodlots which provide forage sites.

Should the proposed site contain trees or associated habitats exhibiting any of the characteristics listed above, we recommend that the habitat and surrounding trees be saved wherever possible. If the trees must be cut, further coordination with this office is requested to determine if surveys are warranted. Any survey should be designed and conducted in coordination with the Endangered Species Coordinator for this office.

The proposed project lies within the range of the Mitchell's satyr butterfly (Neonympha mitchellit), a federal endangered species. The favored habitat for this species is sedge-dominated fens with low shrubs and tamaracks. If appropriate habitat is found on the site, we recommend surveying for the butterfly between June and August, during its most active period.

The project lies within the range of the eastern massasauga (Sistrurus catenatus catenatus), a docile rattlesnake that is declining throughout its national range and is currently a Federal Candidate species. The snake is currently listed as endangered by the State of Ohio. Your proactive efforts to conserve this species now may help avoid the need to list the species under the Endangered Species Act in the future. Due to their reclusive nature, we encourage early project coordination to avoid potential impacts to massasaugas and their habitat. At a minimum, project evaluations should contain delineations of whether or not massasauga habitat occurs within project boundaries.

The massasauga is often found in or near wet areas, including wetlands, wet prairie, or nearby woodland or shrub edge habitat. This often includes dry goldenrod meadows with a mosaic of early successional woody species such as dogwood or multiflora rose. Wet habitat and nearby dry edges are utilized by the snakes, especially during the spring and fall. Dry upland areas up to 1.5 miles away are utilized during the summer, if available. For additional information on the eastern massasauga, including project management ideas, please visit the following website:

<a href="http://www.fws.gov/midwest/Endangered/lists/candidat.html#massasauga">http://www.fws.gov/midwest/Endangered/lists/candidat.html#massasauga</a> or contact this office directly.

The proposed project lies within the range of the clubshell mussel (Pleurobena clava), a Federally-listed endangered species, the bald eagle (Haliaeetus leucocephalus), and the northern monkshood (Aconitum noveboraceuse), both Federally-listed threatened species. Due to the project location, the presence of clubshell mussel is not likely; no impacts to this species are anticipated. There are no known bald eagle nests within a half mile of the project area; no impacts to bald eagles are anticipated. The site does not appear to contain shaded cliff faces in wooded ravines, or other suitable habitat for the northern monkshood; therefore no impacts to this species are anticipated. Relative to these species, this precludes the need for further action on this project as required by the 1973 Endangered Species Act, as amended. Should, during the term of this action, additional information on listed or proposed species or their critical habitat become available, or if new information reveals effects of the action that were not previously considered, consultation with the Service should be reinitiated to assess whether the determinations are still valid.

This technical assistance letter is submitted in accordance with provisions of the Fish and Wildlife Coordination Act (48 Stat. 401, as amended; 16 U.S.C.661 et seq.), the Endangered Species Act of 1973, as amended, and is consistent with the intent of the National Environmental Policy Act of 1969, and the U.S. Fish and Wildlife Service's Mitigation Policy.

If you have any questions regarding our response or if you need additional information, please contact Karyn Tremper at extension 13.

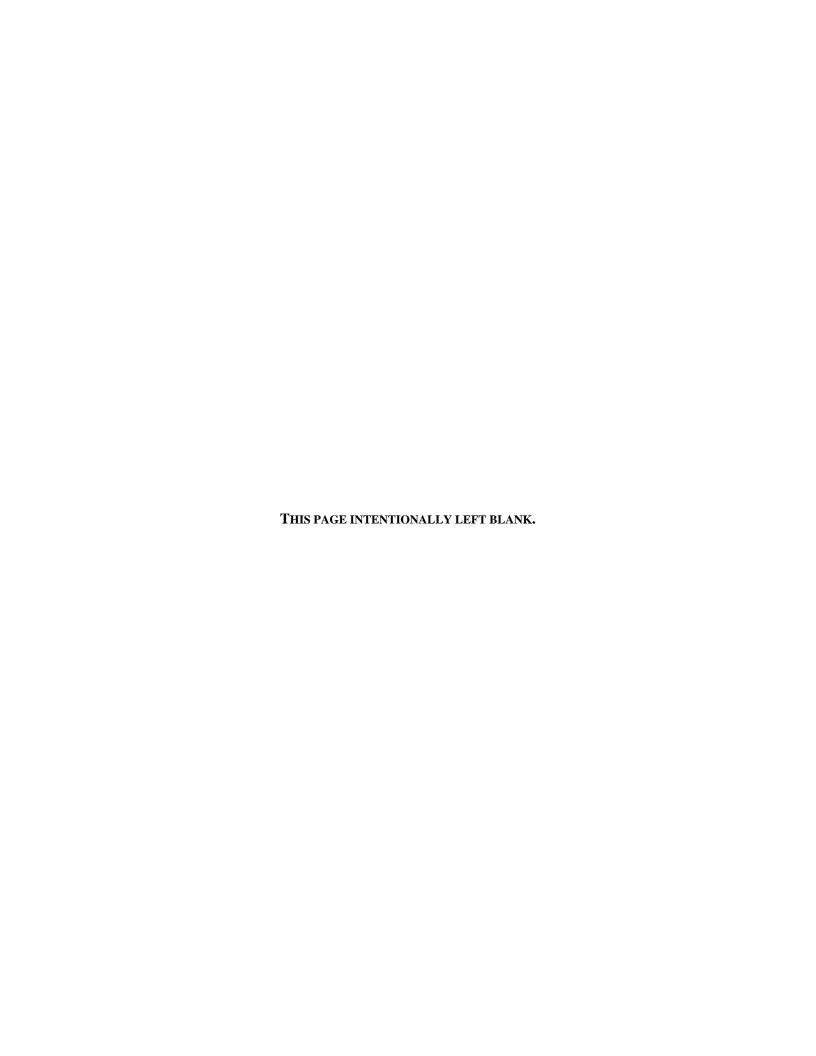
Sincerely,

Mary Knapp, Ph.D. Field Supervisor

Mary Knapp

cc: ODNR, DOW, SCEA Unit, Columbus, OH







November 5, 2009

Jed Thomas Science Applications International Corporation 8866 Commons Boulevard Twinsburg, OH 44087

Re: Remedial Action at the Ramsdell Quarry Landfill Camp Ravenna, Portage County, Ohio

Dear Mr. Thomas,

This is in response to correspondence from your office dated October 6, 2009 (received October 7) regarding the above referenced project. The comments of the Ohio Historic Preservation Office (OHPO) are submitted in accordance with provisions of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470 [36 CFR 800]).

The project involves removal of contaminated sediment from portions of the Ramsdell Quarry. The quarry is a part of Camp Ravenna and a contributing element to the significance of the facility. The quarry was used during the construction of Camp Ravenna in 1941 and 1942. In our opinion, the removal of sediment doesn't have to potential to diminish significant qualities of the quarry. Although an inventory form hasn't been completed for the quarry, it is our opinion that the quarry could be inventoried at a later date because the proposed removal of sediment won't diminish significant qualities of the quarry. We agree with your assessment that no archaeological survey is necessary for this project. Based on the information presented in the correspondence we concur with your finding that there will be no historic properties affected by the proposed project. No further coordination with this office is necessary for this project unless there is a change in the scope of work. In addition, if new or additional properties or effects are discovered, this office should be notified [36 CFR 800.13].

Any questions concerning this matter should be addressed to David Snyder at (614) 298-2000, between the hours of 8 am. to 5 pm. Thank you for your cooperation.

Sincerely,

David Snyder, Ph.D., Archaeology Reviews Manager

Resource Protection and Review

DMS/ds (OHPO ID 2009-POR-8756; Log Number 1028642)



# OHIO HISTORIC PRESERVATION OFFICE: RESOURCE PROTECTION AND REVIEW

## Section 106 Review - Project Summary Form

For projects requiring a license from the Federal Communications Commission, please use FCC Forms 620 or 621. <u>DO NOT USE THIS FORM.</u>

### SECTION 1: GENERAL PROJECT INFORMATION

All contact information provided must include the name, address and phone number of the person listed. Email addresses should also be included, if available. Please refer to the Instructions or contact an OHPO reviewer (mailto:Section106@ohiohistory.org) if you need help completing this Form. Unless otherwise requested, we will contact the person submitting this Form with questions or comments about this project.

Date:October 6, 2009
Name/Affiliation of person submitting form:
Jed Thomas, P.E.
Science Applications International Corporation
Mailing Address:
Science Applications International Corporation
8866 Commons Boulevard
Twinsburg, OH 44087
Phone/Fax/Email:
Phone: (330)405-5802
Fax: (330)405-9811
Email: jed.h.thomas@saic.com

### A. Project Info:

1.

Т	This Form provides information about:  New Project Submittal:  YES ☑ NO ☐
	Additional information relating to previously submitted project: YES $\hfill \square$ NO $\hfill \square$
	OHPO/RPR Serial Number from previous submission:  Not applicable

2. Project Name (if applicable):

# **Remedial Action at the Ramsdell Quarry Landfill**

3. Internal tracking or reference number used by Federal Agency, consultant, and/or applicant to identify this project (if applicable):

Not applicable

B. Project Address or vicinity:

**Camp Ravenna Joint Military Training Center** 

C. City/Township:

**Charlestown Township(Attachment A-1, USGS Topographic Map)** 

D. County:

### **Portage County**

E. Federal Agency and Agency Contact. If you do not know the federal agency involved in your project, please contact the party asking you to apply for Section 106 Review, not OHPO, for this information. HUD Entitlement Communities acting under delegated environmental review authority should list their own contact information.

**Thomas Chanda** 

U.S. Army Corps of Engineers (USACE) 600 Martin Luther King Jr. Place P.O. Box 59 CELRL-PM-P-E Louisville, KY 40201

Phone: (502)315-6868

Email: Thomas.M.Chanda@usace.army.mil

F. Type of Federal Assistance. List all known federal sources of federal funding, approvals, and permits to avoid repeated reviews.

The project will occur on federal property, under the auspices of the U.S. Army Corps of Engineers.

G. State Agency and Contact Person (if applicable):

Not applicable

H. Type of State Assistance:

Not applicable

I. Is this project being submitted at the direction of a state agency solely under Ohio Revised Code 149.53 or at the direction of a State Agency? Answering yes to this question means that you are sure that no federal funding, permits or approvals will be used for any part of your project, and that you are seeking comments only under ORC 149.53.

YES ☐ NO ☒

J. Public Involvement- Describe how the public has been/will be informed about this project and its potential to affect historic properties. Please summarize how they will have an opportunity to provide comments about any effects to historic properties. (This step is required for all projects under 36 CFR § 800.2):

Public involvement was deemed unnecessary for the project in question, remedial action at Ramsdell Quarry Landfill, because no historic properties will be affected by the remedial action. However, through the CERCLA process, which has triggered this remedial action, the public has been informed of the project and given opportunity to provide comments.

K. Please list other consulting parties that you have contacted/will contact about this project, such as Indian Tribes, Certified Local Governments, local officials, property owners, or preservation groups. (See 36 CFR § 800.2 for more information about involving other consulting parties). Please summarize how they will have an opportunity to provide comments:

The Ohio Army National Guard (OHARNG) was consulted regarding this project since they will be the future land owners upon completion of the remedial action.

The OHARNG has provided comments regarding this project and comments have been incorporated into responses on this form. Additional consultation with other agencies was deemed not necessary for the project in question, remedial action at Ramsdell Quarry Landfill, because no historic properties will be affected by the remedial action. In addition, Native American consultation was deemed not necessary because no tribal resources will be affected by the remedial action. The Ohio Environmental Protection Agency is being consulted as part of the CERCLA process which has triggered this project.

### SECTION 2: PROJECT DESCRIPTION AND AREA OF POTENTIAL EFFECTS (APE)

Provide a description of your project, its site, and geographical information. You will also describe your project's Area of Potential Effects (APE). Please refer to the Instructions or contact an OHPO reviewer if you need help with developing the APE or completing this form.

For challenging projects, provide as much information as possible in all sections, and then check the box in Section 5.A. to ask OHPO to offer preliminary comments or make recommendations about how to proceed with your project consultation. This is recommended if your project involves effects to significant historic properties or if there may be challenging procedural issues related to your project. Please note that providing information to complete all Sections will still be required and that asking OHPO for preliminary comments may tend to delay completion of the review process for some projects.

- A. Does this project involve any Ground-Disturbing activity: YES ⊠ NO ☐ (If **Yes**, you must complete all of Section 2.A. If **No**, proceed directly to Section 2. B.)
  - 1. General description of width, length and depth of proposed ground disturbing activity:

The Remedial Design Plan for RQL involves the excavation and disposal of soil from the former quarry. The limit of excavation, presented in the RQL Remedial Design (Attachment A-5, Drawing C-5), involves the removal of up to 8,269 square yards (yd2) of soil to a maximum depth of 1 foot below grade. It is estimated that 1,608 cubic yards of contaminated soil will be removed from the quarry bottom.

The removal action will include the installation of two rock construction entrances, equipment staging area and an excavated soil staging area (Attachment A-4, Drawing C-4).

2. Narrative description of previous land use and past ground disturbances, if known: Initial European settlement of the region occurred between 1799 and 1815, with all of the townships in which the training site is situated settled by 1815. Early population density was low, with subsequent growth spurts related to the opening of the Pennsylvania and Ohio Canal in 1836, the construction of the Atlantic and Great Western Railroad in 1862, and the Baltimore and Ohio Railroad in 1884. Historical atlases indicate that the area had been developed in a traditional Western Reserve farming pattern by 1800, with farms typically comprising one-quarter section. Through the late 19th and early 20th centuries, land use in the region remained largely agricultural, with scattered small industry, such as lime manufacture. Purchase of land for use in construction of the Ravenna Army Ammunition Plant (RVAAP) began in 1940. Construction was completed and the plant commenced operation between December 1941 and January 1942. The installation remained an active Army ammunition plant through 1993. **Environmental restoration has been ongoing throughout the facility** since that time. Currently, the facility is an Ohio Army National Guard training site known as Camp Ravenna.

Ramsdell Quarry Landfill is located in the northeastern portion of the facility and encompasses approximately 14 acres. The quarry occupies approximately 10 acres of the AOC. Quarrying activities were conducted from 1940 to 1941. During that time the area was excavated to 9 to 12 m (30 to 40 ft) below existing grade. The excavated sandstone and quartzite pebble conglomerate was used for road and construction ballast.

From 1946 to the 1950s, the bottom of the quarry was used to burn waste explosives from Load Line 1. Reportedly, 18,000 225-kg (500-lb) incendiary or napalm bombs were burned and liquid residues from annealing operations were disposed of in the quarry.

Between 1941 and 1989, the western and southern sections of the abandoned quarry were used for landfill operations. No information is available regarding landfill disposal activities from 1941 to 1976, and no information is available on other activities at the quarry from the 1950s to 1976. Solid waste materials were disposed of in Ramsdell Quarry Landfill from 1976 until it was closed in 1989. In 1978, a portion of the abandoned quarry was permitted as a sanitary landfill by the state of Ohio. The sanitary landfill was closed in 1990 under state of Ohio solid waste regulations and capped with a clay cover. The cap on the former permitted landfill covers approximately 4 acres along the western and southern portion of the quarry. Five monitoring wells (MW-1 through MW-5) were initially installed for post-closure monitoring of the landfill. These wells were replaced in 1998 and plugged and abandoned in 2006. Semiannual monitoring of groundwater and landfill cap inspections and maintenance are ongoing.

3. Narrative description of current land use and conditions:

Camp Ravenna (formerly Ravenna Army Ammunition Plant, Federal Facility Identification number: OH213820736) is located in northeastern Ohio within Portage and Trumbull counties, approximately three miles east/northeast of the City of Ravenna and approximately one mile northwest of the City of Newton Falls. Ramsdell Quarry Landfill lies within the Camp Ravenna acreage, southeast of the "T" intersection of South Service Road, Snow Road, and Ramsdell Road.

4. Does the landowner know of any archaeological resources found on the property? YES ⋈ NO ☐ If yes, please describe:

There are no known historic properties within the immediate project area. The Ramsdell Quarry area has been highly disturbed by past activities related to the former Ravenna Army Ammunition Plant, as discussed in earlier sections. The disturbance is considered so great that any historic properties if present would have been destroyed or disturbed to the degree that they have lost historic integrity. Looking at the entire property of the installation, there have been 13 Phase I archaeological surveys completed on approximately 9,500 of the 21,683 acres contained on the entire installation

(Attachment A-7).

In February 2008, a Phase I archaeological survey was completed immediately south and west of the current project area by Lawhon and Associates, Inc. No archaeological sites were identified during this survey in the areas surrounding the project area. (Reference for this report: Lawhon and Associates, February 2008. "Phase I Archaeological Reconnaissance Survey of Three Timber Cutting Units Encompassing 490 Acres in the Eastern Portion of the Ravenna Training and Logistics Site, Paris and Windham Townships, Portage County, Ohio").

In February 2009, another Phase I archaeological survey was completed northwest of the project area by Lawhon and Associates. Two historic archaeological sites were found within approximately 1000 feet of the project area. Both sites, 33PO585 and 33PO586 are historic home sites. Neither site meet the eligibility criteria for listing on the National Register of Historic Places (NRHP). (Reference for this report: Lawhon and Associates, February 2009. "Phase I Archaeological Survey of Three Timber Cutting Units Encompassing 485 Acres in the Eastern Portion of the Ravenna Training and Logistics Site, Windham Township, Portage County, Ohio").

- B. Submit the exact project site location on a USGS 7.5-minute topographic quadrangle map for all projects. Map sections, photocopies of map sections, and online versions of USGS maps are acceptable as long as the location is clearly marked. Show the project's Area of Potential Effects (APE). It should be clearly distinguished from other features shown on the map:
  - USGS Quad Map Name:
     USGS Windham (OH) Quadrangle (Attachment A-1, USGS Topographic Map)
  - Township/City/Village Name:Charlestown Township
- C. Provide a street-level map indicating the location of the project site; road names must be identified and legible. Your map must show the exact location of the boundaries for the project site. Show the project's Area of Potential Effects (APE). It should be clearly distinguished from other features shown on the map:
- D. Provide a verbal description of the APE, including a discussion of how the APE will include areas with the potential for direct and indirect effects from the project. Explain the steps taken to identify the project's APE, and your justification for the specific boundaries chosen:

The APE is defined as equivalent to the excavation footprint and associated staging areas. No historic structures, buildings, or archaeological sites are within the viewshed of the APE. There are no known resources of interest to Native American tribes within or near this area. Excavation activities will occur within the space of a month and cause minor noise and vibration in the immediate setting of the site.

E. Provide a detailed description of the project. This is a critical part of your submission. Your description should be prepared for a cold reader who may not be an expert in this type of project. The information provided must help support your analysis of effects to historic properties, not other types of project impacts. Do not simply include copies of environmental documents or other types of specialized project reports. If there are multiple project alternatives, you should include information about all alternatives that are still under active consideration:

A physical description of the project is provided under Section 2, Item A.1 above. Ramsdell Quarry Landfill is a CERCLA cleanup site that has undergone a Phase I remedial investigation. The results of this investigation concluded that there were contaminated soils within the quarry above human health protective levels.

This project (remedial action) is designed to excavate contaminated soil within the former quarry and dispose off site in a regulated landfill. Soil will be removed to a maximum one foot below ground surface or to bedrock (average depth to bedrock is seven inches). Once the removal is complete, the removal areas will be restored as required by the Ohio EPA wetland permit.

The removal action will include the installation of two rock construction entrances, equipment staging area and an excavated soil staging area. As a result, adjacent surface soils to the quarry are anticipated to be impacted. Not installing these areas would result in greater disturbances to ground surfaces (e.g., rutting) which would increase surface soil disturbances during restoration activities. The project will require minimal removal of trees, since the adjacent land is an open field. Attachments A-3, A-4 and A-6 present the Existing Site Conditions, Construction Site Plan, and Site Restoration Plan, respectively.

#### SECTION 3: IDENTIFICATION OF HISTORIC PROPERTIES

Describe whether there are historic properties located within your project APE. To make that determination, use information generated from your own Background Research and Field Survey. Then choose one of the following options to report your findings. Please refer to the Instructions and/or contact an OHPO reviewer if you are unsure about how to identify historic properties for your project.

If you read the Instructions and you're still confused as to which reporting option best fits your project, or you are not sure if your project needs a survey, you may choose to skip this section, but provide as much supporting documentation as possible in all other Sections, then check the box in Section 5.A. to request preliminary comments from OHPO. After reviewing the information provided, OHPO will then offer comments as to which reporting option is best suited to document historic properties for your project. Please note that providing information to complete this Section will still be required and that asking OHPO for preliminary comments may tend to delay completion of the review process for some projects.

#### Recording the Results of Background Research and Field Survey:

A. Summary of discussions and/or consultation with OHPO about this project that demonstrates how the Agency Official and OHPO have agreed that no Field Survey was necessary for this project (typically due to extreme ground disturbance or other special circumstances). Please <u>attach copies</u> of emails/correspondence that document this agreement. You must explain how the project's potential to affect both archaeological and historic resources were considered.

- **B.** A table that includes the minimum information listed in the OHPO Section 106 Documentation Table (which is generally equivalent to the information found on an inventory form). This information must be printed and mailed with the Project Summary Form. To provide sufficient information to complete this Section, you must also include summary observations from your field survey, background research and eligibility determinations for each property that was evaluated in the project APE.
- C. OHI (Ohio Historic Inventory) or OAI (Ohio Archaeological Inventory) forms- New or updated inventory forms may be prepared using the OHI pdf form with data population capabilities, the Internet IForm, or typed on archival quality inventory forms. To provide sufficient information to complete this Section, you must include summary observations from your field survey and background research. You must also include eligibility determinations for each property that was evaluated in the project APE
- D. A historic or archaeological survey report prepared by a qualified consultant that meets professional standards. The survey report should meet the Secretary of the Interior's Standards and Guidelines for Identification and OHPO Archaeological Guidelines. You may also include new inventory forms with your survey, or update previous inventory forms. To complete this section, your survey report must include summary observations from your field survey, background research and eligibility determinations for each property that was evaluated within the APE.

E.	Project Findings. Based on the conclusions you reached in completing Section 3, please
	choose one finding for your project. There are (mark one):
	☐ Historic Properties Present in the APE:
	No Historic Properties Present in the APE:

#### **SECTION 4: SUPPORTING DOCUMENTATION**

This information must be provided for all projects.

- A. Photographs must be keyed to a street-level map, and should be included as attachments to this application. Please label all forms, tables and CDs with the date of your submission and project name, as identified in Section 1. You must present enough documentation to clearly show existing conditions at your project site and convey details about the buildings, structures or sites that are described in your submission. Faxed or photocopied photographs are not acceptable. See Instructions for more info about photo submissions or 36 CFR § 800.11 for federal documentation standards.
  - Provide photos of the entire project site and take photos to/from historic properties from/towards your project site to support your determination of effect in Section 5.
  - 2. Provide current photos of all buildings/structures/sites described.
- B. Project plan, specifications, site drawings and any other media presentation that conveys detailed information about your project and its potential to affect historic properties.
- C. Copies or summaries of any comments provided by consulting parties or the public.

#### **SECTION 5: DETERMINATION OF EFFECT**

- A. Request Preliminary Comments. For challenging projects, provide as much information as possible in previous sections and ask OHPO to offer preliminary comments or make recommendations about how to proceed with your project consultation. This is recommended if your project involves effects to significant historic properties, if the public has concerns about your project's potential to affect historic properties, or if there may be challenging procedural issues related to your project. Please be aware that providing information in all Sections will still be required and that asking OHPO for preliminary comments may tend to delay completion of the review process for some projects.
  - We request preliminary comments from OHPO about this project:
     YES □ NO ☒
  - Please specify as clearly as possible the particular issues that you would like OHPO to examine for your project (for example- help with developing an APE, addressing the concerns of consulting parties, survey methodology, etc.):
- B. Determination of Effect. If you believe that you have gathered enough information to conclude the Section 106 process, you may be ready to make a determination of effect and ask OHPO for concurrence, while considering public comments. Please select and mark one of the following determinations, then explain the basis for your decision on an attached sheet of paper:
  - No historic properties will be affected based on 36 CFR § 800.4(d) (1). Please explain how you made this determination:

The proposed project will involve minimal ground disturbance consisting of the removal of up to 8,269 square yards (yd2) of soil to a maximum depth of 1 foot below grade. The area in which the project will take place is highly disturbed by past construction activities related to the former Ravenna Army Ammunition Plant. The disturbance in such areas is considered so great that any historic properties, if present, would have been destroyed or disturbed to the degree that they have lost historic integrity and have no value as historic properties.

No buildings or structures lie within the construction APE, and the APE does not lie within the viewshed of any buildings or structures. Accordingly, the project will have no effect on historical buildings or structures.

Based on the past disturbance history of the APE, it has been determined that there is no potential for the remedial action to impact historic properties.

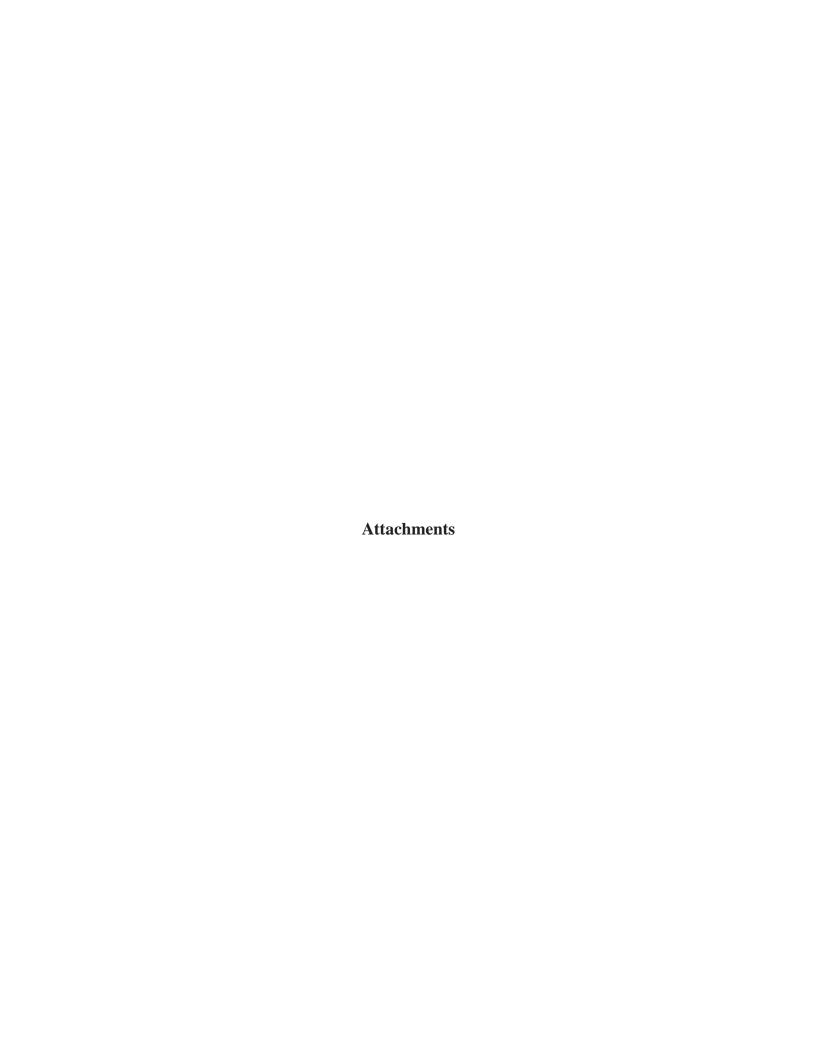
With any ground disturbing activity there is always the potential for an inadvertent discovery of human remains or cultural items as defined by NAGPRA. If such items are encountered during the remedial action, excavation will immediately stop and the Camp Ravenna Range Control,

USACE and RVAAP will be notified. Standard Operation Procedure #6 in the OHARNG Integrated Cultural Resources Management Plan will be implemented and followed. Excavation will not resume until the site has been released by the OHARNG Cultural Resources Manager.

No Adverse Effect [36 CFR § 800.5(b)] on historic cannot be used if there are no historic properties (APE. Please explain why the Criteria of Adverse (800.5(a) (1)], were found not to be applicable for y	oresent in your project Effect, [36 CFR Part
Adverse Effect [36 CFR § 800.5(d) (2)] on historic explain why the criteria of adverse effect, [36 CFF found to be applicable to your project. You may all of how these adverse effects might be avoided, re-	Part 800.5(a) (1)], were so include an explanation

Please print and mail completed form and supporting documentation to:

Ohio Historic Preservation Office Attn: Mark J. Epstein, Department Head Resource Protection and Review 1982 Velma Avenue Columbus, OH 43211-2497



Attachment A-1. USGS Topographic Map of Windham, Ohio Attachment A-2. Street Level Map of APE

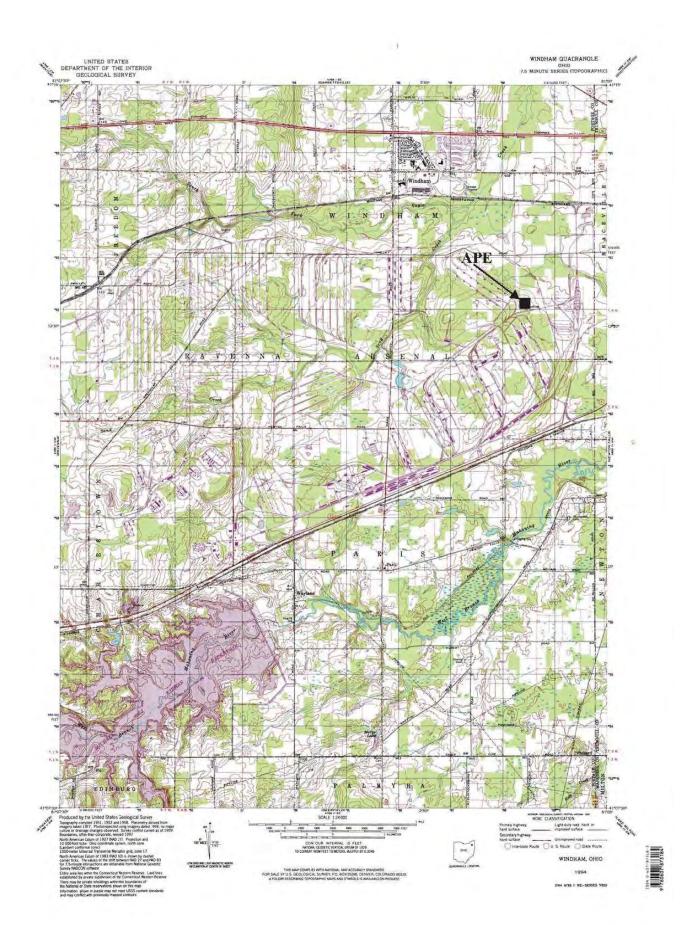
Attachment A-3. Existing Site Conditions

**Attachment A-4. Construction Site Plan** 

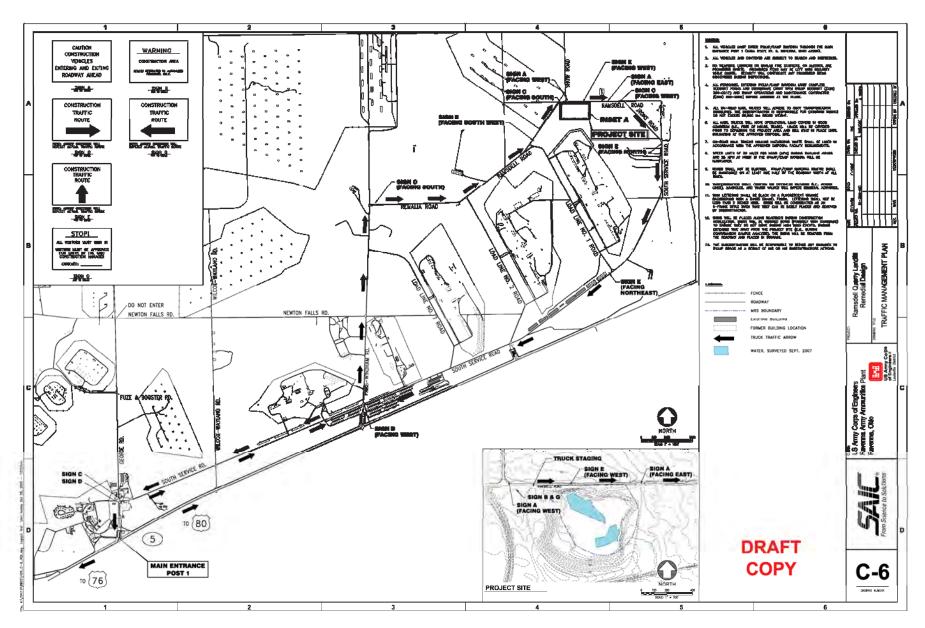
Attachment A-5. Soil Removal and Sampling Plan

Attachment A-6. Site Restoration Plan

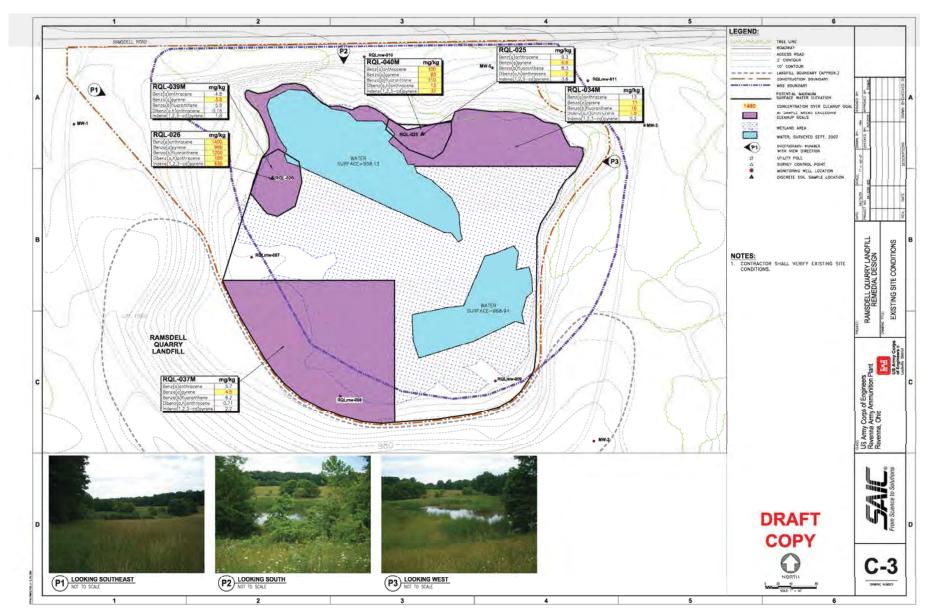
Attachment A-7. RVAAP Prehistoric, Historic Cultural Resources and Sensitivity Model



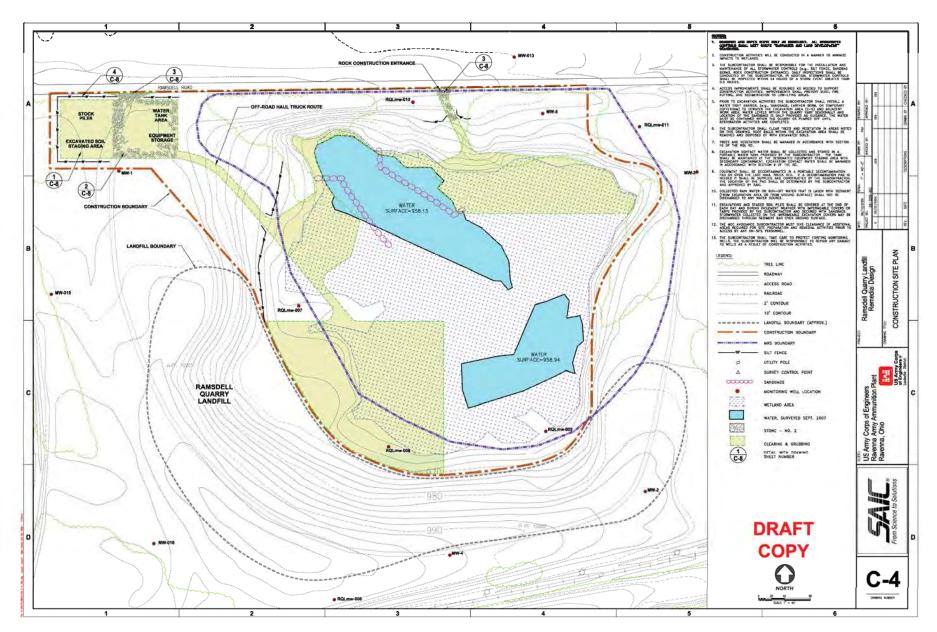
Attachment A-1. USGS Topographic Map of Windham, Ohio



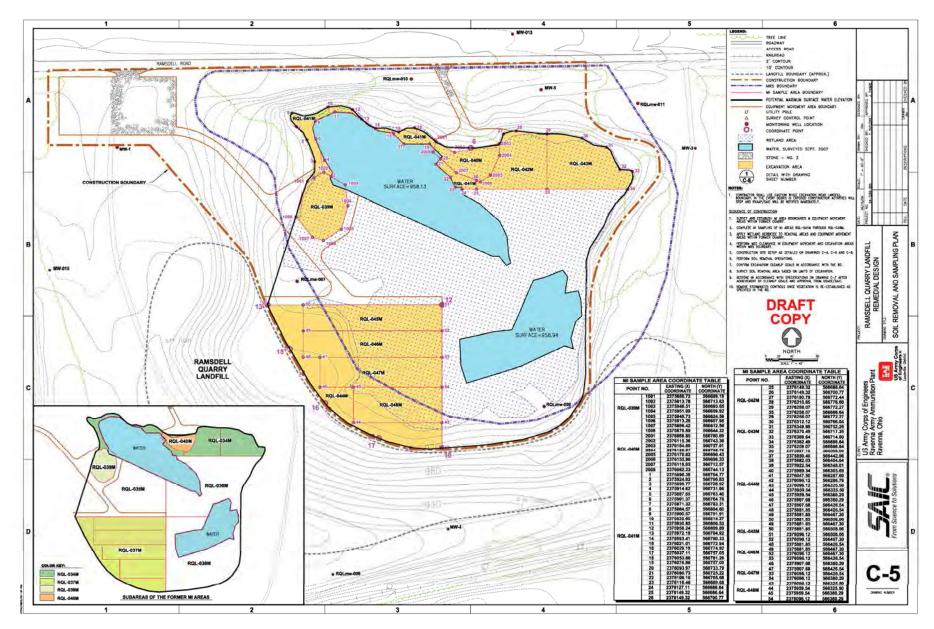
Attachment A-2. Street-Level Map of APE



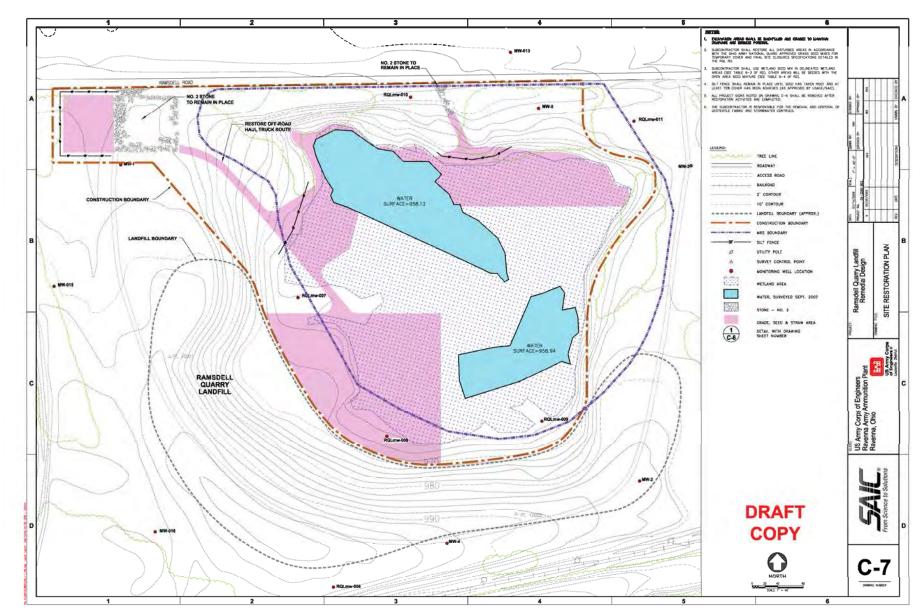
Attachment A-3. Existing Site Conditions



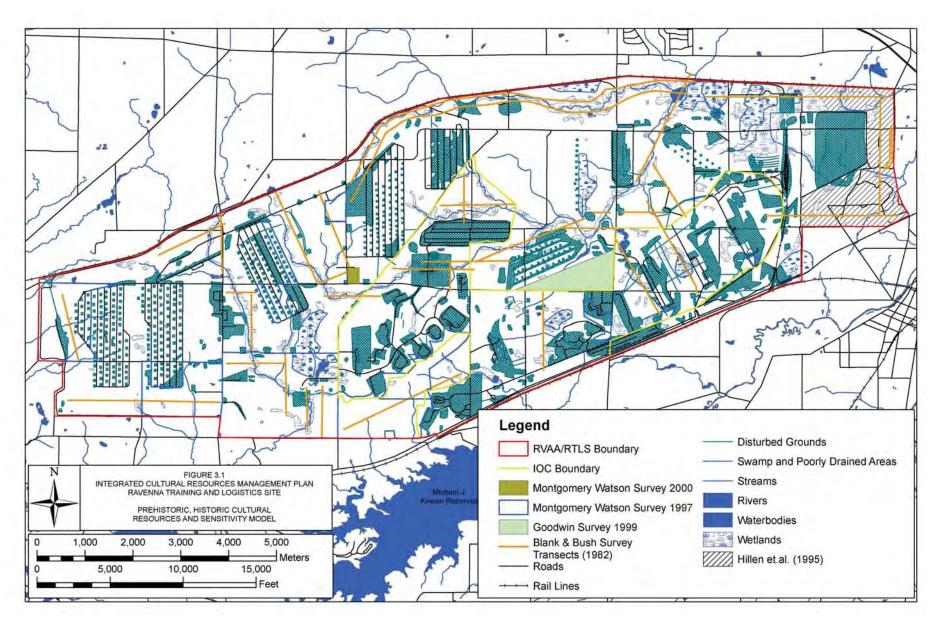
Attachment A-4. Construction Site Plan



Attachment A-5. Soil Removal and Sampling Plan

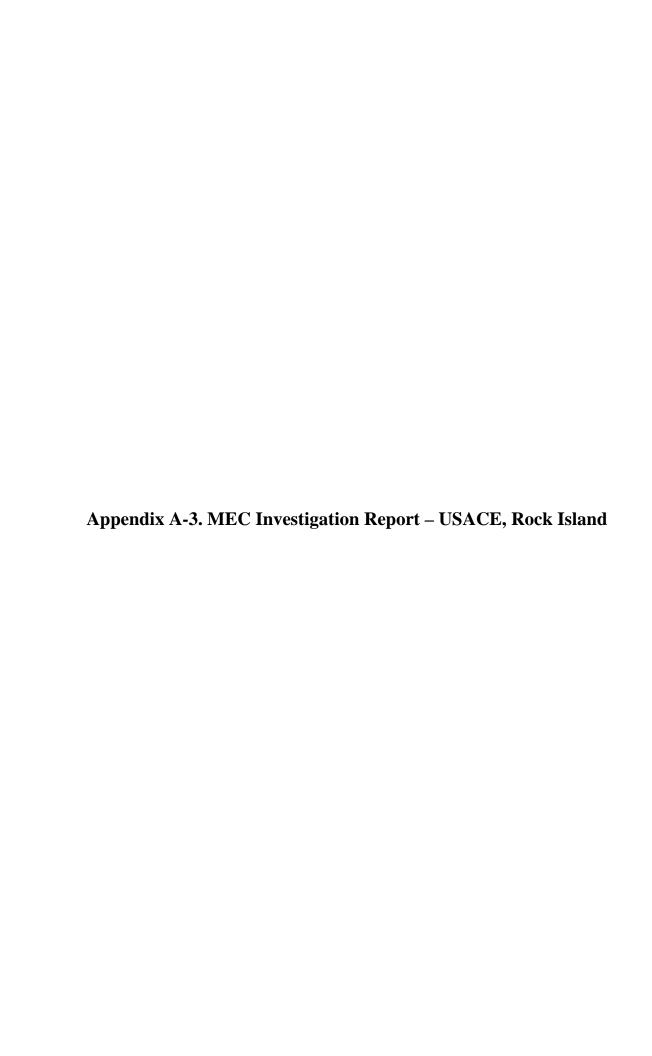


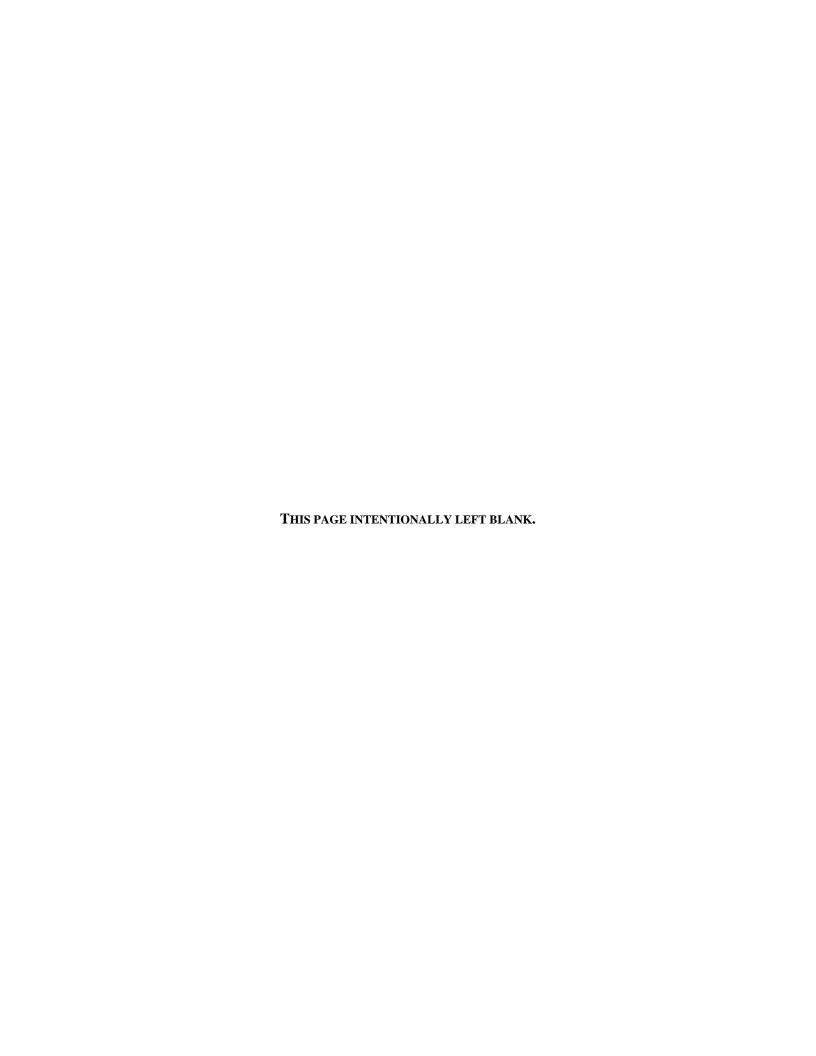
Attachment A-6. Site Restoration Plan

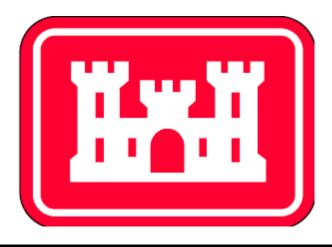


Attachment A-7. RVAAP Prehistoric, Historic Cultural Resources and Sensitivity Model









MEC Investigation

RAMSDELL QUARRY LANDFILL

RAVENNA ARMY AMMUNITION PLANT RAVENNA, OHIO

## 21 APRIL 2010

Prepared by
US ARMY CORPS OF ENGINEERS
Rock Island District
And
US ARMY CORPS OF ENGINEERS
Louisville District
Prepared for

RAVENNA ARMY AMMUNITION PLANT Ravenna, Ohio

# TABLE OF CONTENTS

Section Pag			
1.0	SITE HISTORY		
2.0	PURPOSE OF THE INVESTIGATION	3	
3.0	METHODOLOLGY	3	
4.0.	SUMMARY	3	
APPE	NDIX A MAPS.	4	
APPE	NDIX BREFERENCE	6	
APPE	NDIX CPHOTO DATA LOG	8	
APPE	NDIX DRAVENNA AAP BRAD-D ACCEPTANCE EMAIL	23	

### 1.0 Site History.

The Ramsdell Quarry Landfill (RQL) is approximately 14 acres in size and located in the northeastern part of the Ravenna Army Ammunition Plant (RVAAP). The quarry at RQL is approximately 10 acres in size, and has intermittent ponds that have been observed to be dry for extended periods of time. The quarry was in operation until 1941. While in operation, it was excavated from 30 to 40 feet below existing grade. The excavated sandstone and quartzite pebble conglomerate was used for road and construction ballast. From 1946 until the 1950s the bottom of the quarry was used to burn explosives from Load Line 1. Reportedly, 18,000 500 LB. incendiary bombs were burned and liquid residues from annealing operations were disposed of in the quarry. This report only concerns the quarry and not the capped landfill portion of the site (see Appendix A Figure 1).

## 2.0 Purpose of the Investigation.

The small amount of soil remaining in the quarry has been sampled and found to contain Semi-Volatile Organic Compounds (SVOCs) above cleanup standards. The proposed remediation action requires removal of these soils. Based on prior usage of the site it was determined that an evaluation should be conducted as to the likelihood of Munitions and Explosives of Concern (MEC) being present in the soils.

## 3.0 Methodology.

On April 20-21, 2010, Joe W. Vann III and Nickolas Heleg-Greza, Occupational Safety and Health Specialists (Unexploded Ordnance), Rock Island District, U.S. Army Corps of Engineers, conducted a magnetometer sweep of areas RQL-039M through RQL-048M inclusive for the possible presence of MEC. A random path was followed using standard 'mag and flag' techniques and all anomalies encountered were excavated, examined and investigated in accordance with EM 385-1-97. In addition, the entire area was examined for the presence of any MEC on the surface. During the course of the investigation, no MEC was encountered. Munitions Debris (MD) was encountered in the form of plastic shipping containers for 81mm mortar projectiles, the rotating band protective rings for 155mm projectiles, and the remains of several AN-M76 500 Lb. Incendiary Bombs (see Appendix C).

#### 4.0 Summary.

Based upon the investigation team and the past usage of the site, it has been determined that there is a low probability of MEC concern in regards to conducting contaminated soil removal activities in areas RQL-039M through RQL-048M, inclusive provided a qualified UXO technician is used in the position of construction support.

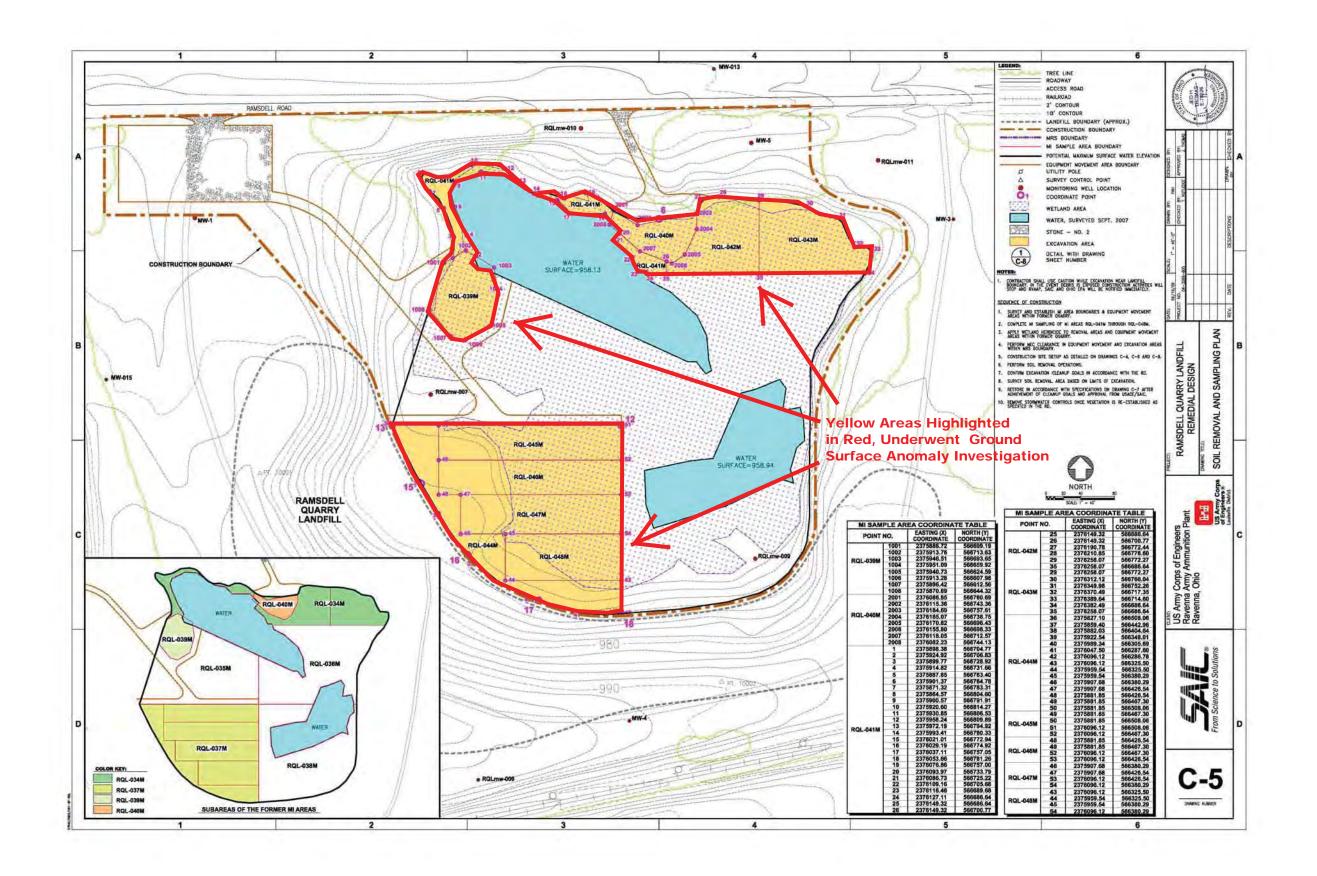
At the time burning operations were conducted, the area was exposed bedrock and anything not consumed would have been readily apparent. The AN-M76 Incendiary Bombs would not have had an igniter present and the filler was 180 Lb. of Oil Gel PT-1 (see Appendix B). This is a mixture containing rubber, magnesium powder, fuel oil, a thickening agent, and a small amount of gasoline. This is consistent with the SVOCs found in previous soil sampling

.

# **APPENDIX A**

# **MAPS**

AS MARKED-UP SAIC (USACE Contractor) DRAWING NUMBER C-5 PROPOSED SOIL REMOVAL & SAMPLING PLAN RVAAP RAMSDELL QUARRY LANDFILL - REMEDIAL DESIGN



THIS PAGE INTENTIONALLY LEFT BLANK.

# APPENDIX B REFERENCE

### CHEMICAL, INCENDIARY, AND SMOKE BOMBS ("AN" SERIES)

The Navy is procuring, at the present time, Incendiary Bombs M47A2 loaded with PWP. PWP consists of 75% WP and 25% plasticizer; it is more effective than WP, since it gives longer burning, reduces pillaring effect, and increases the anti-personnel effect. The increased smoke efficiency is due to the larger particles of controlled size which result from the use of PWP. The bomb contains 75 pounds of PWP and requires a Burster M20, which contains \(^1/4\)-inch-diameter tetryl pellets.

#### 500-pound Incendiary AN-M76

Over-all length, inches59.
Body length, inches45.
Body diameter, inches14.
Wall thickness, inch
Tail length, inches
Tail width, inches14.
Tail weight, pounds12.
FillingOil Gel PT
Weight of filling, pounds18
Total weight, pounds47
Charge/weight ratio389

#### Fuzing

Nose — AN – M103A1, AN – M103, M103, M135A1, M136, M136A1, M139, M139A1, AN–M139A1, M140, M140A1, AN–M140A1, M163, M164, M165, M166, T82.

TAIL-AN-M101A2, AN-M101A1, M161.

Construction: The body is of one-piece caststeel construction, with a base plate welded to body. A burster tube 3.5 inches in diameter, 35.75 inches long, running through the center of bomb, is welded to the nose and to the base plate. The Adapter Booster M115 screws into the base plate. The bomb tail is a cast-steel sleeve with four sheet-steel fins and internal box-type struts. Suspension is accomplished by two suspension lugs welded on the body seven inches on each side of center of gravity and by a single lug, 180° removed at the center of gravity.

**Operation:** On impact, the fuzes function and detonate the 1.25-pound tetrytol burster in the burster tube and initiate the nine-pound white

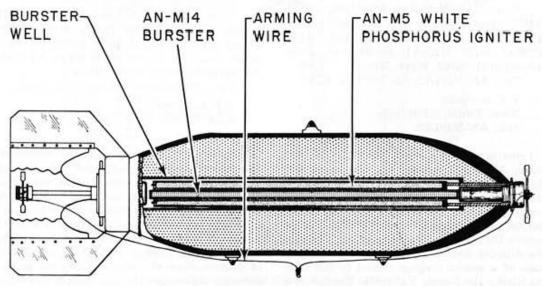


Figure 307. 500-pound Incendiary Bomb AN-M76

CONFIDENTIAL

433

# APPENDIX C PHOTOGRAPHS



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



AN-M76 base plate



Cultural Debris



AN-M76



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



Cultural Debris



AN-M76 Base Plate

# APPENDIX D RAVENNA AAP BRAC-D ACCEPTANCE E-MAIL

### Chanda, Thomas M LRL

From: Patterson, Mark C Mr CIV USA OSA [mark.c.patterson@us.army.mil]

Sent: Wednesday, April 21, 2010 4:14 PM

To: Chanda, Thomas M LRL

Cc: Beckham, Glen LRL; Peters, Nathaniel II LRL

Subject: Ramsdell MEC probability

Tom,

I just reviewed the latest version of the report by Nick Heleg-Graza & Joe Vann concerning their investigation of potential MEC at Ramsdell Quarry. I have no changes. It can be provided to SAIC. I support the conclusion of the report that the probability of encountering MEC is low and only UXO construction support is needed for SAIC's work. Any findings by SAIC during remediation that may change the probability assessment should be reported to me in order to determine if the probability needs to be changed.

Thanks

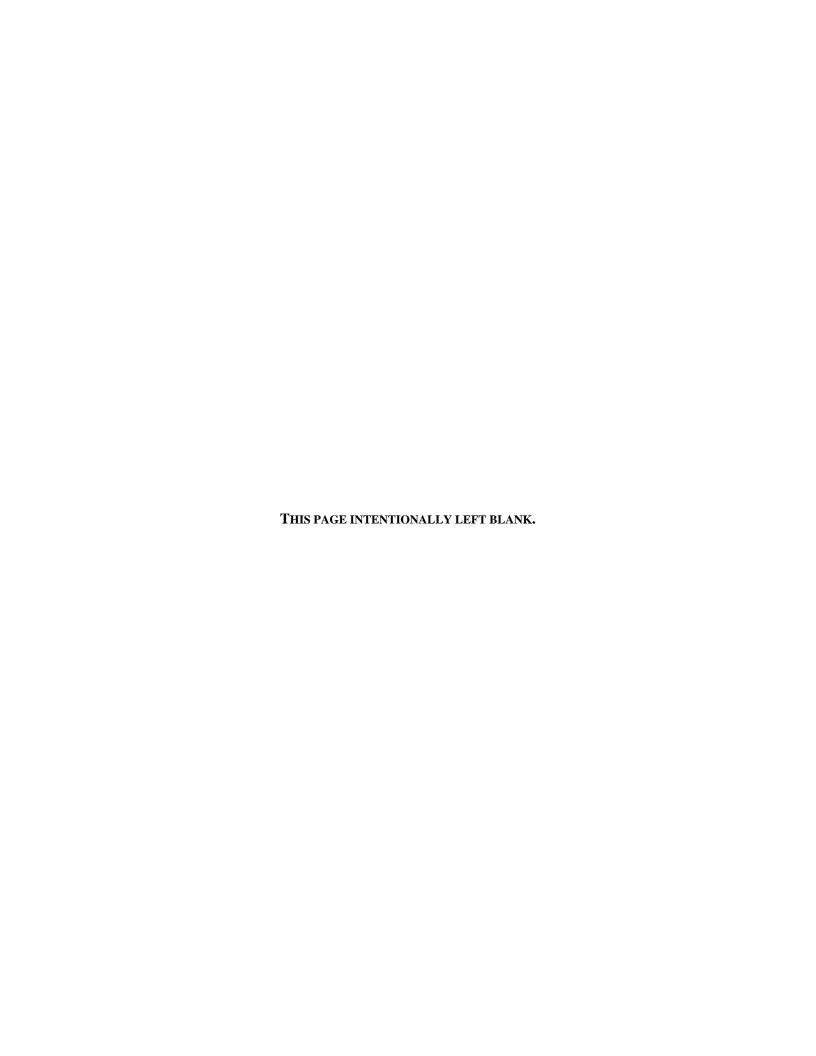
Mark Patterson

RVAAP/FWDA BEC

330-358-7312







From: Mcgee, James D Mr CTR USA OSA USA [jim.d.mcgee@us.army.mil]

**Sent:** Wednesday, June 16, 2010 11:42 AM

To: Thomas, Jed H. Cc: Mark Patterson

Subject: RE: RQL Remedial Action ~ Utility Clearance

Jed:

Your summary accurately describes our conversation of 6-16-10.

Jim McGee

From: Thomas, Jed H. [mailto:JED.H.THOMAS@saic.com]

**Sent:** Wednesday, June 16, 2010 10:15 AM **To:** Mcgee, James D Mr CTR OSD OSA USA

Cc: Sprinzl, Richard E.

Subject: RQL Remedial Action ~ Utility Clearance

Jim - Below summarizes our conversation regarding a utilities and utility clearance in the areas we will be using for the Ramsdell Quarry Landfill Remedial Action.

- 1. There are no known utilities in the remedial action areas.
- 2. If utilities are encountered and damaged, they do not need to be replaced or repaired.
- 3. If we encounter any electrical lines, you recommended assuming it is active until proving otherwise.
- 4. Well exist in or near the areas. SAIC/Toltest will use caution when operating around these wells.

Please let me know if I am missing anything or if this accurately summarizes our conversation. We expect to start mobilization and site set up activities next week.

Thank you, Jed

Jed Thomas, P.E. | SAIC

Environmental Engineer | Energy, Environment & Infrastructure Business Unit (E2IBU)

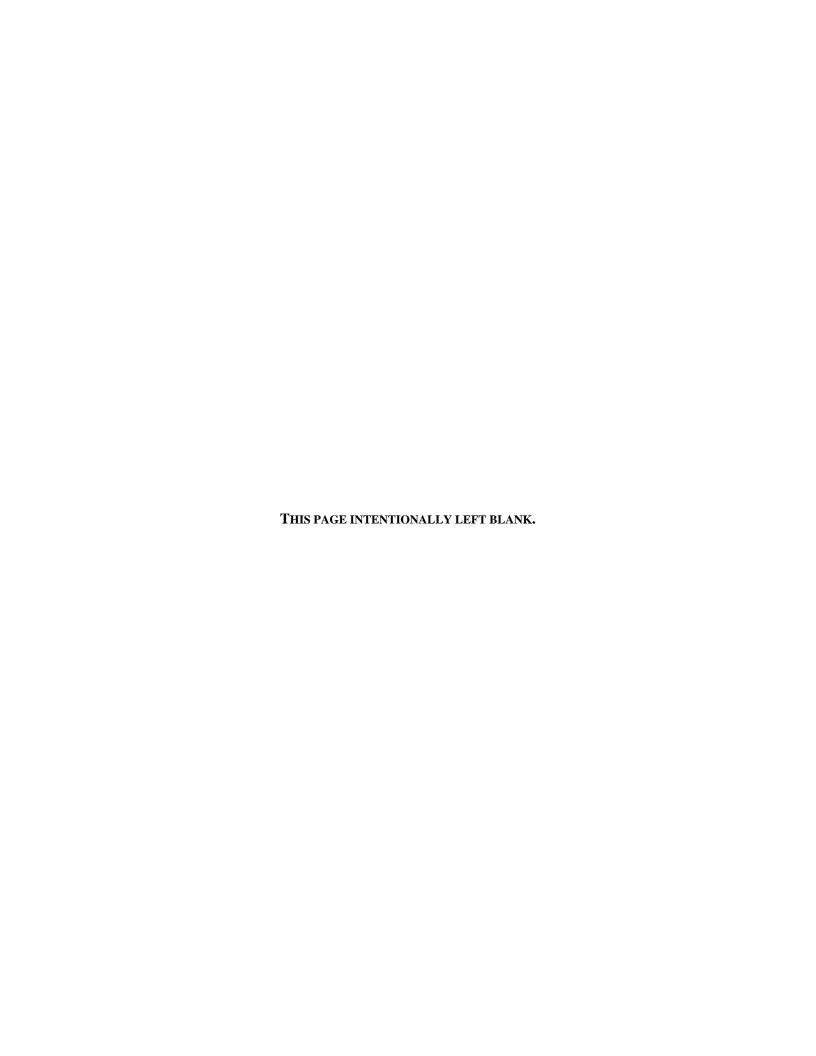
phone: 330.405.5802 | fax 330.405.9811

email: jed.h.thomas@saic.com

Please consider the environment before printing this email.







From: prvs=077188370e=john.estenik@epa.state.oh.us on behalf of John Estenik <John.Estenik@epa.state.oh.us> Sent: Friday, June 04, 2010 10:12 AM To: Thomas, Jed H. Subject: Re: Aquatic Herbicide Notification Form for the Ramsdell Quarry Landfill I have reviewed your request to apply herbicide at the Ramsdell Quarry Landfill. I do not see any problems with your request. Applications of the identified herbicide can occur at the identified location through December 2010. Contact me if there are any problems or concerns. >>> "Thomas, Jed H." <<u>JED.H.THOMAS@saic.com</u>> 6/3/2010 11:46 AM >>> John -As requested during our conversation from 2 weeks ago, attached is the Aquatic Herbicide Notification Form for the application of herbicides within the Ramsdell Quarry Landfill area of concern at the Ravenna Army Ammunition Plant. Please review this form and let me know if everything is acceptable or if there are any issues. Depending upon weather and other logistics, we would like to apply the herbicide either next week or the following week. Thank you for your review and let me know if you need anything else. Jed Jed Thomas, P.E. | SAIC Environmental Engineer | Energy, Environment & Infrastructure Business Unit (E2IBU) phone: 330.405.5802 | fax 330.405.9811 email: jed.h.thomas@saic.com <mailto:jed.h.thomas@saic.com> Please consider the environment before printing this email.

Ohio Environmental Protection Agency Unless otherwise provided by law,

this communication and any response to it constitutes a public record.

\_\_\_\_\_

### **Aquatic Herbicide Notification Form**

Submitted to:

### Ohio Environmental Protection Agency Division of Water Quality Planning and Assessment

Applicator Name and Address: EnviroScience (License # 89895)

POC - Tara Miletti (Applicators License # 104984)

3781 Darrow Rd. Stow OH 44224 Work: 330.688.0111 Fax: 330.688.3858

Client Information: Mr. Mark Patterson, Facility Manager

Ravenna Army Ammunition Plant 8451 State Route 5, Building 1037 Ravenna, Ohio 44266-9297

330-358-7311

Location: Ramsdell Quarry Landfill area of concern within the

Ravenna Army Ammunition Plant. The AOC is located at the eastern portion of the facility. The quarry is

located southeast of the Snow Road and Ramsdell Road

intersection.

Site Information: Approximately 1.5 acres of wetlands will have herbicide

applied. A pond intermittently/seasonally forms near the

middle of the application area.

Target Aquatic Species: Typha angustifolia (narrowleaved cattail), Phragmites

australis (reed grass), and reed canary grass

Non-target Aquatic Organisms: No known threatened or endangered species within

treatment area.

Surface Water (Potable Drinking) Intake: Yes ( ) No ( X )

Primary Contact Usage: Yes ( ) No ( X )

If yes, list types of contact: Area is restricted for use by

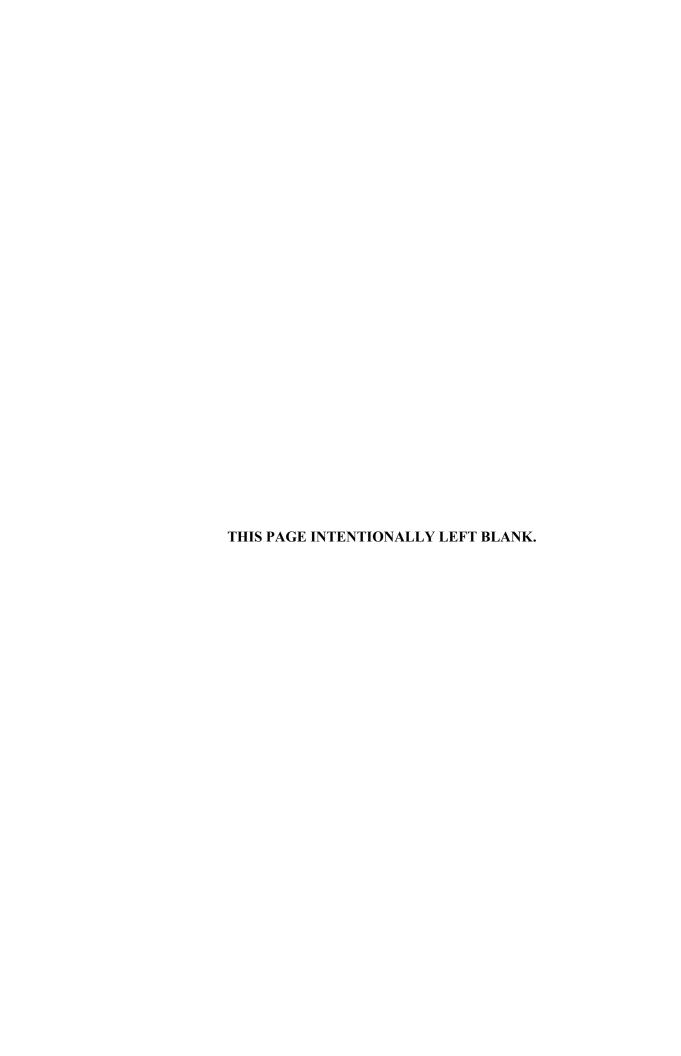
the U.S. Army and Ohio Army National Guard. Restrictions limit use to personnel performing site inspections by U.S. Army or OHARNG personnel.

Requested Chemical(s) Application Rates Desired Concentrations
Glyphosate 6 pints per acre spray to wet not runoff

Water Use Restrictions:GlyphosateDrinking0 daysSwimming0 daysFish Consumption0 daysIrrigation / Livestock0 days

Approximate Application Date (s): Glyphosate: One time application in May or June 2010

Additional Information: Maps of Ramsdell within the RVAAP is attached.





THIS PAGE INTENTIONALLY LEFT BLANK.

# Ohio Army National Guard DAILY PEST CONTROL SUMMARY SHEET

Print or Type All Information

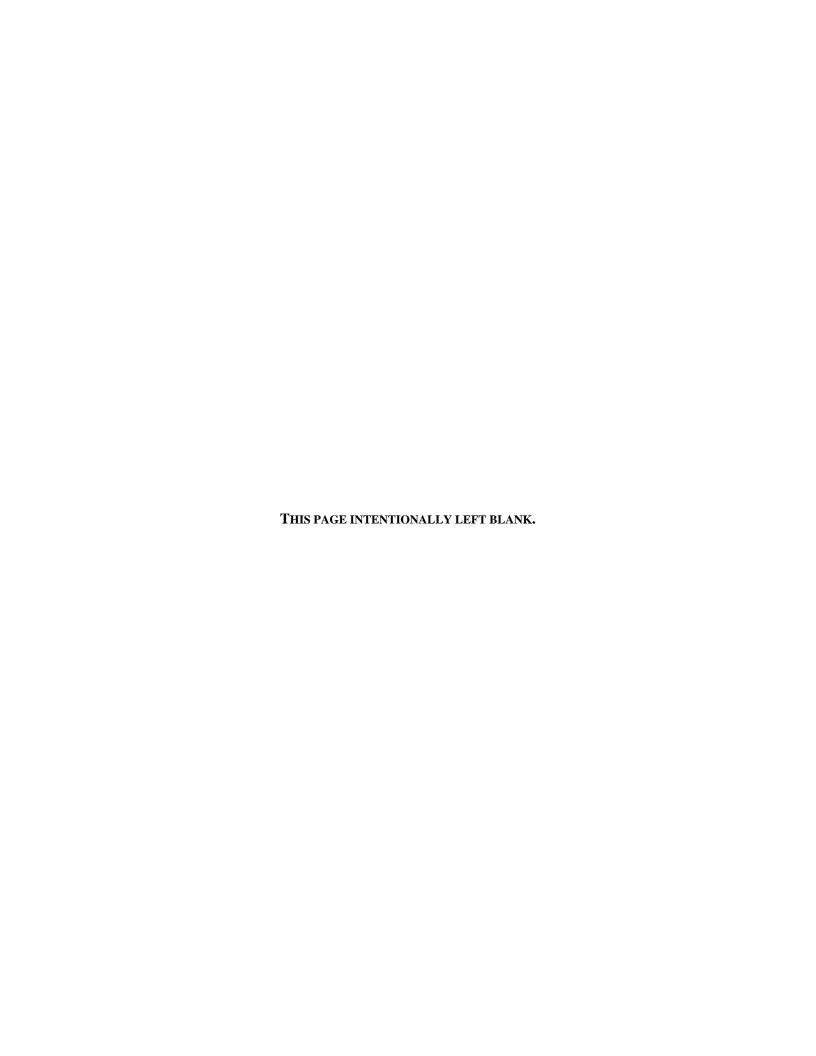
1. General Information	Date: 06/10/10
Treatment Location/Address: 8451 St Rt. 5	Ravenna Ohio
Licensed Applicator/Operator Name: Enviroscience	e Tava Miletti
License # \$4895 TM = 104984 Expiration Date: 9/30/10	Categories: 3A 4A, 5, core
Employer: ENVINSCIENCE, Inc	Telephone: 330-688-011/
Employer Address: 3781 Darrow Rd., Stow	OH 44224
2. Weather Conditions	
Sky Conditions: X Clear Partly Cloudy Overcast	
Wind Speed: XCalm X1-5 mph5-10 mph10-15 mph	_15-20 mph 20+ mph
Wind Direction out of the: XN NE E SE S SW	
Precipitation: None _ Scat Rain _ Lt Rain _ Hvy Ra.	inSnowOther:
Temperature: $30-40$ $40-50$ $50-60$ $60-70$ $70-80$	80-9090-100100+
3. Pesticide Application Data	
Target Pest: Phragmites australis	Total Area Treated: \( \lambda \)
Specific Treatment Location(s): KumSdell Quar	ry Landfill
Type of Application Equipment: Back fack Spi	ayer
Application Start Time: $\frac{1100}{1100}$ Application Fig.	
Carrier Used: XWater Amount Used: 20 gal App	plication Rate: 20 galfac
Other: Amount Used:	
Name of Adjuvant Used: Amount of	Adjuvant Used:Amount Total
Trade Name Chemical Name EPA Reg. # Lot #	Form Rate Used lbs A.I.
1. Rodeo gyphosate 62719-324WL-ANIB	Liguid gailac 0.635gy 3,35/b
2	
3	
4	
4. Non-Chemical Control	
Pest Name & Number:	Control Method:
Location(S):	
5. Comments:	

## Ohio Army National Guard DAILY PEST CONTROL SUMMARY SHEET

Print or Type All Information

1. General Information	Date: 00/10/10
Treatment Location/Address: 8451 St Rt	5 Ravenna, OH
Licensed Applicator/Operator Name: Enviro S	gence tara Miletti
License # 89895 TM=104984 Expiration Date: 9/30/10 Employer: FNVIVOSCIENCE	Telephone: 330-688-011
Employer Address: 3781 Darrow Rd. St	
2. Weather Conditions	
Sky Conditions:Clear \_Partly Cloudy \_Ove	rcastOther:
Wind Speed:Calm \( \) 1-5 mph5-10 mph10-15	
Wind Direction out of the: _N _NEXE _SE _S	
Precipitation:None / Scat RainLt RainH	vy RainSnowOther:
Temperature:30-4040-5050-6060-70 \( \sqrt{7} \)	0-8080-9090-100100+
3. Pesticide Application Data	
Target Pest: Phragmite australis	Total Area Treated: _ O.Sac
Specific Treatment Location(s): Ramsdell (	Duarry Land Fill
Type of Application Equipment: Backpack	sprayer
Application Start Time: 1015 Applicati	
Carrier Used: XWater Amount Used: 12 gal	_ Application Rate: \( \sigma 20 gallac \)
Other: Amount Used:	
Name of Adjuvant Used: Amou	nt of Adjuvant Used: Amount Total
Trade Name Chemical Name EPA Reg. # Lot	# Form Rate Used lbs A.I.
1. Rodeo glyphosate 62719-3242211	2NIL LIQUID STOR 0.3 15 get 2.0 25 16
2	
3	
4	
4. Non-Chemical Control	
Pest Name & Number:	Control Method:
Location(S):	
5. Comments:	





From: prvs=0768168309=todd.fisher@epa.state.oh.us on behalf of Todd Fisher

<todd.fisher@epa.state.oh.us>

**Sent:** Tuesday, June 01, 2010 3:01 PM **To:** Eileen Mohr; Thomas, Jed H.

Cc: Todd Fisher; Sprinzl, Richard E.; Thomas M LRL Chanda

Subject: Re: SAIC Backfill Source ~ RQL and Load Line 12 Remedial Actions

Jed,

It is acceptable to use the backfill material from the same pile that was used during the FBQ RA. Anything over 4,000 cubic yards will require an additional sample(s).

If you have any questions, please give me a call.

Thanks,

Todd

Todd R. Fisher
Project Coordinator
Ohio Environmental Protection Agency
Division of Emergency and Remedial Response
2110 East Aurora Rd.
Twinsburg, OH 44087

Work: (330) 963-1148

RVAAP Field Office: (330) 548-3860

Cell: (330) 389-0521 FAX: (330) 487-0769

email address: Todd.Fisher@epa.state.oh.us

>>> "Thomas, Jed H." <<u>JED.H.THOMAS@saic.com</u>> Thursday, May 27, 2010 2:29 PM >>> Todd and Eileen -

With respect to backfilling areas at RQL and Load Line 12, we plan to use the same backfill source that we used during the Fuze and Booster Quarry Landfill/Ponds Remedial Action. This is the same soil pile that was sampled at the Route 5 Sand and Gravel and subsequently approved in the e-mail below.

As stated in the *Final Remedial Action Report for the RVAAP-16 Fuze and Booster Quarry Landfill/Ponds*, we used 55 cubic yards of this soil during the FBQ Remedial Action. Per Ohio EPA guidance, we are required to sample every 4,000 cubic yards of backfill soil used. At this point, we do not anticipate that we will exceed a total of 4,000 cubic yards of backfill soil between the three remedial actions. If it is determined in the field that our total backfill will exceed 4,000 cubic yards, we will identify another source and have it sampled for approval.

Please let me know if it is acceptable to use this same backfill source for the RQL and Load Line 12 Remedial Actions up to 4,000 cubic yards.

Thank you, Jed

From: prvs=0564c9aba9=todd.fisher@epa.state.oh.us [mailto:prvs=0564c9aba9=todd.fisher@epa.state.oh.us] On

Behalf Of Todd Fisher

**Sent:** Monday, November 09, 2009 12:32 PM

To: Eileen Mohr; Thomas, Jed H.

Cc: Thomas M LRL Chanda

Subject: Re: SAIC Backfill Source ~ Sampling Results

Jed,

I looked over the laboratory results and conclude that the backfill source is acceptable for use with FBQ Remedial Action

Thanks.

Todd

Todd R. Fisher **Project Coordinator** Ohio Environmental Protection Agency Division of Emergency and Remedial Response 2110 East Aurora Rd. Twinsburg, OH 44087

Work: (330) 963-1148 (330) 389-0521 Cell: FAX: (330) 487-0769

email address: Todd.Fisher@epa.state.oh.us

>>> "Thomas, Jed H." <JED.H.THOMAS@saic.com> Monday, November 09, 2009 12:16 PM >>> Todd and Eileen -

Attached are the sample results for the backfill source at Route 5 Sand and Gravel. The sample collected was Sample ID FBQ-QC-0519-QC. The data summary incorrectly list it as FB2-QC-0519-QC. I will ensure they correct this. Basically, the results are as follows:

- 1) All the inorganic concentrations were below the RVAAP surface or subsurface background values; and
- 2) The VOCs, SVOCs, Pesticides, PCBs, Explosives, and Propellants concentrations were either nondetectable or the lab estimated a concentration below the laboratory reporting levels (RLs).

Please let me know if you approve our use of this source for the FBQ Remedial Action. If you can let me know ASAP, I would appreciate it as we are currently mobilizing for the restoration activities.

At this point, we will use minimal quantities of this source at FBQ. If approved, we will use it at LL12 and RQL as well. We have the area staked off and Route 5 Sand and Gravel agreed to reserve the area for our future use.

Thank you, Jed

Jed Thomas, P.E. | SAIC

Environmental Engineer | Energy, Environment & Infrastructure Business Unit (E2IBU)

phone: 330.405.5802 | fax 330.405.9811

email: jed.h.thomas@saic.com

Please consider the environment before printing this email.

Ohio Environmental Protection Agency This communication and any response to it may constitute a public record and

thus may be publicly available to anyone who requests it.

From: prvs=0823882105=todd.fisher@epa.state.oh.us on behalf of Todd Fisher

<todd.fisher@epa.state.oh.us>

**Sent:** Tuesday, July 27, 2010 6:38 AM **To:** Eileen Mohr; Thomas, Jed H.

Cc: Sprinzl, Richard E.; Thomas.M.Chanda@usace.army.mil

Subject: Re: Backfill Source for Ramsdell Quarry Landfill Remedial Action

Jed,

The data looks good. You may use this material for backfilling.

Todd

Todd R. Fisher
Project Coordinator
Ohio Environmental Protection Agency
Division of Emergency and Remedial Response
2110 East Aurora Rd.
Twinsburg, OH 44087

Work: (330) 963-1148

RVAAP Field Office: (330) 548-3860

Cell: (330) 389-0521 FAX: (330) 487-0769

email address: Todd.Fisher@epa.state.oh.us

>>> "Thomas, Jed H." <JED.H.THOMAS@saic.com> 07/25/10 3:19 PM >>>

Todd and Eileen -

As a contingency to whatever path is determined for the remedy at the Ramsdell Quarry Landfill, we collected additional samples from two backfill sources at the Charlestown Sand and Gravel (commonly known as the Route 5 Sand and Gravel). Although we have a current sample stockpile at the same sand and gravel pit, we collected these samples to:

- 1) make sure we have enough backfill material in the event that we exceed the 4,000 cubic yards in our current stockpile; and
- 2) have material that is a suitable topsoil for wetland restoration.

A written summary of the results for samples RQL-QC-1095-QC and RQL-QC-1096-QC are below.

- All metal concentrations were below either the surface or

subsurface background values or below the laboratory's reporting limits.

- All Pesticides and PCBs concentrations were not detected.
- All SVOCs, VOCs, explosives, and propellants concentrations were either not detected or below the laboratory's reporting limits.

As we all know, we are not sure what remedy we will ultimately implement to complete activities at the Ramsdell Quarry Landfill. However, please review the data associated with this sample and let me know if is acceptable to sue as backfill. It may be necessary to use this material if further excavation is needed.

Thank you, Jed Jed Thomas, P.E. | SAIC **Project Manager** Energy, Environment & Indrastructure Solutions phone: 330.405.5802 | fax 330.405.9811 email: jed.h.thomas@saic.com <mailto:jed.h.thomas@saic.com> Please consider the environment before printing this email. Ohio Environmental Protection Agency Unless otherwise provided by law, this communication and any response to it constitutes a public record.

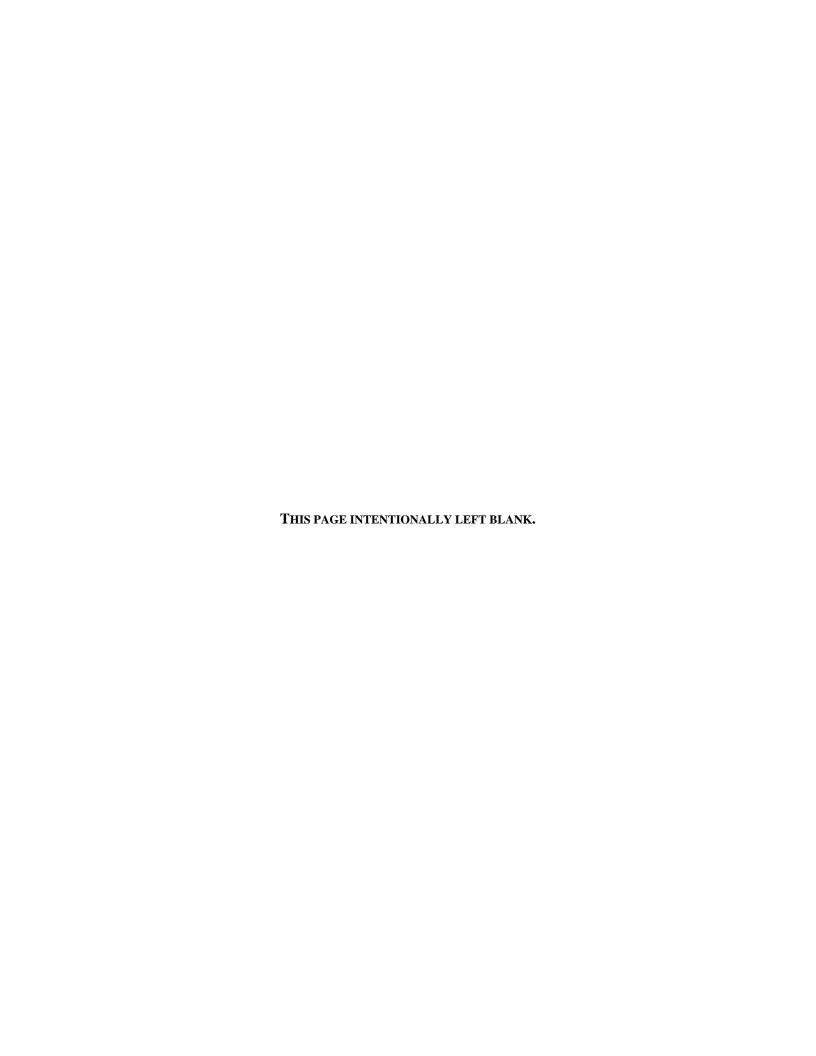
	Sample Id			RQL-QC-1095-QC	RQL-QC-1096-QC	
	Date	CAS		06/30/2010	06/30/2010	
Analysis Type	Analyte	Number	Units			
Metals	Aluminum	7429-90-5	mg/kg	10900	8650	
Metals	Antimony	7440-36-0	mg/kg	0.089 J	0.096 J	
Metals	Arsenic	7440-38-2	mg/kg	12.3	10.3	
Metals	Barium	7440-39-3	mg/kg	75.4	50.2	
Metals	Beryllium	7440-41-7	mg/kg	0.64	0.46	
Metals	Cadmium	7440-43-9	mg/kg	0.058 J	0.081 J	
Metals	Calcium	7440-70-2	mg/kg	11200	934	
Metals	Chromium	7440-47-3	mg/kg	20.1	16.3	
Metals	Cobalt	7440-48-4	mg/kg	11.7	9.4	
Metals	Copper	7440-50-8	mg/kg	18	12.6	
Metals	Iron	7439-89-6	mg/kg	27700	21800	
Metals	Lead	7439-92-1	mg/kg	12.1	15.1	
Metals	Magnesium	7439-95-4	mg/kg	4770	1880	
Metals	Manganese	7439-96-5	mg/kg	551	471	
Metals	Mercury	7439-97-6	mg/kg	0.037 J	0.19	
Metals	Nickel	7440-02-0	mg/kg	28.1	15.7	
Metals	Potassium	7440-09-7	mg/kg	1400	684	
Metals	Selenium	7782-49-2	mg/kg	1.1	0.98	
Metals	Silver	7440-22-4	mg/kg	0.021 J	0.022 J	
Metals	Sodium	7440-23-5	mg/kg	59.7 J	26.8 J	
Metals	Thallium	7440-28-0	mg/kg	0.18 J	0.14 J	
Metals	Vanadium	7440-62-2	mg/kg	19.8	18.8	
Metals	Zinc	7440-66-6	mg/kg	55.6	38.9	
Organics-Explosives	1,3,5-Trinitrobenzene	99-35-4	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	1,3-Dinitrobenzene	99-65-0	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	2,4,6-Trinitrotoluene	118-96-7	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	2,4-Dinitrotoluene	121-14-2	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	2,6-Dinitrotoluene	606-20-2	mg/kg	0.0075 J	<0.25 U	
Organics-Explosives	2-Amino-4,6-Dinitrotoluene	35572-78-2	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	2-Nitrotoluene	88-72-2	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	3-Nitrotoluene	99-08-1	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	4-Amino-2,6-Dinitrotoluene	19406-51-0	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	4-Nitrotoluene	99-99-0	mg/kg	<0.5 U	<0.5 U	
Organics-Explosives	HMX	2691-41-0	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	Nitrobenzene	98-95-3	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	Nitrocellulose	9004-70-0	mg/kg	2.3 J	2.7 J	
Organics-Explosives	Nitroglycerin	55-63-0	mg/kg	<0.5 U	<0.5 U	
Organics-Explosives	Nitroguanidine	556-88-7	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	PETN	78-11-5	mg/kg	<0.5 U	<0.5 U	
Organics-Explosives	RDX	121-82-4	mg/kg	<0.25 U	<0.25 U	
Organics-Explosives	Tetryl	479-45-8	mg/kg	<0.25 U	<0.25 U	
Organics-Pesticide/PCB	4,4'-DDD	72-54-8	mg/kg	<0.002 U	<0.002 U	
Organics-Pesticide/PCB	4,4'-DDE	72-55-9	mg/kg	<0.0017 U	<0.0017 U	
Organics-Pesticide/PCB	4,4'-DDT	50-29-3	mg/kg	<0.002 U	<0.002 U	
Organics-Pesticide/PCB	Aldrin	309-00-2	mg/kg	<0.0041 U	<0.0041 U	
Organics-Pesticide/PCB	Dieldrin	60-57-1	mg/kg	<0.0017 U	<0.0017 U	
Organics-Pesticide/PCB	Endosulfan I	959-98-8	mg/kg	<0.0017 U	<0.0017 U	
Organics-Pesticide/PCB	Endosulfan II	33213-65-9	mg/kg	<0.0026 U	<0.0025 U	
Organics-Pesticide/PCB	Endosulfan sulfate	1031-07-8	mg/kg	<0.0031 U	<0.003 U	

	Sample Id			RQL-QC-1095-QC	RQL-QC-1096-QC		
	Date	CAS		06/30/2010	06/30/2010		
Analysis Type	Analyte	Number	Units				
Organics-Pesticide/PCB	Endrin	72-20-8	mg/kg	<0.0017 U	<0.0017 U		
Organics-Pesticide/PCB	Endrin aldehyde	7421-93-4	mg/kg	<0.0031 UJ	<0.003 U		
Organics-Pesticide/PCB	Endrin ketone	53494-70-5	mg/kg	<0.002 U	<0.002 U		
Organics-Pesticide/PCB	Heptachlor	76-44-8	mg/kg	<0.0036 UJ	<0.0036 U		
Organics-Pesticide/PCB	Heptachlor epoxide	1024-57-3	mg/kg	<0.0026 U	<0.0025 U		
Organics-Pesticide/PCB	Lindane	58-89-9	mg/kg	<0.0026 U	<0.0025 U		
Organics-Pesticide/PCB	Methoxychlor	72-43-5	mg/kg	<0.0051 UJ	<0.0051 U		
Organics-Pesticide/PCB	PCB-1016	12674-11-2	mg/kg	<0.034 U	<0.034 U		
Organics-Pesticide/PCB	PCB-1221	11104-28-2	mg/kg	<0.034 U	<0.034 U		
Organics-Pesticide/PCB	PCB-1232	11141-16-5	mg/kg	<0.034 U	<0.034 U		
Organics-Pesticide/PCB	PCB-1242	53469-21-9	mg/kg	<0.034 U	<0.034 U		
Organics-Pesticide/PCB	PCB-1248	12672-29-6	mg/kg	<0.034 U	<0.034 U		
Organics-Pesticide/PCB	PCB-1254	11097-69-1	mg/kg	<0.034 U	<0.034 U		
Organics-Pesticide/PCB	PCB-1260	11096-82-5	mg/kg	<0.034 U	<0.034 U		
Organics-Pesticide/PCB	Toxaphene	8001-35-2	mg/kg	<0.068 U	<0.068 U		
Organics-Pesticide/PCB	alpha-BHC	319-84-6	mg/kg	<0.0026 U	<0.0025 U		
Organics-Pesticide/PCB	alpha-Chlordane	5103-71-9	mg/kg	<0.0031 U	<0.003 U		
Organics-Pesticide/PCB	beta-BHC	319-85-7	mg/kg	<0.0036 U	<0.0036 U		
Organics-Pesticide/PCB	delta-BHC	319-86-8	mg/kg	<0.0041 U	<0.0041 U		
Organics-Pesticide/PCB	gamma-Chlordane	5103-74-2	mg/kg	<0.0017 U	<0.0017 U		
Organics-Semivolatile	1,2,4-Trichlorobenzene	120-82-1	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	1,2-Dichlorobenzene	95-50-1	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	1,3-Dichlorobenzene	541-73-1	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	1,4-Dichlorobenzene	106-46-7	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2,4,5-Trichlorophenol	95-95-4	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2,4,6-Trichlorophenol	88-06-2	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2,4-Dichlorophenol	120-83-2	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2,4-Dimethylphenol	105-67-9	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2,4-Dinitrophenol	51-28-5	mg/kg	<0.82 UJ	<0.81 UJ		
Organics-Semivolatile	2,4-Dinitrotoluene	121-14-2	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2,6-Dinitrotoluene	606-20-2	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2-Chloronaphthalene	91-58-7	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2-Chlorophenol	95-57-8	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2-Methyl-4,6-dinitrophenol	534-52-1	mg/kg	<0.82 UJ	<0.81 UJ		
Organics-Semivolatile	2-Methylnaphthalene	91-57-6	mg/kg	<0.34 UJ	0.0097 J		
Organics-Semivolatile	2-Methylphenol	95-48-7	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	2-Nitrobenzenamine	88-74-4	mg/kg	<0.82 UJ	<0.81 UJ		
Organics-Semivolatile	2-Nitrophenol	88-75-5	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	3+4-Methylphenol	65794-96-9	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	3,3'-Dichlorobenzidine	91-94-1	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	3-Nitrobenzenamine	99-09-2	mg/kg	<0.82 UJ	<0.81 UJ		
Organics-Semivolatile	4-Bromophenyl phenyl ether	101-55-3	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	4-Chloro-3-methylphenol	59-50-7	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	4-Chlorobenzenamine	106-47-8	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	4-Chlorophenyl phenyl ether	7005-72-3	mg/kg	<0.34 UJ	<0.34 UJ		
Organics-Semivolatile	4-Nitrobenzenamine	100-01-6	mg/kg	<0.82 UJ	<0.81 UJ		
Organics-Semivolatile	4-Nitrophenol	100-02-7	mg/kg	<0.82 UJ	<0.81 UJ		
Organics-Semivolatile	Acenaphthene	83-32-9	mg/kg	<0.051 U	<0.051 U		
Organics-Semivolatile	Acenaphthylene	208-96-8	mg/kg	<0.051 U	<0.051 U		

	Sample Id			RQL-QC-1095-QC	RQL-QC-1096-QC	
	Date	CAS		06/30/2010	06/30/2010	
Analysis Type	Analyte	Number	Units			
Organics-Semivolatile	Anthracene	120-12-7	mg/kg	<0.051 U	<0.051 U	
Organics-Semivolatile	Benz(a)anthracene	56-55-3	mg/kg	<0.051 U	0.011 J	
Organics-Semivolatile	Benzenemethanol	100-51-6	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Benzo(a)pyrene	50-32-8	mg/kg	<0.051 U	0.009 J	
Organics-Semivolatile	Benzo(b)fluoranthene	205-99-2	mg/kg	0.0069 J	0.015 J	
Organics-Semivolatile	Benzo(ghi)perylene	191-24-2	mg/kg	<0.051 U	0.011 J	
Organics-Semivolatile	Benzo(k)fluoranthene	207-08-9	mg/kg	<0.051 U	0.009 J	
Organics-Semivolatile	Benzoic acid	65-85-0	mg/kg	<0.82 UJ	<0.81 UJ	
Organics-Semivolatile	Bis(2-chloroethoxy)methane	111-91-1	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Bis(2-chloroethyl) ether	111-44-4	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Bis(2-chloroisopropyl) ether	108-60-1	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Bis(2-ethylhexyl)phthalate	117-81-7	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Butyl benzyl phthalate	85-68-7	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Carbazole	86-74-8	mg/kg	<0.051 UJ	<0.051 UJ	
Organics-Semivolatile	Chrysene	218-01-9	mg/kg	<0.051 U	0.012 J	
Organics-Semivolatile	Di-n-butyl phthalate	84-74-2	mg/kg	0.018 J	0.021 J	
Organics-Semivolatile	Di-n-octylphthalate	117-84-0	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Dibenz(a,h)anthracene	53-70-3	mg/kg	<0.051 U	0.0073 J	
Organics-Semivolatile	Dibenzofuran	132-64-9	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Diethyl phthalate	84-66-2	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Dimethyl phthalate	131-11-3	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Fluoranthene	206-44-0	mg/kg	<0.051 U	0.015 J	
Organics-Semivolatile	Fluorene	86-73-7	mg/kg	<0.051 U	0.0076 J	
Organics-Semivolatile	Hexachlorobenzene	118-74-1	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Hexachlorobutadiene	87-68-3	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Hexachlorocyclopentadiene	77-47-4	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Hexachloroethane	67-72-1	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Indeno(1,2,3-cd)pyrene	193-39-5	mg/kg	<0.051 U	0.0095 J	
Organics-Semivolatile	Isophorone	78-59-1	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	N-Nitroso-di-n-propylamine	621-64-7	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	N-Nitrosodiphenylamine	86-30-6	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Naphthalene	91-20-3	mg/kg	<0.051 U	0.0083 J	
Organics-Semivolatile	Nitrobenzene	98-95-3	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Pentachlorophenol	87-86-5	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Phenanthrene	85-01-8	mg/kg	0.0074 J	0.012 J	
Organics-Semivolatile	Phenol	108-95-2	mg/kg	<0.34 UJ	<0.34 UJ	
Organics-Semivolatile	Pyrene	129-00-0	mg/kg	<0.051 U	0.013 J	
Organics-Volatile	1,1,1-Trichloroethane	71-55-6	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,1,2,2-Tetrachloroethane	79-34-5	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,1,2-Trichloroethane	79-00-5	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,1-Dichloroethane	75-34-3	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,1-Dichloroethene	75-35-4	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,2-Dibromoethane	106-93-4	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,2-Dichloroethane	107-06-2	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,2-Dichloroethene	540-59-0	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	1,2-Dichloropropane	78-87-5	mg/kg	<0.0054 U	<0.0056 U	
Organics-Volatile	2-Butanone	78-93-3	mg/kg	<0.022 U	<0.022 U	
Organics-Volatile	2-Hexanone	591-78-6	mg/kg	<0.022 U	<0.022 U	
Organics-Volatile	4-Methyl-2-pentanone	108-10-1	mg/kg	<0.022 U	<0.022 U	

	Sample Id			RQL-QC-1095-QC	RQL-QC-1096-QC		
	Date	CAS		06/30/2010	06/30/2010		
Analysis Type	Analyte	Number	Units				
Organics-Volatile	Acetone	67-64-1	mg/kg	<0.022 U	<0.022 U		
Organics-Volatile	Benzene	71-43-2	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Bromochloromethane	74-97-5	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Bromodichloromethane	75-27-4	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Bromoform	75-25-2	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Bromomethane	74-83-9	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Carbon disulfide	75-15-0	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Carbon tetrachloride	56-23-5	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Chlorobenzene	108-90-7	mg/kg	0.00061 J	<0.0056 U		
Organics-Volatile	Chloroethane	75-00-3	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Chloroform	67-66-3	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Chloromethane	74-87-3	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Dibromochloromethane	124-48-1	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Ethylbenzene	100-41-4	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Methylene chloride	75-09-2	mg/kg	<0.0054 UJ	<0.0056 UJ		
Organics-Volatile	Styrene	100-42-5	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Tetrachloroethene	127-18-4	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Toluene	108-88-3	mg/kg	<0.0054 UJ	<0.0056 UJ		
Organics-Volatile	Trichloroethene	79-01-6	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Vinyl chloride	75-01-4	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	Xylenes, total	1330-20-7	mg/kg	<0.011 U	<0.011 U		
Organics-Volatile	cis-1,3-Dichloropropene	10061-01-5	mg/kg	<0.0054 U	<0.0056 U		
Organics-Volatile	trans-1,3-Dichloropropene	10061-02-6	mg/kg	<0.0054 U	<0.0056 U		





### Chain of Custody Record

Science Applications

International Corporation

Page 1 of 1

COC NO.: RVAAPRQL-TA-004

Date: 7/1/2010

(865) 481-4600				•																	
PROJECT NAME: R	OL Pemedial Design	Implementatio	n					Į.		1	Requ	ested	Para	meter	5	_			T		Laboratory Name:
PROJECT NUMBER:  PROJECT MANAGEF Sampler (Signature)	P010026813			j.	TCLP Metals	TCLP SVOCs	TCLP Herbiades	TCLP Pesicides	TCLP VOCs	Total Suffide	Total Cyanide	ignitability	Corrosivity	Asbestos						No. of Containers	TestAmerica Address: 4101 Shuffel Street NW North Canton, Ohio 44720 Attn: Mark Loeb Phone: 330-966-9387  OBSERVATIONS, COMMENTS
Sample ID	Station ID	Date Collected	Time Collected	Matrix	1	2	3	4	5	6	7	8	9	_	F		-			<del>                                     </del>	
RQL-043-1103-SO	RQL-043	7/1/2010	1123	so	ļ	1			1			1		1		<u> </u>	<u> </u>		<u> </u>	4	To Day (A)
RQL-039-1104-SO	RQL- 039	7/1/2010	1148	so		1			1	ļ		1		_	_	<u> </u>			<u> </u>	3	<del>-  </del>
RQL-045-1105-SO	RQL- 045	7/1/2010	1323	so	<u> </u>		<u> </u>		1			1		1			<u> </u>		<u> </u>	4	5 Day TAT
RQL-044-1106-SO	RQL- 044	7/1/2010	1336	so	<u> </u>	1	1		1	ļ	<b>,</b>	1	·	1	<u> </u>					4	5 Day TAT
		,,	<u> </u>			<u> </u>					<u> </u>	<u> </u>	L								
												"									
							Г		<u> </u>				Τ	T	T		П				
								1					1	T	<b> </b>		T		<u> </u>		
			<u> </u>		<b>—</b>			<del>                                     </del>		_	-	$\vdash$	┰	+-	$\dagger$	<del>                                     </del>	H	<u> </u>	<del> </del>		
		· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u> </u>	1.			-			_	+-	$\vdash$	+-	+	<del>                                     </del>	$\vdash$	<del> </del>	┢	<del>                                     </del>	
			+		+	<del> </del>	$\vdash$	+-	-		$\vdash$	+	$\vdash$	$\pm$	╫	┼	├	<b> </b>	├	<del> </del>	<del>                                     </del>
			<del> </del>		$\vdash$	$\vdash$		┼		-	-	┼	╂	+-	$\vdash$	<del>-</del> -	┝		├	┼	**************************************
			ļ <u>.</u>	<u> </u>	1	$\vdash$		┼	-	ļ	-	-	╂-	+	+	╀┈	├	-	$\vdash$	<b>&gt;</b>	
						<u> </u>	_	╄	<del> </del>	<b> </b>	<del> </del>	-		╁		ļ	<b> </b>	ļ	ļ	-	
			<u> </u>	ļ				_	ـــ	ㄴ	<u> </u>	<u> </u>	<u> </u>	ļ	-	<u> </u>	<b> </b>	ļ	<u> </u>	ļ	
			<u> </u>				<u> </u>	<u> </u>		122 (1777)			<u> </u>		1_	<u> </u>	<u></u>	<u> </u>	L		
Signature		·		Date 7/1/10		vec L sure	<b>K</b>	لل <u>ا</u> 11	Ψ	Date /	76,	1/2	Cod	tal Ni oler II	umbe D:	1 CC			rs:	15	5 Cooler Temperature: FEDEX NUMBER:
Printed Name	ra			Time		od Nam	101	del	עע	/Tim	æ		:1	QC4	OB/741	704					
SAIC				1515		Dany				16	4/5	<b>5</b>	2 3	357 815	0C/38: 1A/35;	20C/82 20C/35	510C				
Company Relinquished by				Date		eivec	l by		1 300	Dat	e				1A/35) 0B/50:		51UC				
Tom Quisitod by					1075										376.						•
Signature	<u></u>	,		_	Sign	ature						i i	7 8 9		0						
				Time						Tim	ıe		10	EP/	V600/I	R-93/1	16				
Printed Name					17111	ed Nar															
Company				1	Com	pany															

' <u> </u>				en Laboratories, Inc.			i to to the second
Laboratory	EMLab P&K		SAMPLE ANAI	YSIS REQUISTION	Report Package:	Expanded Deliverables	a make appear of a
	6301 NW 5th Way	•	Lab Request	SR119908	Need Analytical Report	2010-07-09	And description of the second
I	Suite 2850						rapi istati
	Fort Laudertale, Ft.,	33309					in a consistent consistent
	Client Code:	366660			Project Manager:	MARK LOEB	a langunganggan palampangganggan palampangganggan palampanggan
Sample I.D.	Work Order N	Number Cllent Sam	ple ID		Sampling Date	Analysis Required	1 de la secreta pripriese
A0G01056	9-1 L3PAD	RQL-043-			2010-07-01 11:23	SOLID, 600/R-93/116 (PLM-	Bulk)
A0G010569	9-3 L3PAN	RQL-045-	1105-SO		2010-07-01 13:23	SOLID, 600/R-93/116 (PLM-	Bulk)
A0G010569	9-4 L3PAQ	RQL-044-	1106-SO		2010-07-01 13:36	SOLID, 600/R-93/116 (PLM -	Bulk)
}							100 400 100 100 100 100 100 100 100 100
							secretario de del minuta de la companione de la companion
٠. ا							
:J:		1					8
The state of the s			I				. 35
·· ·							62
Laboratory	EMRab P&K 6008 NW 5th Way		6.00		•		
.	0036-3250	! .					
i	malamografica (Mg	32309					
	. i	200040					كندحواروا
:							to the American
i							The state of the second
						- 1 (P)M+1	Bulle on a didde contract
		Please use Client S	_				> ray : sq. or carried all presidents
i		Call MARK LÖEB wi	th questions at 330-4	97-9396		) (PLM+1	311K) (4. 4. 4. 4. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
Atkin -	٠.	at the TAL North Ca	anton Laboratory		•	in a minimum to the (MPM+)	3 (k)
i					Shipping Method:	FED EX	and the state of hindlesses
Need detection is	imit and analysis date included in rep	ort,			emphase meator.	PED EX	1
Please send a sig	gned copy of this form-yath the repor	t at completion of analysis.	1				
Relinquished by:	SIL MAN	Dute/Time: 2/c/	10 1700				
Relinquished by:	/ 1/	Date/Time;/					
Received for lab b	»_ <u>N</u> w-	Date Time:	1(0 9 =>04	~		•	
Laborations	fr Weab PR K	PLEASE RETURN ORIGINA	M SAMPLE ANALYSIS	2 OSALIJEITIAN			
	$_{i_1,i_2,i_3}$ $\lambda_{k_i,i_3}$		TE OMBIFCE ARALYSI	: S KEWDISHION			t they the pass
l	•						so dispersion separate



Report for:

Mr. Mark Loeb TestAmerica: North Canton 4101 Shuffel Dr. NW North Canton, OH 44720

Regarding: Project: 366660 EML ID: 675762

Approved by:

Lab Manager Baluswamy Krishnan Dates of Analysis: Asbestos-EPA Method 600/R-93/116: 07-07-2010

Service SOPs: Asbestos-EPA Method 600/R-93/116 (EPA-600/M4-82-020 (SOP 01264))

For clarity, we report the number of significant digits as calculated; but, due to the nature of this type of biological data, the number of significant digits that is used for interpretation should generally be one or two. All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank corrections of results is not a standard practice. The results relate only to the items tested.

EMLab P&K ("the Company") shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Document Number: 200091 - Revision Number: 5

#### EMLab P&K

6301 NW 5th Way, Suite 2850, Ft. Lauderdale, FL 33309 (877) 711-8400 Fax (954) 776-8485 www.emlab.com

Date of Sampling: 07-01-2010

Client: TestAmerica: North Canton

C/O: Mr. Mark Loeb

Date of Receipt: 07-02-2010 Re: 366660 Date of Report: 07-07-2010

### ASBESTOS PLM REPORT: EPA-600/M4-82-020 & EPA METHOD 600/R-93-116

**Total Samples Submitted:** 3

**Total Samples Analysed:** 3

**Total Samples with Layer Asbestos Content > 1%:** 0

Location: RQL-043-1103-SO Lab ID-Version 1: 2997484-1

Sample Layers	Asbestos Content					
Brown Soil	ND					
Composite Non-Asbestos Fibrous Content:	5% Cellulose					
Sample Composite Homogeneity:	Good					

Location: RQL-045-1105-SO Lab ID-Version‡: 2997485-1

Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	3% Cellulose
Sample Composite Homogeneity:	Good

Location: RQL-044-1106-SO Lab ID-Version 1: 2997486-1

Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	5% Cellulose
Sample Composite Homogeneity:	Good

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

Inhomogeneous samples are separated into homogeneous subsamples and analyzed individually. ND means no fibers were detected. When

detected, the minimum detection and reporting limit is less than 1% unless point counting is performed.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

TestAmerica Laboratories, Inc. SAMPLE ANALYSIS REQUISTION Report Package: Expanded Deliverables Laboratory EMLab P&K 6301 NW 5th Way Lab Request SR119910 Need Analytical Report 2010-07-06 Suite 2850 Fort Luuderdule, FL 33309 MARK LOEB Project Manager: Client Code: 366660 <u> Analysis Required</u> Work Order Number Client Sample 1D Sampling Date Sample LD. ROIJ-050-1097-BD SOLID, 600/R-93/116 (PLM - Bulk) 2010-06-30 14:30 A0G010576-1 L3PA0 2010-06-30 14:30 SOLID, 600/R-93/116 (PLM - Bulk) A0G010576-2 L3PA5 ROII-051-1098-BD SOLID, 600/R-93/116 (PLM - Bulk) A0G010576-3 L3PA8 RQU-052-1099-BD 2010-06-30 14:30 A0G0105|76-4 L3PA9 2010-06-30 14:30 SOLID, 600/R-93/116 (PLM - Bulk) RQL-053-1100-BD RQL-054-1101-BD 2010-06-30 14:30 SOLID, 600/R-93/116 (PLM - Bulk) L3PCC A0G010576-5 SOLID, 600/R-93/116 (PLM - Bulk) L3PCD 2010-06-30 14:30 A0G010576-6 RQL-055-1102-BD Sam Dielle) 1722  $\Delta F \leftarrow 1$ Please use Client Sample ID for report ոլիուդ  $\Delta 0$ GC+++516+2 LAPAS Call MARK LOEB with questions at 330-497-9396 - 3466A at the TAL North Canton Laboratory L3PAS **A0G**040326-3 intega APC at 15, 376, 4 1.3940 Shipping Method: FED EX Need detection timit and analysis date included in report. 2000Please send a signed capy of this form with the report at completion of energies

Date/Time:

Date/Time:

Date/Time:

PLEASE RETURN ORIGINAL SAMPLE ANALYSIS REQUISITION

Relinquished by:

Relinquished by:

Received for lab by:

nida



Report for:

Mr. Mark Loeb TestAmerica: North Canton 4101 Shuffel Dr. NW North Canton, OH 44720

Regarding: Project: SR119910

EMĹ ID: 675258

Approved by:

Lab Manager Baluswamy Krishnan Dates of Analysis: Asbestos-EPA Method 600/R-93/116: 07-02-2010

Service SOPs: Asbestos-EPA Method 600/R-93/116 (EPA-600/M4-82-020 (SOP 01264))

For clarity, we report the number of significant digits as calculated; but, due to the nature of this type of biological data, the number of significant digits that is used for interpretation should generally be one or two. All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank corrections of results is not a standard practice. The results relate only to the items tested.

EMLab P&K ("the Company") shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Document Number: 200091 - Revision Number: 5

#### EMLab P&K

6301 NW 5th Way, Suite 2850, Ft. Lauderdale, FL 33309 (877) 711-8400 Fax (954) 776-8485 www.emlab.com

Client: TestAmerica: North Canton

C/O: Mr. Mark Loeb Re: SR119910

Date of Sampling: 06-30-2010 Date of Receipt: 07-02-2010 Date of Report: 07-02-2010

#### ASBESTOS PLM REPORT: EPA-600/M4-82-020 & EPA METHOD 600/R-93-116

**Total Samples Submitted:** 6

**Total Samples Analysed:** 6

**Total Samples with Layer Asbestos Content > 1%:** 5

Location: AOG010576-1, Solid Lab ID-Version 1: 2995642-1

Sample Layers	Asbestos Content
Gray Transite	30% Chrysotile
Sample Composite Homogeneity:	Good

Location: AOG010576-2, Solid Lab ID-Version 1: 2995643-1

Sample Layers	Asbestos Content
Gray Transite	30% Chrysotile
Sample Composite Homogeneity:	Good

Location: AOG010576-3, Solid Lab ID-Version‡: 2995644-1

Sample Layers	Asbestos Content
Black Roofing Material	15% Chrysotile
Composite Non-Asbestos Fibrous Content:	25% Cellulose
Sample Composite Homogeneity:	Moderate

Location: AOG010576-4, Solid Lab ID-Version‡: 2995645-1

Sample Layers	Asbestos Content
Black Roofing Material	15% Chrysotile
Composite Non-Asbestos Fibrous Content:	30% Cellulose
Sample Composite Homogeneity:	Moderate

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

Inhomogeneous samples are separated into homogeneous subsamples and analyzed individually. ND means no fibers were detected. When

detected, the minimum detection and reporting limit is less than 1% unless point counting is performed.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

#### EMLab P&K

6301 NW 5th Way, Suite 2850, Ft. Lauderdale, FL 33309 (877) 711-8400 Fax (954) 776-8485 www.emlab.com

Client: TestAmerica: North Canton

C/O: Mr. Mark Loeb Re: SR119910

Date of Sampling: 06-30-2010 Date of Receipt: 07-02-2010 Date of Report: 07-02-2010

#### ASBESTOS PLM REPORT: EPA-600/M4-82-020 & EPA METHOD 600/R-93-116

Location: AOG010576-5, Solid Lab ID-Version‡: 2995646-1

Sample Layers	Asbestos Content
Red Semi-Fibrous Material (Board)	ND
Composite Non-Asbestos Fibrous Content:	65% Glass Fibers
_	2% Cellulose
Sample Composite Homogeneity:	Moderate

Location: AOG010576-6, Solid Lab ID-Version‡: 2995647-1

Sample Layers	Asbestos Content
Gray Transite	30% Chrysotile
Sample Composite Homogeneity:	Good

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

Inhomogeneous samples are separated into homogeneous subsamples and analyzed individually. ND means no fibers were detected. When

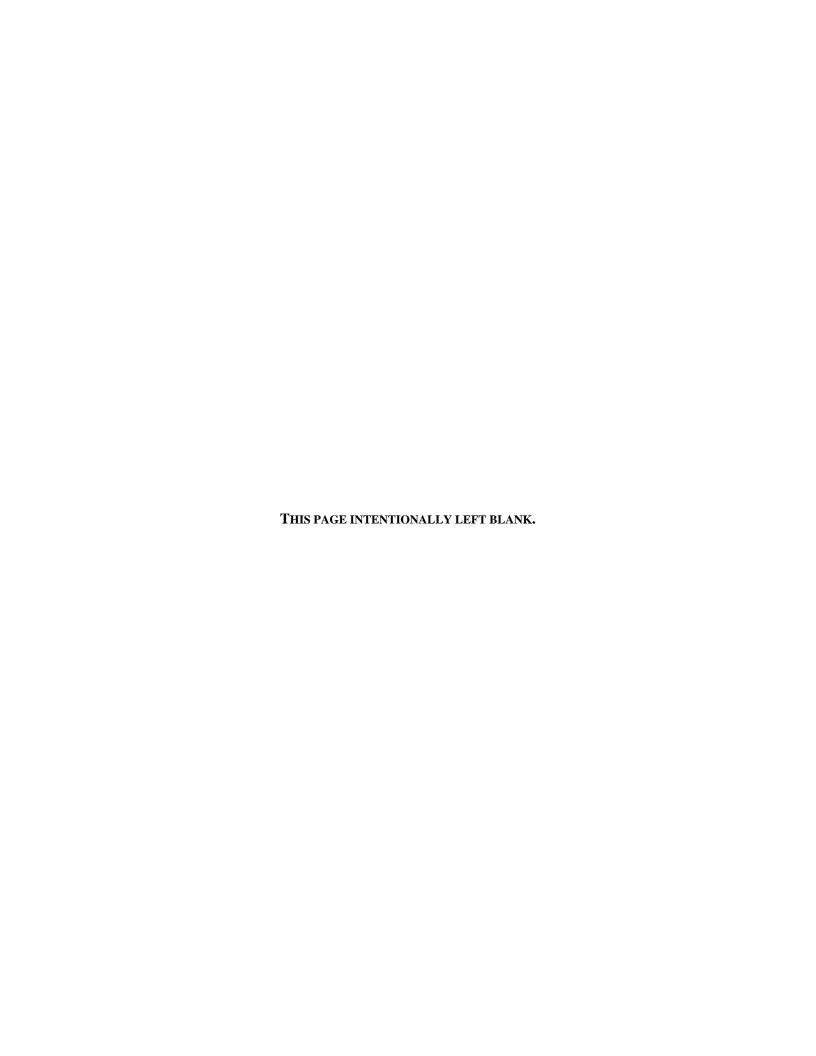
detected, the minimum detection and reporting limit is less than 1% unless point counting is performed.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

	Sample Id				RQL-039-1104-SO	RQL-043-1103-SO	RQL-044-1106-SO	RQL-045-1105-SO
	Date				07/01/2010	07/01/2010	07/01/2010	07/01/2010
Analysis Type	Analyte	CAS Number	Units	TCLP Criteria				
Miscellaneous	Sulfide	18496-25-8	mg/kg		37.4 J	72.8	<39.9 U	<38.9 U
Miscellaneous	Corrosivity		No Units		7.5 J	8.1 J	7.9 J	7.2 J
Miscellaneous	Cyanide	57-12-5	mg/kg		0.79 J	1.4	0.69	<0.19 UJ
Miscellaneous	Ignitability (Flashpoint)		deg F		>180	>180	>180	>180
TCLP Metals	Arsenic	7440-38-2	mg/L	5	<0.5 U	<0.5 U	<0.5 U	<0.5 U
TCLP Metals	Barium	7440-39-3	mg/L		1.5 J	0.72 J	0.68 J	0.24 J
TCLP Metals	Cadmium	7440-43-9	mg/L		0.0091 J	<0.0061 UJ	0.0061 J	<0.0011 UJ
TCLP Metals	Chromium	7440-47-3	mg/L	5	<0.5 U	<0.5 U	<0.0026 UJ	<0.5 U
TCLP Metals	Lead	7439-92-1	mg/L	5	3.1	0.025 J	0.19 J	0.019 J
TCLP Metals	Mercury	7439-97-6	mg/L	0.2	<0.002 U	<0.002 U	<0.002 U	<0.002 U
TCLP Metals	Selenium	7782-49-2	mg/L	1	0.005 J	<0.0079 UJ	<0.0061 UJ	<0.0043 UJ
TCLP Metals	Silver	7440-22-4	mg/L	5	<0.5 U	<0.5 U	<0.5 U	<0.5 U
TCLP Organics-Pesticide	2,4-D	94-75-7	mg/L	10	<0.5 U	<0.5 U	<0.5 U	<0.5 U
TCLP Organics-Pesticide	Chlordane	57-74-9	mg/L	0.03	<0.005 U	<0.005 U	<0.005 U	<0.005 U
TCLP Organics-Pesticide	Endrin	72-20-8	mg/L	0.02	<0.0005 U	<0.0005 U	<0.0005 U	<0.0005 U
TCLP Organics-Pesticide	Heptachlor	76-44-8	mg/L	0.008	0.000034 J	<0.0005 U	<0.0005 U	<0.0005 U
TCLP Organics-Pesticide	Heptachlor epoxide	1024-57-3	mg/L	0.008	<0.0005 U	<0.0005 U	<0.0005 U	<0.0005 U
TCLP Organics-Pesticide	Lindane	58-89-9	mg/L	0.4	<0.0005 U	<0.0005 U	<0.0005 U	<0.0005 U
TCLP Organics-Pesticide	Methoxychlor	72-43-5	mg/L	10	0.00012 J	<0.001 U	<0.001 U	<0.001 U
TCLP Organics-Pesticide	Silvex	93-72-1	mg/L	1	<0.1 U	<0.1 U	<0.1 U	<0.1 U
TCLP Organics-Pesticide	Toxaphene	8001-35-2	mg/L	0.5	<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Semivolatile	1,4-Dichlorobenzene	106-46-7	mg/L	7.5	<0.004 U	<0.004 U	<0.004 U	<0.004 U
TCLP Organics-Semivolatile	2,4,5-Trichlorophenol	95-95-4	mg/L	400	<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Semivolatile	2,4,6-Trichlorophenol	88-06-2	mg/L	2	<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Semivolatile	2,4-Dinitrotoluene	121-14-2	mg/L		<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Semivolatile	2-Methylphenol	95-48-7	mg/L	200	<0.004 U	<0.004 U	<0.004 U	<0.004 U
TCLP Organics-Semivolatile	3+4-Methylphenol	65794-96-9	mg/L		0.005 J	<0.04 U	0.0055 J	<0.04 U
TCLP Organics-Semivolatile	Hexachlorobenzene	118-74-1	mg/L		<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Semivolatile	Hexachlorobutadiene	87-68-3	mg/L		<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Semivolatile	Hexachloroethane	67-72-1	mg/L		<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Semivolatile	Nitrobenzene	98-95-3	mg/L		<0.004 U	<0.004 U	<0.004 U	<0.004 U
TCLP Organics-Semivolatile	Pentachlorophenol	87-86-5	mg/L		<0.04 U	<0.04 U	<0.04 U	<0.04 U
TCLP Organics-Semivolatile	Pyridine	110-86-1	mg/L		<0.02 U	<0.02 U	<0.02 U	<0.02 U
TCLP Organics-Volatile	1,1-Dichloroethene	75-35-4	mg/L		<0.07 U	<0.07 U	<0.07 U	<0.07 U
TCLP Organics-Volatile	1,2-Dichloroethane	107-06-2	mg/L		<0.025 U	<0.025 U	<0.025 U	<0.025 U
TCLP Organics-Volatile	2-Butanone	78-93-3	mg/L		<0.25 U	<0.25 U	<0.25 U	<0.25 U
TCLP Organics-Volatile	Benzene	71-43-2	mg/L		<0.025 U	<0.025 U	<0.025 U	<0.025 U
TCLP Organics-Volatile	Carbon tetrachloride	56-23-5	mg/L		<0.025 U	<0.025 U	<0.025 U	<0.025 U
TCLP Organics-Volatile	Chlorobenzene	108-90-7	mg/L		<0.025 U	<0.025 U	<0.025 U	<0.025 U
TCLP Organics-Volatile	Chloroform	67-66-3	mg/L		<0.025 U	<0.025 U	<0.025 U	<0.025 U
TCLP Organics-Volatile	Tetrachloroethene	127-18-4	mg/L		<0.07 U	<0.07 U	<0.07 U	<0.07 U
TCLP Organics-Volatile	Trichloroethene	79-01-6	mg/L		<0.05 U	<0.05 U	<0.05 U	<0.05 U
TCLP Organics-Volatile	Vinyl chloride	75-01-4	mg/L	0.2	<0.025 U	<0.025 U	<0.025 U	<0.025 U

THIS PAGE INTENTIONALLY LEFT BLANK.





## SOIL ASBESTOS REMOVAL PLAN

## Prepared For:

## **RVAAP-01** Ramsdell Quarry Landfill Remedial Action Ravenna Army Ammunition Plant, Ravenna, Ohio

Contract Number: P010023776

TolTest Project No. 22765.03

Prepared By:



508 West Elnora Street Odon, Indiana 47562 (812) 636-8501 FAX (812) 636-7572

August 2010

#### SOIL ASBESTOS REMOVAL PLAN

## **RVAAP-01** Ramsdell Quarry Landfill Remedial Action Ravenna Army Ammunition Plant, Ravenna, Ohio

Contract Number: P010023776

TolTest Project No. 22765.03

Prepared By:

TOLTEST, INC. 1480 Ford Street Maumee, OH 43537

Reviewed/Approved By: 11AUG10

Project Manager Brian Morgan Date

Reviewed/Approved By: 11AUG10

Corporate Health & Safety Manager Richard L. Barcum, CIH, CSP, CHMM Date

SEC'	<b>TION</b>		PAGE NO.	
1.0	Introd	luction	1	
2.0		2		
3.0		4		
3.0	3.1	4		
	3.2	Mobilization and Site Set-Up.		
	3.3	Asbestos Removal Activities		
		3.3.1 Asbestos Removal Preparation	5	
		3.3.2 Asbestos-contaminated Soil Removal	6	
		3.3.3 Asbestos Air Sampling		
	3.4	<u>Decontamination</u>		
	3.5	<u>Transportation and Disposal Services</u>		
	3.6	Site Restoration		
4.0	_	ting Requirements		
	4.1	Asbestos Removal Logbook Generation and Submittal		
<b>5.0</b>	Sched	uling	9	
6.0	Envir	onmental Protection	9	
7.0	7.0 Project Quality Control			
	7.1	Competent Person	10	
8.0	Site S	afety and Health Plan	11	
	8.1	Key Personnel		
	8.2	Personal Protective Equipment		
	8.3	Site Control Measures		
	8.4	Site-Specific Respiratory Protection		
	8.5	Material Safety Data Sheets		
	8.6	Emergency Response Plan		
		8.6.1 Evacuation Routes and Procedures		
		8.6.2 Emergency Alerting and Response Procedures		
		8.6.3 On-Site/Off-Site Safety Personnel	13	
LIST	Γ OF TA	BLES		
	Table 1	Equipment, Personnel, and Subcontractors	3	
Table 2		Emergency Contact Information		
APPI	ENDICE	S		

Appenix A Certifications/Licenses

## ACRONYM LIST

ACM	asbestos containing materials
AHERA	Asbestos Hazard Emergency Response Act
APP	Accident Prevention Plan
APR	Air-Purifying Respirator
ASTM	American Society for Testing and Material
bgs	below ground surface
CFR	Code of Federal Regulations
COCs	chemicals of concern
DOT	Department of Transportation
EPA	Environmental Protection Agency
HASP	Health and Safety Plan
HEPA	high efficiency particulate Air
lpm	liters per minute
MCE	mixed-cellulose ester
MI	Multi-increment
mm	millimeter
MSDS	material safety data sheet
NESHAP	National Emissions Standards for Hazardous
	Air Pollutants
NIOSH	National Institute for Occupational Safety and
	Health
OSHA	Occupational Safety and Health Administration
PCM	Phase Contrast Microscopy
PEL	Permissible Exposure Limits
PPE	Personal protective equipment
PVC	polyvinyl chloride
QA/QC	Quality Assurance/Quality Control
RAO	remedial action operations
RQL	Ramsdell Quarry Landfill
RVAAP	Ravenna Army Ammunition Plant
TO	Task order
TolTest	TolTest, Inc.
TWA	time weighted average
USACE	United States Army Corp of Engineers
LUSACE	

Soil Asbestos Removal Plan Ramsdell Quarry Landfill Remedial Action Ravenna Ravenna Army Ammunition Plant, Ravenna, Ohio August 2010 Page 1

#### 1.0 INTRODUCTION

TolTest prepared this Asbestos Removal Plan for the removal of asbestos containing materials (ACM) for Ramsdell Quarry Landfill (RQL) Remedial Action, Ravenna Army Ammunition Plant (RVAAP) located in Ravenna, Ohio. This Asbestos Removal Plan is specific to the work activities that will be completed on this project. These activities include but are not limited to removal of ACM related to the select demolition and construction tasks necessary for the completion of the of the soil removal and site restoration.

During remediation activites at RQL, ACM was encountered in the soil and work was stopped until necessary measures were taken to account for the ACM. This asbestos removal plan includes the plan for the removal ACM contaminated soil that has already been disturbed due to previous remediation activities—approximately 200 tons of soil. This plan will be applicable to include additional ACM removal, if discovered, that may have to be excavated in the RQL under this contract.

The remedial action operations (RAO) for RQL soil removal is to remove soil with chemicals of concern (COCs) [benz(a)anthracene, benzo(a)pyrene, benzo(b)fluoranthene, dibenz(a,h)anthracene, indeno(1,2,3-cd)pyrene] above cleanup goals to the lateral extents of the MI areas requiring removal. The vertical extent of the excavation will be to a minimum of 1 ft below ground surface (bgs) or to bedrock. Once these extents are achieved, additional confirmation soil sampling for these COCs will not be required in the soil removal areas. Visual inspection of the excavation will be needed to confirm no remaining ACM can be seen in the excavation footprint. If visual inspection confirms ACM is not remaining in the excavation footprint, soil will be analyzed for ACM. If there is greater than 1% ACM in the soil samples, additional excavation may be necessary.

TolTest will comply with all applicable Federal and State regulations. TolTest will hire a third party to perform all baseline, personnel, and environmental sampling.

#### 2.0 ASBESTOS REMOVAL EQUIPMENT, PERSONNEL AND SUBCONTRACTORS

This section details the asbestos removal equipment and personnel to be utilized during this project. TolTest will be performing the asbestos removal, disposal and supervision of this project. A Third Party Laboratory will perform all air monitoring and analyze all asbestos air monitoring samples.

There will be two supervisory personnel from TolTest; A Site Superintendent and an Asbestos Trained Supervisor.

Personnel assigned to the project will be required to complete an Environmental Protection Agency (EPA) Accredited Asbestos Abatement Worker Training Course prior to their arrival onsite. These associates will be licensed in the State of Ohio and have a clear understanding of the hazards, personal protection, removal, and disposal procedures associated with ACM. All associates working in the regulated areas on this project will have proof of medical clearance for respirators and asbestos.

Personnel assigned to this project may change to efficiently complete the tasks defined in this Asbestos Plan. Table 1 lists the equipment, personnel and subcontractors to be used for the asbestos removal and hazardous material removal for the RQL remedial action.

TolTest will coordinate disposal with SAIC and the Ravenna Army Ammunition Plant by using a pre-approved landfill. TolTest will transport all waste to the landfill in approved containers. Manifest documentation will contain information pertaining to the Generator, Operator, Transporter, Disposal Manager, and quantity of asbestos.

Once the removal objectives have been achieved, all TolTest property used during the ACM removal tasks will be decontaminated.

Table 1. Equipment, Personnel, and Subcontractors

EQUIPMENT	PERSONNEL	SUBCONTRACTORS
Pickup truck Assorted hand tools Two 6-mil polyethylene sheeting covers Hard hats and safety glasses Respirators with HEPA filters Disposable coveralls/boots/gloves Radios/cell phone Encapsulant Surfactant HEPA filtered vacuums Caution tape First aid kit Air sampling pumps/filter cassettes ACM disposal bags Glove bags Lined and covered tri-axial trucks for waste load-out and transportation to landfill Water hose with spray nozzle and connection to potable water source Portable decontamination unit with electrical power and potable water hook-ups	Brian Morgan Project Manager  Rich Barcum Corporate Health and Safety  Darrin John Site Safety and Health Officer Site Superintendent Quality Control Coordinator  John D. Cohen Ohio Asbestos Specialist Cert #AS25205  Mike Hovis Equipment Operator	American Landfill Transportation/Disposal of ACM waste  Watterson Environmental Ohio Asbestos Project Designer  Diamond Environmental Ohio Asbestos Specialist  Boblitt Land Surveying

#### 3.0 ASBESTOS REMOVAL SEQUENCE AND OPERATIONAL APPROACH

This section details the specific operational tasks required for this project. The following is a listing of major regulations and/or standards that will be adhered to during the execution of the work plan.

- 29 CFR 1910.134, Occupational Safety and Health Administration (OSHA) Respiratory Protection Program.
- 29 CFR 1926.1101, OSHA Asbestos Construction Standard.
- 29 CFR 1910.120, OSHA Hazardous Waste Operations and Emergency Procedures.
- 40 CFR Part 61, EPA National Emissions Standards for Hazardous Air Pollutants (NESHAP).
- 40 CFR 763 Subpart E, EPA Asbestos Hazard Emergency Response Act (AHERA).
- 40 CFR 763 Subpart E Appendix C, EPA Model Accreditation Plan
- 49 CFR Part 61, United States Department of Transportation (DOT).

#### 3.1 <u>Notification</u>

TolTest submitted a 10-day Asbestos Demolition and Renovation Notification to the State of Ohio and the Prior Notification of Asbestos Hazard Abatement Project to the Ohio Department of Health with a start date of August 18, 2010. TolTest will provide a copy of the notification to SAIC. SAIC will be responsible for submitting this notification to RVAAP Facility Management and United States Army Corp of Engineers (USACE).

#### 3.2 Mobilization and Site Set-Up

Upon authorization to commence work and approval of this plan, TolTest will mobilize the removal crew to the project site. An inspection will be conducted to identify any hazards or unusual conditions in the vicinity of the work areas. General work areas will be segregated as needed with caution tape to delineate the work zones and to deter the intrusion of unauthorized personnel. Warning tape and signs will be used to demarcate the regulated areas.

#### 3.3 Asbestos Removal Activities

Asbestos removal activities will be conducted in accordance with applicable federal, state, and local regulations. TolTest's asbestos abatement trained, State of Ohio accredited personnel will use asbestos-caution tape and appropriate signage to demarcate the regulated areas. Visual inspections performed by the competent person will be conducted in accordance with American Society for Testing and Material (ASTM) E 1368-00, Standard Practice for Visual Inspection of Asbestos Abatement Projects. The visual inspections will be performed as the final clearance. After the asbestos removal activities and post-abatement activities have concluded, TolTest's non-disposable equipment utilized during the removal will be thoroughly cleaned and visually inspected before being removed from the site. Cleaning waste and used filters will be disposed appropriately as asbestos contaminated waste materials.

#### 3.3.1 Asbestos Removal Preparation

TolTest will begin the removal activities by demarcating the regulated area with stakes and perimeter asbestos-caution tape, erecting a decontamination unit, and connecting water, electricity, and a filtered drain to the decontamination unit. TolTest will also set up power to the decontamination unit and post warning signs around the regulated area demarcating where asbestos removal will occur.

TolTest's competent person will be on site, in the work area(s) as applicable, during all phases of the work. The competent person will be responsible for developing appropriate responses to any unforeseen and unplanned events that may occur during the course of the work. The response to any unforeseen and unplanned event (for example, apparent excessive air-borne dust generated by the removal/loading process, discovery of previously unidentified suspect ACM...etc.) shall, at a minimum, include determination of the following:

- Is work stoppage required?
- Is additional wetting/water misting of asbestos-contaminated soil required?
- Is additional personal protective equipment (PPE) required?
- Are additional engineering controls required?
- Are revised work procedures required?

The following are more detailed descriptions of the aforementioned tasks associated with the asbestos removal.

#### Mark Regulated Area

Exterior work areas will be segregated with caution tape at an adequate distance from the regulated areas to deter unauthorized personnel from approaching the regulated areas. Asbestos warning tape and appropriate signage will be used to demarcate the exterior regulated areas and prevent accidental intrusion into regulated areas by non-authorized personnel.

#### Erect Decontamination Unit

The decontamination unit for this project will be located in a location remote to all removal areas and in a location that will not interfere with removal activities. The decontamination unit will be placed in such a manner that the clean room will be outside the regulated area necessary for the exterior work. The decontamination unit will be constructed of a wood or polyvinyl chloride (PVC) base and frame. The unit contains three chambers: an equipment room (contaminated clothing change-out chamber), a decontamination shower located in the center chamber, and a clean room chamber. These chambers are separated by opposing, overlapping poly doors.

The shower drain will consist of an electric pump with a two-stage filter system. A 25-micron initial filter and a 5-micron final filter will remove asbestos fibers from the shower. These filters will be checked daily and replaced as necessary. Used filters are handled and disposed as ACMs. A portable water heater will be utilized to supply hot water for the shower if necessary. Electrical connections for the water heater and filter pump will be protected with ground fault circuit interrupters that will be tested on a daily basis.

Soil Asbestos Removal Plan Ramsdell Quarry Landfill Remedial Action Ravenna Ravenna Army Ammunition Plant, Ravenna, Ohio August 2010 Page 6

The filtered shower water will be pumped into a 55-gallon drum located adjacent to the decontamination unit. TolTest will dispose of the filtered shower water by discharging the water in the nearest sanitary sewer system in accordance with the National Emissions Standards for Hazardous Air Pollutants regulations.

<u>Posting of Warning Signs and Caution Tape around the Immediate Abatement Areas (i.e., Asbestos-contaminated Soil Stock Piles, Remote Decontamination Units, Asbestos Waste Loadout Staging Areas, etc.)</u>

TolTest will place signs and asbestos caution tape demarcating the regulated areas as required by federal, state and local regulations. The signs and asbestos caution tape will be located at an adequate distance from the work area to inform construction site occupants and construction site workers that asbestos removal is taking place in that area. Additionally, caution tape will be located at an adequate distance from the exterior regulated areas to discourage unauthorized persons from approaching a regulated area. Relevant material safety data sheet (MSDS) information, the Health and Safety Plan (HASP), Daily Sign in Sheet, and daily air sampling results will be posted and/or readily available outside the regulated area away from the work currently taking place, near the remote decontamination unit.

#### 3.3.2 Asbestos-contaminated Soil Removal

All personnel entering the asbestos work areas will be required to wear a double layer of disposable, full-body coveralls and a half-mask air-purifying respirator equipped with HEPA filters or combination HEPA/Organic Vapor filters during asbestos removal activities. A remote decontamination unit will be employed for all aspects of asbestos removal for this project. The outer disposable suit will be removed and disposed as ACM waste when exiting the regulated areas. The inner disposable suit, head cover, boots, and gloves will be removed within the equipment room of the remote decontamination unit and also disposed as ACM waste.

During all handling of the asbestos-contaminated soil, TolTest will mist the soil with water utilizing a water truck.

Appropriately wetted asbestos-contaminated soil will be removed by a front-end loader and immediately placed in a lined and covered roll-off dumpster for transport to and disposal at the approved landfill.

At least two persons shall be utilized to perform soil removal operations with one person misting the soil with a water hose, while the other person operates the front-end loader. Removal of the asbestos-contaminated soil will be by wet methods utilizing a hose to mist the soil as required during removal from the stockpile and deposition in the lined and covered roll-off dumpster. The soil will be contained in a roll-off that is both lined and covered with two 6 mill (or equivalent) polypropylene covers.

Once the soil is loaded into the lined roll-off, TolTest will cover the roll-off with two 6-mil thick polypropylene covers and will affix appropriate signage to the truck as required for transportation to the approved landfill.

Soil Asbestos Removal Plan Ramsdell Quarry Landfill Remedial Action Ravenna Ravenna Army Ammunition Plant, Ravenna, Ohio August 2010 Page 7

The aforementioned tasks will be completed by State of Ohio licensed Asbestos Abatement Supervisors. A copy of certifications/licenses of the TolTest associates that will be performing these tasks are included in **Appendix A.** 

#### 3.3.3 Asbestos Air Sampling

Asbestos air sampling will be conducted in accordance with OSHA Class I and Class II asbestos removal requirements. Asbestos air samples will be collected on a 25 millimeter (mm) mixed-cellulose ester (MCE) filtered cassette and analyzed by Phase Contrast Microscopy (PCM). Samples will be analyzed in accordance with the National Institute for Occupational Safety and Health (NIOSH) 7400 Method or equivalent.

#### 3.3.3.1 Baseline Sampling

Baseline air sampling activities will be conducted before any removal activities are performed. This is done to establish the background/baseline concentrations for airborne fibers, both asbestos and non-asbestos, in the areas where asbestos removal is to be conducted.

#### 3.3.3.2 Personal Sampling

Personal air monitoring will consist of sampling at least 25% of the work force and will be conducted on a daily basis. Different tasks, such as front end loader equipment operator, misting of soil pile with hose by ground level worker, and supervisor/competent person in work area, are sampled individually. Personal sampling will be performed by using a portable, rechargeable pump unit worn on a belt with the cassette assembly draped over the shoulder of the worker to sample their respective breathing air. Personal samples will be collected at a rate of 0.5 to 2.0 liters per minute (lpm). Samples will be collected and analyzed on both an 8-hour time weighted average (TWA) and a 30-minute excursion.

Asbestos Permissible Exposure Limits (PEL) are as follows:

- The OSHA PEL for worker exposure to airborne asbestos is 0.1 fibers per cubic centimeter (f/cc) as an 8-hour TWA.
- The OSHA PEL for worker exposure to airborne asbestos is 1.0 f/cc for a 30-minute sample.
- The permissible level of airborne fiber concentrations in areas adjacent to the work area is 0.01 f/cc or background level, whichever is higher, as determined by PCM.

#### 3.3.3.3 Environmental Sampling

Environmental sampling will occur in areas surrounding the regulated work areas to evaluate the potential fiber release outside the regulated areas. Environmental sampling occurs prior to asbestos removal and while asbestos removal activities are being conducted. If the level of airborne asbestos is measured to be greater than the background level measured prior to initiation of asbestos removal activities, work will be halted and work practices will be evaluated to determine their effectiveness. Appropriate measures will then be taken to change work practices to prevent future fiber releases.

#### Asbestos PEL are as follows:

- The OSHA PEL for worker exposure to airborne asbestos is 0.1 fibers per cubic centimeter (f/cc) as an 8-hour TWA.
- The OSHA PEL for worker exposure to airborne asbestos is 1.0 f/cc for a 30-minute sample.
- The permissible level of airborne fiber concentrations in areas adjacent to the work area is 0.01 f/cc or background level, whichever is higher, as determined by PCM.

#### 3.3.3.4 Clearance Inspection

After removal activities have taken place for a designated work area, clearance inspection will be conducted. A visual inspection, in accordance with 40 Code of Federal Regulations (CFR), Part 763.90(i) will be completed by TolTest's Asbestos Supervisor.. This will include an inspection of each functional space where asbestos removal activities were conducted. The purpose of the visual inspection is to verify that no gross debris or asbestos remains in the area after the asbestos removal activities were completed.

#### 3.4 Decontamination

TolTest will install a three chamber decontamination system established to promote project hygiene, proper housekeeping, and worker protection. The decontamination system will be attached directly to the containment and will be comprised of three chambers: a clean room, a shower room, and an equipment room constructed of 6 mil poly in a linear configuration. Wastewater generated during decontamination will be collected in the basin of the shower room. A dual stage filter pump connected to the shower basin will be used to filter potential contamination down to 5 microns from the wastewater prior to discharge into the sanitary sewer system.

Personnel will begin the decontamination process by utilizing a HEPA filtered vacuum to remove gross contamination from their disposable suits inside the containment area prior to entering the decontamination system. Personnel will then enter the three chamber decontamination system at the equipment room. PPE will be removed and discarded into a waste container; however, the respirator is not removed at this time. Personnel then enter the shower room and wash their hair and bodies with shampoo and soap. The respirator is then removed and cleaned inside the shower room. Once clean, personnel enter the clean room and don normal Level D PPE and work attire. The respirator will be stored in a designated location and allowed to air dry.

#### 3.5 Transportation and Disposal Services

TolTest will coordinate disposal with RVAAP Facility Management by using a pre-approved landfill. TolTest will transport all waste to the landfill in approved containers. Manifest documentation will contain information pertaining to the Generator, Operator, Transporter, Disposal Manager, and quantity of asbestos.

#### 3.6 <u>Site Restoration</u>

Once the removal objectives have been achieved, all TolTest property including equipment and materials will be removed from the site.

#### 4.0 REPORTING REQUIREMENTS

TolTest will document and report all asbestos removal activities to SAIC via Daily Reports. These reports will include, but are not limited to; daily activities, production updates, a personnel log, incident reports, safety meeting minutes, materials received, and Quality Assurance (QA) / Quality Control (QC) oversight.

#### 4.1 <u>Asbestos Removal Logbook Generation and Submittal</u>

This logbook contains contract specifications, insurance certificates, notification forms, checklists, training certificates, social security numbers, phone numbers, physicals, daily logs, respirator maintenance records, controlled access entry logs, filter maintenance logs, visual inspection reports, air sampling reports, final clearance reports, exposure assessments, waste manifests, and relevant MSDS information. This logbook must be retained and available for review for a period of three years. The logbook will be turned into Building 1037 at the completion of the removal action.

TolTest will provide copies of daily activity reports detailing all work performed, analytical results, copies of worker information and current licenses, site and vicinity maps, copies of waste manifests, copies of chain-of-custody documents, and asbestos removal drawings. Analytical results will be submitted within 3 working days of sample collection. All pertinent information will be included in the Asbestos Removal Logbook.

#### 5.0 SCHEDULING

Work will be accomplished during normal working hours, Monday through Friday, between the hours of 0700 and 1700. Access to all areas must be maintained during those hours.

#### 6.0 ENVIRONMENTAL PROTECTION

Environmental protection will be provided and maintained during all phases of asbestos removal activities as defined in *Section 2.0 of this Asbestos Plan*. Environmental protection will be provided to correct conditions that develop during completion of this work or that are required to control pollution that develops during normal work practices.

To the extent possible, it is intended that the natural resources within the project boundary and outside the limits of pertinent work performed during this task order (TO) be preserved in their existing condition or be restored to an equivalent or improved condition upon completion. Work will be confined to areas defined by the work schedule, plans, and specifications.

Soil Asbestos Removal Plan Ramsdell Quarry Landfill Remedial Action Ravenna Ravenna Army Ammunition Plant, Ravenna, Ohio August 2010 Page 10

Should there be accidental fallout of asbestos from a non-abatement phase of work, work will stop immediately in the affected area and the situation will be evaluated by the competent person for appropriate corrective action and implementation of appropriate personal protective measures.

#### 7.0 PROJECT QUALITY CONTROL

TolTest, Inc. will perform the project in accordance with the Project Plans. To ensure the removal is done according to this Procedure, a TolTest Competent Person will be responsible for the asbestos removal.

#### 7.1 Competent Person

During this project, the Supervisor will serve as the OSHA competent person as per 29 CFR 1926.32(f). In addition, competent persons performing Class I and Class II work will be specially trained in a training course which meets the criteria of 40 CFR part 763 for supervisor. Responsibilities of the competent person include, but are not limited to; setting up the regulated area, ensure work integrity, instituting engineering controls, ensure adherence to regulatory procedures, and personnel monitoring.

Certifications for the Site Supervisor/Competent Person and the Asbestos Technician will be provided to the RVAAP Operations and Maintenance contractor prior to initiating removal operations.

#### 8.0 SITE SAFETY AND HEALTH PLAN

TolTest will implement this removal in accordance with the Accident Prevention Plan (APP) for this project. This plan incorporates the following:

#### 8.1 <u>Key Personnel</u>

The Project Supervisor/Competent Person has the overall responsibility for ensuring that the provisions of this plan are implemented in the field.

#### **8.2** Personal Protective Equipment

PPE will be used by personnel for each of the site tasks and operations being performed. The specific type of protective equipment will vary in accordance with specific tasks. At a minimum, Level D PPE will be utilized continuously. Level D PPE includes:

- Work clothes
- Boots/shoe, steel toe
- Hard hat
- Safety glasses
- Reflective vests
- Canvas or leather gloves

During asbestos removal activities, Level C PPE will be utilized. In addition to the items accounted for in Level D PPE, Level C PPE includes:

- Half Face Air-Purifying Respirator (APR) equipped with HEPA filters (P100)
- Nitrile gloves
- Disposable suit

#### 8.3 Site Control Measures

Control procedures will be implemented to prevent unauthorized access to the work area. Safety site controls will be utilized around the work area. The site supervisor will ensure that all personnel entering the site have the necessary training, medical approval documentation and have reviewed the APP. Personnel entering the site will be given a thorough briefing on the site hazards and safe work procedures prior to entering the work area.

All visitors will be expected to comply with applicable regulatory OSHA requirements as well as the requirements of this APP. Visitors will be expected to provide their own protective equipment. In the event that a visitor does not adhere to the provisions of the APP, they will be requested to leave the work area. All non-conformance incidents will be recorded in the Daily Reports. The Site Safety & Health Officer / Site Supervisor will document a written record of all personnel entering and exiting the site.

#### 8.4 <u>Site-Specific Respiratory Protection</u>

Licensing, training certification, medical clearance, and fit test documentation of asbestos removal personnel will be provided prior to the commencement of field activities. Personnel involved in asbestos removal are required to participate in annual medical surveillance and possess a valid (within one year) Physician's Written Opinion, respirator fit test, and training certification. TolTest has developed and maintained a Respiratory Protection Program in accordance with OSHA 29 CFR 1910.134 which is provided in Appendix H of the Accident Prevention Plan.

#### 8.5 Material Safety Data Sheets

Material Safety Data Sheets (MSDS) will be field inserted into a MSDS log book and maintained on site in a readily accessible location. A MSDS will be submitted for any product or material prior to its arrival on site. MSDS information will be made available for all on-site personnel.

#### 8.6 <u>Emergency Response Plan</u>

TolTest will implement an Emergency Response and Contingency Plan, in accordance with OSHA standards 29 CFR 1910.120(L). This plan addresses as a minimum, the following procedures:

#### 8.6.1 Evacuation Routes and Procedures

Daily safety meetings will be held prior to work commencing each day. In the event of an emergency, which necessitates evacuation of the site, all personnel will be expected to leave the work zone, and mobilize to a safe distance outside the fenced area. Evacuation routes will be addressed at the daily safety meeting. Personnel will remain at that area until the Site Superintendent provides further instructions.

#### 8.6.2 Emergency Alerting and Response Procedures

The following information will be used for on-site emergencies, which require immediate actions to prevent additional problems or harm to responders, the public, property, or the environment.

A cell phone is located with the TolTest Site Superintendent. In the event of any injuries or accidents, the TolTest Corporate Health and Safety Manager, Mr. Rich Barcum, shall be notified within four hours of the occurrence. Mr. Barcum can be reached at (419) 794-3500. The Contracting Officer will be immediately notified for all major emergency situations.

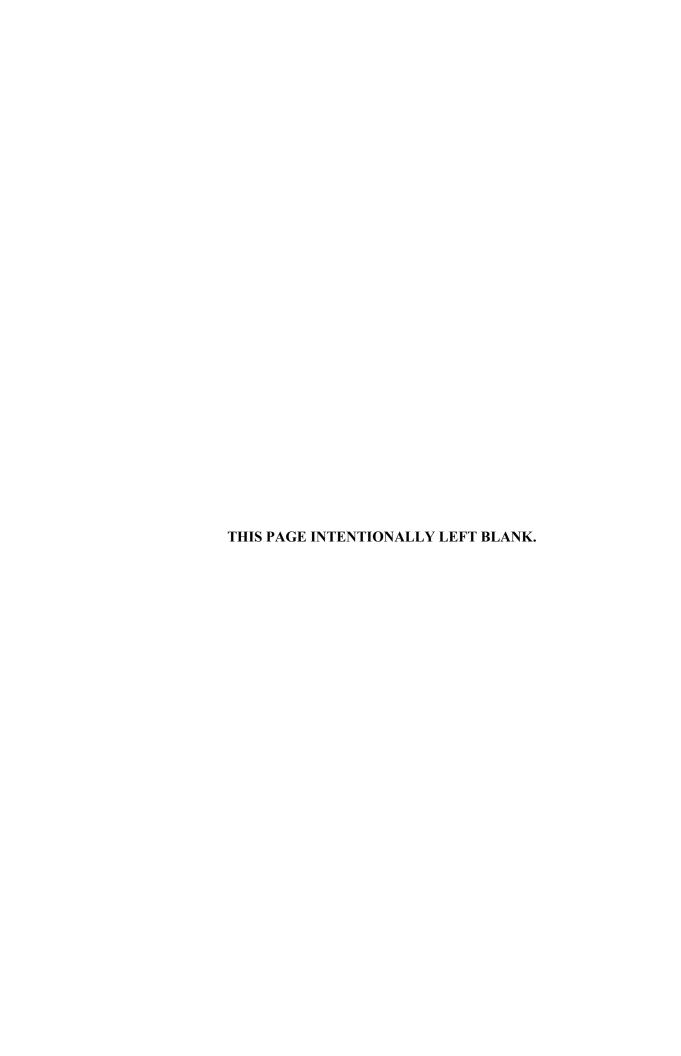
### 8.6.3 On-Site/Off-Site Safety Personnel

The following information provided in **Table 2** will be used for on-site emergencies, which require immediate actions to prevent additional problems or harm to responders, the public, property, or the environment.

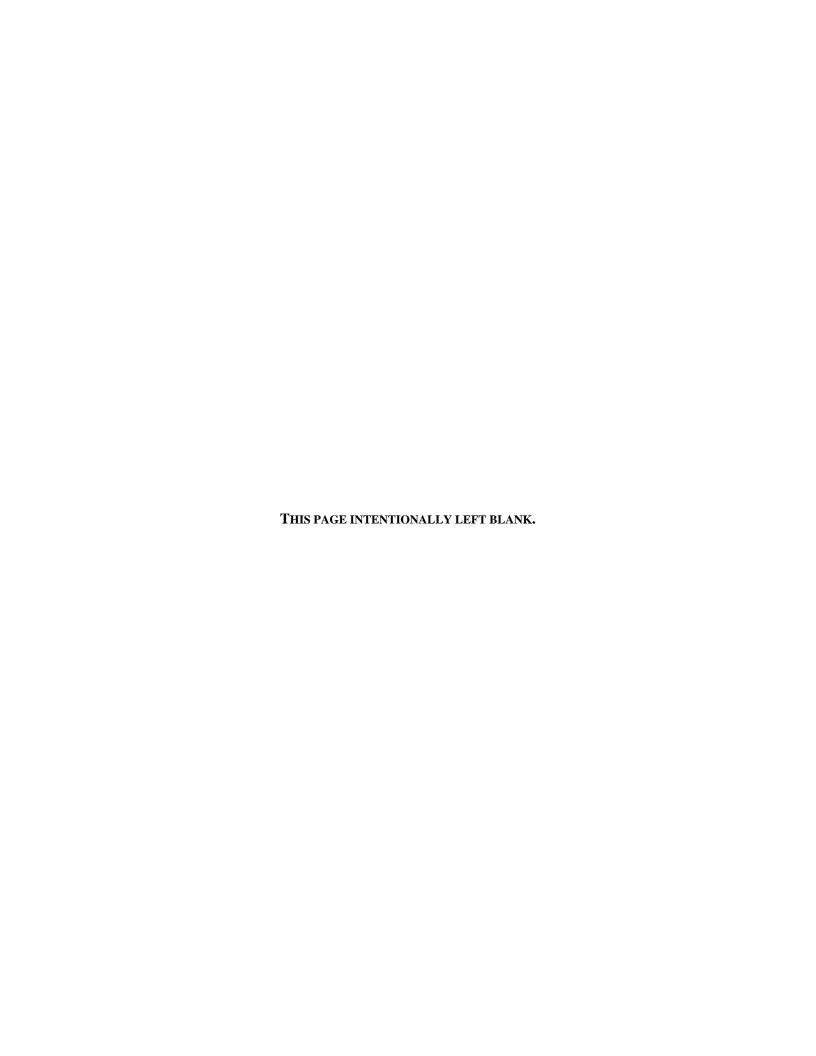
Table 2, Emergency Contact Information

Emergency Telephone Numbers				
Fire Department Ravenna City Fire Department 214 Park Way, Ravenna, OH 44266	911911 - Emergency (330)297-5738			
Police Department Ravenna Police Department 220 Park Way, Ravenna, OH 44266	911 - Emergency (330) 296-6486			
Hospital Robinson Memorial Hospital 6847 North Chestnut Street, Ravenna, OH 44266	911 - Emergency (330) 297-2361			
TolTest Corporate Office (Maumee, OH)	(419) 794-3500			
TolTest Corporate Health and Safety Manager Richard Barcum CIH, CHMM, CSP	(419) 794-3500 (419) 351-3857 cell			
TolTest Project Manager Brian Morgan	(812) 636 - 8501 office (419) 794-3663 direct line (812) 701-4198 cell			
Site Superintendent Darrin John	(812) 701-8081 cell			

Directions to the nearest hospital can be found in Appendix H of the site-specific Accident Prevention Plan developed for this project. These directions will also be posted on site for easy access in the case of an emergency.







# ACCIDENT PREVENTION PLAN & SITE SAFETY AND HEATH PLAN

### Revision 01

## Prepared For:

## **RVAAP-01** Ramsdell Quarry Landfill Remedial Action Ravenna Army Ammunition Plant, Ravenna, Ohio

Contract Number: P010023776

TolTest Project No. 22765.03

Prepared By:



508 West Elnora Street Odon, Indiana 47562 (812) 636-8501 FAX (812) 636-7572

August 2010

## ACCIDENT PREVENTION PLAN & SITE SAFETY AND HEATH PLAN

#### Revision 01

Prepared For:

## Ramsdell Quarry Landfill Remedial Action Ravenna Ravenna Army Ammunition Plant, Ravenna, Ohio

Prepared By:

TolTest 508 West Elnora Street Odon, Indiana 47562 (812) 636-8501 FAX (812) 636-7572

Prepared By: Health and Safety Supervisor (419) 794-3500

Reviewed/Approved By: Project Manager (812) 701-4198

Reviewed/Approved By: Corporate Health & Safety Manager (419) 794-3500 O8/11/2010 Christopher W. Warren, CHST Date

08/11/2010
Brian Morgan
Date

Richard L. Barcum, CIH, CSP, CHMM Date

<u>SEC</u>	TION		<u>PAGE NO.</u>		
1.0	DAG		2		
1.0		CKGROUND INFORMATIONect Description			
	1.2	Experience Modification Rate			
	1.3	OSHA 300A			
	1.4	Activity Hazard Analysis			
2.0		TEMENT OF SAFETY AND HEALTH POLICY			
3.0		PONSIBILITIES AND LINES OF AUTHORITIES			
3.0	3.1	Project Manager			
	3.1	Site Superintendent/ Competent Person			
	3.3	Quality Control Representative (QC Manager)			
	3.4	Site Safety and Health Officer (SSHO)			
		Asbestos Trained Supervisor			
	3.6	Corporate Health and Safety			
	3.7	Competent/Qualified Person(s)			
	38Li	nes of Authority	8		
4.0	SUB	CONTRACTOR AND SUPPLIERS	9		
5.0	TRAINING				
	5.1	Certificates and Training			
	5.2	Emergency Response Training			
	5.3	Verification of Training			
6.0	SAF	12			
	6.1	Safety Inspections	12		
	6.2	External Inspections	12		
7.0	INC	IDENT REPORTING	13		
	7.1	Exposure Data	13		
	7.2	Accident Investigations, Reports, and Logs	13		
	7.3	Immediate Notification of Major Accidents	13		
8.0	PLA	NS REQUIRED BY THE SAFETY MANUAL	14		
	8.1	Layout Plans (04.A.01)			
	8.2	Emergency Response Plan			
		8.2.1 Procedures and Tests (01.E.01)	14		
		8.2.2 <u>Spill Plans (01.E.01, 06.A.02)</u>			
		8.2.3 <u>Fire Fighting Plan (01 E.01, 19.A.04)</u>			
		8.2.4 <u>Posting of Emergency Telephone Numbers (01.E.05)</u>			
		8.2.5 <u>Man Overboard/Abandon Ship (19.A.04)</u>			
	0.2	8.2.6 Medical Support			
	8.3	Plan for Prevention of Alcohol and Drug Abuse (01.C.02)			
	8.4	Site Sanitation Plan (Section 2)			
	8.5	Access and Haul Road Plan (8.D.1)			
	8.6 8.7	Respiratory Protection Plan (05.E.03)			
	0./	LICALII FIAZALO COIILOI PTOPTAIII WO A )			



SEC <sub>1</sub>	<u>rion</u>		PAGE NO.
	8.8	Hazard Communication Program (06.B.01)	19
	8.9	Process Safety Management Plan (06.B.04)	
	8.10	Lead Abatement Plan (06.B.05 & Specifications)	20
	8.11	Asbestos Abatement Plan (06.B.05 & Specifications)	
	8.12	Radiation Safety Program (06.E.03a)	
	8.13	Abrasive Blasting (06.H.01)	20
	8.14	Heat/Cold Stress Monitoring Plan (06.I.02)	20
		8.14.1 <u>Cold Stress</u>	20
		8.14.2 <u>Heat Stress</u>	
	8.15	Crystalline Silica Monitoring Plan (12.A.01)	21
	8.16	Night Operations Lighting Plan (16.C.19.d)	22
	8.17	Fire Prevention Plan (Section 09.A.01)	22
	8.18	Wild Land Fire Prevention Plan (09.K.01)	
	8.19	Hazardous Energy Control Plan (12.A.01)	
	8.20	Critical Lift Procedures (16.C.18)	
	8.21	Contingency Plan Severe Weather (19.A.03)	23
	8.22	Float Plan (19.F.04)	
	8.23	Site Specific Fall Protection Plan & Prevention Plan (Section 21)	23
	8.24	Demolition Plan (23.A.01)	
	8.25	Excavation/trenching Plan (25.A.01)	
	8.26	Emergency Rescue (Tunneling) (26.A.05)	
	8.27	Underground Construction Fire Prevention and Protection Plan (26.D.	
	8.28	Compressed Air Plan (26.I.01)	
	8.29	Formwork and Shoring Erection and Removal Plan (27.B.02)	
	8.30	Pre-Cast Concrete Plan (27.D)	
	8.31	Jacking Plan (Lift) Slab Plan (27.E.)	24
	8.32	Steel Erection Plan (27.F.01)	
	8.33	Site Safety and Health Plan for HTRW work (28.B)	
	8.34	Blasting Plan (29.A.01)	
	8.35	Diving Plan (30.A.13)	
	8.36	Confined Space (34.A)	
	8.37	Working Near UXO	25
9.0	RISK	X MANAGEMENT PROCESSES	27
	9.1	Protective Requirements	27
	10.1	Modifying the Health and Safety Plan	
	10.2	Work Suspension Authority	
11.0	HAZ	ARD ANALYSIS	30
11.0	11.1	Chemical Hazards	
		11.1.1 Chemical Exposures	
	11.2 I	Removal of Asbestos Containing Material	
	11.3	Physical Hazards	
		11.2.1 Hot Work	31



SECTION		PAGE NO.
		211021101
	11.2.2 Electrical Work	31
	11.2.3 Excessive Noise	32
	11.2.4 Manual Lifting	32
	11.2.5 Slips, Trips, and Falls	32
	11.2.6 Environmental Protection	33
	11.2.7 Hand and Power Tools	33
	11.2.8 Ropes, Slings, and Chains	33
	11.2.9 Service and Utility Lines	33
	11.2.10 Vehicle Traffic	33
	11.2.11 Unseen Obstacles	34
12.0 HAZ	ARDOUS WASTE OPERATIONS	35
12.1	General Information	35
12.2	Site-Specific Training	36
	12.2.1 Documentation of Training	
APPENDIC	IES	
Appendix A	OSHA 300A form	
Appendix B	Activity Hazard Analysis	
Appendix C	TolTest Corporate Incident Prevention Plan	
Appendix D	Accident Reporting Forms	
Appendix E	Hospital Directions	
Appendix F	Alcohol and Drug Free Workplace Program	
Appendix G	Soil Asbestos Removal Plan	



#### 1.0 BACKGROUND INFORMATION

TolTest, Inc. (TolTest) has prepared this Accident Prevention Plan (APP) to address work tasks required for Ramsdell Quarry Landfill (RQL) Remedial Action, Ravenna Army Ammunition Plant (RVAAP) located in Ravenna, Ohio. This APP is specific to the work activities that will be completed on this project. These activities include but are not limited to select demolition and construction tasks necessary for the completion of the quarry soil removal and site restoration.

Field activities will be conducted in accordance with USACE EM385-1-1, Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR), and Environmental Protection Agency (EPA) 49 CFR. TolTest has developed this APP in accordance with EM385-1-1 Appendix A. An Activity Hazard Analysis (AHA) has also been developed in accordance with EM385-1-1 requirements and is located in **Appendix B.** 

#### **Project Description**

The remedial action objective (RAO) at RQL is to prevent Security Guard/Maintenance Worker exposures to benz(a)anthracene, benzo(a)pyrene, benzo(b)fluranthene, dibenz(a,h)anthracene, and indeno(1,2,3-cd)pyrene in soil within a former quarry bed to a depth no greater than 1 ft below grade surface (BGS). The RQL AOC is approximately 14 acres and located in the northeastern portion of RVAAP.

The (RAO) for RQL soil removal is only required to the lateral extents of the MI areas requiring removal. The vertical extent of the excavation will be to a minimum of 1 ft below ground surface (bgs) or to bedrock. Once these extents are achieved, additional confirmation soil sampling of the COCs will not be required in the soil removal areas. However, if ACM is present in the soil, soil sampling for ACM will be required. If there is greater than 1% ACM in the soil, additional excavation may be required.

#### **1.2** Experience Modification Rate

TolTest's experience modification rate (EMR) is 0.23.

#### 1.3 OSHA 300A

TolTest's OSHA 300A form is located in **Appendix A**.

#### 1.4 Activity Hazard Analysis

The Activity Hazard Analysis (AHA) (located in **Appendix B**) has been developed for each portion of this project including:

- Excavation
- Construction/selective demolition with the use of hand tools



- Carrying and placing material
- Use of hand and power tools
- Using heavy equipment
- Working near explosives
- Asbestos abatement activities



#### 2.0 STATEMENT OF SAFETY AND HEALTH POLICY

One of the TolTest, Inc. Profitability Principles is to promote **Safety** by stressing safe work practices through meetings, training programs, and medical surveillance, in order to prevent accidents, protect associates and equipment, and provide a working environment free of hazards for the public.

We have adopted a "Zero Accidents" goal. We believe that every accident is preventable and ask all associates to share the responsibility for reducing personal injury, automobile, and equipment incidents to zero. We must now take the necessary steps to absolutely ensure that every action taken is accomplished in a safe and acceptable manner.

TolTest's Safety and Health Policy Statement is located in our Corporate Incident Prevention Plan. A copy of TolTest's Corporate Incident Prevention Plan and portions our Corporate Health and Safety Plan has been included in **Appendix C.** 



#### 3.0 RESPONSIBILITIES AND LINES OF AUTHORITIES

At TolTest, the safety and protection of associates, clients, and the community is a core value. This concern for safety is not restricted to field operations but extends to the offices and shop facilities. If an activity or condition is unsafe, the task will not proceed until the situation is corrected.

Every associate, regardless of job title, shares the responsibility for safety and should report any unsafe condition without fear of reprisal. Project Managers and Site Supervisors are responsible for administration and enforcement of the safety procedures and protocols at project locations. The Corporate Health and Safety Department is responsible for supporting and assisting the General Manager/Operating Unit Managers, Project Managers, and Site Supervisors in the execution of the health and safety program.

The identification and accountability of TolTest personnel at both the Corporate and Project level is as follows:

## 3.1 Project Manager

The TolTest Project Manager, *Mr. Brian Morgan*, is the key operational manager of project activities and is responsible for:

- Maintaining clear, up-to-date communications with on-site representatives;
- Coordinating resources required to complete the project;
- Monitoring personnel, compliance with regulations, procedures, and contractual requirements;
- Allocating TolTest resources to individual tasks, including the selection of a Site Superintendent, and/or project personnel;
- Monitoring the project schedule and budget;
- Overseeing site activities and day-to-day management; and
- Overseeing the administrative and support functions for the project.

## 3.2 Site Superintendent/ Competent Person

The TolTest Site Superintendent, *Mr. Darrin John* is responsible for maintaining files for task execution, site safety oversight, hazard identification, maintaining reference documents, attending project meetings, and project performance. Mr. John's additional responsibilities will include but not be limited to the following:

- Ensure that subcontractor conducts daily tailgate safety meetings to disseminate information to project personnel necessary to accomplish each day's activities;
- Monitor all activities by project personnel to include subcontractors and document site progress;



- Review and implement project plans;
- Provide on-site decision making to perform all operational tasks according to specifications;
- Provide administrative support, supervision, and management of contractor and subcontractor personnel, equipment, and materials;
- Conduct incident and accident investigations and prepare the required reports;
- Attend pre-construction conference and meetings associated with project progress and standings; and
- Troubleshoot unique field health and safety issues and provide feedback and suggestions.

## 3.3 Quality Control Representative (QC Manager)

As QC Manager, *Mr. Mike Hovis* will be responsible for the implementation and adherence to the TolTest Corporate QC Program and ensuring the project performance conforms to the applicable project specifications and drawing provided in the solicitation. Mr. Hovis will conduct the following tasks:

- Document quality control and quality assurance activities;
- Review and approve each submittal;
- Ensure material is legible and compliant with contract documents;
- Ensure testing is performed; and
- Supervise QC testing as required by the contract documents.

## 3.4 Site Safety and Health Officer (SSHO)

As SSHO, *Mr. Darrin John* will be responsible for the implementation and adherence to the TolTest Health and Safety Program and ensuring the project performance conforms to the applicable project specifications and plans the SSHO's additional responsibilities will include but not be limited to the following:

- Implement and ensure TolTest and subcontractor compliance with approved APP, AHA, and all other health and safety requirements;
- Maintain, APP, AHA and other applicable site specific safety reference material on the project site;
- Inspect materials and equipment received on-site to ensure compliance with contract requirements;
- Inspect onsite safety and health equipment to ensure proper operation and accuracy;
- Inspect field activities;
- Coordinate Personal Protective Equipment (PPE) supplies for TolTest Personnel only;
- Troubleshoot unique field health and safety issues and provide feedback and suggestions;



- Maintain a safety and health deficiency system tracking system that monitors recognized deficiencies until they are resolved; and
- Be responsible for ensuring all personnel entering the site have the proper training and/or security access.

## 3.5 Asbestos Trained Supervisor

The Asbestos Trained Supervisor will be responsible for the implementation and adherence to the TolTest Health and Safety Program and ensuring the project performance conforms to the applicable project specifications and plans. The Asbestos Trained Supervisor's additional responsibilities will include but not be limited to the following:

- Demarcate asbestos work area and instituting engineering controls
- Erect Decontamination area
- Submit a 10-day Asbestos Demolition and Renovation Notification to the State of Ohio and the Prior Notification of Asbestos Hazard Abatement Project to the Ohio Department of Health
- developing appropriate responses to any unforeseen and unplanned events that may occur during the course of the work
- on-site inspections during asbestos removal activities
- ensure personnel are appropriately trained
- ensure all asbestos sampling is completed
- implement dust control measures
- seal and label all ACM shipping containers for offsite transport
- perform the final clearance inspections
- personnel monitoring

#### 3.6 Corporate Health and Safety

*Mr. Richard Barcum* CIH, CHMM, CSP is the Corporate Health and Safety Manager and is responsible for program safety oversight and implementation and review of corporate safety policies. Mr. Barcum has independent direct authority over safety oversight and communication with the Project Manager and the Site Superintendent.

## 3.7 Competent/Qualified Person(s)

A Competent and/or Qualified Person(s) meeting the requirements of a Competent Person as specified by Occupational Safety and Health Administration (OSHA) will be assigned for the appropriate project functions.

No work will be performed unless the designated competent person has approved work and is present on the job site. In addition, pre-task safety and health analysis will be conducted prior to the start of each task. These analyses will be conducted during tail-gate safety meetings. The AHA that has been developed for this project may be used as a tool in implementing precautions for the hazards found during pre-task safety and health analysis.

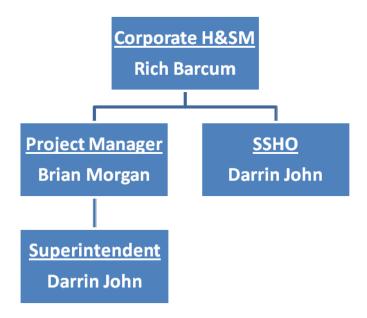


COMPETENT/QUALIFIED PERSON(S)			
Excavation – Darrin John			
Excavation – Mike Hovis			

## **38Lines of Authority**

The TolTest Corporate Health and Safety Department is responsible for oversight of the APP. The Corporate Health & Safety Manager (H&SM) or designee conducts compliance assessments and audits as required to ensure the safety of all personnel. As such, the Corporate H&SM or designee may suspend work being performed in an unsafe manner.

The SSHO is responsible for day-to-day implementation of and compliance with the health, safety, and, to a lesser extent, some quality assurance requirements. In this capacity, he maintains close coordination with the Project Manager and has the responsibility and authority to stop work when unsafe conditions exist or work is not being performed to specifications. Lines of authority on this project have been provided in this Section.





#### 4.0 SUBCONTRACTOR AND SUPPLIERS

## SUBCONTRACTORS / SUPPLIERS

PIKA International - UXO

Boblitt Surveying Inc – Site Surveying

Subcontractors that will be utilized by TolTest are required to abide by the provisions and limitations set forth in our master subcontractor agreement contract and the requirements and measures outlined in our Work Plan, APP, and AHA.

Any subcontractors and suppliers that will be used on the project will be advised of the safety requirements for the project upon issuance of subcontracts and/or purchase order. Upon arrival at the job site, new subcontractors and suppliers who access the site shall be indoctrinated by the Site Superintendent on the safety requirements. Subcontractors and suppliers shall be required to attend the daily tailgate safety meetings or conduct their own safety meeting to address specific hazards, precautions, and procures. Suppliers who deliver materials shall be required to report to the Site Superintendent prior to completing the delivery to make sure that the delivery person is aware of any potential hazards that may exist at the site, and to make sure that the delivery person takes appropriate safety precautions while on the site.

The responsibilities for subcontractors and suppliers are the same as those established for TolTest personnel. Personnel on site must fully comply with the safety provisions of the contract and the Site Superintendent has the overall responsibility to make sure the subcontractors and suppliers are informed of the requirements and that the requirements are met.



#### 5.0 TRAINING

Site specific training and orientation will include the review of this APP and supporting Work Plan, SSHP, and AHA for on-site personnel. Verification of review will be confirmed by the sign off sheet located at the beginning of each document.

Daily tailgate safety meetings will be conducted by each Subcontractor with on-site personnel in attendance. Topics discussed during these tailgate safety meetings will be tailored to address the day's activities such as concrete work, masonry, welding, electrical work, or excavation, and may be derived from the elements of this APP and project AHA. These topics include but are not limited to the following:

- Site Access and RVAAP standard operating procedures.
- Plan review and requirements of the EM 385-1-1.
- Emergency contact information and incident reporting.
- Emergency evacuation procedures.
- Location of Material Safety Data Sheets, First Aid Kit, Fire Extinguishers, and Phone.

- Personal Protective Equipment.
- Work zone delineation and restricted access points.
- Stop Work Authority.
- Lines of authority and identification of personnel with first aid and CPR training.
- Phases of work and potential hazards

## 5.1 Certificates and Training

Subcontractor will verify that site personnel are trained specifically for the work activities, procedures, and equipment at a site. This training will at a minimum include:

- Project Specific Orientation
- Hazard Communication
- Control of Hazardous Energy (lockout/tagout)
- Site Emergency Plan
- Site Safety Program
- Contingency Plans
- Excavation Safety
- Bloodborne Pathogens (minimum of two associates)
- Non-asbestos abatement activities required to complete the web based Asbestos Awareness Training.

- Occupational Noise
- First Aid/CPR (minimum of two associates)
- Personal Protective Equipment (PPE) Use and Assessment
- Corporate Substance Abuse Policy
- Confined Space Entry (Supervisor/ Attendant/ Entrant)
- EPA Accredited Asbestos Abatement Worker Course and be licensed in the State of Ohio



Each training program will address applicable EM 385-1-1 and OSHA regulations and will provide the opportunity for workers to raise questions and discuss concerns. A written record of the completed training will be kept to document the subjects covered and the persons participating.

Periodic training will be provided for all associates working on-site when any changes are made to requires or procedures on this project. This training will be designed to inform of these changes and the safety precautions implemented to protect from all known hazards that may surface as a result of these changes. This training will be accomplished by reviewing the revised APP and/or AHA and signing the new declaration of understanding provided in the APP.

## **5.2** Emergency Response Training

In the event of an emergency, which necessitates evacuation of the site, all personnel will be expected to leave the work zone, and mobilize to an established safe distance. Evacuation routes will be addressed at the daily safety meeting. Personnel will remain at that area until the Site Superintendent provides further instructions. Emergency contact information may be found in **Section 8.2.4** of this document.

The review of this APP by all workers completing task on this project serves as an initial training of the Emergency Response procedures that have been put in place for this project. The following Emergency Response Plans may be found and reviewed in **Section 8.2** Emergency Response Plans of this APP:

- Procedures and tests (8.2.1);
- Spill plans (8.2.2);
- Firefighting plan (8.2.3);
- Posting of emergency telephone numbers (8.2.4); and
- Man overboard/abandon ship (8.2.5).

## **5.3** Verification of Training

Training records sufficient to verify the completion of applicable training required by EM 385-1-1, OSHA Standards, and/or site contractual requirements will be maintained at the Program Management Office (PMO) located in Maumee, Ohio.



#### 6.0 SAFETY AND HEALTH INSPECTIONS

## 6.1 Safety Inspections

Machinery and equipment will be inspected and tested daily to ensure a safe operating condition. Records of tests and inspections will be maintained at the site, made available upon request, and become part of the project file. Designated work areas and ongoing activities will be visually inspected periodically each day to identify and minimize potential hazards. The observations from these inspections and corrective actions will be included in the Daily Reports.

The Site Superintendent/SSHO will also conduct daily inspections of the work site to ensure that associates are operating in accordance with all applicable Health and Safety regulations, policies, procedures, and approved plans for this project. The Site Superintendent/SSHO will maintain a written log of these inspections to include operation/area inspected, date of inspection, identified hazards, recommended corrective actions, estimated and actual dates of corrections. These safety inspection logs will be submitted with TolTest's daily quality control report. TolTest will also establish a deficiency tracking log as outlined in EM 385 1-1 A 01 A.06 (f) that will include date of observed deficiency , corrective action assignee information, and date the deficiency was corrected.

## **6.2** External Inspections

The Assigned Inspector will be notified 72 hours in advance of all Preparatory Inspections and 24 hours in advance of all Initial Inspections. The Assigned Inspector may elect to join in be present for these inspections or conduct separate quality assurance inspections to ensure that the project is being performed in accordance with approved project plans. A final inspection of the site may be conducted with the Assigned Inspector for final acceptance of the project.



#### 7.0 INCIDENT REPORTING

All incidents will be reported, investigated, and analyzed to develop countermeasures that may prevent re-occurrence. These incidents will be reported to CO within 24 hours of occurrence. A standard TolTest incident report form can be found in **Appendix D**, and will be completed for each incident that takes place on this project. All incidents will be reported to the Corporate Health and Safety Department immediately.

## 7.1 Exposure Data

The Superintendent will be responsible for providing exposure data (man-hours worked) on a daily basis. This information will be reported on the Contractor's Daily Production Reports.

## 7.2 Accident Investigations, Reports, and Logs

The SSHO will be responsible for performing incident investigations and completing incident investigation reports using the Government Contractor Significant Injury Reports (CSIR) form to be transmitted to the Contracting Officer (CO) or designated representative as soon as possible but no later than 5 working days following the occurrence. All incidents will be reported to the CO as soon as possible, but not more than 24 hours after incident. The SSHO will coordinate incident investigations and reporting activities with the Corporate Health and Manager for the maintenance of OSHA recordable and other applicable injury logs.

The Corporate Health and Safety Department will provide additional support on all incident investigations and will assist in completing the CSIR when necessary.

Following investigation, prescribed corrective actions will be implemented in the field as soon as reasonably possible. While investigation is pending, hazards will be removed or other actions will be taken to protect from these hazards that may have caused the incident.

## 7.3 Immediate Notification of Major Accidents

The SSHO will make immediate notification of all major accidents to the Contracting Officer or designated representative and will follow up this notification with written reports within 4 hours of the occurrence. The following require immediate accident notification:

- A fatal injury;
- A permanent total disability;
- A permanent partial disability;
- The hospitalization of three or more people resulting from a single occurrence; and
- Property Damage of \$ 200,000 or more.



## 8.0 PLANS REQUIRED BY THE SAFETY MANUAL

#### **8.1** Layout Plans (04.A.01)

Prior to the start of construction, layout plans will be coordinated with the CO concerning the onsite placement of equipment, material, waste containers, and site access.

There will be no temporary construction buildings, facilities, or fencing in place for this project.

## 8.2 Emergency Response Plan

Operations, materials and equipment involving potential exposure to hazardous substances, agents, or environments shall be evaluated by a qualified industrial hygienist, or the competent person, to evaluate a hazard control program for acceptance before the start of the operations. Emergency plans will be developed ensure associate safety in the case of a fire or any other emergency. These plans will be provided in writing and reviewed with all affected personnel.

## 8.2.1 <u>Procedures and Tests (01.E.01)</u>

The Site Superintendent will meet the CO or designated representative to find out the emergency response procedures applicable while working on this project. The Superintendent will use this information to determine evacuation routes and procedures once on-site. All associates working on-site will be notified of these routes and procedures during their initial arrival to the project. A reminder will be given during tailgate safety meetings. During severe weather conditions workers will be instructed by SSHO to head to designated area that is determined the CO or designated representative.

## 8.2.1.1 General Evacuation

In the case of an emergency situation, such as fire or significant release of toxic gases, an air horn will be sounded for approximately 10 seconds indicating the need for immediate evacuation. At that point the following procedures will be followed:

- All personnel will evacuate and assemble at a designated emergency rally point, which will be identified by the SSHO. The current rally point is the TolTest office trailer. This may be changed at any time by the SSHO. If this rally point is changed, the new rally point will be communicated in tailgate safety meetings.
- Safe distances between the rally point and the emergency area can only be determined at the time of an emergency, based on a combination of site and incident specific factors (e.g., wind direction). The safe distance will be determined by the SSHO.
- The location of the rally point should normally be upwind of the emergency site as determined by the wind direction indicator.
- For efficient and safe site evacuation and assessment of the emergency situation, the SSHO will have authority to call for support from outside services. Emergency response personnel (i.e., local fire and police) may enter the immediate emergency area as they deem necessary and appropriate to perform required services.



- Under no circumstances will incoming personnel or visitors be allowed to proceed into the area once the emergency signal has been given.
- The SSHO will ensure that access for emergency equipment is provided and that all combustion apparatus has been shut down once the alarm has been sounded.
- Upon establishing the safety of all onsite personnel, the personnel identified in the *Notifications* area of this section will be notified of all emergencies.

## 8.2.1.2 <u>Potential or Actual Fire or Explosion</u>

If the potential for fire or explosion exists in the work zone, or if an actual fire or explosion has taken place, an air horn will sound for 10 seconds at intervals. Immediately evacuate the site.

## 8.2.1.3 Protective Equipment Failure

If any site worker experiences a failure or alteration of protective equipment that affects the protection ability of the equipment, that person and co-worker(s) will immediately leave the Construction Work Zone (CWZ). Re-entry to the CWZ will not be permitted until the equipment has been repaired or replaced.

## 8.2.1.4 Physical Injury or Industrial Chemical Exposure

Emergency first aid will be applied onsite, if necessary. For non-emergency physical injuries or industrial chemical exposure requiring medical treatment beyond onsite first aid, the victim will be transported to an off-base medical facility. Emergency response actions listed in the applicable Material Safety Data Sheets (MSDS) for chemical exposures will be followed as closely as the situation will allow. Typical first aid responses to chemical exposure emergencies include:

- Inhalation Move to fresh air and call for emergency assistance if needed by dialing "911" from a civilian/public phone, or contact the nearest hospital identified in this site-specific APP from any site cellular phone.
- Ingestion Decontaminate and transport to emergency medical facility identified in this sitespecific APP.
- Puncture Wound or Laceration Decontaminate and transport to emergency medical facility identified in this site-specific APP.

For emergency/critical physical injuries, medical assistance must be summoned by dialing "911" from a civilian/public phone; or contact the hospital identified in the posted hospital directions from a site cellular telephone. The hospital directions are also provided in **Appendix E** of this APP.

## 8.2.1.5 Injury in the CWZ

In the event of an injury in the CWZ, all site personnel, except the injured party will exit the CWZ and assemble at the site field office if it is determined that others are in danger. The SSHO will evaluate the nature of the injury and the injured party will be decontaminated to the extent practical prior to removal from the CWZ.



Appropriate first aid will be initiated, an immediate request will be made for an ambulance, if necessary, and the designated medical facility will be notified as required. No persons will reenter the CWZ until the cause of injury or symptoms are determined.

## 8.2.1.6 <u>Injury outside the CWZ</u>

In the event and injury occurs outside of the CWZ, the SSHO and will be notified immediately. Appropriate first aid will be administered and, if necessary, the injured individual will be sent to the designated medical facility. The injured associate may be transported for treatment using the posted directions to the nearest off-site medical facilities as detailed in **Appendix E** of this APP. If the injury does not affect the safe performance of other site personnel, operations may continue.

## 8.2.2 Spill Plans (01.E.01, 06.A.02)

Operations, materials and equipment will be evaluated to determine the presence of hazardous environments or if hazardous or toxic agents could be released into the work environment. The AHA will be used for the evaluation. The analysis will identify substances, agents and environments that present a hazard and recommend hazard control measures. Engineering and administrative controls will be used to control hazards; in cases where engineering or administrative controls are not feasible, PPE may be used.

If the potential for a hazardous environment is discovered during this evaluation, precautions implemented to protect workers from these potential hazards will be outline in the AHA developed for his project. The AHA will identify all substances, agents, and environments that present a hazard and recommend hazard control measures.

## 8.2.3 Fire Fighting Plan (01 E.01, 19.A.04)

Fire extinguishers of the appropriate size and type will be maintained on site during each phase of the work. If work is being performed in more than one area simultaneously, TolTest will have a fire extinguisher at each location. These fire extinguishers will have a minimum rating of 10A:60BC. In the event of a fire, the RVAAP Base Operator will be contacted immediately and the Contracting Officer or designated representative will be contacted shortly after. If the fire is small enough to be extinguished using one extinguisher, a competent associate may choose to combat the fire. The fire will be fought with a fire extinguisher using the P.A.S.S. System (Pull, Aim, Squeeze, & Sweep).

Phone numbers for the fire department and other emergency contacts will be posted at the job site where accessible to all associates. Each associate will be trained on what to do in case of a fire and when and how to use a fire extinguisher, blankets, water or other fire extinguishing measures in a manner that would not jeopardize their personal safety. Regular job site inspections will be made to make sure fire extinguishers are fully charged and ready for use, and that fire prevention measures are in place.



## 8.2.4 Posting of Emergency Telephone Numbers (01.E.05)

The following information will be used for on-site emergencies, which require immediate actions to prevent additional problems or harm to responders, the public, property, or the environment.

The on-site emergency phone numbers for this project are detailed in this section. A telephone is located with the TolTest Site Superintendent. If this call is made using a cell phone, be sure to notify the operator that this call is being made from RVAAP and the location of the incident. This will ensure that the call is dispatched to the appropriate emergency services.

Emergency Telephone Numbers			
Ravenna City Fire Department	911 - Emergency		
214 Park Way, Ravenna, OH 44266	(330)297-5738		
Ravenna Police Department	911 - Emergency		
220 Park Way, Ravenna, OH 44266	(330) 296-6486		
Robinson Memorial Hospital	911 - Emergency		
6847 North Chestnut Street, Ravenna, OH 44266	(330) 297-2361		
TolTest Odon Office	(812) 636-8501		
TolTest Corporate Health and Safety Manager Mr. Richard Barcum CIH, CHMM, CSP	(419) 794-3500 (419) 351-3857 cell		
Site Superintendent/SSHO Darrin John (CPR/First Aid Responder)	(812) 701-8081 cell		
TolTest Project Manager	(812) 636 - 8501		
Brian Morgan	(812) 701 - 4198		

Emergency telephone numbers for ambulance, physicians, hospital, fire and police will be conspicuously posted at the work site. The superintendent will have a cell phone at all times, and will make sure that any associate working in remote locations will have an operating cell phone or other means of communication if cell phone service is not available. Clearance will be obtained through the Contracting Officer or designated representative for the use of cell phones.

## 8.2.5 Man Overboard/Abandon Ship (19.A.04)

Not applicable.

## 8.2.6 <u>Medical Support</u>

**Robinson Memorial Hospital** is the medical facility that will be used in the case of an emergency. It is located at 6847 North Chestnut Street, Ravenna, OH 44266 and the phone number is (330) 297-2361. This information can also be found in the Emergency Telephone Number chart included in **Section 08.2.6** of this plan.



This chart and detailed hospital directions will be posted on-site for easy access in the event of an emergency. CPR/First Aid Responders assigned to this project are also highlighted in this chart.

## 8.3 Plan for Prevention of Alcohol and Drug Abuse (01.C.02)

TolTest's Alcohol and Drug Free Workplace Program is provided in **Appendix F**.

## 8.4 Site Sanitation Plan (Section 2)

TolTest will provide toilet facilities to meet EM 385-1-1 requirements for a construction site. At a minimum, the following will be provided:

- 20 or fewer workers 1 toilet with a seat will be provided
- 20-199 workers -1 toilet with a seat and 1 urinal will be provided per every 40 workers
- 200 or more workers 1 toilet with a seat and 1 urinal will be provided per every 50 workers

Toilet protectors will be provided. In the event that running water cannot be provided, hand sanitizers will be supplied for workers. The location of these toilet facilities will be determined by the Superintendent and CO or designated representative prior to deliver to construction site. The location of each toilet facility will be given to workers during tailgate safety meetings.

Drinking water will be supplied to workers and located in designated break areas. These break areas will be determined by the Superintendent and CO or designated representative upon initial arrive to work site. The location of the water and designated break areas will be given to workers during tailgate safety meetings.

#### 8.5 Access and Haul Road Plan (8.D.1)

TolTest will utilize existing roadways and will not create or cut new access roads. Existing roads will not be blocked nor traffic impeded for the purpose of work zone access. There will be tasks on this project that require the redirection of traffic and in some cases the restriction of access to roads running through work zone. When necessary, this will be implemented in accordance with CO requirements.

TolTest will notify the CO with-in 14 calendar days before closing any traffic lanes, blocking streets, or otherwise changing traffic routes. TolTest will provide, place, maintain, relocate, and remove all traffic control devices required for construction on this project. All traffic control will comply with the requirements of the current Manual on Uniform Traffic Control.

## **8.6** Respiratory Protection Plan (05.E.03)

TolTest has developed and implemented a Respiratory Protection Procedures to address the proper use of respirators on this project.



Personnel required to wear air purifying respirators must have a current (within one year) Physician's Written Opinion being medically cleared to wear a respirator. Personnel must also have a current fit test (within one year) to wear a respirator and be trained in the proper use of respirators. In addition, workers will not be permitted to use respirators unless training has been completed to address the following topics:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- Limitations and capabilities of the respirator;
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
- How to Inspect, put on and remove, use, and check the seals of the respirator;
- Procedures for maintenance and storage of the respirator; and
- How to recognize medical signs and symptoms.

## 8.7 Health Hazard Control Program (06.A)

All operations that are conducted in the completion of this project will be evaluated to determine if this possibility exists. The project AHA will be used to evaluate operations, materials and equipment to determine the presence of hazardous environments, and recommended hazard control measures.

If the exposure to a hazardous or toxic environment is discovered at any time, the chemical and/or environment will be evaluated by TolTest's CIH to develop a Hazard Control Program to be submitted for review prior to continuing work in areas that present the potential exposure to hazardous or toxic environments.

The AHA that has been developed for this project will also be revised to include precautions and procedures that will be implemented to protect workers from respiratory related injuries and illnesses.

## 8.8 Hazard Communication Program (06.B.01)

Due to the nature of work for this project, hazardous materials are present. Associates will receive hazard communication for lockout/tag out and are required to review the Work plan, AHAs, and this APP prior to entering the site.

Additionally, the superintendent will maintain an inventory of any hazardous materials brought onto the job site and will keep a notebook containing MSDS sheets. All associates will be informed of the location of MSDS sheets as part of their new employee indoctrination.

## 8.9 Process Safety Management Plan (06.B.04)



## 8.10 Lead Abatement Plan (06.B.05 & Specifications)

Not applicable.

## 8.11 Asbestos Abatement Plan (06.B.05 & Specifications)

All personnel involved in asbestos abatement activities are required to complete an EPA Accredited Asbestos Abatement Worker Course and be licensed in the State of Ohio or Indiana EPA. All personnel not performing asbestos abatement activities but working inside of the construction work zone prior to completion of asbestos abatement activities are required to complete the web based Asbestos Awareness Training. The Soil Asbestos Removal Plan for this project is included in Appendix G.

## 8.12 Radiation Safety Program (06.E.03a)

Not applicable.

#### 8.13 Abrasive Blasting (06.H.01)

Not applicable.

## 8.14 Heat/Cold Stress Monitoring Plan (06.I.02)

The SSHO will assess the condition of the associates, specific weather conditions, work tasks, and other environmental factors and conditions to determine when to begin monitoring. Work/rest regimens and fluid replacement schedules will be established for associates working while wearing impermeable work clothing.

## 8.14.1 Cold Stress

Site workers will be protected from exposure to cold so that the core body temperature does not fall below 98.6° F. Lower body temperatures will very likely result in reduced mental alertness, reduction in rational decision making, or loss of consciousness with the threat of fatal consequences. To prevent such occurrence, the following measures may be implemented:

Site workers are to wear warm clothing, such as gloves, heavy socks, etc., when the air temperature is below 45° F.

When the air temperature is below 32° F, clothing for warmth may include:

- Insulated suits, such as whole body thermal underwear
- Wool socks or polypropylene socks to keep moisture off the feet
- Insulated gloves
- Insulated boots
- Insulated head cover such as hard hat, winter liner, or knit cap



Insulated jacket, with wind and water-resistant outer layer

At air temperatures below 32° F, the following work practices must be implemented:

- If the clothing of a site worker might become wet in any way on the job site, the outer layer of clothing must be water impermeable.
- If a site worker's underclothing becomes wet in any way, the worker must change into dry clothing immediately. If the clothing becomes wet from sweating (and the employee is uncomfortable), the employee may finish the task at hand prior to changing into dry clothing.
- Site workers will be provided with a warm (65° F or above) break area.
- The intake of coffee and tea should be limited, due to their circulatory and diuretic effects.
- The buddy system is to be practiced at all times onsite. Any site worker observed with severe shivering will leave work area immediately.
- Site workers should dress in layers, with thinner lighter clothing worn next to the body.

If cold stress becomes a realized concern, the SSHO will conduct training on the warning signs and appropriate first aid measures associated with the various levels of cold stress.

## 8.14.2 Heat Stress

Heavy physical labor can greatly increase the likelihood of heat fatigue, heat exhaustion, and heat stroke, the latter being a life threatening condition. Heat stress monitoring and observation of personnel will commence when the ambient temperature is 80° F or above (65° F, if chemical protective clothing is worn).

To prevent heat stress, the following control measures will be implemented.

- Site workers will be encouraged to drink plenty of water throughout the day.
- Onsite drinking water will be kept cool to encourage personnel to drink frequently.
- A work regimen that will provide adequate rest periods for cooling down will be established, as required.
- All personnel will be advised of the dangers and symptoms of heat stroke, heat exhaustion, and heat cramps.
- Associates will be instructed to observe and monitor themselves and coworkers for signs of heat stress and to take additional breaks as necessary.
- All breaks should take place in cool, well ventilated, and shaded rest areas.

## 8.15 Crystalline Silica Monitoring Plan (12.A.01)



## 8.16 Night Operations Lighting Plan (16.C.19.d)

TolTest does not anticipate working at night. If it becomes necessary to complete construction related tasks outside at night, TolTest will develop and submit a Night Operations Lighting Plan before night work begins outside.

#### 8.17 Fire Prevention Plan (Section 09.A.01)

Smoking is only permitted in designated smoke areas located on RVAAP. A hot work permit and safe work permit will be obtained prior to start of work. All construction activities will be completed in accordance with the fire protection requirements of RVAAP "Fire Prevention and Fire Protection," that apply during construction.

At a minimum two 20 pound 4A:20 BC rated fire extinguisher will also be staged near hot work in accordance with the hot work permit. A fire watch trained in accordance with National Fire Protection Association (NFPA) 51B will be present during all hot work operations and will remain present at least 30 minutes after hot work is completed or as long as stated on hot work permit. Combustible materials such as tool lubricants will be stored in an equipment trailer outside of the building away from work activities. Only small quantities of these materials will be brought into the building as required for daily application.

In addition to the fire extinguishers used specifically for hot work, fire extinguishers of the appropriate size and type will be maintained on site during each phase of the work. If work is being performed in more than one area simultaneously, TolTest will have a fire extinguisher at each location. These fire extinguishers will have a minimum rating of 10A:60BC. In the event of a fire, the Ravenna City Fire Department will be contacted immediately. If the fire is small enough to be extinguished using one extinguisher a competent associate may choose to combat the fire. The fire will be fought using the P.A.S.S. System (Pull, Aim, Squeeze, & Sweep).

## 8.18 Wild Land Fire Prevention Plan (09.K.01)

There is no apparent threat on this project from wild fires therefore no separate wild fire plan has been prepared.

#### 8.19 Hazardous Energy Control Plan (12.A.01)

Utility disconnections and equipment lockouts may be implemented for this project if necessary to control hazardous energy. It is understood that the construction area will be closed off but RVAAP operations will continue during construction. TolTest will coordinate with the CO on any lockout/tag out events prior to implementation to prevent or minimize interference with RVAAP daily operations.

## 8.20 Critical Lift Procedures (16.C.18)



## 8.21 Contingency Plan Severe Weather (19.A.03)

TolTest will abide by the RVAAP severe weather plan and evacuation route if necessary. The National Weather Service will be monitored and used to determine when weather requires the shutdown of operations.

If an Inclement Weather Advisory is issued, the Superintendent/SSHO will act in accordance with these recommendations. This advisory may at a minimum require the following:

- Tie down and secure material and loose debris at construction sites.
- Cover electrical equipment from exposure to the weather.
- Store loose tools, oil cans and extra fuses in a tool box.
- Store loose tools, oil cans and extra fuses in a tool box.
- Secure netting, scaffolding and sidewalk sheds.
- Suspend crane operations and secure crane equipment when wind speeds reach 30 mph or greater.
- Suspend hoist operations and secure exterior hoists when wind speeds reach 35 mph or greater, unless manufacturer specifications state otherwise.
- Brace and secure construction fences.

The Superintendent/SSHO has the authority to shutdown work due to severe weather even if an advisory is not issued by the National Weather Service to do so. The Superintendent/SSHO's decision to shutdown work may include but not be limited to the following:

- Lightening in the area
- Heavy rain
- Snow
- High winds

#### 8.22 Float Plan (19.F.04)

Not applicable.

## 8.23 Site Specific Fall Protection Plan & Prevention Plan (Section 21)

Not applicable.

## **8.24 Demolition Plan (23.A.01)**



## 8.25 Excavation/trenching Plan (25.A.01)

TolTest does not anticipate excavating or trenching deeper than 2 ft. If there becomes a need to excavate or trench 5 ft or deeper, an Excavating/Trenching Plan will be developed and submitted for approval. The plan will be developed to meet EM 385-1-1 requirements.

## 8.26 Emergency Rescue (Tunneling) (26.A.05)

Not applicable.

## 8.27 Underground Construction Fire Prevention and Protection Plan (26.D.01)

Not Applicable.

#### 8.28 Compressed Air Plan (26.I.01)

Not applicable.

## 8.29 Formwork and Shoring Erection and Removal Plan (27.B.02)

Not applicable.

## 8.30 Pre-Cast Concrete Plan (27.D)

Not Applicable.

#### 8.31 Jacking Plan (Lift) Slab Plan (27.E.)

Not applicable.

#### 8.32 Steel Erection Plan (27.F.01)

Not applicable.

## 8.33 Site Safety and Health Plan for HTRW work (28.B)

A Site Safety and Health Plan (SSHP) has been developed to address additional hazards on this project that are relevant to Hazardous Waste Operations and Emergency Response (HAZWOPER) work that will be completed. EM 385-1-1.28.B has a required list of information that must be provided in the SSHP. Much of this information is provided in the APP Sections of this Plan. Additional information that is not provided in the APP Sections of this plan has been provided in the SSHP of this plan.

- APP Sections 1- 9
- SSHP Sections 10 12



## **8.34** Blasting Plan (29.A.01)

Not applicable.

## 8.35 Diving Plan (30.A.13)

Not applicable.

## 8.36 Confined Space (34.A)

Not applicable.

## 8.37 Working Near UXO

The RVVAP formally produced ammunition for the U.S. Military during World War II, the Korean War, and the Vietnam Conflict. Past use of this area present the possibility of discovering UXO during construction and excavation activities. The following measures will be taken to project workers, environment, and community from the possibility of detonating UXO:

- An UXO Technician II will be on-site during site preparation and excavation activities. As part of the daily rate included in the schedule of values, the UXO Technician will conduct an initial MEC avoidance sweep of the areas that will undergo ground disturbance and will be onsite to monitor/identify potential MEC encounters.
- Site preparation and excavation activities will only be conducted in areas that have had an MEC avoidance sweep and clearance has been given by UXO Technician II.
- All explosives encountered on jobsites will be treated as extremely dangerous.
- All workers that encounter explosives on the jobsite will follow the 3Rs: RECOGNIZE, RETREAT, and REPORT.
  - 1. **RECOGNIZE:** Do not touch, disturb or move the item (explosives can become very unstable over time). They can detonate with movement or sometimes due to ground vibration. Explosives come in all shapes, sizes, and color but exposure to weather and time can alter or remove these markings.
  - 2. **RETREAT:** Mark the general location of the explosive hazard with tape, colored cloth, or colored ribbon. If available, attach the marker to a branch, structure or other existing object so that it is about 3 ft (.9 m) off the ground and visible from all approaches. Place the marker no closer than the point where you first recognized the explosive hazard and do not drive stakes into the ground or otherwise disturb the surface.

Leave by the same route you entered if possible. Clear site of all workers and secure from unauthorized entry.



- 3. **REPORT:** Once area has been evacuated, notification will be made immediately. Provide as much information as possible, including location, approximate size, shape, color and any other distinguishing features such as nomenclature or writing, fins, etc.,
- No smoking within 60 ft of known UXO.
- No cell phones, short-wave radios, single side-ban radios, other communications, or navigation devices will be used within 60 ft of areas known to house explosives.
- A barrier will be put in place 60 ft from known UXO to ensure that cell phones, short-wave radios, single side-ban radios, other communications, or navigation devices are only used at safe and approved distances.



#### 9.0 RISK MANAGEMENT PROCESSES

TolTest is committed to providing a safe and healthful, accident-free workplace maintained in accordance with all regulations, guidelines, policies and standards. An AHA has been developed for this project to address the activities being performed and identify the work sequences, the specific anticipated hazards, site conditions, equipment, materials, and the control measures to be implemented to eliminate or reduce each hazard to an acceptable level of risk.

The AHA that has been developed for this project will be continually reviewed throughout the completion of the project. If any other activities arise that have not been identified and covered on the approved AHA, an AHA will be developed to address the activities being performed and the control measures to be implemented to eliminate or reduce each hazard to an acceptable level of risk. This AHA will be submitted for review prior to the start of work on this newly evaluated work activity.

TolTest will not begin work until the AHA for the work activity has been approved and discussed with all engaged in the activity, including the Contractor, subcontractor(s), and Government on-site representatives at preparatory and initial control phase meetings. Engineering controls will be explored prior to the use of PPE. PPE will be used whenever its use can prevent injury and engineering controls are not feasible.

## 9.1 Protective Requirements

TolTest will attempt to exhaust all options to protect project personnel before requiring the use of PPE. These options may include engineering controls, administration controls, or a combination of the two. Finally if hazards are still present, PPE will be required to protect from the remaining hazards. The specific type of PPE to be used on this project will vary in accordance with specific tasks. At a minimum, Level D PPE will be utilized continuously. Level D PPE includes:

- Work clothes
- Boots/Steel –toed
- Hard hat
- Safety glasses
- Cut resistant gloves (As needed)
- At a Minimum Class II Reflective Vest (If there becomes a need for heavy equipment operations and traffic control operations)

Selective demolition, excavation, and removal activities will include the utilization of Level C PPE. In addition to the provision of Level D, Level C includes:

- Disposable suit
- Air purifying respirator equipped with High Efficient Particulate Air (HEPA) filters
- Nitrile or neoprene gloves under canvas gloves



#### 10.0 SITE SAFETY AND HEATH PLAN

This document establishes the responsibilities, requirements, and procedures for the protection of TolTest personnel and subcontractor personnel who are authorized to conduct fieldwork at RVAAP. This SSHP addresses requirements and procedures that have not already been covered in the APP.

The information in this SSHP is provided solely for the protection of the health and safety of TolTest employees and to establish minimum health and safety requirements for subcontractors working under the direct supervision and control of TolTest on this project. TolTest assumes no liability for, or responsibility to, any other parties for the accuracy or completeness of the information contained herein for any use or reliance upon this SSHP by any other party. Subcontractor personnel are not relieved of their responsibility to comply with all applicable federal, state, and local health and safety requirements.

TolTest subcontractors are to independently evaluate this SSHP to determine what additional health and safety safeguards may be necessary or appropriate to protect their employees and others within the context of their own scope of work. Activity Hazard Analyses (AHA) is required for all tasks performed and must be reviewed and accepted by the SSHO prior to beginning work. Any hazards associated with the equipment and procedures of subcontractor personnel must be brought to the attention of all field team members during the daily tailgate safety meetings.

This document has been designed to meet EM 385-1-1 requirements, Federal and State OSHA standards and U.S. Environmental Protection Agency (EPA) requirements. Working conditions may necessitate modification of this plan. Except in emergency situations, no deviations from this plan may be implemented without the prior notification and approval of the designated SSHO.

## 10.1 Modifying the Health and Safety Plan

This SSHP may be modified if it becomes evident to personnel associated with this work that the provisions specified are not feasible or adequate to protect the health and safety of site personnel, or if new activities are added to the program for which adequate health and safety procedures have not been identified. Modifications may also be made whenever there are changes in the identified health and safety personnel and whenever there are changes in the emergency procedures or contacts.

Modifications will be accomplished by consultation with the key health and safety personnel for the project, who in turn will recommend appropriate modifications after conferring with TolTest's Corporate Health and Safety Department. All changes to the SSHP will be documented. The SSHO will be responsible for ensuring that staff and subcontractors are informed of all changes to the SSHP.



## 10.2 Work Suspension Authority

As stated in the TolTest Safety and Health Policies and Procedures found in TolTest's Health and Safety Procedures Manual, all associates have the right and duty to suspend work when conditions are unsafe, notify the SSHO, and assist in correcting these conditions. Upon notification to the SSHO of an unsafe condition, the SSHO has the authority to order a suspension of work. Work will be suspended until such time that the danger has been removed. The SSHO will ensure that a record of the work suspension is noted in the project field book or daily log.



#### 11.0 HAZARD ANALYSIS

During completion of this contract, various tasks will be performed that potentially pose chemical and/or physical hazards. The contaminants or hazardous materials may include, but are not limited to, free product, arsenic impacted soils and groundwater, and oily waste.

#### 11.1 Chemical Hazards

MSDS's will be kept onsite for all chemicals that may pose a threat of danger or that may react to materials being stored or used onsite during the completion of this contract. The work site is at an air base, smoking is prohibited except in designated areas indicated by the base.

## 11.1.1 Chemical Exposures

Preventing exposure to toxic chemicals is a primary concern during any activity that may present an exposure potential to site personnel. This site is not anticipated to be of substantial concern with regard to chemical exposure. However, TolTest personnel will be made aware of the potential to encounter chemical substances during remedial activities.

## 11.2 Removal of Asbestos Containing Material

TolTest will post danger signs meeting the specifications of OSHA 29 CFR 1926.1101 at any location where airborne concentrations of asbestos may exceed ambient background levels. Signs will be posted at a distance sufficiently far enough away from the work area to permit associates to read the sign and take the necessary protective measures to avoid exposure. Additional signs may need to be posted following construction of the workplace enclosure barriers.

TolTest will post in the clean room area of the worker decontamination enclosure a list containing the names, addresses, and telephone numbers of TolTest Corporate Office, the Building Owner, the Project Manager, the air sampling professionals and testing laboratory, the local hospital and/or emergency squad, local fire department, and any architects or other professional consultant directly involved in the project.

Abatement on this project includes but is not limited to the following ACM: Soil containing asbestos

TolTest will comply with all applicable Federal and State regulations. TolTest will provide OSHA required personal air sampling.

#### 11.3 Physical Hazards

The principal steps, potential hazards, and recommended controls to be implemented during the completion of operations for each project are outlined in the AHA located in **Appendix B** at the end of this document. Potential physical hazards associated with projects performed under this contract may include:



- Hot Work
- Electrical Work
- Excessive Noise
- Inclement Weather
- Manual Lifting

**Environmental Protection** 

- Hand and Power Tools
- Ropes, Slings, and Chains
- Service and Utility Lines
- Vehicle Traffic
- Unseen Obstacles
- Slips, Trips, and Falls

To ensure a safe work place, the SSHO will conduct and document regular safety inspections. The SSHO will inform all site workers of any applicable physical hazards related to each work zone during the daily toolbox meetings.

#### 11.2.1 Hot Work

All work being completed in conjunction with this project that may be flame or spark producing will first be inspected by the SSHO and the Camp Ravenna Base Operator for the issue of a flame/hot work permit. This work will be conducted in accordance with API Standard 653, API Standard 650, API Publication 2207, and USACE requirements.

#### 11.2.2 Electrical Work

Before work is to begin, the SSHO must ascertain whether any part of an energized power circuit, exposed or concealed, is located such that the performance of the work may bring the person, tool or machine into physical or electrical contact with the energized power circuit. Proper warning signs must be posted and maintained. Barriers or other restrictive measures will be provided to ensure that workspace for electrical equipment will not be used as a passageway during periods when energized parts of the system are exposed. The workers will be informed of the locations of these lines, the hazards involved and the protective measures taken.

No associate will work on any part of electrical equipment or power lines unless properly trained and qualified to be able to perform the associated tasks. No associate will work in such proximity to any part of an energized power circuit that the associate could come in contact during the course of work unless they are protected by de-energizing the circuit or by guarding it effectively by insulation or other means. Lockout/Tagout procedures will be performed in accordance with USACE requirements. The following general safety precautions will be observed:

- Work areas, walkways and similar locations will be kept clear of cords.
- Extension cords will not be fastened with staples, hung from nails or suspended by wires.
- Worn or frayed electrical cables will not be used.
- When fuses are installed or removed with one or both terminals energized, special tools insulated for the voltage will be used.
- For installation work, no changes in circuit protection will be made to increase the load in excess of the load rating of the circuit wiring.



In work areas where the possible location of underground electric power is unknown, employees using hand tools that could contact such electrical sources must be provided with insulated protective gloves.

#### 11.2.3 Excessive Noise

Hearing protection will be required when noise levels exceed the OSHA action level of 85 dba in accordance with OSHA 29 CFR 1926.52 and EM 385-1-1 requirements

## 11.2.4 Manual Lifting

All employees must use proper lifting techniques to avoid injury when lifting heavy objects. All manual lifting in excess of 51 pounds will be accomplished with the aid of lifting devices or the buddy system. During manual lifting tasks such as lifting sample coolers, personnel are to lift the objects with the force of the load suspended on their legs and not their backs. Personnel are to maintain a straight back and hold the object close to the body. Mechanical lifting devices or the help of a fellow field team member should be used when the object is too heavy for one person to lift.

## 11.2.5 Slips, Trips, and Falls

Slip, trip and fall hazards are expected to be a major hazard encountered during construction site activities. Common surface falls can be divided into the following four categories:

- Slip, trip and fall hazards occur when a worker encounters an unseen foreign object in his/her path. When a foot strikes the object, the employee trips and falls.
- Step and fall accidents occur when a worker's foot suddenly meets a sticky surface or a defect in the walking surface. Expecting to continue at the established pace, the worker falls when his or her foot is unable to respond properly.
- Step and fall accidents occur when the foot encounters an unexpected step down. This can also happen when an employee thinks he or she has reached the bottom of the stairs when, in reality, there is one more step.
- Slip and fall accidents occur when the worker's center of gravity is suddenly thrown out of balance.

TolTest will use the following strategies to help prevent slip, trip and fall hazards:

- Practice good housekeeping. All working areas will be kept as clean and dry as possible.
   Housekeeping will be consistently maintained in order to minimize tripping hazards caused by debris, job supplies, and equipment.
- Require nonskid footwear. All employees will be required to wear footwear with nonskid soles.
- Inspect surfaces on, at a minimum, a daily basis.
- TolTest personnel and subcontractors will be reminded to maintain sure footing on all surfaces and to use extra caution due to slippery/wet conditions.



Personnel working within six feet of the edge of unprotected edges, such as roofs, greater than six feet in height will be required to wear full body harnesses attached to a suitable anchor point capable of withstanding 5,000 pounds of force. Personnel working off of ladders will be required to work facing the ladder and maintain three points of contact at all times.

#### 11.2.6 Environmental Protection

Measures will be taken to prevent hazardous substances from entering the ground, drainage areas, or the water. Environmental requirements for the prevention of any spill are contained in EPA Regulation Title 40 CFR 112, *Oil Pollution Prevention and Response; Non-Transportation-Related Onshore and Offshore Facilities.* For oil and hazardous substance spills that may be large enough to violate federal, state, or local regulations, the Project Manager will be notified immediately.

Field personnel will preserve the integrity of the natural resources of the project area. This includes insuring that the surrounding area is not environmentally damaged in any way and preventing the release of hazardous substances into the surrounding air, land, or water. Sorbent pads or absorbent materials will be available at all times to clean and wipe up any small spills.

#### 11.2.7 Hand and Power Tools

All hand and power tools and similar equipment, whether furnished by TolTest or its subcontractors, should be maintained in a safe condition and should only be used for the purposes it was designed for. Employees should be trained in the proper use and handling of tools and equipment. Employees should be trained in the proper use and handling of tools and equipment. Using the right tool in a correct manner, together with proper maintenance and storage of the tools, is necessary to prevent personal injury and property damage.

#### 11.2.8 Ropes, Slings, and Chains

Equipment used for lifting, securing, or handling materials will be inspected prior to use on each shift and as necessary during its use to ensure that it is safe. Defective equipment will be removed from service. Equipment should not be loaded in excess of its recommended safe working load. Additional inspections will be performed during sling use, where service conditions warrant. Chains will not be used for lifting loads.

#### 11.2.9 Service and Utility Lines

Before starting digging work, underground service and utility lines are to be marked to prevent possible personnel injuries, property damage, and service outages. Care should be taken when operating equipment close to power lines, using an observer for operations where it is difficult for the operator to maintain the desired clearance by visual means.

#### 11.2.10 Vehicle Traffic

Care should be taken by all associates to watch for vehicles moving in and around the construction work zone. All vehicles being used onsite should be checked to assure that they are



in a safe operating condition. Vehicles being used in areas with limited visibility while in use (i.e., backing up) should have an observer for help moving safely in the construction work zone.

#### 11.2.11 Unseen Obstacles

General housekeeping should be conducted during the course of construction to avoid the possibility of leaving obstacles in the work area. During the course of construction, alteration, or repairs, form and scrap lumber with protruding nails, and all other debris, will be kept cleared from work areas, passageways, and stairs, in and around buildings or other structures.

Combustible scrap and debris will be removed at regular intervals during the course of construction. Safe means will be provided to facilitate such removal. Construction work areas will be kept cleared from debris. Containers will be provided for the collection and separation of waste, trash, oily and used rags, and other refuse. Garbage and other waste will be disposed of at frequent and regular intervals.



#### 12.0 HAZARDOUS WASTE OPERATIONS

The efforts of multiple organizations usually are necessary for completing investigations and remedial objectives associated with hazardous waste site work. Each individual assigned to oversee or conduct fieldwork will be responsible for conducting his/her job in a safe and healthful manner. However, to facilitate the implementation of this health and safety program, it is necessary to assign key responsibilities to specific individuals.

#### 12.1 General Information

All personnel who enter a hazardous waste site or construction site must recognize and understand the potential hazards to health and safety associated with clean up operations at the site. It is the intent of this health and safety program to provide every person engaged in onsite activities a level of health and safety training consistent with his or her job functions and responsibilities.

Employees working onsite exposed to hazardous substances, health hazards, or safety hazards, their supervisors, and management responsible for the site will, at the time of assignment to the field, meet the OSHA hazardous waste site workers training requirements as stated in 29 CFR 1910.120/29 CFR 1926.65 or applicable state standards. Workers are categorized as either:

- General site workers defined as equipment operators, general laborers, and supervisory
  personnel, engaged in hazardous substance removal or other activities, which expose or
  potentially expose workers to hazardous substances and health hazards.
- Occasional site workers, defined as workers onsite occasionally for a specific limited task, such as but not limited to, ground-water monitoring, land surveying, or geophysical surveying, and who are unlikely to be exposed over PELs and action limits.

In addition to the OSHA hazardous waste operations and emergency response regulations, there are other ancillary safety and health regulations governing certain training aspects of this project. When a State regulation exists for a standard presented above, the standards of the State regulation supersede the Federal equivalent. These include the training requirements specified in:

- Injury and Illness Prevention Program (8 CCR 1509 and 8 CCR 3203)
- Respiratory Protection (29 CFR 1910.134)
- Hearing Conservation (29 CFR 1910.95)
- Hazard Communication Standard (29 CFR 1910.1200)
- Bloodborne Pathogens (29 CFR 19 10.1030)
- Confined Space Entry (29 CFR 19 10.146)
- Excavation and Trenching (29 CFR 1926 Subpart P)



## 12.2 Site-Specific Training

Training will be provided for all employees, contractors, and subcontractors who plan to enter the EZ and CRZ at the site and who have met the requirements of 29 CFR 1910.120/29 CFR 1926.65. Training will be conducted prior to job start-up and as needed thereafter. The SSHO will conduct initial training prior to job start-up to ensure that employees have a thorough understanding of the SSHP, SOPs, and physical, safety, biological, radiological, and chemical hazards of the site. This training will be conducted as necessary when new employees enter the EZ and CRZ. Topics addressed in the initial health and safety training will include:

- Names of employees and others responsible for safety and health
- Employee rights and responsibilities under OSHA
- Acute and chronic effects of exposure to hazardous substances that may be present, the
  potential routes of exposure and symptoms of exposure for these substances, the PELs and
  IDLH values, and the level of personal exposure that can be anticipated
- Air monitoring procedures, including the functions, limitations, use, and maintenance of monitoring equipment
- Discussion of action levels for changing site PPE or evacuating the site
- Review of the SSHP
- Contractor AHA
- Standard operating procedures prepared specifically to address various aspects of this project
- Engineering controls, such as dust suppression techniques
- Heat and/or cold stress prevention, treatment, and monitoring
- Personal cleanliness and restrictions on eating, drinking, and smoking
- PPE
- Medical surveillance program
- Decontamination
- Emergencies and review of emergency procedures and facilities, including bloodborne pathogens and universal precautions
- Fire prevention measures
- Site control measures
- Spill containment program for chemical handling locations
- Proper use of heavy equipment and machinery
- Other physical hazards such as slip/trip/falls, noise, electrocution, being struck by something

The SSHO will maintain documentation that each site worker has successfully completed this training program. Each site worker must sign and date a Personal Acknowledgment Form.



## 12.2.1 Documentation of Training

Documentation of training requirements is the responsibility of each employer. Written documentation verifying compliance with the training requirements of this section must be submitted to the TolTest SSHO prior to entering the EZ and CRZ. Documentation of each worker's current training credentials will be kept in the field office and submitted to regulatory compliance personnel upon request.



## APPENDIX A

**OSHA 300A FORM** 

## OSHA'S Form 300A

## Log of Work-Related Injuries and Illnesses

Year 2008\_\_\_\_



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occuirred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Under the Log, count the individual entries you make for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or the equivalent. See 29CFR 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days away from work	, 5 (5) (10) (14)	Total number of other recordable cases
0	3	5	2
(G)	(H)	(1)	(J)

Number of Days	
Total number of days of job	Total number of days away from
transfer or restriction	work
191	99
(K)	(L)

## Injury and Illness Types

Total number of (M)

(1) Injuries	4	(4) Respiratory conditions	0
(2) Musculoskeletal disorders	6	(5) Poisonings	0
(3) Skin Disorders	0	(6) Hearing loss cases	0
		(7) All other injuries	0

Posat this Summary Page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for the collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send completed forms to this office.

Establis	shment Inform	ation			
Your es	tablishment n	ame_ToITe	est, Inc.		mendele dala Managan
Street_	_1480 Ford St.				
City	_Maumee		StateOh	ioZIP_43	537
Industry d	escription (e.g., Ma Environmer	98503444555555984665651589865555	22/20/20/20/20/20/20/20/20/20/20/20/20/2	lers) Engineering	
Standar	d Industrial Cla	ssification (	SIC), if kno	wn (e.g. SIC	3715)
	1731	1751	1795	1799	
	ment Informated on the back				see the
Annual av	erage number of e	nployees.		320	
Total ho	urs worked by	all employe	es last	798,418.00	
Sign here Knowingly falsifying this document may result in a fine.					
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.					
knowled	ige the entries	are true, ac	curate, and		President
Compa	ny Executive / 419-794-35	00		Title 01/1	5/09
	Phone			Date	

# APPENDIX B ACTIVITY HAZARD ANALYSIS

ACTIVITY HAZARD ANALYSIS		Date Prepared	Date Revised	Revision No	о.
		December 22, 2009	11AUG10	2	
Project	Analysis prepared by:	Reviewed by:	Recommended PPE:		
Implementation of Remedial Design for Ramsdell Quarry Landfill. Ravenna Army Ammunition Plant, Ravenna, Ohio	Sean Boyle December 22, 2009	Work clothing (as dictated by the weather)(No to muscle shirts)  Chris Warren, CHST Safety toe shoes  July 1, 2010 Safety glasses with side shields  Hard hat  Work gloves			nk tops
Activity	Hazard	Rec	ommended Controls		RAC
1. Carrying and Placing Material	Tripping hazards from materials	<ol> <li>Removal materials will be disposed throughout the removal process.</li> <li>Material not immediately removed will be placed in temporary piles in a location that is not in the main walkway or any doorways.</li> <li>Housekeeping shall be maintained throughout the day.</li> <li>Any temporary piles will be removed at the end of each work day.</li> <li>There will be staging areas on the roof for material.</li> </ol>			L
	Injury to back while carrying material	<ol> <li>Workers will ensure that they observe proper lifting techniques and win minimize movements such as over reaching, bending and twisting.</li> <li>Workers should not lift more than 51 lbs. without help from a coworker(s) or mechanical assistance.</li> <li>Use a dolly or other mechanical method when practical.</li> </ol>			
2. Using Heavy Equipment	Elevated noise levels	<ol> <li>When associates are subjected to sound exceeding 85 decibels, feasible administrative or engineering controls shall be utilized. Such as minimizing the amount of associates working in this area while machine is in operation.</li> <li>If such controls fail to reduce sound levels to acceptable levels, personal protective equipment shall be provided and used to reduce sound levels.</li> <li>All observers should be kept at a safe distance away from the work area.</li> <li>Hearing protection will be used when while backhoe and skid steer are in use.</li> </ol>			L

Activity	Hazard	Recommended Controls	RAC
	Particles and debris in the eyes	1. Where ANSI approved safety glasses with side shields.	L
		2. Goggles and/or face shield may be used for additional protection.	
		3. Eye wash solution will be available to aid in removing particles from eyes.	
2. Using Heavy Equipment (cont.)	Hands, body parts, or clothing caught in equipment during operation	1. All moving parts will be safeguarded to prevent hands, arms, and any other part of a worker's body from making contact with dangerous moving parts.	L
		2. The safeguard will ensure that no objects can fall into moving parts.	
		3. Safeguards will not create a hazard of its own such as a shear point, a jagged edge, or an unfinished surface which can cause a laceration.	
		4. Safeguards will not impede an associate from performing the task.	
		5. Equipment will be inspected before use to ensure manufacture installed safeguards are in place and working properly.	
		6. Loose clothing and jewelry should not be worn around this equipment.	
	Injury from being struck by heavy	1. Use flag person or other means to control traffic.	L
	equipment	2. Provide high visibility outer garments for workers exposed to vehicle and heavy equipment traffic.	
		3. Erect barricades, stop logs, and/or warning signals where mobile	
		equipment operators have obstructed view.	
		4. Workers that may need to work in this area to help removed broken up concrete shall not be in area while backhoe/skid steer is in operations.	
		5. Workers should not enter milling area until instructed to by the equipment operator and the equipment operator has showed both hands to demonstrate that the equipment is not in operation.	
		6. Only trained and qualified operators will run equipment.	

Activity	Hazard		Recommended Controls	RAC
3. Construction/selective demolition with the	Injuries from the use of sledge	1.	When using a sledgehammer, wear heavy-duty work gloves.	L
use of hand tools such as sledge hammers	hammers (flying debris, broken sledge hammer, and sledge hammer slipping out of hands)		Never use a hammer with a chipped head. Sledge hammers with chipped head should be replaced or repaired in accordance with manufacturer's recommendations.	
			Sledge hammers with broken or cracked handles should not be used. Replace broken or cracked handles.	
		4.	Keep all bystanders and unauthorized personnel out of work area.	
		5.	PPE Requirements:	
		•	Work clothing (as dictated by the weather)(No tank tops or muscle shirts) Safety toe boots	
			Safety glasses with side shields Hard hat	
			Work gloves (Should be heavy duty work gloves for this activity)	
	Back injuries from using shovel	_	Keep your feet well separated for good balance. Always keep your knees	L
		Aex	Lege the proper type of shovel for the task:	
			A. Short handle shovels are used for spreading or laying asphalt, dirt, etc. Hold this shovel with one hand close to the load for proper balance and to reduce stress on your back.	
			B. Long handle, pointed shovels are used for digging. This shovel should also be held close to the load when carrying material.	
			Load your shovel sparingly on your first load and gradually increase your next load size until you reach the capacity, which you can handle in a	
		€af€	Karap efficient mandeelbows close to your body while handling loads.	
		<b>T</b> h	Versorewill your dardy only on tratending retringing asphylosidist, materials,	
		forv	Twisting will only increase the risk of an injury. Always turn your ward foot and body in the direction you will spread or lay the Feratligging, use the ball of your foot (not the arch) to press the shovel into dirt, asphalt, gravel, etc. If the instep/arch is used and the foot slips	
			the shovel, the sharp corner of the shovel may cut through your shoe into your foot or leg.	

Activity	Hazard	Recommended Controls	RAC
3. Construction/selective demolition with the use of hand tools such as sledge hammers (cont.)	Particles and debris in the eyes	<ol> <li>Where ANSI approved safety glasses with side shields.</li> <li>Goggles and/or face shield may be used for additional protection.</li> <li>Eye wash solution will be available to aid in removing particles from eyes.</li> </ol>	L
	Injuries from the use of sledge hammers (flying debris, broken sledge hammer, and sledge hammer slipping out of hands)	<ol> <li>When using a sledgehammer, wear heavy-duty work gloves.</li> <li>Never use a hammer with a chipped head. Sledge hammers with chipped head should be replaced or repaired in accordance with manufacturer's recommendations.</li> <li>Sledge hammers with broken or cracked handles should not be used. Replace broken or cracked handles.</li> <li>Keep all bystanders and unauthorized personnel out of work area.</li> <li>PPE Requirements:</li> </ol>	L
		<ul> <li>Work clothing (as dictated by the weather) (No tank tops or muscle shirts)</li> <li>Safety toe boots</li> <li>Safety glasses with side shields</li> <li>Hard hat</li> <li>Work gloves (Should be heavy duty work gloves for this activity)</li> </ul>	
4. Excavation	Sides of excavation can cave in	<ol> <li>Assign a Competent Person to the Excavation Work.</li> <li>Protect against falls into trenches where depths exceed 6 feet.</li> <li>Erect barricades, stop logs, and/or warning signals where mobile equipment operators have obstructed view of the excavation edge.</li> <li>Complete initial and daily Competent Person Inspections.</li> <li>Determine soil type. Use protective support system (sloping, shoring, shielding) where Competent Person identifies cave-in potential.</li> <li>Provide means of egress (ladder, ramp, stairway) for every 25 feet of travel where depths are 4 feet or greater.</li> <li>Conduct pre-job walk down with excavation crew.</li> <li>Implement dust control measures as necessary.</li> <li>Protect workers from loose and falling rock along the excavation face.</li> <li>Shore or brace adjoining structures to prevent shifting/collapse.</li> <li>Regularly inspect trenches for conditions.</li> </ol>	L

Activity	Hazard	Recommended Controls	RAC
4. Excavation (cont.)	Excavation filled with groundwater	<ol> <li>Assign a Competent Person to the Excavation Work.</li> <li>Remove standing water from excavations or provide adequate protection prior to allowing workers to enter the excavation.</li> <li>Provide adequate shoring or sloping of sides of the excavation.</li> <li>Regularly inspect trenches for conditions.</li> </ol>	L
	Falls in or around the excavation	<ol> <li>Assign a Competent Person to the Excavation Work.</li> <li>Protect against fall into trench where depths exceed 6 feet.</li> <li>Ensure that all personnel entering the excavation or working within 6 feet of the excavation have received excavation safety training.</li> <li>Regularly inspect trenches for conditions.</li> </ol>	L
	Contact with existing utilities	<ol> <li>Assign a Competent Person to the Excavation Work.</li> <li>Identify the location of any subsurface obstructions.</li> <li>Protect/support exposed subsurface installations.</li> <li>Excavate by hand within 2 feet of underground installations.</li> <li>Use nonconductive tools within 2 feet of energized direct buried cable.</li> </ol>	L
	Injuries due to improper Mechanical Material Handling	<ol> <li>The operator shall not cause the hoist to lift, lower, or travel while anyone is on the load or hook.</li> <li>The operator will avoid carrying loads over people.</li> <li>On a rope hoist, the load shall not be lowered below the point where two wraps of rope remain on each anchorage of the hoisting drum, unless a lower limit device is provided, in which case no less than one wrap may remain on each anchorage of the hoist.</li> <li>Bolts, nuts, and rivets shall be checked to ensure that they are not loose.</li> </ol>	L

Activity	Hazard	Recommended Controls	RAC
4. Excavation (cont.)	Injury to personnel on the ground	<ol> <li>Competent person will inspect heavy equipment before each use.</li> <li>Any deficiencies shall be repaired, or defective parts replaced, before continued use.</li> <li>Heavy equipment operators and personnel working with this equipment need to be knowledgeable of basic equipment capacities, limitations, and specific job site restrictions, such as location of overhead electric power lines, unstable soil, or high wind conditions.</li> <li>Personnel working around heavy equipment operations also need to be aware of hoisting activities or any job restrictions imposed by this equipment operation, and ensure job site coordination of equipment.</li> <li>Check that all exposed moving parts are guarded.</li> <li>Visually inspect the crane for fluid leaks, both air and hydraulic.</li> <li>Check the turntable connections for weld cracks and loose or missing bolts.</li> <li>Inspect and test all brakes and clutches for proper adjustment and operation.</li> </ol>	L
	Traffic concerns involving heavy equipment	<ol> <li>Use flag person or other means to control traffic.</li> <li>Provide high visibility outer garments for workers exposed to vehicle traffic.</li> <li>Erect barricades, stop logs, and/or warning signals where mobile equipment operators have obstructed view of the excavation edge.</li> </ol>	L
5. Working near Explosives (Explosive Safety)	Explosives detonated by signals transmitted in the area	<ol> <li>No cell phones, short-wave radios, single side-ban radios, other communications, or navigation devices will be used within 60 ft of areas known to house explosives.</li> <li>A barrier will be put in place 60 ft from known UXO to ensure that cell phones, short-wave radios, single side-ban radios, other communications, or navigation devices are only used at safe and approved distances.</li> </ol>	M
	Explosives detonated by fire in the area	<ol> <li>No smoking within 60 ft of known UXO.</li> <li>Smoking will only be permitted in smoke designated areas on RVAAP.</li> <li>No hot work will be conducted within 60 ft of known UXO.</li> <li>Hot work permits will be obtained prior to the start of any work that has the potential of creating a spark or generating heat (welding, cutting, heat operations).</li> </ol>	M

Activity	Hazard	Recommended Controls	RAC
5. Working near Explosives	Detonation of explosives encountered during construction	1. All explosives encountered on jobsites will be treated as extremely dangerous.	M
(Explosive Safety) (cont.)		2. All workers that encounter explosives on the jobsite will follow the <b>3Rs: RECOGNIZE, RETREAT,</b> and <b>REPORT.</b>	
		<ul> <li>RECOGNIZE: Do not touch, disturb or move the item (explosives can become very unstable over time). They can detonate with movement or sometimes due to ground vibration. Explosives come in all shapes, sizes, and color but exposure to weather and time can alter or remove these markings.</li> <li>RETREAT: Mark the general location of the explosive hazard with tape, colored cloth, or colored ribbon. If available, attach the marker to a branch, structure or other existing object so that it is about 3 ft (.9 m) off the ground and visible from all approaches. Place the marker no closer than the point where you first recognized the explosive hazard and do not drive stakes into the ground or otherwise disturb the surface.</li> <li>Leave by the same route you entered if possible. Clear site of all workers and secure from unauthorized entry.</li> <li>REPORT: Once area has been evacuated, notification will be made immediately. Provide as much information as possible, including location, approximate size, shape, color and any other distinguishing features such as nomenclature or writing, fins, etc.,</li> </ul>	

Activity	Hazard		Recommended Controls	RAC
6. Asbestos Abatement Activities	Occupational exposure to asbestos	1.	Personnel must utilize air purifying respirators (APRs) equipped with HEPA filters (P100). Personnel must have medical clearance, fit test, and respirator training. Keep respirators clean and properly stored. Inspect respirators prior to each use. Personnel must be clean shaven as appropriate. When using APR P100 filters – filters must be changed every shift or when breathing becomes obstructed as necessary. Other PPE will include ANSI rated hardhats, steel toed boots, safety glasses, nitrile gloves, and disposable suits.	
		2.	Personnel are required to follow decontamination procedures detailed in the asbestos abatement plan when exiting the asbestos regulated area. Decontamination will take place in an established 3 chamber decontamination system or a designated decontamination station. Disposable PPE will be discarded into the appropriate waste container.	
		3.	Exposure air monitoring in the form of personal and excursion samples will be performed in accordance with NIOSH 7400 to ensure the PEL of 0.1 f/cc and the short-term exposure limit (STEL) of 1.0 f/cc is not being exceeded.	
		4.	All site workers will be required to have completed an Asbestos Awareness Training Course per 29 CFR 1910.1001(j)(7)(iv) prior to entering potential ACM work zones. Actual handling or packaging of ACM wastes may only be performed by Ohio Department of Health Licensed Asbestos Hazard Abatement Workers per Ohio Administrative Code 3701-34.	

Activity	Hazard	Recommended Controls	RAC
	Environmental release of asbestos	Avoid creating dust. Wet ACM with surfactant amended water. waste wet. Do not grind, sand, or abrade ACM. Do not use compair to remove asbestos. Use HEPA filtered vacuums to decontamination and cleanup activities.	essed
		Establish a regulated abatement area by posting asbestos danger Drop cloths and HEPA filter vacuums are to be utilized to mainta clean work area as detailed in the asbestos abatement plan. Exprescribed decontamination procedures when exiting the work are	and rcise
		Verify area and final air clearance PCM air monitoring data to ensurthan 0.01 f/cc has been achieved. Conduct a final visual inspection work area to ensure that ACM has been properly removed.	
		Collect waste into 6 mil poly asbestos disposal bags. Double bag ar waste bags. Store bags in an enclosed, locked, and demarcated container until transportation to an EPA Type II Landfill.	
Asbestos Abatement Activities (Con't)	Respirators	Personnel must have medical clearance, fit test, and training.	I
		Keep respirators clean and properly stored. Inspect respirators par use.	or to
		Personnel must be clean shaven as appropriate.	
		When using APR P100 filters – filters must be changed every sen breathing becomes obstructed.	ft or
	Air Monitoring	Collect personal, excursion, area, and clearance samples in accordance NIOSH 7400.	with I
		The PEL for asbestos is 0.1 f/cc. The STEL is 1.0 f/cc. The cle standard is 0.01 f/cc.	rance

Activity	Hazard		Recommended Controls	RAC
	Asbestos Removal	1.	Avoid creating dust. Do not sand or grind asbestos containing materials. Wet asbestos containing materials with surfactant amended water.	L
		2.	Don appropriate Level C PPE to include APR respirators, disposable suits, nitrile gloves under canvas gloves, hard hat, steel toe work shoe, safety glasses (or full face respirator).	
		3.	Regulate area by using red danger tape and asbestos danger signs to inform associates of work zones.	
		4.	Refer to the Asbestos Abatement Plan for detailed removal procedures.	
		5.	Personnel must be trained in accordance with TSCA Title II. Personnel must possess a valid KY license as an Asbestos Supervisor or Worker.	
		6.	Follow decontamination procedures.	
		7.	Use HEPA filtered vacuums frequently to clean up work area and assist in decontamination.	
	Personal Decontamination	1.	Use a HEPA filtered vacuum to remove gross contamination from body and PPE.	L
		2.	Place disposable PPE into an asbestos disposal bag.	
			Respirators will be cleaned and stored properly.	
	Waste Handling	1.	Wet waste with surfactant amended water.	L
		2.	Collect waste into asbestos disposal bags or double wrap in 2 layers of 6 mil poly.	
		3.	Each disposal bag or wrapped package must be marked with an asbestos danger label, DOT label, and generator information.	
			Friable waste must be stored in an enclosed, locked, and demarcated waste container.	

Equipment to be Used	Inspection Requirements	Training Requirements
Personal Protective Equipment	Check for wear and tear before and during use	Proof of Construction PPE Training
Misc. Hand tools including Shovels, Sledge Hammer, and Power Tools	Check tools according to manufacturer's guidelines  Hand tools should be check for nicks, chips.  Power tools should be checked to ensure that all guards are in place.	Proof of training to operate tools/equipment
Fire Extinguisher	Check to see if charged Check to see if pin has been removed Check hose	Proof of Fire Extinguisher Training
Manual Material Handling		Proof of Back Safety Training and Proper Lifting Techniques Training
Heavy Equipment to include Backhoe, Excavator, Trencher, and forklift	Inspect before use. Inspection checklist will be completed daily and attached to production report	Proof of Excavation Training, Must be familiar with the operation of equipment, Must have knowledge of manufacture's safety guidelines

Competent/Qualified Person(s)		Risk Assessment Code (RAC): L						
Excavation – Darrin John	0	Overall Risk Assessment Code (RAC) (Use highest code)						
Excavation – Mike Hovis		Risk Assessment Code (RAC) Matrix						
	Soverity			Prob	ability			
	Severity	Frequent	Likely	Occasional	Seldom	Unlikely		
	Catastrophic	E	Н	М				
	Critical	Е	Н	Н	М	L		
	Marginal	Н	М	M	L	L		
	Negligible	M	L	L	L	L		
	Step 1: Review each	"Hazard" with i	dentified safety	y "Controls" and	determine RA	C (See above)		
	miss, or accident ar	"Probability" is the likelihood to cause an incident, near miss, or accident and identified as: Frequent, Likely, Occasional, Seldom or Unlikely.  RAC Chart						
	"Severity" is the o			,	E = Extremely	High Risk		
		or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible  H = High Risk						
	Step 2: Identify the RAC (Probability/Severity) as E, H, M, M = Moderate Risk					Risk		
	or L for each "Haz	or L for each "Hazard" on AHA. Annotate the overall highest RAC at the top of AHA.						

# APPENDIX C TOLTEST CORPORATE INCIDENT PREVENTION PLAN

Date: April 10, 2007
Page: 1 of 15

Approved By:

Richard L. Barcum, CIH, CSP, CHMM

Corporate Safety Director

David D. Alleman, CPA

President

Procedure

INCIDENT PREVENTION PROGRAM: HEALTH AND SAFETY PROGRAM OVERVIEW

#### 1.0 PURPOSE AND OBJECTIVE

TolTest will develop and administer an overall health and safety program. This policy and procedures manual will serve to be the vehicle through which this program is implemented. Additionally, this manual will establish a measure against which the program may be audited.

This procedure describes the TolTest health and safety program and the responsibilities of the supervisors, associates, and subcontractors. This written safety and health program will address applicable United State Safety and Health Administration (OSHA) standards set forth in 29 CFR 1910 and 29 CFR 1926 as well as various consensus standards and TolTest policies.

#### 2.0 SAFETY ORGANIZATION

The safety program for TolTest is administered by the Corporate Safety Director reporting directly to the Chief Executive Officer.

Both the Corporate Health and Safety Department and each individual office and project location are responsible for auditing safety procedures and protocols. The office General Manager/Operating Unit Manager is responsible for administration and enforcement of the safety procedures and protocols at office locations. Project Managers and Site Supervisors are responsible for administration and enforcement of the safety procedures and protocols at project locations. The Corporate Health and Safety Department is responsible for supporting and assisting the General Manager/Operating Unit Managers, Project Managers, and Site Supervisors in the execution of the health and safety program.

#### 3.0 SAFETY RESPONSIBILITY

At TolTest, the safety and protection of associates, clients, and the community is a core value. This concern for safety is not restricted to field operations but extends to

Page: 2 of 15

the offices and shop facilities. If an activity or condition is unsafe, the task will not proceed until the situation is corrected.

The President and Vice Presidents are the primary operational safety officials in the company. The responsibility for safety is delegated and shared by General/Operation Unit Managers, Project Managers, Site Supervisors and the associates. Health and Safety Department personnel are responsible to ensure that the primary safety officials are implementing this health and safety program.

Every associate, regardless of job title, shares the responsibility for safety and should report any unsafe condition without fear of reprisal. Both favorable and unfavorable safety reports and audits will be entered into an associate's personnel file. This will be reviewed and weighed during salary and promotion evaluations.

#### 4.0 ASSOCIATE INVOLVEMENT IN HEALTH AND SAFETY PROGRAM

TolTest encourages and, in fact, requires each and every associate to be an active participant in the development, maintenance and enhancement of the Health and Safety Program. This includes but is not limited to the following:

- Attend and actively participate in all training programs
- Attend and actively participate in tailgate safety meetings
- Review programs and procedures and recommend improvements
- Review the health and safety aspects of the job prior to assignment and make recommendations for improvements
- Question those areas in which they do not have a full and complete understanding of the health and safety controls
- Work efficiently within the health and safety controls prescribed
- Remind others to work efficiently within the health and safety controls prescribed
- Notify supervision of unsafe conditions without fear of reprisal.
- Notify the Health and Safety Department or a member of senior management if a supervisor fails to adequately address an identified unsafe condition

Page: 3 of 15

#### 5.0 PRIMARY HEALTH AND SAFETY PROGRAM FUNCTIONS

The primary functions of the health and safety program are:

- Defining the health and safety responsibilities of TolTest personnel
- Administration of the medical surveillance program
- Preparation of site safety plans
- Providing safety training/maintaining training records
- Providing safety procedures and protocols to be used at project sites, shops, and offices
- Conducting accident investigations and maintaining records
- Verifying OSHA compliance under 29 CFR 1910 and 1926
- Providing guidance and assistance with preparation of safety protocols for specific tasks
- Promoting health and safety consciousness within the company
- Designating the functional organization of safety committees to serve corporate and operating unit health and safety program needs.

#### 6.0 MULTI-EMPLOYER WORKSITES

TolTest performs project work as either a prime contractor or a subcontractor, therefore TolTest projects fall under the auspices of OSHA's Multi-Employer Workplace Directive. This policy states: "On multi-employer worksites (in all industry sectors), more than one employer may be citable for a hazardous condition that violates an OSHA Standard" and categorizes employers into four primary groups--Controlling, Creating, Exposing, and Correcting--and outlines the safety responsibilities of these employer types. In order to comply with this directive, as a Prime (Controlling) Contractor, TolTest will:

- Create a site-specific safety program
- Enforce the safety policy for the project site
- Provide general supervision of project activity and safety

Page: 4 of 15

• Exercise authority to correct safety hazards

- Exercise authority to require other specialty employers to correct safety hazards
- Conduct and document frequent and regular inspections of subcontractor sitespecific work
- Conduct and document frequent and regular safety meetings with subcontractors.
- Require each subcontractor to implement their own safety and health program. Note: In the event that there is a contradiction between TolTest a subcontractor regarding health and safety policy, the subcontractor will be required to follow the more stringent and conservative requirement.
- Require each subcontractor to designate a health and safety representative for the project
- Require each subcontractor to share information about hazards, control, safety and health rules, and emergency procedures at the worksite with TolTest and other subcontractors
- Document that all of the above requirements are being performed as required

In order to comply with this directive, as a subcontractor (creating, exposing, or correcting employer) TolTest will:

- Create a site-specific safety program for TolTest work
- Enforce the safety policy for the project site as it pertains to TolTest associates
- Provide supervision of TolTest project activity and safety
- Exercise authority to correct safety hazards as they pertain to TolTest's scope of work
- Conduct frequent and regular inspections and safety meetings on a consistent and regular basis to protect their employees from safety hazards on the project site
- Provide an effective system to enforce the prompt correction of hazards, both recognized and foreseeable
- Inform the controlling contractor/employer of the hazard and take the appropriate steps to keep all associates away from the hazardous condition until it is fixed

Date: April 10, 2007 Page: 5 of 15

• Designate a project health and safety representative

- Share information about hazards, control, safety and health rules, and emergency procedures at the worksite with the Prime Contractor and other subcontractors
- Document that all of the above requirements are being performed as required

#### 7.0 REGULATORY COMPLIANCE POLICY

The policy of TolTest is to comply with all federal, state, local, and client regulations. It is the responsibility of all personnel to perform all work in full compliance with appropriate regulations. Safety and health personnel will immediately bring any condition regarding health and safety compliance to the attention of supervisory operating personnel.

TolTest will ensure regulatory compliance by all of its subcontractors, including OSHA 300 forms, safety records, OSHA training and medical surveillance.

#### 8.0 SAFETY GOALS

The goal of the health and safety program is to ensure a safe working environment, protect workers from harm, and protect the company from liability associated with an unsafe working environment.

Other goals are to eliminate workplace incidents, gain associate acceptance through cooperation and training, and provide our clients with a responsible, well-trained, safety oriented work force.

#### 9.0 SAFETY TRAINING

TolTest will ensure that personnel have sufficient training to execute their jobs in a safe and healthy manner. If associates lack the required training, TolTest will provide it.

The supervisor is responsible to determine the training requirements of a task and ensure associates have the necessary training to complete the task safely. Health and safety personnel will assist with this determination and training.

The Corporate Health and Safety Department is responsible to audit compliance with training requirements and communicate this information to the General/Operating Unit Managers.

Date: April 10, 2007 Page: 6 of 15

Training records and documentation will be maintained by the Corporate Health and Safety Department. Office locations may elect to maintain copies of training records but Corporate Health and Safety will be the central repository of all training records.

#### 10.0 MEDICAL SURVEILLANCE

All associates are subject to the TolTest medical surveillance program. This program conforms to federal OSHA requirements and is titled HS100: Medical Policies and Procedures.

#### 11.0 INCIDENT INVESTIGATION

All incidents will be thoroughly investigated by the supervisor of the associate(s) involved in the incident. Instructions for completing the investigation are contained in IPP200: Reporting, Investigation, Review.

Serious incidents, such as those involving hospitalization or injuries requiring more than one visit to a physician, may be investigated by the Corporate Health and Safety Department.

#### 12.0 FIRST AID

Each facility and work location must be evaluated to determine the potential requirement for medical emergencies. At a minimum, a first-aid kit will be provided. An adequate number of associates with current certification in first aid and cardiopulmonary resuscitation (CPR) will be maintained on project sites.

The Project Manager or designee shall ensure that emergency medical attention is readily available. If site conditions require, a subcontract emergency medical technician (EMT) and/or ambulance will be provided on site.

On every TolTest project or office location, the Project Manager, General Manager or designee is required to develop, document and communicate a site specific Emergency Response Plan. At a minimum, this plan will include a map of the project site depicting facility/project evacuation routes, evacuation procedures, evacuation staging areas, a map to the nearest emergency medical facility, and the appropriate means to summon emergency medical services. The Emergency Response Plan will be communicated to each TolTest associate prior to beginning work on the project and addressed periodically during scheduled safety meetings. The plan will be provided to each TolTest subcontractor. TolTest subcontractors will be required to provide documentation that they communicated the plan to their employees prior to each employee starting work on the project site. The plan will be provided to each non-TolTest subcontractor working on the same project site as TolTest. The

Date: April 10, 2007 Page: 7 of 15

communication of the plan to non-TolTest subcontractors will be documented in the project daily logs.

#### 13.0 POSITION STATEMENT ON MODIFIED WORK

TolTest will attempt to eliminate all incidents through strict compliance with OSHA regulations and TolTest health and safety procedures, as well as supervisor and associate safety training, safety audits, and constant attention to safety. Should an associate be injured or become ill in the course of and arising from his/her employment, TolTest will attempt to provide modified work. Modified work (light duty) will be made available in order to bring the injured associate back to the work environment, for the benefit of the associate and the company, whenever medically appropriate.

Associates are expected to return to modified work when medically capable. The work assigned to the injured associate will meet the restrictions set forth by the treating and/or company physician. Examples of modified work include, but are not limited to office work and light shop work.

#### 14.0 FIELD SAFETY INSPECTIONS

Periodic safety inspections will be made of the work area. The inspection will be conducted according to the parameters outlined in IPP202: Health and Safety Inspections. Discrepancies found during inspections will be corrected as soon as practicable. Serious safety violations will be corrected immediately.

Additionally, the Corporate Health and Safety Department may make periodic unannounced inspections of work sites at their own discretion or at the request of an associate, supervisor, or manager.

#### 15.0 REVIEW OF HEALTH AND SAFETY STATISTICS

Group/Unit Managers are required to review incident statistics on the following schedule. These statistics will be furnished by the Corporate Health and Safety Department.

#### Quarterly

Incident Rates by Division
Summary of all incident for the following quarter

Page: 8 of 15

#### Annually

OSHA 300 Form Summary (post February 1 through April 30) Incident Rates by Division Summary of all incident for the following year

#### 16.0 SPECIFIC WRITTEN SAFETY PROCEDURES

Certain safety procedures, for example, confined space entry, have been established which require specific permits to be prepared prior to work in order to ensure that operations or tasks are conducted safely and in full compliance with OSHA and other applicable regulations.

All TolTest personnel who may be required to use these procedures will receive training and will be held accountable to comply with the permit requirements.

#### 17.0 STATE OSHA AND OTHER REGULATIONS

Where state, local, or client regulations differ from federal regulation cited in this manual, the more stringent regulation will apply. If necessary, the Manager, Corporate Health and Safety will modify this manual with a state specific procedure by attaching an amendment to this manual.

A list of states with their own OSHA regulations is included in Attachment 2.

#### 18.0 CHANGES

Any user of this manual is welcome to recommend changes. Any associate may recommend changes to this manual. Changes normally result from finding errors, regulatory changes, new regulations, equipment modification, new equipment purchases, and changes to operational procedures. The format for making a recommended change is:

- 18.1 Submit a written recommendation to the Corporate Health and Safety Department via your immediate supervisor.
- 18.2 The Corporate Health and Safety Department will review the recommendation. Recommendations warranting inclusion in this manual will be forwarded to the Manager, Corporate Health and Safety.
- 18.3 After review, the Manager, Corporate Health and Safety will determine if the suggestion(s) should be included as an amendment or new procedure in this manual.

Date: April 10, 2007

Page:

9 of 15

18.4 Changes to this manual will be distributed immediately upon approval. Periodically, this manual will be republished.

#### 19.0 EXCEPTION PROVISIONS

Variances to this procedure shall be requested in accordance with established variance procedures.

### 20.0 ATTACHMENTS

- 1. Regional OSHA Offices
- 2. State-Plan States

Procedure No. IPP101

Revision No.

Date: Page: April 10, 2007 10 of 15

#### **ATTACHMENT 1**

#### **REGIONAL OSHA OFFICES**

#### Federal OSHA

**REGION 1** 

(CT\*, MA, ME, NH, RI, VT\*)

**REGION 2** 

(NJ, NY\*, PR\*, VI\*)

Regiona	al			Office	Regiona	1			Office
JFK	Federal	Building,	Room	E340	201	Varick	Street,	Room	670
Boston,		Massachusetts		02203	New	York,	New	York	10014
(617)				565-9860	(212)				337-2378
(617) 56	55-9827 FA	X			(212)33	7-2371 FAX			

**REGION 3** 

 $(DC, DE, MD^*, PA, VA^*, WV)$ 

**REGION 4** 

(AL, FL, GA, KY\*, MS, NC\*, SC\*, TN\*)

Region	Regional Office					Regional			Office
U.S.	Depa	artment	of	Labor	r/OSHA	61	Forsyth	Street,	SW
The	Curtis	Center	r-Suite	740	West	Atlanta,	•	Georgia	30303
170	S.	Independ	ence	Mall	West	(404)		•	562-2300
Philade	Philadelphia, PA		Α	1910	06-3309	(404) 562-	2295 FAX		
TELE:		(215	5)	86	61-4900				
FAX: (215) 861-4904									

**REGION 5** 

(IL, IN\*, MI\*, MN\*, OH, WI)

**REGION 6** 

(AR, LA, NM\*, OK, TX)

Regior	nal				Office	Region	al Office			
230	South	Dearborn	Street,	Room	3244	525	Griffin	Street,	Room	602
Chicag	go,	Illi	nois		60604	Dallas,		Texas		75202
(312)				35	3-2220	(214)				767-4731
(312)3	353-7774	FAX				(214)70	67-4137 FAX			

Region 7

(IA\*, KS, MO, NE)

Region 8

(CO, MT, ND, SD, UT\*, WY\*)

Regional Office

City Center Square 1100 Main Street, Suite 800 Kansas City, MO 64105 (816) 426-5861 Regional Office

1999 Broadway, Suite 1690 Denver, CO 80202 303-844-1600)

Procedure No. IPP101

Revision No.

April 10, 2007 Date:

Page:

Avenue,

Washington

11 of 15

Suite

Office

98101-3212

553-5930

715

Region 9

(American Samoa, AZ\*, CA\*, Guam, HI\*, NV,

Trust Territories of the Pacific)

Regional Office

71 Stevenson Street Room 420

San Francisco, CA 94105

415-975-4310

**REGION 10** 

Regional

1111

Seattle,

(206)

 $(AK^*, ID, OR^*, WA^*)$ 

(206) 553-6499 FAX

Third

<sup>\*</sup> These states and territories operate their own OSHA-approved job safety and health programs (Connecticut and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective, as the federal standard.

Date: Page:

April 10, 2007 12 of 15

### **ATTACHMENT 2** STATE PLAN STATES

Fax: (907) 269-4915

Alaska	Depar	tment	of	Labor	and	Workforce	Industrial C	Commission of Arizona	
Development						800	W.	Washington	
P.O.			Box	X		21149	Phoenix,	Arizona	85007-2922
1111	W.	8th		Street,	Roc	om 306	Larry Etche	echury, Director, ICA(602)	542-4411
Juneau,		Α	lask	a	9	99802-1149	Fax:	(602)	542-1614
Ed Flana	igan, Co	mmiss	ione	r (907) 4	65-270	0	Darin Perki	ns, Program Director (602)	542-5795
Fax:	_	(	907)			465-2784	Fax: (602):	542-1614	
Richard	Richard Mastriano, Program Director (907) 269-4904								

Califo	rnia Depa	rtment o	of Industr	rial Rela	ations		Hawaii Depa	rtment of Labor and Industrial	Relations	
455	5 Golden Gate Avenue - 10th Floor					Floor	830	Punchbowl	Street	
San	n Francisco, California 94102				94102	Honolulu,	Hawaii	96813		
Steve Smith, Director (415) 703-5050							Leonard Agor, Director (808) 586-8844 Fax: (808)			
Fax:(415) 703-5114						)3-5114	586-9099			
Dr. Jo	hn Howard	d, Chief	(415)70	3-5100			Jennifer Shishido, Administrator (808) 586-9116			
Fax:		(4	15)		70	03-5114	Fax: (808) 586-9104			
Vernita Davidson, Manager, Cal/OSHA Program Office (415) 703-5177 Fax: (415) 703-5114										

Connecticut	t	Department	of	Labor	Conn-OSF	IA		(Connecticut)
200	Folly	Brook		Boulevard	38	Wolcott	Hill	Road
Wethersfield	l,	Connecticut		06109	Wethersfie	eld,	Connecticut	06109
Shaun Cashman, Commissioner (860		566-	5123	Donald He	eckler, Direct	or (860) 566-4	550 Fax: (860)	
Fax: (860) 566-1520					566-6916			

Indiana	Department		of	Labor	Iowa	Division	of	Labor
State	Office		Building		1000	E.	Grand	Avenue
402 West	Washington	Street,	Room	W195	Des	Moines,	Iowa	50319-0209
Indianapolis,	India	ana	4620	04-2751	Byron	K. Orton, Commis	sioner (515) 28	31-6432
John Griffin,	Commissioner	(317)232	2-2378		Fax:	(51	5)	281-4698
Fax:	(317)		23	33-3790	Mary I	. Bryant, Adminis	trator (515) 28	1-3469
John Jones, Deputy Commissioner			(317) 23	32-3325	Fax: (5	515) 281-7995		
Fax: (317) 233-3790								

Kentu	cky Lat	or Cabinet					Maryland Division of Labor and Industry					
1047	U.S.	Highway	127	South,	Suite	4	Department of Labor, Licensing and Regulation					
Frankf	ort,	Κe	entucky		40	601	1100	North	Eutaw	Street,	Room	613
Joe Norsworthy, Secretary (502) 564-3070							Baltimore, Maryland 2120			2120 I	-2206	
Fax: (502) 564-538						387	Kennet	h P. Reich	nard, Com	missioner	(410) 767	-2999
Willia	n Ralsto	on, Federal\S	State Co	ordinator			Fax:		(410)		767	-2300
(502) 5	564-307	0 ext.240 Fa	x: (502	) 564-168	2		Ileana	O'Brien, D	eputy Con	nmissioner	(410) 767	-2992
						Fax:				767	-2003	
							Keith	Goddard,	Assistant	Commi	ssioner, N	1OSH

(410) 767-2215 Fax: 767-2003

Date: April 10, 2007 Page: 13 of 15

Michigan	Department o	f Consumer	and Industry
Services	- Bureau of	Safety an	d Regulation
P.O.	В	OX	30643
Lansing,	M	I	48909-8143
Douglas	R.	Earle,	Director
(517) 322-	1814 Fax: (517)	322-1775	

Minnesota Department of Labor and Industry									
443		Lafay	ette			Road			
St.	Paul,	Paul, Minnesota							
Gretchen	B. Mag	lich, Con	ımissio	ner (65	1) 29	6-2342			
Fax:		(651)			28	32-5405			
Rosyln W	ade, Ass	sistant Co	mmissi	oner					
(651)	296-65	29 Fa	x:	(651)	28	2-5293			
Patricia	Todd,	Adminis	trative	Direct	tor,	OSHA			
Managem	ent					Team			
(651)282	-5772 F	ax: (651)	297-252	27					

Nevada Division of Industrial Relations										
400	West	King	Street,	Suite	400					
Carson		City,	Nevada		89703					
Roger Bremmer, Administrator (775) 687-3032										
Fax:		(775	5)	68	37-6305					

Nevada Occupational Safety and Health Enforcement									
Section (OSHES)									
1301	N.	Green	Valley	Parkway					
Henderson, Nevada 89014									
Tom Czehowski, Chief Administrative Officer									
(702) 486-9168 Fax: (702) 990-0358									
[Las Vegas (702) 687-5240]									

New Jersey Department of Labor						
John	Fitch	Plaza	-	Labor	Building	
Market		and	W	arren	Streets	
P.O.			Box		110	
Trenton,	, 1	Vew	Jers	ey	08625-0110	
Mark B.	Boyd, C	Commssic	ner (60	9) 292-2	975	
Fax:		(609	9)		633-9271	
Leonard	Leonard Katz, Assistant Commissioner					
(609)	292-2	2313	Fax:	(609	9) 1314	
Louis J. Lento, Program Director, PEOSH						
(609) 29	2-3923 1	Fax: (609)	) 292-4	409		

New Me	<b>xico</b> Envii	onment De	epartment	
1190	St.		Francis	Drive
P.O.		Box		26110
Santa	Fe,	New	Mexico	87502
827-2836 Sam A. F	5	• •	05) 827-2850 : 327-4230 Fax:	• •
4422				

abor						
te Office Building - 12,						
500						
IY 12240						
Linda Angello, Commissioner (518) 457-2746						
457-6908						
Division of Safety and						
457-1519						
a , r )						

North Carolina Department of Labor							
4 West Edenton	Street						
Raleigh, North Carolina 276	01-1092						
Cherie Berry, Commissioner (919) 807-2900							
Fax: (919) 86	07-2855						
John Johnson, Deputy Commissioner, OSH	Director						
(919) 807-2861 Fax: (919) 86	07-2855						
Kevin Beauregard, OSH Assistant Director							
(919) 807-2863 Fax:(919) 807-2856							

Date: April 10, 2007

Page: 14 of 15

Oregon Occupational Safety and Health Division							
Departm	Department of Consumer & Business Services						
350	Winter	Street,	NE,	Room	430		
Salem,		Oregon		9731	0-0220		
Peter De	Peter DeLuca, Administrator (503) 378-3272						
Fax:	(503) 947-7461						
David S	parks, Depu	ıty Admir	nistrator	for Policy			
(503)	378-3272	2 Fax	: (5	503) 94	7-7461		
Michele	Patterson	n, Depu	ity A	dministrato	or for		
Operations (503) 378-3272 Fax: (503) 947-7461							
•							

Puerto Rico Department of Labor and Human Resources Prudencio Rivera Martínez Building 505 Muñoz Rivera Avenue Puerto 00918 Hato Rey, Rico Víctor Rivera Hernández, Secretary (787)754-2119 Fax: (787)753-9550 Brenda Sepúlveda, Assistant Secretary for Safety and Occupational Health (787) 756-1100, 1106 / 754-2171 Fax: (787) 767-6051 José Droz, Deputy Director for Occupational Safety (787) 756-1100, 1106 / 754-2188 Fax: (787) 767-6051

South Carolina Department of Labor, Licensing, and					
Regulation	on				
Koger	Office	Park,	Kingstree	Building	
110		Centerv	iew	Drive	
PO		Box		11329	
Columbia	a,	South	Carolina	29211	
Rita Mck	Kinney, D	irector (80	3) 896-4300		
Fax:	•	(803)		896-4393	
William	Lybrand	Program	Director (803)	734-9644	

William Lybrand, Program Director (803) 734-9644 Fax: (803) 734-9772

#### **Utah** Labor Commission 160 East 300 South, 3rd Floor PO Box 146650 84114-6650 Salt Lake City, Utah R. Lee Ellertson, Commissioner (801) 530-6901 530-7906 (801)

Jay W. Bagley, Administrator (801) 530-6898

Fax: (801) 530-6390

Virgin Islands Department of Labor Church Street Christiansted, St. Croix, Virgin Islands 00820-4660 Cecil R. Benjamin, Acting Commissioner 773-1990 Fax: (340)773-1858 Marcelle Heywood, Program Director (340) 772-1315 Fax: (340) 772-4323

Tennessee Department of Labor James 710 Robertson Parkway Nashville, Tennessee 37243-0659 Michael E. Magill, Commissioner (615) 741-2582 (615)741-5078 Fax: John Winkler, Acting Program Director (615) 741-2793 Fax: (615) 741-3325

Vermont Department of Labor and Industry Building National Life Drawer 20 Vermont 05620-3401 Montpelier, Tasha Wallis, Commissioner (802) 828-2288 (802)Robert McLeod, Project Manager (802) 828-2765 Fax: (802) 828-2195

Virginia Department of Labor and Industry Powers-Taylor Building 13 South 13th Street 23219 Richmond, Virginia Jeffrey Brown, Commissioner (804) 786-2377 (804)371-6524 Jay Withrow, Director, Office of Legal Support (804) 786-9873 Fax: (804) 786-8418

Date: April 10, 2007

Page: 15 of 15

Washington Department of Labor and Industries						
General		Adminis	stration		Building	
PO		Box			44001	
Olympia,	,	Washin	gton	9	8504-4001	
Gary Mo	ore, Di	rector (360)	902-42	00		
Fax:		(360)			902-4202	
Michael	Silver	stein, Assi	stant D	irector	[PO Box	
44600]	(360)	902-5495	Fax:	(360)	902-5529	
Steve 0	Cant,	Program	Manag	er, Fe	ederal-State	
Operation	ns	[PO	В	ox	44600]	
(360)902	2-5430	Fax: (360)	902-552	9		

Wyoming Department of Employment						
Workers'	Safety	and	Compens	sation	Division	
Herschler	Build	ding,	2nd	Floor	East	
122	Wes	t	25th		Street	
Cheyenne,	Wyoming			82002		
Stephan R. Foster, Safety Administrator						
(307) 777-7786 Fax: (307) 777-3646						

# APPENDIX D ACCIDENT REPORTING FORMS

Procedure No. IPP200 Revision No. 2 Date: Feb. 26, 2003

Date: Feb. 26, 2003 Page: 6 of 11

Date

#### ATTACHMENT 1 ASSOCIATE INJURY REPORT

This report is to be initiated by the associate's supervisor. Please answer all questions completely. This report must be forwarded to the Manager, Corporate Health and Safety within 24 hours of the injury/illness. Sex SSN Injured's Name Home Address State Zip Phone City Hire Date Job Title Hourly Wage Time Time Reported Date of Incident Project/Department Name Address Did Associate Leave Work? Time Shift Began Project No □ No When? ASSOCIATE Has associate Did associate miss a regularly returned to work? When scheduled shift? □ No □ Yes □ No □ Yes Doctor/Hospital Name Address Statement Attached? Witness Name(s) Exact Body Part Nature of Injury □ First Aid On Site Doctor's Office Hospital ER Medical Attention: □ None Job Assignment at Time of Incident Describe Incident Associate: Print Date Signature Comments on Incident and Corrective Action(s) What Unsafe Condition(s) and/or Act(s) Contributed to the Incident? SUPERVISOR What Corrective Action(s) Have Been Taken to Prevent Recurrence?

Signature

Supervisor:

Print

Procedure No. IPP200 Revision No. 2 Date: Feb. 26, 2003

Page: 7 of 11

## ASSOCIATE INJURY REPORT

## CONTINUED

-	Concur With Action Taken?	Yes   No Remarks					
ety	OSHA Classification:						
Saf	Days Away From Work	Days Restricted Work					
Days Away From Work  Worker's Compensation Claim Number (if applicable)  TolTest Tracking No.  Verbal Received (Date/Time)  Drug Screen							
					e He	Verbal Received (Date/Time) Report Received (Date/Time)	
orat	Drug Screen						
Manager, Corporate Health and Safety:							
ager,	Print	Signature	Date				
Man							
	A. Type of Injury or Illness Code:	E. Agent Code:					
	B. Injured Body Part Code:	F. Safety Rule Violated Code:					
	C. Activity at Time of Incident Code:	G. Incident Prevention Code:					
	D. Injury Cause Code:	H. Instruction/RE-Instruction Code:					

Date: Feb. 26, 2003 Page: 8 of 11

Date

## ATTACHMENT 2 GENERAL LIABILITY, PROPERTY DAMAGE AND LOSS REPORT

This report is to be completed for all losses or damage to company property in excess of \$1000 and all third party damage, regardless of value, resulting from company activities. Project No. Project/Department/Location How Did Damage or Loss Occur: Description and Value (\$) of Damaged/Lost/Stolen Property: Location of Damaged/Lost/Stolen Property (Before Loss): Date and Time of Damage, Loss or Theft: Owner of Damaged/Lost/Stolen Property: Phone No. City Address Employer and Address Injured Parties (Also completed a Supervisor's Associate Injury Report if a Company Associate): Phone No. ( ) \_\_\_\_\_ City Address Employer and Address Description of Injury Witnesses: Phone No. Name Address Employer and Address Phone No. \_\_ City Address Employer and Address Were Pictures Taken? Yes No Were Police Notified? No Dept Report No. Completed By: Print Signature Date

Signature

Manager, Corporate Health and Safety:

Print

Procedure No. IPP200 Revision No. 2 Date: Feb. 26, 2003

Page: 9 of 11

# ATTACHMENT 3 INCIDENT INVESTIGATION REPORT

* MUST BE COMPLETED WITHIN <u>72 HOURS</u> *				
Investigation Date	Date of Incident			
Employee Name				
Supervisor Name				
Dept. Name/Project Number/Project Name				
Location of Incident				
■ Incident Classification  Injury □ First Aid Vehicle □ OSHA Recordable □ Lost Workday □ Restricted Workday Near Miss	<ul> <li>□ Chargeable</li> <li>□ Non-Chargeable</li> <li>□ General Liability</li> </ul>	DOT Vehicle DOT Reportable		
<ul> <li>Description (Provide facts, describe how incidents)</li> </ul>	lent occurred, provide diagram [on back] or photos)			
Analysis 1 (What unsafe acts or conditions co	ntributed to the incident?)			
<ul> <li>Analysis 2 (What systematic or management</li> </ul>	deficiencies contributed to incident?)			
Corrective Action(s) (List corrective action it	ems, responsible person, scheduled completion date)			
Witnesses (Attach statements or indicate why	unavailable)			
Investigated By Print	Signature	Date		
Manager, Corp. Health and Safety Print	Signature	 Date		

Date: Feb. 26, 2003 Page: 10 of 11

### ATTACHMENT 4 VEHICLE INCIDENT REPORT

ION	This report is to be initiated by the associate involved in completely. This report must to forwarded to the Manag			
ESCRIPT	INCIDENT DATE LOCATION OF INCIDENT (ADDRESS, CITY AND S DESCRIPTION OF INCIDENT	STATE)	TIME	A.M. or P.M.
ICLE INCIDENT DESCRIPTION	WITNESS ADDRESS POLICE OFFICER'S NAME  DRIVER ADDRESS WORK PHONE NO ( ) SSN VEHICLE NO YEAR MAKE STATE VEHICLE OWNER	CITY  DRIVERS LICENSE  CITY  PROJECT NAME/NO  MODEL  COMPANY LEA	PHONE NO. STATE DEPARTMENT STATE OFFI LICENSE PLA	STATE ZIP: ICE/DEPT ATE NO PRIVATE VEHICLE
COMPANY VEHICLE	VEHICLE TYPE  IF NOT COMPANY-OWNED: OWNER  ADDRESS  VEHICLE DAMAGE  NO. OF VEHICLES TOWED FROM SCENE  WERE HAZARDOUS MATERIALS RELEASE?	CITY  NUMBER OF INJURIES		NON COMMERCIAL  ( ) ZIP FATALITIES
	DRIVER ADDRESS PHONE NO ( )	DRIVERS LICENSE	STATE SSN	STATE ZIP
OTHER VEHICLE	OWNERS NAME (CHECK IF SAME AS DRIVER) ADDRESS INSURANCE COMPANY ADDRESS VEHICLE: YEAR MAKE M VEHICLE IDENTIFICATION NUMBER VEHICLE DAMAGE	CITY  CITY  ODEL PLATE	STATE POLICY NO STATE NO	ZIP ZIP STATE
Ó	PASSENGERS YES NO INJURIES	YES (List names and	telephone numbers be	low) NO
WE.	ATHER CLEAR SLEET	CLOUDY SNOW	FOG OTHER	RAIN
PAV	VEMENT ASPHALT GRAVEL/DIRT	STEEL BRICK/STONE	CONCRETE OTHER	WOOD
COI	NDITION DRY OTHER	WET	ICY	POTHOLES
TRA	AFFIC CONTROL TRAFFIC LIGHT NO INTERSECTION	STOP SIGN NO CONTROL	RAILROAD	

Procedure No. IPP200 Revision No. 2 Date: Feb. 26, 2003

Page: 11 of 11

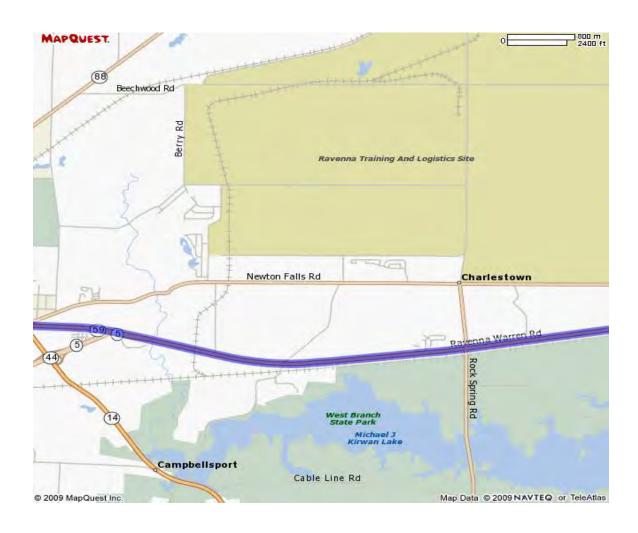
# VEHICLE INCIDENT REPORT (continued)

ROADWAY NUMBER OF LANES I DIVIDED HIGH	<del></del>	RESIDENTIAL	
Draw and name roadways showing each vehicle, dincident with a solid line and post-incident movem		te travel direction before the	e
SYMBOLS:			
Your Vehicle			
Other Vehicle(s)			
Pedestrian •••			
Stop Sign			
Yield $ abla$			
Railroad			
ADDITIONAL INFORMATION:			
ASSOCIATE			
SUPERVISOR	(Print)	(Signature)	(Date)
	(Print)	(Signature)	(Date)
CORPORATE HEATLH & SAFETY MNGR.	(Print)	(Signature)	(Date)
TRACKING #	ALTH & SAFETY DEPARTMENT INCIDENT REPORT ORDERE	D AT FAULT	YN
ORIGINAL: H&S FILE	D&A SCREEN	DEFENSIVE DRIVING	Y N
<del>_</del>	AFETY REP W/C FILE DENIS		1 N
CC. ASSOCIATE DEPT. S.	AFETT KEP W/C FILE DENIS	E	

# APPENDIX E HOSPITAL DIRECTIONS

# **APPENDIX E Hospital Directions**

## Robinson Memorial Hospital 6847 North Chestnut Street, Ravenna, OH 44266 Phone: (330) 297-2361



Driving Directions	Distance
1: Start out going WEST on RAVENNA WARREN RD/OH-5 W toward GREENLEAF RD. Continue to follow RAVENNA WARREN RD.	6.6 Miles
2: Turn RIGHT onto OH-14/CLEVE E LIVERPOOL RD/OH-44.	2.4 Miles
3: Turn LEFT onto N CHESTNUT ST.	0.2 Miles
4: End at <b>6847 N CHESTNUT ST</b> .	0.0 Miles

# $\frac{\text{APPENDIX F}}{\text{ALCOHOL AND DRUG FREE WORKPLACE PROGRAM}}$

Procedure No. HS102 Revision No. April 19, 2007 Date:

Page: 1 of 19

Approved By:	
Richard L. Barcum, CIH, CSP, CHMM Manager, Corporate Health and Safety	David D. Alleman President
Andrea M Gurcsik	
Manager, Human Resources	
Procedure	

## ALCOHOL AND DRUG FREE WORKPLACE PROGRAM

#### 1.0 **PURPOSE AND SUMMARY**

This section summarizes TolTest's alcohol and drug abuse policy and programs to promote and maintain an alcohol and drug free workplace, and to comply with federal regulations governing substance abuse.

#### 2.0 **SCOPE**

The Alcohol and Drug Free Workplace Program applies to all associates.

#### 3.0 **RESPONSIBILITY MATRIX**

#### 3.1 **Procedure Responsibility**

The Manager, Corporate Health and Safety is responsible for the issuance, revision and maintenance of this procedure.

#### 3.2 **Program Responsibility**

This program will be monitored by the Corporate Health and Safety Department

#### **GENERAL** 4.0

TolTest recognizes that substance abuse in the workplace is a major concern. It affects not only job performance and the work environment but could also undermine our clients' confidence in TolTest and the safety of its operations. TolTest believes that by identifying and correcting substance abuse, the safety, health, and general well-being of associates at all levels of employment will be maintained.

HS102 Procedure No. Revision No. Date: April 19, 2007

Page: 2 of 19

TolTest is required to notify each associate of its commitment to an alcohol and drug To comply with policy, TolTest will (a) establish an ongoing free workplace. program to ensure an alcohol and drug free workplace; and (b) provide direction for alcohol and drug abuse assistance.

#### 5.0 PROGRAM IMPLEMENTATION

TolTest will take the following steps to implement the program:

- 5.1 Inform its associates of the hazards of using alcohol and illegal substances.
- 5.2 Screen its associates for the misuse of alcohol, and use of illegal substances consistent with federal and state laws and TolTest policy.
- 5.3 Not employ substance abusers consistent with federal and state laws and TolTest policy.
- 5.4 Implement disciplinary action, consistent with this policy.
- 5.5 Within policy, assist associates with substance abuse problems and rehabilitation efforts.

#### 6.0 **DEFINITIONS**

- 6.1 Alcohol – The intoxicating agent in beverage alcohol. The substance known as ethyl alcohol, hydrated oxide of ethyl, or spirit of wine which is commonly produced by the fermentation or distillation of grain, starch, molasses, sugar, potatoes or other substances, and includes all dilutions and mixtures of these substances.
- 6.2 Controlled Substance - Amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine (PCP). Controlled substances include any of the drugs listed above which are legally obtainable but have not been legally obtained by the associate involved. This includes prescribed drugs not legally obtained and prescribed drugs not being used as prescribed.
- 6.3 <u>Legal Drugs</u> – Prescribed drugs and over-the-counter drugs which have been (under U.S. law) legally obtained and are being used for their intended purpose, or as prescribed and manufactured.
- 6.4 Medical Review Officer - A licensed physician responsible for receiving laboratory results generated by an employer's drug testing program (third party reviewer). This physician has knowledge of substance abuse disorders and related toxicology. The physician has appropriate medical training to interpret and evaluate an individual's confirmed positive test results together

HS102 Procedure No. Revision No. Date: April 19, 2007

Page: 3 of 19

with either his or her medical history and/or any other relevant biomedical information.

- 6.5 TolTest Supplied Vehicle - Any TolTest owned/leased/rented motor vehicle or heavy equipment or a personally owned vehicle utilized for company business purposes.
- 6.6 Pending Result – A laboratory result which required input from the associate for resolution by the MRO. The designation "pending" should be used if the MRO is unable to contact the associate after (5) days.
- 6.7 Unfit for Duty – For the purpose of this Program, "unfit for duty" shall mean an associate who is adversely affected by alcohol, drugs or any combination of alcohol and drugs, in an observable manner. The symptoms are not confined to misbehavior, nor to obvious impairment of physical or mental ability, such as slurred speech or difficulty maintaining balance.
- 6.8 Reasonable Suspicion - For there to be reasonable suspicion of alcohol or drug use, a TolTest Supervisor must articulate specific observations about the associate's appearance, behavior, speech, or body odors at the time of the suspicion. The person making those observations must be a properly trained supervisor or company official, and that person may not conduct the drug and/or alcohol test.
- Random Testing A blind selection process in which all eligible associates in 6.9 a prescribed drug and alcohol testing pool has an equal opportunity/chance/ probability of being selected from the larger population of the prescribed drug and alcohol testing pool.
- 6.10 Illicit Drugs - Illicit drugs are controlled substances that possess a high potential for abuse, have no currently accepted medical use in the United States, and demonstrate a lack of accepted safety for use under medical supervision.
- 6.11 Dilute Specimen - Dilution is the process of reducing the concentration of drug or drug metabolites in the sample. A dilute specimen, by definition, is a urine specimen that has a creatinine of less than 20 g/dl and a specific gravity of 1.003 or less.
- 6.12 Adulterated Specimen - where chemical adulterants are directly added to a urine specimen for the purposes of attempting to provide a false negative on a drug test.

#### 7.0 **PROGRAM**

Procedure No. HS102 Revision No. 5 Date: April 19, 2007

Page: 4 of 19

7.1 <u>Prohibitions</u> – TolTest Policy prohibits the following with regard to alcohol or drugs:

- 7.1.1 Use, possession, manufacture, distribution, dispensation or sale of illegal drugs or paraphernalia associated with such, or excessive alcohol on TolTest premises; TolTest business; at project sites at which TolTest is working; any housing facility maintained by or paid for by TolTest; in TolTest supplied vehicles; or during working hours.
- 7.1.2 Unauthorized use, possession, manufacture, distribution, dispensation or sale of a controlled substance on TolTest premises; TolTest business; at project sites at which TolTest is working; any housing facility maintained by or paid for by TolTest; in TolTest supplied vehicles; or during working hours. This includes use of prescribed medications and narcotics without a valid prescription.
- 7.1.3 Unauthorized storage in a locker, desk, automobile (including personal) or other repository on TolTest premises; at any project site at which TolTest is working; or any housing facility maintained by or paid for by TolTest, of any illegal drug or the paraphernalia associated with such, or any controlled substance or alcohol.
- 7.1.4 Being under the influence of: illegal drugs or a controlled substance; alcohol on TolTest premises; TolTest business; at any project site at which TolTest is working; any housing facility maintained by or paid for by TolTest; in TolTest supplied vehicles; or during working hours.
- 7.1.5 Use of alcohol off TolTest premises that adversely affects the associate's work performance; his/her own or others' safety at work; or TolTest's regard or reputation in the community or with its customers.
- 7.1.6 Possession, use, manufacture, distribution, dispensation or sale of illegal drugs or a controlled substance off TolTest premises that adversely affects the associate's work performance, his/her own or others' safety at work, or TolTest's regard or reputation in the community or with its customers.
- 7.1.7 Switching or adulterating any urine and/or blood sample submitted for testing.
- 7.1.8 Refusing consent to testing or refusing to submit a urine and/or blood sample for testing when requested by the company or its agent.

HS102 Procedure No. Revision No. Date: April 19, 2007

Page: 5 of 19

7.1.9 Refusing to submit to a search when requested by the company or its agent in accordance with this policy.

- 7.1.10 Failure to adhere to the requirements of any alcohol or drug treatment or counseling program in which the associate is enrolled.
- 7.1.11 Continuance of employment for any associate convicted under any criminal drug statute for a violation occurring in the workplace.
- 7.1.12 Continuance of employment for any associate arrested or convicted under any criminal drug statute under circumstances which adversely affects the company's regard or reputation in the community or with its customers.
- 7.1.13 Continuance of employment for any associate who refuses to sign a statement agreeing to abide by TolTest's Alcohol and Drug Free Workplace Program.

#### 8.0 SUBSTANCE SCREENING – NON-RAPID TESTING

TolTest reserves the right to require associates to undergo alcohol or drug screening as described in this procedure.

- 8.1 Laboratory - TolTest will utilize a U.S. Department of Health and Human Services (DHHS) accredited laboratory which is able to assure that appropriate methods will be used. Laboratory procedures will follow the context of a quality assurance program. Trained personnel will be used in the analysis and interpretation of the results. When selecting a laboratory, TolTest will consider equipment, personnel, quality assurance, standardized procedures, quality control, and certification.
- 8.2 Collection of Specimens – Urine specimens will be used to determine the presence of illegal drugs. The collection of urinary specimens from the associate (donor) will be accomplished to assure each donor that personal dignity and privacy will be respected.
  - Specimens will be collected by trained personnel. The donor will be present until the container is sealed and the donor writes his/her initial across the seal. The chain of custody will be documented thereafter.
- 8.3 Test Results – If the results of the initial screening exceed the specified cut-off levels, a confirmation test will automatically be conducted by Gas Chromatograph/Mass Spectrometry (GC/MS) to confirm the initial results. If this confirmation is negative, then the results will be reported as negative and entered into the donor's file.

Procedure No. HS102 Revision No. 5 Date: April 19, 2007 Page: 6 of 19

However, if the confirmation test exceeds the prescribed limits and the result is positive, the MRO will contact the donor to evaluate valid explanations for the test result. If none are identified, the results will be reported as positive. Test results will be handled in a confidential manner and available only to those individuals who need to know the results to administer this program or other TolTest policies as they apply.

When the MRO is unable to contact the associate after five (5) days to discuss the valid explanations, the MRO shall report the test results as "pending." Associates with "pending" results shall be suspended without pay until the MRO is contacted and the test results resolved.

When the MRO is unable to contact the donor after three (3) attempts in twenty four (24) hours, they will have the designated TolTest representative assist. If the donor has not contacted the MRO within 72 hours of contact from the designated TolTest representative, the test will be reported as "positive." If neither the MRO nor the designated TolTest representative are able to contact the donor within ten (10) days, the test will be reported as positive.

8.4 <u>Dilute Samples</u> –All non-DOT donors whose samples are determined to be dilute will be given the opportunity to retest or be placed into the Alternative Random Pool described in paragraph 17.0 below. All DOT donors whose samples are determined to be dilute will be given the opportunity to retest a maximum of one time. Refusal to retest for DOT donors will be reported as a positive. Subsequent dilute samples for DOT donors will be reported as dilute negative.

## 8.5 Testing Limits

	Initial Screen	GC/MS Confirmation
Substance	Level	Test Level
Opiates	2000 ng/ml	2000 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml
Marijuana Metabolites	50 ng/ml	15 ng/ml
Cocaine Metabolites	300 ng/ml	150 ng/ml
Amphetamines*	1000 ng/ml	500ng/ml

<sup>\*</sup> includes Methamphetamines

## 9.0 SUBSTANCE SCREENING – RAPID TESTING

Where allowed by state and federal regulation, TolTest may elect to utilize Rapid Drug Testing to streamline the process.

Procedure No. HS102 Revision No. 5 Date: April 19, 2007 Page: 7 of 19

9.1 <u>Collection of Specimens</u> – Urine specimens will be used to determine the presence of illegal drugs. The collection of urinary specimens from the associate (donor) will be accomplished to assure each donor that personal dignity and privacy will be respected.

Specimens will be collected by trained personnel. The rapid test kit will be utilized according to the manufacturer's instructions.

9.2 Test Results – If the results of the initial screening exceed the specified cut-off levels (non-negative), the sample will be sealed with the donor present and the donor will write his/her initial across the seal. The chain of custody will be documented thereafter. The sample will then be sent to a U.S. Department of Health and Human Services (DHHS) accredited laboratory which is able to assure that appropriate methods will be used. Laboratory procedures will follow the context of a quality assurance program. Trained personnel will be used in the analysis and interpretation of the results. When selecting a laboratory, TolTest will consider equipment, personnel, quality assurance, standardized procedures, quality control, and certification. A confirmation test will be conducted by Gas Chromatograph/Mass Spectrometry (GC/MS) to confirm the initial results. If this confirmation is negative, then the results will be reported as negative and entered into the donor's file.

However, if the confirmation test exceeds the prescribed limits and the result is positive, the MRO will contact the donor to evaluate valid explanations for the test result. If none are identified, the results will be reported as positive. Test results will be handled in a confidential manner and available only to those individuals who need to know the results to administer this program or other TolTest policies as they apply.

When the MRO is unable to contact the associate after five (5) days to discuss the valid explanations, the MRO shall report the test results as "pending." Associates with "pending" results shall be suspended without pay until the MRO is contacted and the test results resolved.

When the MRO is unable to contact the donor after three (3) attempts in twenty four (24) hours, they will have the designated TolTest representative assist. If the donor has not contacted the MRO within 72 hours of contact from the designated TolTest representative, the test will be reported as "positive." If neither the MRO nor the designated TolTest representative are able to contact the donor within ten (10) days, the test will be reported as positive.

9.3 <u>Dilute Samples</u> – All donors whose samples are determined to be dilute will be given the opportunity to retest or be placed into the Alternative Random Pool described in paragraph 17.0 below.

Procedure No. HS102 Revision No. 5 Date: April 19, 2007 Page: 8 of 19

## 9.4 <u>Testing Limits</u>

	<b>Initial Screen</b>	GC/MS Confirmation
Substance	Level	<b>Test Level</b>
Opiates	2000 ng/ml	2000 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml
Marijuana Metabolites	50 ng/ml	15 ng/ml
Cocaine Metabolites	300 ng/ml	150 ng/ml
Amphetamines	1000 ng/ml	500ng/ml

<sup>\*</sup> includes Methamphetamines

### 10.0 ASSOCIATE ASSISTANCE PROGRAM

TolTest encourages the earliest possible diagnosis and treatment for alcohol or drug abuse and supports sound treatment efforts. However, the decision to seek diagnosis and accept treatment for alcohol or drug abuse is the associate's responsibility.

Associates with an alcohol or drug abuse problem should request assistance from the Manager, Corporate Health and Safety or Manager, Human Resources. Associates who voluntarily request assistance in dealing with an alcohol or drug abuse problem may do so without jeopardizing their continued employment with TolTest, provided they undergo evaluation by a qualified Substance Abuse Professional (SAP) strictly adhere to the recommendations of the SAP, and immediately cease abuse of alcohol or drugs. Additionally, the associate will be placed into the Alternative Random pool for a period of up to a twenty-four (24) months following enrollment in the program.

## 11.0 IDENTIFICATION OF SUBSTANCE ABUSERS

The following screening (testing) procedures are used to detect the abuse of alcohol and controlled substances by TolTest associates (Substance Abusers). Compliance with this program is considered to be a condition of employment.

At a minimum, TolTest will utilize some or all of the following components to assure a "drug-free" workplace.

- Employment testing is required for all new associates, and is a condition of employment. An offer of employment will not be valid if the test is positive or if the applicant or associate does not submit to testing.
- Post incident testing may be utilized following an incident that results in an OSHA Recordable Injury/Illness, an At-Fault Vehicle Incident, or damage to TolTest or client equipment or property.

HS102 Procedure No. Revision No. April 19, 2007 Date:

Page: 9 of 19

Associates may be selected, using a random selection process, at any time in their employment with TolTest and will likely be selected more than once.

- DOT testing is required by the Federal Department of Transportation for drivers of vehicles governed by DOT regulations. DOT testing consists of random, preemployment, follow-up, return-to-duty, reasonable suspicion and post-incident testing.
- Reasonable Cause Testing is utilized when a supervisor, with the concurrence of Health and Safety, determines that an associate's observable behavior is out of the ordinary.
- Customer/Client and Regulatory required testing shall be conducted as required by the customer/client or regulatory authority (i.e. Department of Energy or Pipeline Operations under RSPA). If an associate tests positive in a client conducted test, he or she shall be removed from the client's premises and will be subject to disciplinary action, up to and including termination of employment.

#### 12.0 **EMPLOYMENT TESTING**

Employment substance abuse testing is performed after an offer has been accepted, either verbally or in writing, and prior to an associate starting work.

NOTE: New associates in non-safety sensitive positions may be authorized by the Corporate Health and Safety Department to begin work prior to submitting a controlled substance test. In such instances, the test must be obtained within one (1) week of the start date. An offer for employment is invalid if the test is positive or the associate does not submit to testing.

#### 12.1 **Procedures for Employment Testing**

- 12.1.1 The new associate (donor) will sign a consent to an employment/postoffer drug test and release of test results.
- 12.1.2 The donor will provide the sample as directed by the medical personnel conducting the test.
- 12.1.3 The medical personnel will confirm the identity of the donor by requesting to view a picture I.D. The sample may not be collected if the donor does not provide a picture I.D.
- 12.1.4 After the sample container is closed, it shall be sealed in accordance with instructions from the laboratory.
- 12.1.5 The donor shall sign the tamper seal.

Procedure No. HS102 Revision No. 5 Date: April 19, 2007

Page: 10 of 19

12.1.6 The medical provider shall complete the chain of custody form, package the sample and send it overnight express delivery to the laboratory.

### 13.0 POST-INCIDENT

An associate involved in an incident may be required to submit to tests for alcohol and controlled substances following an incident. Any TolTest management or supervisory associate is authorized to request post-incident testing.

Associates are prohibited from using alcohol for eight (8) hours following any incident or until the required post-incident alcohol test is administered, whichever occurs first. Every effort should be made to conduct the post-incident drug and alcohol tests within two (2) hours following any incident. At a minimum postincident alcohol tests are required to be administered within eight (8) hours following any incident; drug tests are required to be administered within twenty four (24) hours following any incident. Any associate involved in an incident must therefore remain readily available for testing and may be considered to have refused to submit to testing if he or she fails to do so. This requirement will not, however, require an associate to delay any necessary medical attention following an incident or to remain at the scene of an incident when his/her absence is necessary to obtain assistance in responding to the incident or to obtain necessary emergency medical care. When an injury is involved, the post-incident testing must take place in conjunction with an examination by a physician. The physician must make note of the presence of any clinical signs or symptoms of substance abuse. In addition to being eligible for disciplinary action under Section 21 of this policy, any associate who is determined to have been under the influence of drugs or alcohol in violation of this policy may also jeopardize their Workers Compensation Benefits.

- 13.1 Post-incident DOT alcohol and drug testing is mandatory under DOT regulation in incidents involving:
  - A fatality.
  - When a driver receives a citation for a moving traffic violation.
  - A vehicle which is towed from the scene or in which someone is treated medically away from the scene and a citation for a moving violation is issued to the Commercial Motor Vehicle driver.
- 13.2 Alcohol and drug testing may be required, at the discretion of the Manager, Corporate Health and Safety, of associates involved in the following incidents:

HS102 Procedure No. Revision No. April 19, 2007 Date:

Page: 11 of 19

An incident requiring first aid treatment (any incident not requiring offsite medical treatment).

- When a driver receives a citation for a moving traffic violation while operating a TolTest supplied vehicle.
- Damage to a TolTest supplied vehicle, or property damage.
- Near miss incidents Any incident where no injury or property damage occurred, but where the potential for injury or property damage existed.
- 13.3 The following associates would typically be chosen for testing (for alcohol and controlled substances) following an incident or near miss:
  - The associate directly involved in the incident (e.g., injured associate).
  - The operator of any TolTest supplied vehicle which was directly involved in the incident.
  - The associate who was signaling or directing an equipment operator (as referenced above).
  - Any other associate who was directly involved in work activities which led to the incident, and had an opportunity to influence the occurrence or prevention of the incident.

#### 14.0 LAW ENFORCEMENT DIRECTED TESTING

This section applies to any drug and/or alcohol testing including, but not limited to, breath alcohol testing, field sobriety testing, blood testing, etc., ordered and/or administered by law enforcement personnel for TolTest associates engaged in work time activities or operating a TolTest owned, rented, or leased vehicle during nonworking hours.

- The above mentioned testing will be sufficient to meet TolTest's Post-Incident Drug and Alcohol Testing Requirements.
- Negative results will be viewed as a negative TolTest drug and/or alcohol test.
- Positive results will be viewed as a positive TolTest drug and/or alcohol test and the associate will be subject to disciplinary action as outlined in this policy.

HS102 Procedure No. Revision No. Date: April 19, 2007 12 of 19

Page:

Refusal to submit to testing will be viewed as a positive TolTest drug and/or alcohol test and the associate will be subject to disciplinary action as outlined in this policy.

Note: TolTest reserves the right to perform additional drug and/or alcohol subsequent to testing ordered and/or administered by law enforcement personnel.

#### 15.0 **RANDOM TESTING**

Random substance abuse testing is applicable to all associates within the United States and any United States Territory. The random selection process will be completely objective and anonymous. All tests will be unannounced to the involved associates and the dates for testing will be reasonably spread throughout the course of the year.

Any associate notified of selection for random alcohol and/or controlled substances testing will be expected to proceed to the test site by 2:00 pm on the day they are notified. Every effort will be made by Health and Safety to coordinate random testing with supervisors to minimize operational impacts.

Placement into the various random test pools will be at the discretion of the Manager, Corporate Health and Safety. The following schedule of random alcohol and controlled substance testing will be adhered to:

#### **Administrative Positions** 15.1

TolTest will conduct random controlled substance tests at a minimum annual percentage rate of 5% of the average number of associates in non-safety positions (i.e. administrative positions).

#### 15.2 Department of Transportation Requirements

TolTest will conduct random controlled substance tests at a minimum annual percentage rate of 50% of the average number of associates operating Commercial Motor Vehicles for TolTest. Random alcohol abuse testing at a minimum annual percentage rate of 10% of the average number of associates operating Commercial Motor Vehicles for TolTest. This is a requirement of the Federal Department of Transportation.

#### 15.3 Non-Administrative Positions

TolTest will randomly select at least one (1) associate in a non-administrative position every month. All non-administrative associates located at the office or project location of the selected associate will be subjected to the random drug testing program. On the day of the test, the Manager, Corporate Health

HS102 Procedure No. Revision No. April 19, 2007 Date:

Page: 13 of 19

and Safety or their representative will randomly select by social security number the total number of non-administrative associates to be tested based upon the table in Attachment 1.

#### 15.4 Random Testing

Random testing will be conducted on a project by project and/or office by office basis based on the individual selected in the random selection process Random testing for projects and/or offices may be mentioned above. conducted utilizing on-site collection via a third-party collector, a previously selected TolTest approved medical facility or properly trained TolTest collectors within the Health and Safety Department.

Note: On-site collection is not meant to imply that collection will always take place at the physical project site. Due to entry restrictions onto some project locations, off-site collection may be necessary. In all cases, a collection location as close as possible to the project/office location will be selected.

#### REASONABLE CAUSE TESTING 16.0

An associate may be screened for alcohol or drug abuse for reasonable cause only when TolTest has determined that reasonable cause for screening exists. Justification must be performance oriented and determined by direct and documented observation of the associate, with concurrence from the Manager, Corporate Health and Safety (Attachment 2).

If a supervisor observes that an associate's performance abnormally varies from performance standards, or that the associate's on-the-job conduct endangers the associate or others, the supervisor may bring the observation to the attention of the Health and Safety Department. Before screening, the supervisor must document the observation in writing and review the observation and evidence with the Manager, Corporate Health and Safety or Manager, Human Resources. In the absence of written documentation, prior to screening, all reasonable cause cases will be thoroughly investigated by the Corporate Health and Safety or Human Resources Departments.

Note: This process will remain anonymous.

Upon determination that Reasonable Cause is justified, the Manager, Corporate Health and Safety or Manager, Human Resources will consult with the suspected individual and review the observations and evidence. The associate will be given the opportunity to submit to an immediate drug or alcohol test or be placed into the Associate Assistance Program.

Procedure No. HS102 Revision No. 5 Date: April 19, 2007 Page: 14 of 19

Submit to immediate drug or alcohol test – If the associate submits to an immediate drug test and the results are negative for illicit drugs, no further action will take place. If the associate submits to an immediate drug test and the results are positive for illicit drugs, the associate will be subject to disciplinary action, up to and including termination.

• Enter the Associate Assistance Program – If the associate elects to enter the Associate Assistance Program, the requirements as outlined in paragraph 9.0 above will take precedence.

## 17.0 ALTERNATIVE RANDOM POOL

A separate Alternative Random Pool will be populated by those associates who submit dilute samples and those enrolled in an Associate Assistance Program as defined in 10.0 above. A third party will randomly select at least one (1) associate in the Alternative Random Pool every month. If the associate selected is in the Associate Assistance Program, the associate will remain in the Alternative Random Pool until their obligation under the Associate Assistance Program is fulfilled. If the associate selected is in the pool as a result of Reasonable Cause, the guidelines outlined in paragraph 16.0 will take precedence.

### 18.0 TESTING UPON RE-HIRE

An associate, whose employment with TolTest is interrupted for greater than 3 months will be required to undergo additional post-offer substance abuse testing.

## 19.0 CUSTOMER AND REGULATORY REQUIREMENTS

When necessary, TolTest will supplement the Alcohol and Drug Free Workplace Program to meet testing required by regulatory, contract, or customer requirements for access to a facility, site, or operation.

## 20.0 CONTRACTORS/SUBCONTRACTORS AND OWNER-OPERATORS

Because this drug and alcohol testing program is required by the Drug-Free Workplace Act of 1988, and Federal Acquisition Regulations (FAR), its provisions will apply to any individual who performs any safety sensitive services on behalf of TolTest pursuant to any contract, lease or other agreement with TolTest, even though such individual may not be an associate of TolTest. Moreover, mere compliance with the provisions of this procedure or the application of this procedure to any person shall not operate to convert any independent contractor or other person into an associate of TolTest unless such other circumstances indicate the existence of the employer-associate relationship.

Procedure No. HS102 Revision No. 5 Date: April 19, 2007 Page: 15 of 19

Whenever required of TolTest by contractual agreement, all contractors and subcontractors providing services to TolTest will be required to certify the establishment of or existence of a program which minimally complies with the Drug-Free Workplace Act of 1988. Contractors and subcontractors must execute their certification of compliance before commencing services at TolTest project sites.

### 21.0 DISCIPLINARY ACTION

TolTest reserves the right and authority to initiate disciplinary actions, up to and including termination, in accordance with current Human Resource policy against any associate found to have violated the Alcohol and Drug Free Workplace Program.

The associate may be eligible for re-hire after a period of 12 months following termination provided that there is evidence, acceptable to TolTest, of the successful completion of an approved substance abuse rehabilitation program; the associate successfully passes each subsequent alcohol and/or drug test; the associate continues to participate in the follow-up maintenance program as recommended by the rehabilitation facility; and the associate agrees to be subject to unannounced substance abuse tests from time to time for a period of not to exceed twenty-four (24) months following completion of the rehabilitation program.

### 22.0 ASSOCIATE RESPONSIBILITY

It is a condition of employment that all associates abide by the terms of the Alcohol and Drug Free Workplace Program. In the event of any conviction for a criminal drug violation occurring on a TolTest job site, in a TolTest facility, or while in or operating a TolTest vehicle, the associate must notify the Manager, Corporate Health and Safety or Manager, Human Resources within five (5) days of the date of the conviction.

## 23.0 PROGRAM CLARIFICATION AND ADMINISTRATION

A copy of the Alcohol and Drug Free Workplace will be provided to all applicants and made available to all associates. Each applicant and associate shall read and understand this policy and sign the Alcohol and Drug Free Workplace Acknowledgement Form (Attachment 3). This acknowledgement will then be retained in the associate's personnel file.

All classified advertisements for employment with TolTest will advise prospective applicants that TolTest has an Alcohol and Drug Free Workplace Program.

Questions regarding any provision of this program should be forwarded to the TolTest Corporate Health and Safety Department or the TolTest Human Resources Department.

Procedure No. HS102 Revision No. 5 Date: April 19, 2007 Page: 16 of 19

## 24.0 TRAINING

24.1 <u>Associate Awareness</u> – In its efforts to develop associate awareness of the hazards of substance abuse, TolTest will provide associates annual awareness training consisting of components covered during health and safety meetings and distribution of written materials. Information contained within these components will be made available to associates.

24.2 <u>Supervisor Training</u> – Supervisory training will consist of initial skill-building and informational training and annual refresher training. This training will be a combination of classroom training, safety meetings and written material.

## 25.0 EXCEPTION PROVISIONS

Variances to this procedure shall be requested in accordance with established variance procedures.

## **26.0 ATTACHMENTS**

- 1. Non-Administrative Random Drug Testing Percentages
- 2. Observed Behavior Reasonable Cause Record
- 3. Alcohol and Drug Free Workplace Acknowledgement Form

Procedure No. HS102
Revision No. 5
Date: April 19, 2007
Page: 17 of 19

## ATTACHMENT 1 NON-ADMINISTRATIVE RANDOM DRUG TESTING PERCENTAGES

No. of Associates	Maximum No. of Tests
1 – 10	3
11 – 20	6
21 – 30	9
31 – 40	12
41 – 50	15
51 – 60	18
61 – 70	21
71 – 80	24
81 – 90	27
91 – 100	30
> 100	25%

Procedure No. HS102
Revision No. 5
Date: April 19, 2007
Page: 18 of 19

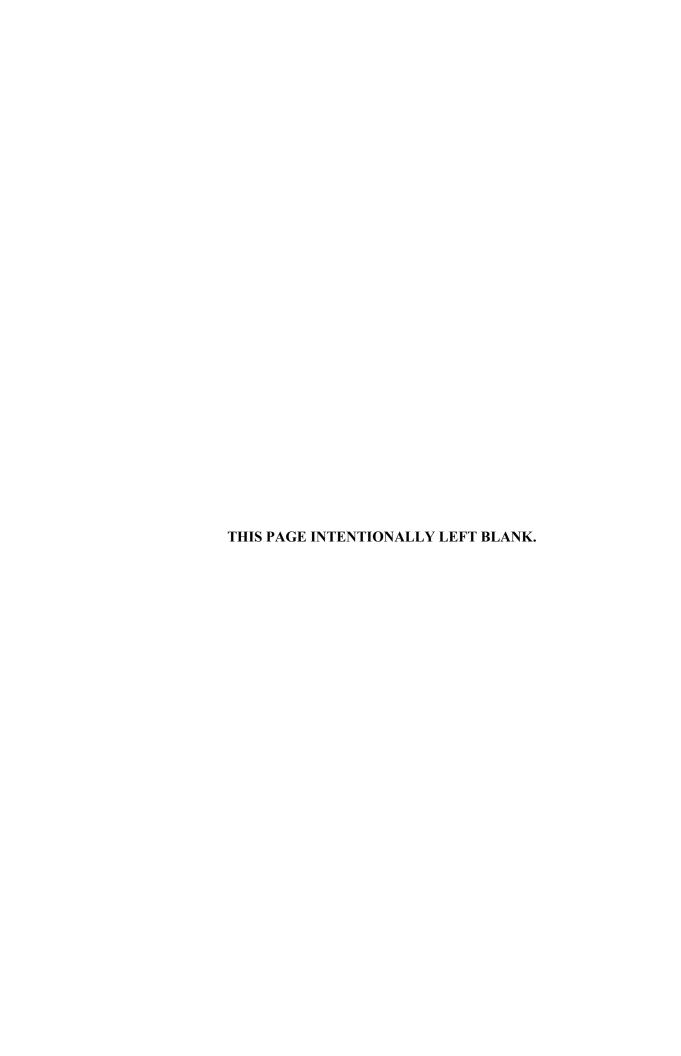
## ATTACHMENT 2 OBSERVED BEHAVIOR REASONABLE CAUSE RECORD

Assoc	nate's Name:	Date Observed:	Time Observed:
Addre	ess of Incident (Street/City/State/Zip Cod	de):	
least The v	two supervisors, if at all feasible. witnesses must have received train	If only one supervisor is available, onling in the detection of probably drug until the must be prepared and signed by the	atrolled substances must be witnessed by at y one supervisor need witness the conduct. use by observing a person's behavior. The witnesses within 24 hours of the observed
MA	RK ITEMS THAT APPI	LY AND DESCRIBE SPECI	FICS
1.	APPEARANCE	N	ormal Sleepy Tremors
	Description:		
-			
2.	BEHAVIOR	N	ormal Erratic Irritable
		Inappropriate Gait _	Mood Swings Lethargic
	Description:		
-			
3.	MOTOR SKILLS		Normal Impaired
	Description:		
-			
4.	OTHER OBSERVATIONS FOR	REASONABLE CAUSE	
•			
SUPI	ERVISOR:		
Signa	nture	Title	Preparation Date Time
			Tropatation Bate Time
WAN	VAGER, CORPORATE HEALTH A	AND SALEI I	
Signa	nture	Title	Preparation Date Time
	Submit to Test	Refuse to Test	Associate Assistance Program

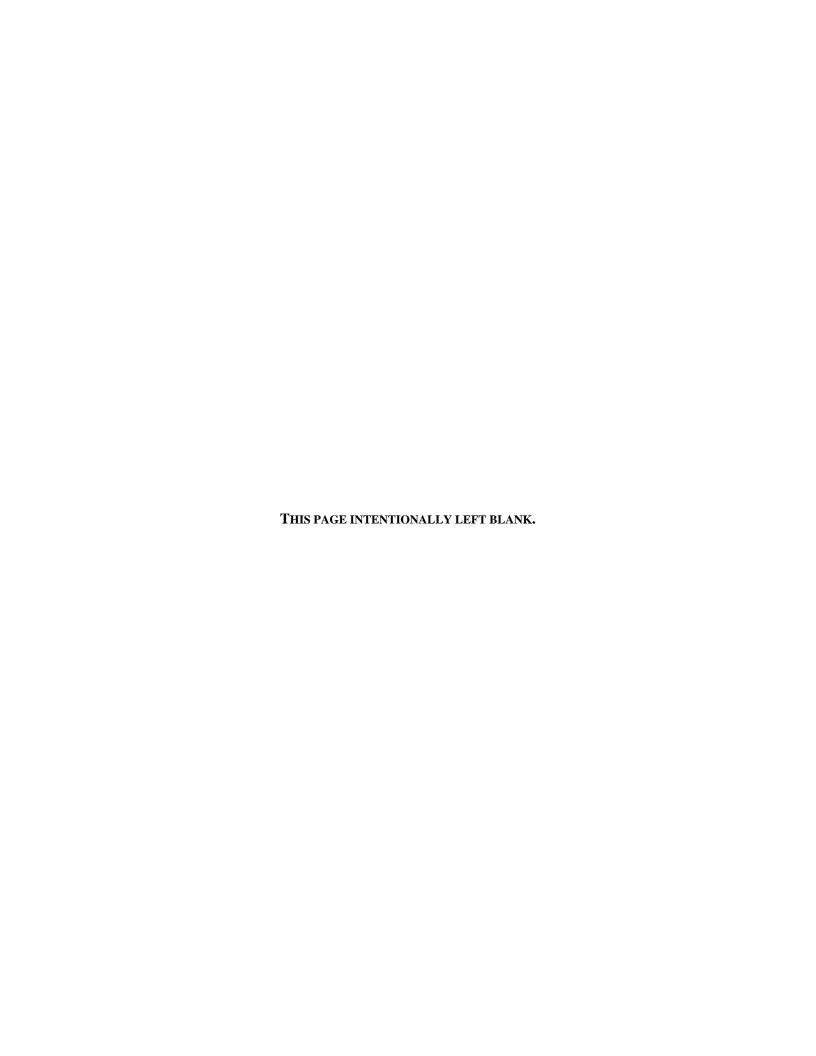
Procedure No. HS102 Revision No. 5 Date: April 19, 2007 Page: 19 of 19

## ATTACHMENT 3 ALCOHOL AND DRUG FREE WORKPLACE ACKNOWLEDGEMENT FORM

I have been provided with a copy and have read TolTest Procedure HS102 Alco	hol and Dru	ıg
Free Workplace Program. Additionally, I understand that as a condition of my	employme	nt
with TolTest, I am required to abide by the requirements of this procedure.		
Associate/Applicant's Printed Name		
Associate/Applicant's Signature	Date	







DO NOT WRITE IN THIS SPACE			
Postmark	Date Received	Notification No.	Ву

# Ohio Department of Health Prior Notification of Asbestos Hazard Abatement Project

Read carefully all the instructions and questions prior to completing the notification form.

- 1. Notifications including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215.
- 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five dollars (\$65.00).

۷.	CHECKS SHall be	made payable to	J. Heasurer, State	or orno, for the	arribuilt of sixty-	iive dollars (\$05.	00).		
3.	Ohio shall subm	nit prior notification	ons to the Directo	or at least ten bu	s any asbestos ha siness days befor Iministrative Code	e beginning each			f
4.	Type of notificat	tion 🔽 original	revision	number	_ revised line(s)	number			
	emergency	y 🗌 blanket	ancella cancella	tion					
5.	Type of abateme	ent involving at l	east 50 linear fee	t or 50 square fe	et				
	✓ removal	repair	encapsu	lation 🗌 e	enclosure [	renovation			
6.	Owner name Ravenna Army	y Ammunition F	Plant						
	Address				City		State	ZIP	
	8451 State Ro	oute 5			Ravenna		ОН	44266	
	Contact			-		Contact telephon			
	Mark Patterso	n				( 330 ) 3	58-7312		
7.	License number AC1701		Abatement Contractor TolTest Inc.					Expiration 12/31/10	
	Address				City		State	ZIP	
	508 W. Elnora	l			Odon		IN	47562	
	Contact Brian Morgan					Telephone number ( 812 ) 63			
8.	Certification number		Name of asbestos haz	ard abatement speci	alist for project	<u> </u>		Expiration	
	AS29651		Jeffrey Hooten					7/10/11	
9.	Project information— Ramsdell Qua	-Building name rry Landfill area	a of concern						
	Address				City		State	County	
		y Ammunition F	Plant		Ravenna		ОН	Portage	
	Site location (specific Soil (contamin	ated with ACM	) within quarry						
10.	Project description Type of asbestos ma	aterial surfaci	ing mech	anical 🗸 othe	er				
	Asbestos removal fro	om pipe	☐ boiler	✓ othe	er <b>soil</b>				
	Engineering controls	☐ AFD	glove	bag 🗸 othe	er <b>exclusion zon</b>	es and wet me	thods		
11.	Estimate of asbestos linear feet	•	Yards of ACM s	soil	quare feet				
12.	Abatement dates			<u> </u>					
	set up	08/18/10	abateme	nt 08	3/18/10	completion (acm work only)		09/01/10	
	Hours of operation		abatomie	110		(doi'il work omy)			
	7am-5pm								
	Days of the week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	Days of the week	Х	X	X	X	Х			
13.	Approved landfill—N						EPA pern	nit number	
	American Land	dfill							
	City					State		e number	
	Waynesburg					ОН	330-8	66-3265	
14.	Name of person filin	g this notice					Date		
	Lora Frasier						8/4/10	)	

DO NOT WRITE IN THIS SPACE	DE .			
Postmark	Date Received	Notification No.	Ву	

# Ohio Department of Health

**Prior Notification of Asbestos Hazard Abatement Project** Read carefully all the instructions and questions prior to completing the notification form. 1. Notifications including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215. 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five dollars (\$65.00). 3. Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the State of Ohio shall submit prior notifications to the Director at least ten business days before beginning each planned asbestos hazard abatement project as required by Chapter 3701-34 of the Ohio Administrative Code. revision number 1 4. Type of notification original revised line(s) number ■ blanket cancellation emergency 5. Type of abatement involving at least 50 linear feet or 50 square feet renovation ✓ removal repair encapsulation enclosure 6. Owner name Ravenna Army Ammunition Plant Address City Ravenna OH 44266 8451 State Route 5 Contact telephone number Contact Mark Patterson 330 ) 358-7312 Expiration 7. License number Abatement Contractor 12/31/10 TolTest Inc. AC1701 Address State City IN 47562 508 W. Elnora Odon Telephone number Contact Brian Morgan (812) 636.8501 8. Certification number Name of asbestos hazard abatement specialist for project Expiration John D Coen Sr 1/31/11 AS25205 9. Project information-Building name Ramsdell Quarry Landfill area of concern County Ravenna OH Portage Ravenna Army Ammunition Plant Site location (specific) Soil (contaminated with ACM) within quarry 10. Project description ✓ other Mechanical mechanical surfacing Type of asbestos material boiler other soil pipe Asbestos removal from other exclusion zones and wet methods Engineering controls AFD glove bag 11. Estimate of asbestos containing material 150 Cubic Yards of ACM soil linear feet square feet 12. Abatement dates completion 08/18/10 09/01/10 08/18/10 (acm work only) Hours of operation 7am-4pm Monday Tuesday Wednesday Thursday Friday Saturday Sunday Days of the week 13. Approved landfill-Name EPA permit number American Landfill Telephone number State OH 330-866-3265 Waynesburg 14. Name of person filing this notice Date

8/20/10

DO NOT WRITE IN THIS SPACE		Notification No.	By	
Postmark	Date Received	Notification No.		

## Ohio Department of Health **Prior Notification of Asbestos Hazard Abatement Project**

Read carefully all the instructions and questions prior to completing the notification form. 1. Notifications including check shall be typed and sent to the Ohio Department of Health, Attn: Revenue Processing, P.O. Box 15278, Columbus, Ohio 43215. 2. Checks shall be made payable to: Treasurer, State of Ohio, for the amount of sixty-five dollars (\$65.00). 3. Any licensed asbestos hazard abatement contractor who performs any asbestos hazard abatement projects within the State of Ohio shall submit prior notifications to the Director at least ten business days before beginning each planned asbestos hazard abatement project as required by Chapter 3701-34 of the Ohio Administrative Code. 12 revision number 2 revised line(s) number cancellation ☐ blanket emergency 5. Type of abatement involving at least 50 linear feet or 50 square feet ☐ renovation encapsulation enclosure repair √ removal 6. Owner name Ravenna Army Ammunition Plant State OH 44266 Ravenna 8451 State Route 5 Contact telephone number Contact 330 ) 358-7312 Mark Patterson Expiration Abatement Contractor 7. License number 12/31/10 TolTest Inc. AC1701 State City Address 47562 IN Odon 508 W. Elnora Telephone number Contact (812) 636.8501 Brian Morgan Expiration Name of asbestos hazard abatement specialist for project 8. Certification number 1/31/11 John D Coen Sr AS25205 9. Project information—Building name Ramsdell Quarry Landfill area of concern County State City Portage OH Ravenna Ravenna Army Ammunition Plant Site location (specific) Soil (contaminated with ACM) within quarry 10. Project description \_\_ mechanical ✓ other surfacing Type of asbestos material other soil boiler Asbestos removal from pipe other exclusion zones and wet methods glove bag ☐ AFD Engineering controls 11. Estimate of asbestos containing material 650 Cubic Yards of ACM soil square feet linear feet 12. Abatement dates completion 09/09/10 08/18/10

08/18/10 abatement set up Hours of operation 7am-4pm Sunday Friday. Saturday Thursday Wednesday Tuesday Monday X X Days of the week X X X EPA permit number 13. Approved landfill—Name American Landfill Telephone number State OH 330-866-3265

Date

9/2/10

Waynesburg

14. Name of person filing this notice

## OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION Page 1 of 2

	Operator Project #22765-03	Postm	ark	Date	e Received	Noti	fication #
1.	Type of Notification (check or	ne) 🗏 ()rig	ginal	Revised	Cane	eled	
II.	Facility Description (include) Building Name Ramsdell Qua Address Ravenna Army Amn Uny Ravenna Site Location (specific) Soil ( Building Size (square feet) No Present Use No current use	arcy Landfill a numition Plant contaminated of applicable	rea of conce Si with ACM)	in and OHIO Zip	Cade 44266 of Floors NA		Years 50 yes
111.	Type of Operation (check one						
IV.	Is Ashestos Present? (check of		× Yes	No			
VI.	City Ravenna Contact Mark Patterson Removal Contractor Name: Address 508 W. I Inora City Odon Contact Brain Morgan Other Operator (demolition/g Address Uity Contact.  Procedure, including analytics and Category Land Category Material presumed to be asbest	al methods, en II nonfriable	Lelept mployed to ACM: Samples ha	Shone (330) 3583  Shone (812 636  Shone ( 1 )  detect the present	Treense = 1   1   1   1   1   1   1   1   1   1	Zip Code Fax ()	924 2 3-7572
C211169	Aspestos Hazard Evaluation Spe	emlist N.A Name			Certifi	cation =	
V 11,	Approximate Amount of Asbe	stos Material	S:				
		RACM to be	Removed		bestos Material emoved		bestos Material e Removed
				V	Common II	Category I	
1.		13143 SEX 101 114		Calegory	Category II	Same Same	Category II
	(linear feet)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Calegory I	Category II	Sine Sine, it	Category II
Stata	ce Area (square feet)				Category ti		Category II
Statac Facili	ty Components (cubic feet)			(Strength of Action of Actions of	Category II		Category II
Surfac Facilii VIII.	ty Components (cubic feet) Scheduled Dates Demolition o	r Renovation:	: Start	(50) Colon Yandsall	Comp		Category II
Startare Facility VIII.	ty Components (cubic feet) Scheduled Dates Demolition of Dates for Asbestos Removal (A	r Renovation: 4M/DD/YY)	Start 8 18	150 Cplug Yards of ACM son		lete	Category II
Surfacilii VIII. IX.	ty Components (cubic feet)  Scheduled Dates Demolition of Dates for Asbestos Removal (And the Week Monday	r Renovation:		(50) (plug Yards of At M son  8/10  Thursday	Comp	lete	Category II

## OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION

Dage Sul 1

X.	Description of planned Demolition or Rend demolition or renovation techniques to be ACM impacted soils will be removed from at will be using a hydraulic excavator to "live lescaled for transport to a licensed offsite dispose	used and description of a n area outside the construct and "2004 rolloffs which w	ffected facility common lumits of the	ompouents: Ramsdell Quar	ry Landfill, Crews
XI.	Description of work practices and engineer removal and waste handling emission cont Develop exclusion zones and wet methods what Lace HEPA respirators for all site worker	rol procedures: here any disturbance occur:			
XII.	Waste Transporter #1 Name American Landfill Address: 7016 Chapel St St inv Waynesburg (mac) Chad Abell Waste Transporter #2 Name Address City Contact	Letertione (	State: Ohio 1806-3263	Zip Code has 1 Zip Code Fax (	)
XIII.	Waste Disposal Name American Landfill Address 7916 Chapel St SI One Waynesburg Contact Chad Abell	Telephone, (530) 8	State Ohio 306-3265	Zip Code Fax (	
	Emergency Demolition (complete Item XIV)  Attach a copy of the Order to this notice  Name of Authority Issuing Order  Authority of Order (Citation of Code)  Date of Order (MM DD/YY)  Emergency Renovation (Attach separate she)  Date and Hour of the I-mergency  Description of the Sudden, Unexpected Ex	et with the following infor	Date () mattum (I project	itle: Ordered to Begin is Emergency F	(teno)
XVI.	Description of procedures to be followed in crumbled, pulverized or reduced to powder Stop wok, isolate area, contact applicable regi	r.			
XVII	during the Demolition or Renovation an will be waitable during normal business	d evidence that the requirements.  8-4-10 L	red training has	RASIE	ished by this person
XVII	L. I acknowledge the existence of laws prof tagts contained in this notification are tro Market December 11 DLA Signature of Owner Operator	ue, accurate, and complet	talse or mislead e. LVQ L. oe or Print Name	FRASE	and I certify that

Official Notification must be marked of hand delivered of least test working days) Monday Triday excluding weekends?
Defore demailtion of removation begins, except emergency demailtions and emergency (convarious (see regulation))
which must be admitted as around a provable being operation because the number than the following work day of their Revised I \$ 100.

## OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

	Operator Project #22765.03	Postma	ırk	Date F	Received	Notif	ication #
Î.	Type of Notification (chec	k one): Orig	inal	Revised	Cance	led	
11.	Facility Description (inclu Building Name: Ramsdell Address: Ravenna Army A City: Ravenna Site Location (specific): So Building Size (square feet): Present Use: No current us	Quarry Landfill ar mmunition Plant oil (contaminated y Not applicable	ea of concern Sta	n ite: OHIO Zip C vithin quarry	ode: <u>44266</u> # of Floors: <u>NA</u>	County: Po	Years: 50+ yrs
Ш.	Type of Operation (check	one): Demo	Ordered D	emo 🛮 Renovat	ion Emerge	ncy Renovation	Fire Training
IV.	Is Asbestos Present? (chec	k one):	⊻Yes	No	A SIMONE AND A SIM		
	Owner Name: Ravenna A Address: 8451 State Route City: Ravenna Contact: Mark Patterson Removal Contractor Nam Address: 508 W. Elnora City: Odon Contact: Brian Morgan	e: TolTest Inc	Teleph	Statement: ( 330) 358-7  Statement: ( 812 636-	e: <u>OH</u> 312 License # e: IN	Zip Code: <u>44266</u> Fax: ( <u>330</u> ) <u>358-2</u> <u>AC1701</u> Zip Code: <u>47562</u>	924
	Other Operator (demolitication of the Address:						
	( ITV:			Stat	C.	ZID COUC.	
VI.	City: Contact: Procedure, including anal	шинаса	Teleph	ione: ()		Fax: ( )	
		ytical methods, e ory II nonfriable bestos containing  Specialist: N/A Nam	Teleph mployed to o ACM: . Samples ha	detect the present in to	ce of and to esti	Fax: ( ) mate the quantit cation #	ty of RACM
Ohic	Contact:  Procedure, including anal and Category I and Category I and Category I and Category I and Evaluation Asbestos Hazard Evaluation	ytical methods, e ory II nonfriable bestos containing  Specialist: N/A Nam	mployed to a ACM: . Samples have	Nonfriable Ast	ce of and to estill lab confirming.  Certifications Material emoved	cation #  Nonfriable As	ty of RACM sbestos Material e Removed
Ohio	Contact:  Procedure, including anal and Category I and Category I and Category I and Category I and Evaluation Asbestos Hazard Evaluation	ytical methods, e ory II nonfriable bestos containing  Specialist: N/A Nam  Asbestos Materia	mployed to a ACM: . Samples have	detect the present in to	ce of and to esti	Fax: ( ) mate the quantit cation #	ty of RACM
Ohio VII. Pipes	Contact:  Procedure, including anal and Category I	ytical methods, e ory II nonfriable bestos containing  Specialist: N/A Nam  Asbestos Materia	mployed to a ACM: . Samples have	Nonfriable Ast to be Re Category I	ce of and to estill lab confirming.  Certifications Material emoved	cation #  Nonfriable As	ty of RACM sbestos Material e Removed
Ohio VII.  Pipes Surfa	Contact:  Procedure, including anal and Category I	ytical methods, e ory II nonfriable bestos containing  Specialist: N/A Nam  Asbestos Materia  RACM to be	mployed to a ACM: . Samples have	Nonfriable Ast to be Re	ce of and to esti	Fax: ( ) mate the quantit cation #  Nonfriable As NOT to b  Category I	ty of RACM sbestos Material e Removed
Ohio VII.  Pipes Surfa Facil	Contact:  Procedure, including anal and Category I	ytical methods, e ory II nonfriable bestos containing  Specialist: N/A Nam  Asbestos Materia  RACM to be on or Renovation	mployed to a ACM: . Samples have	Nonfriable Ast to be Re Category I	ce of and to estillab confirming.  Certificential converted Category II  Comp	Fax: ( ) mate the quantit cation #  Nonfriable As NOT to b  Category I	ty of RACM sbestos Material e Removed
Ohio VII.  Pipes Surfa Facil VIII IX. Day	Contact:  Procedure, including anal and Category I	ytical methods, e ory II nonfriable bestos containing  Specialist: N/A Nam  Asbestos Materia  RACM to be on or Renovation	Teleph mployed to a ACM: . Samples ha ae le: e Removed	Nonfriable Ast to be Re Category I  150 Cubic Yards of ACM soil  8/10  ay Thursday	ce of and to estillab confirming.  Certificential converted Category II  Comp	cation #  Nonfriable As NOT to b Category I	ty of RACM sbestos Material e Removed

## OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

х.	Description of planned Demolition or Renovation demolition or renovation techniques to be used at ACM impacted soils will be removed from an area of will be using a hydraulic excavator to "live load" 20 sealed for transport to a licensed offsite disposal fac	nd description of a outside the construc OCY rolloffs which cility.	ffected facility contion limits of the Rewill be double lined	nponents: amsdell Quarry Landfill. Crews I w/ 6 mil poly, then wrapped and
XI.	Description of work practices and engineering coremoval and waste handling emission control produced performance of the performance of the produced performance of the pe	ocedures:		
XII.	Waste Transporter #I			
	Name American Landfill Address: 7916 Chapel St SE			
	Address: 1916 Chapet St SE  City: Waynesburg		State: Ohio	Zip Code: 44688
=-	Contact: Chad Abell	Telephone: ( 330		
	Waste Transporter #2			
	Name:Address:			1.000
	City:		State:	Zip Code:
	Contact:	Telephone: (	)	Fax: ( )
	W. W. W. W. Commission of the			
XIII.	Waste Disposal			
	Name: American Landfill			
	Address: 7916 Chapel St SE		Chata: Oldin	7in Coda: 41600
	City: Waynesburg	CT, 1. 1		Zip Code: <u>44688</u>
	Contact: Chad Abell	1 elephone: (330)	000-5200	Fax: ()
	<ol> <li>Authority of Order (Citation of Code);</li> <li>Date of Order (MM/DD/YY);</li> </ol>		Ti	tle:
	<ol> <li>Emergency Renovation (Attach separate sheet with</li> <li>Date and Hour of the Emergency</li> <li>Description of the Sudden, Unexpected Event</li> <li>Explanation of how the event caused unsafe con-</li> </ol>	h the following info	rmation if project i it damage or an unr	s Emergency Reno.) reasonable financial burden.
XVI.	Description of procedures to be followed in the e crumbled, pulverized or reduced to powder. Stop wok, isolate area, contact applicable regulator			
XVII	during the Demolition or Renovation and evid will be available during normal business hour	dence that the request.  R-20-10	PS (40 CFR PART hired training has ORA Type or Print Name	Deen accomplished by this person
xvii	facts contained in this/notification are true, ac	ecurate, and complete (Complete)	LORAL. ype or Print Name	ARASI CR and Title
	Original Notification must be mailed or hand deli	vered at least ten work	king days (Monday-F	riday excluding weekends)

before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin, but no later than the following work day. (Form Revised 1/5/09)

# OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION

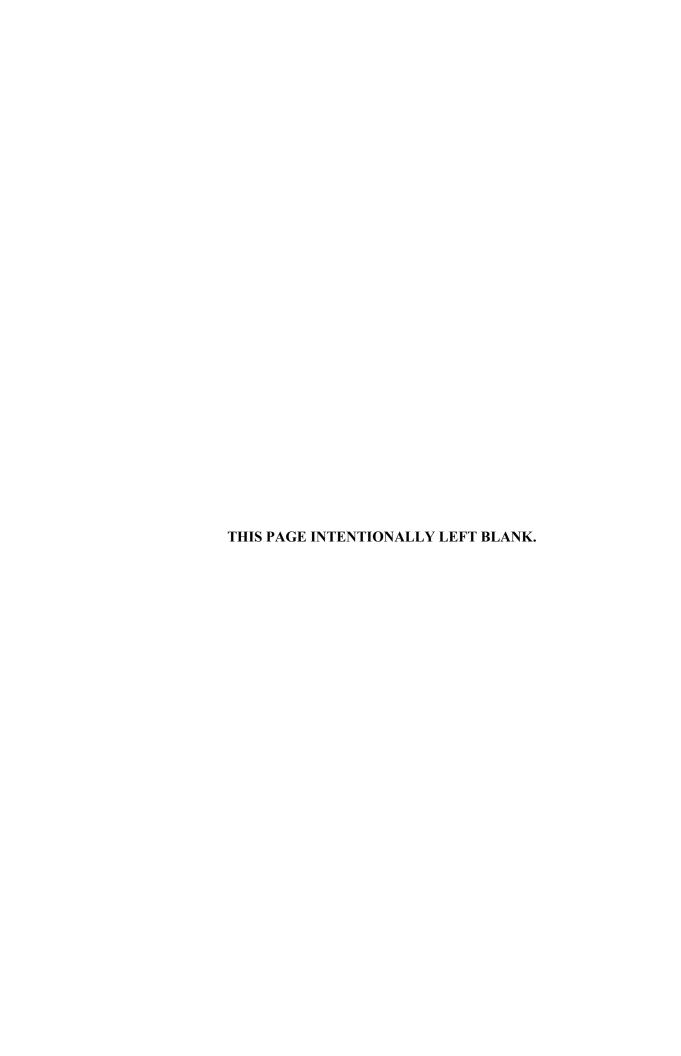
Page 1 of 2

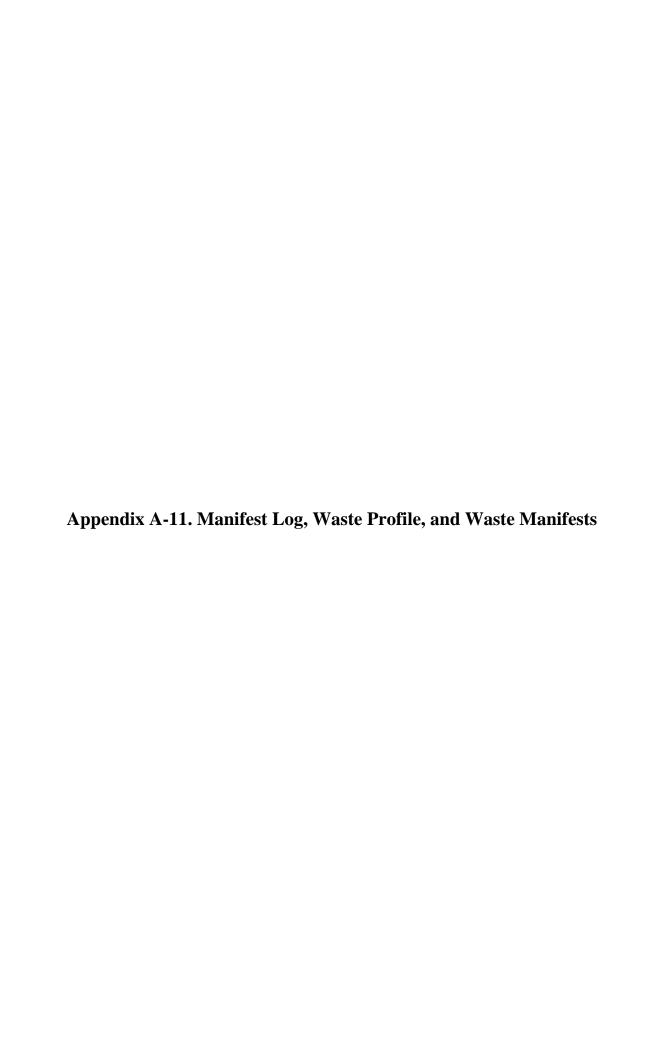
	Operator Project	Postmark		Date K	eceived	Notificat			
	#22765.03	one): Original		⊠Revised	Cancele	d			
	Type of Notification (check of Facility Description (include	The second second			nber)				
	Facility Description (include Building Name: <u>Ramsdell Qu</u>	building name, nu arry Landfill area	of concern	301 OF 10011 1131					
	Address: Ravenna Army Ammunition Plant  State: OHIO Zip Code: 44266 County Portage								
	City Ravenna				ode: 44200	County 1 one			
	Site Location (specific): Soil	(contaminated wit	h ACM) will	nin quarry	of Floors NA	Age in Ye	ars. 50+ yrs		
	Building Size (square feet): 1	ands corresped an	d monitored	1	rior Use: Adjac	ent to closed lands	īll.		
	Present Use: No current use - only surveyed and memory Renovation   Emergency Renovation   Fr								
V.	Myac No.								
	E Tie Information								
	Owner Name: Ravenna Ar	my Ammunition	Plant						
	Address: 8451 State Route 5								
				Sta	te; <u>OH</u>	Cip Code: 44266	24		
	City: Ravenna Contact: Mark Patterson		Telepho	ne: ( 330) 358-	License #	AC1701			
	Removal Contractor Name				1-icense				
	1100.00			Sta	ie: IN	Zip Code: 47562			
	City. Odon		Lelepho	me ( 812 - 636	-8501)	ax (812 ) 636-	7572		
	Contact: Brian Morgan	n/nanaral): N/A	Telephie	110	License #				
	Other Operator (demolition/general): N/A License #								
	Address:			Sti	nte:	Zip Code:			
VI	Address: City: Contact  Procedure including analy	rtical methods, em	Lelepho	Sta	ite.	Zip Code: Fax: ()			
	Address: City: Contact  Procedure, including analy and Category I and Category Material presumed to be as	vtical methods, en ory II nonfriable / bestos containing	Felepho iployed to d ACM:	Stanne ( ) etect the prese	nce of and to esti	Zip Code: Fax: () mate the quantity			
	Address: City: Contact Procedure, including analy and Category I and Category	ortical methods, enterprise of the state of	Lelephonployed to d ACM: Samples had	Stanne ( ) etect the prese	nce of and to esti	Zip Code: Fax: () mate the quantity			
Ohi	Address: City: Contact  Procedure, including analy and Category I and Category Material presumed to be as a Asbestos Hazard Evaluation	ortical methods, enternal methods of the state of the sta	l elephoniployed to de ACM: Samples has	Stanne ( ) etect the prese	nce of and to esti	Zip Code:			
Ohi	Address: City: Contact  Procedure, including analy and Category I and Category Material presumed to be as	ortical methods, enternal methods of the state of the sta	l elephoniployed to de ACM: Samples has	etect the prese	nce of and to estino lab confirming.  Certifications Material	Zip Code:  Fax: ()  mate the quantity  ication #	of RACM		
Ohi	Address: City: Contact  Procedure, including analy and Category I and Category Material presumed to be as a Asbestos Hazard Evaluation	ortical methods, enternal methods of the state of the sta	Telephonployed to d ACM: Samples have:	Stance ( ) etect the preserve been sent in the Nonfriable A to be	nce of and to esti	Zip Code:  Fax: ()  mate the quantity  ication #	of RACM bestos Materia e Removed		
Olm VII	Address: City: Contact  Procedure, including analy and Category I and Category I and Category Asbestos Hazard Evaluation  Approximate Amount of a	ortical methods, enterprise of the state of	Telephonployed to d ACM: Samples have:	etect the prese	nce of and to estino lab confirming  Certiforestos Material Removed	Zip Code:  Fax: ()  mate the quantity  ication #  Nonfriable As  NOT to b	of RACM  bestos Materia Removed		
Olmo VII Pip	Address: City: Contact  Procedure, including analy and Category I	ortical methods, enterprise of the state of	Telephonployed to d ACM: Samples have:	Stance ( ) etect the preserve been sent in the Nonfriable A to be	nce of and to estino lab confirming  Certiforestos Material Removed	Zip Code:  Fax: ()  mate the quantity  ication #  Nonfriable As  NOT to b	of RACM bestos Materia e Removed		
Ohio VII Pip Sur	Address: City: Contact  Procedure, including analy and Category I and Evaluation Asbestos Hazard Evaluation  Approximate Amount of a section of the category I and Category	ortical methods, enterpresent of the state o	Telephonployed to d ACM: Samples have:	Nonfriable A to be Category I	nce of and to estino lab confirming.  Certifications Material Removed  Category 11	Zip Code:  Fax: ()  mate the quantity  ication #  Nonfriable As  NOT to b	of RACM  bestos Materia Removed		
Ohno VII  Pip Sur Fac	Address: City: Contact  Procedure, including analy and Category I and Evaluation Asbestos Hazard Evaluation  Approximate Amount of a second contact in the c	ortical methods, enterpresent or the state of the state o	l elephonployed to d ACM: Samples have: s:	Nonfriable A to be Category I	nce of and to estite of lab confirming.  Certifor sheets of Material Removed Category II	Zip Code:  Fax: ()  mate the quantity  ication #  Nonfriable As  NOT to b	of RACM  bestos Materia Removed		
VIII Pip Sur Fac	Address: City: Contact  Procedure, including analy and Category I and Category I and Category I and Category I and Evaluation of Asbestos Hazard Evaluation.  Approximate Amount of a section of the Area (square feet) face Area (square feet) face Area (square feet).  B. Scheduled Dates Demolit	extical methods, enterpresent or service of the ser	Telephonployed to d ACM: Samples have: s: Removed	Nonfriable A to be Category I	nce of and to estite of lab confirming.  Certification of the confirming of the confirming of the certification of	Zip Code:  Fax: ()  mate the quantity  ication #  Nonfriable As NOT to b  Category I	of RACM  bestos Materia Removed		
Pip Sur Fac VII	Address: City: Contact  Procedure, including analyand Category I and Category I and Category Material presumed to be as a second Asbestos Hazard Evaluation.  Approximate Amount of a second category in the second category I and Cate	Specialist. NA Name  RACM to be  ion or Renovation  val (MM/DD YY)	l elephonployed to d ACM: Samples have: s: Removed : Start: Start: 8.1	Nonfriable A to be Category I  6804 ubic Yards of ACM soil	nce of and to estino lab confirming.  Certifor shestors Material Removed  Category II  Con	Zip Code:  Fax: ()  mate the quantity  ication #  Nonfriable As NOT to b  Category I  pplete: 9:09-10	of RACM bestos Materia e Removed		
Pip Sur Fac	Address: City: Contact  Procedure, including analy and Category I and Category I and Category I and Category I and Evaluation of Asbestos Hazard Evaluation.  Approximate Amount of a section of the Area (square feet) face Area (square feet) face Area (square feet).  B. Scheduled Dates Demolit	extical methods, enterpresent or service of the ser	Telephonployed to d ACM: Samples have: s: Removed	Nonfriable A to be Category I  6504 ubic Yards of ACM soil  8710  lay Thurse	nce of and to estino lab confirming.  Certification of the confirming of the certification of	Zip Code:  Fax: ()  mate the quantity  ication #  Nonfriable As NOT to b  Category 1  pplete  pplete  Saturday	bestos Materia e Removed Category I		

# OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

ACM impacted soils will be removed from an area will be using a hydraulic excavator to "live load" 2 sealed for transport to a licensed offsite disposal fa	outside the construct OCY rolloffs which w cility.	ion limits of the Ra ill be double lined	umsdell Quarry w/6 mil poly.	Landfill. Crews then wrapped and
Develop exclusion zones and wet methods where a	controls to be used to rocedures: any disturbance occur	s. Personal air mo	requirements.	operations and Level (
Name American Landfill Address 7916 Chapel St SE City Waynesburg Contact Chad Abell Waste Transporter #2	Telephone: ( 330	State: Ohio ) 866-3265	Zîp Code. Fax: (	14688
Address:		State.	Zip Code: Fax: (	J
Name: American Landfill Address: 7916 Chapel St SE City: Waynesburg Contact: Chad Abell	Telephone: (550)	866-3265	Fax: (	)
<ol> <li>Attach a copy of the Order to this notice</li> <li>Name of Authority Issuing Order.</li> <li>Authority of Order (Citation of Code).</li> <li>Date of Order (MM DD/YY):</li> <li>Emergency Renovation (Attach separate sheet v.)</li> <li>Date and Hour of the Emergency</li> </ol>	with the following info	Date Cormation if project	ordered to Beg is Emergency	in. Reno.)
I. Description of procedures to be followed in the	ie event that unexpe	eted RACM is fou	nd or nonfria	ble ACM becomes
will be available during normal business h	ours.  - 7. 2 / C  Date	LOVA L	E A Title	sier, Admi
111 Leat now ladge the existence of laws profit	biting the submission	plete.	L. FRA	nts and I certify that
	demolition or renovation techniques to be used:  ACM impacted soils will be removed from an area will be using a hydraulic excavator to "live load". I sealed for transport to a licensed offsite disposal fa  Description of work practices and engineering or removal and waste handling emission control p Develop exclusion zones and wet methods where a  - 1/2 Face HEPA respirators for all site workers.  Waste Transporter #1  Name _American Landfill  Address 7916 Chapel St SE  City _Waynesburg  Contact _Chad Abell  Waste Transporter #2  Name _Address:  City:  Contact:  Waynesburg  Contact:  Chad Abell  Emergency Demolition (complete Item XIV and 1 Attach a copy of the Order to this notice 2 Name of Authority Issuing Order.  Authority of Order (Citation of Code).  4 Date of Order (MM DD/YY):  Emergency Renovation (Attach separate sheet of the complete Item XIV and the co	demolition or renovation techniques to be used and description of ACM impacted soils will be removed from an area outside the construct will be using a hydraulic excavator to "live load" 20CY rolloffs which we scaled for transport to a licensed offsite disposal facility.  Description of work practices and engineering controls to be used to removal and waste handling emission control procedures: Develop exclusion zones and wet methods where any disturbance occur-1; Face HEPA respirators for all site workers.  Waste Transporter #1  Name American Landfill Address 7916 Chapel St SE  City Waynesburg Contact Chad Abell Telephone: (330) Waste Transporter #2  Name Address.  City: Contact. Telephone: (130)  Waste Disposal  Name: American Landfill Address 7916 Chapel St SE  City: Waynesburg Contact: Chad Abell Telephone: (330)  Emergency Demolition (complete Item XIV and all other sections, or 1 Attach a copy of the Order to this notice 2. Name of Authority Issuing Order. 3. Authority of Order (Citation of Code). 4. Date of Order (MM DD: YY): Emergency Renovation (Attach separate sheet with the following info. 1. Date and Hour of the Emergency. 2. Description of procedures to be followed in the event that unexpecting the process of the Sudden. Unexpected Event. 3. Explanation of how the event caused unsafe conditions or equipme.  I. Description of procedures to be followed in the event that unexpecting the process of the Sudden. Unexpected Event. 3. Explanation of how the event caused unsafe conditions or equipme.  I. Description of procedures to be followed in the event that unexpecting the Demolition or Refiovation and evidence that the recover the process of the sudden and evidence that the recovery of the Demolition or Refiovation and evidence that the recovery of the Demolition or Refiovation and evidence that the recovery of the Demolition or Refiovation and evidence that the recovery of the Demolition or Refiovation and evidence that the recovery of the Demolition of the Emergency Date.  III. Lacknowledge the exis	demolition or renovation techniques to be used and destription or limits of the Ri will be using a hydraulic exeavator to "live load" 20CY rolloffs which will be double lined scaled for transport to a licensed offsite disposal facility.  Description of work practices and engineering controls to be used to comply with the removal and waste handling emission control procedures:  Develop exclusion zones and wet methods where any disturbance occurs. Personal air mo - 1/2 Face HEPA respirators for all site workers.  Waste Transporter #1  Name American Landfill Address 7916 Chapel St SE State: Ohio Contact Chad Abell Lelephone: (330 ) 866-3265  Waste Transporter #2  Name Address.  City. State: Ohio Contact: Lelephone: (3)   State: Ohio Contact: Chad Abell Lelephone: (	demolition or renovation techniques to be used and description of annotation techniques to be used and description of annotation to the Ramsdell Quarry ACM impacted soils will be removed from an area outside the construction limits of the Ramsdell Quarry will be using a hydraulic excavator to "live load" 20CY rolloffs which will be double lined w 6 mil polysealed for transport to a licensed offsite disposal facility.  Description of work practices and engineering controls to be used to comply with the requirements removal and waste handling emission control procedures:  Develop exclusion zones and wet methods where any disturbance occars. Personal air monitoring during "1-face III PA respirators for all site workers.  Waste Transporter #1  Name American Landfill  Address 7916 Chapel St SE  City. Waynesburg  Contact Chad Abell  Name: American Landfill  Address 7916 Chapel St SE  City. Contact  Telephone: (330) 866-3265  Fax: (21) Code: (31) Respirators for all site workers.  Waste Disposal  Name: American Landfill  Address 7916 Chapel St SE  City. Waynesburg  Litephone: (330) 866-3265  Fax: (2) Contact  American Landfill  Address 7916 Chapel St SE  City. Waynesburg  Litephone: (330) 866-3265  Fax: (2) Contact  American Landfill  Address 7916 Chapel St SE  City. Waynesburg  Litephone: (330) 866-3265  Fax: (2) Contact  Date Of Order (M) DD YY: (3) Code: (30) 866-3265  Fax: (4) Code: (30) 866-3265







#### Ramsdell Quarry Landfill Remedial Action Waste Manifest Log

										Copy of	Signed		
					Truck				Facility	manifest	Manifest	Signed	
Disposal	Type of	Source/	Date of		License	Disposal	Waste	Manifest	Quantity	leaving	Rec'd	Manifest to	
Date	Waste	Location	Generation	Transporter	No.	Facility	Profile No.	Document No.	(tons)	site (Y/N)	(Y/N)	Regs (Y/N)	Notes
8/24/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438136	13.08	Υ	Υ	Υ	None
8/25/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438137	7.38	Υ	Υ	Υ	None
8/25/2010	Nonhaz	RQL	8/24/2010	WM- N.Jackson	PGP1835	American Landfill	109586OH	438138	14.63	Υ	Υ	Υ	None
8/25/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438139	14.80	Υ	Υ	Υ	None
8/26/2010	Nonhaz	RQL	8/25/2010	WM- N.Jackson	PGP1835	American Landfill	109586OH	438140	13.41	Υ	Υ	Υ	None
8/26/2010	Nonhaz	RQL	8/25/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438141	10.16	Υ	Υ	Υ	None
8/26/2010	Nonhaz	RQL	8/25/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438166	14.01	Υ	Υ	Υ	None
8/26/2010	Nonhaz	RQL	8/25/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438167	11.59	Υ	Υ	Υ	None
8/26/2010	Nonhaz	RQL	8/26/2010	WM- N.Jackson	PGP1835	American Landfill	109586OH	438168	12.95	Υ	Υ	Υ	None
8/26/2010	Nonhaz	RQL	8/26/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438169	10.70	Υ	Υ	Υ	None
8/27/2010	Nonhaz	RQL	8/26/2010	WM/Sines	PHD2756	American Landfill	109586OH	438170	12.75	Υ	Υ	Υ	None
8/27/2010	Nonhaz	RQL	8/26/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438171	11.72	Υ	Υ	Υ	None
8/30/2010	Nonhaz	RQL	8/30/2010	JMW Trucking	PVH3188	American Landfill	109586OH	438172	15.28	Υ	Υ	Υ	None
8/30/2010	Nonhaz	RQL	8/30/2010	JMW Trucking	PVH3202	American Landfill	109586OH	438173	18.67	Υ	Υ	Υ	None
8/30/2010	Nonhaz	RQL	8/25/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438174	12.75	Υ	Υ	Υ	None
8/31/2010	Nonhaz	RQL	8/30/2010	JMW Trucking	PHA1220	American Landfill	109586OH	438175	19.11	Υ	Υ	Υ	None
8/30/2010	Nonhaz	RQL	8/30/2010	JMW Trucking	PVH3188	American Landfill	109586OH	438176	17.83	Υ	Υ	Υ	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PVH3202	American Landfill	109586OH	438177	22.88	Υ	Υ	Y	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PVH3161	American Landfill	109586OH	438178	21.80	Υ	Υ	Y	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PVH3188	American Landfill	109586OH	438179	22.02	Υ	Υ	Υ	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PHA1220	American Landfill	109586OH	438180	21.59	Υ	Υ	Y	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PVH3161	American Landfill	109586OH	438181	20.37	Υ	Υ	Y	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PVH3202	American Landfill	109586OH	438182	21.07	Υ	Υ	Υ	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PVH3188	American Landfill	109586OH	438183	21.64	Υ	Υ	Υ	None
8/31/2010	Nonhaz	RQL	8/31/2010	JMW Trucking	PVH3188	American Landfill	109586OH	438184	24.74	Υ	Υ	Υ	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3202	American Landfill	109586OH	438185	20.28	Υ	Υ	Υ	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3170	American Landfill	109586OH	438186	23.22	Υ	Υ	Y	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3168	American Landfill	109586OH	438187	19.42	Υ	Υ	Υ	None
9/1/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	438188	12.80	Υ	Υ	Y	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3169	American Landfill	109586OH	438189	21.11	Υ	Υ	Y	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3161	American Landfill	109586OH	196391	19.05	Υ	Υ	Υ	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3202	American Landfill	109586OH	196392	20.70	Υ	Υ	Υ	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3188	American Landfill	109586OH	196393	19.63	Υ	Υ	Υ	None
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3169	American Landfill	109586OH	196394	21.43	Υ	Υ	Υ	None

#### Ramsdell Quarry Landfill Remedial Action Waste Manifest Log

										Copy of	Signed		
					Truck				Facility	manifest	Manifest	Signed	
Disposal	Type of	Source/	Date of		License	Disposal	Waste	Manifest	Quantity	leaving	Rec'd	Manifest to	
Date	Waste	Location	Generation	Transporter	No.	Facility	Profile No.	Document No.	(tons)	site (Y/N)	(Y/N)	Regs (Y/N)	Notes
9/1/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3161	American Landfill	109586OH	196395	23.49	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3170	American Landfill	109586OH	196396	23.24	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196397	8.14	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/1/2010	JMW Trucking	PVH3202	American Landfill	109586OH	196398	23.50	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3169	American Landfill	109586OH	196399	23.64	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3161	American Landfill	109586OH	196400	21.80	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3188	American Landfill	109586OH	196401	20.95	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3170	American Landfill	109586OH	196402	23.01	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3202	American Landfill	109586OH	196403	24.02	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196404	7.26	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3188	American Landfill	109586OH	196405	22.49	Υ	Υ	Υ	None
9/2/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3161	American Landfill	109586OH	196406	23.47	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3169	American Landfill	109586OH	196407	22.98	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3170	American Landfill	109586OH	196408	23.00	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/2/2010	JMW Trucking	PVH3202	American Landfill	109586OH	196409	23.39	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196410	9.36	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/3/2010	JMW Trucking	PVH3161	American Landfill	109586OH	196411	20.52	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/3/2010	JMW Trucking	PVH3173	American Landfill	109586OH	196412	19.55	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/3/2010	JMW Trucking	PVH3188	American Landfill	109586OH	196413	21.66	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/3/2010	JMW Trucking	PVH3202	American Landfill	109586OH	196414	23.21	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/3/2010	JMW Trucking	PVH3169	American Landfill	109586OH	196415	21.72	Υ	Υ	Υ	None
9/7/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196416	8.17	Υ	Υ	Υ	None
9/3/2010	Nonhaz	RQL	9/3/2010	JMW Trucking	PVH3161	American Landfill	109586OH	196417	18.92	Υ	Υ	Υ	None
9/7/2010	Nonhaz	RQL	8/25/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196418	15.30	Υ	Υ	Υ	None
9/8/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196419	9.98	Υ	Υ	Υ	None
9/8/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196420	13.86	Υ	Υ	Y	None
9/9/2010	Nonhaz	RQL	8/24/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196421	16.41	Υ	Υ	Υ	None
9/9/2010	Nonhaz	RQL	8/25/2010	WM- Chardon	PGK2183	American Landfill	109586OH	196422	9.18	Υ	Υ	Υ	None

1106.79

#### Generator's Nonhazardous Waste Profile Sheet

Requested Disposal Facility American Landfill
Renewal for Profile Number

Profile Number
Waste Approval Expiration Date

WASTE MANAGEMENT CHERCYCLIC TOTAL TOTAL	
A. Waste Generator Facility Information (must	
Generator Name: Ravenna Army Ammunition Plant	T. T.
2. Site Address: 8451 State Route 5	7. Email Address: mark.c.patterson@us.army.mil
3. City/ZIP: Ravenna, OH 44288	
4. State: OH	
5. County: Portage	11. Generator USEPA ID #: OHD5210020738
6. Contact Name/Title: Mark Patterson / Facility Manager	12. State ID# (if applicable): N/A
B. Customer Information 🛘 same as above	P. O. Number:
Customer Name: EQ-The Environmental Quality Company	6. Phone: 734-899-6225 FAX: 734-697-1674
2. Billing Address: 36255 Michigan Ave.	7. Transporter Name:
3. City, State and ZIP: Wayne, MI 48184	8. Transporter ID # (if appl.):
4. Contact Name: Jim Vigrass	9. Transporter Address:
5. Contact Email: jim.vigrass@eqonline.com	10. City, State and ZIP:
C. Waste Stream Information	
1. DESCRIPTION	
a. Common Waste Name: Ravenna Arsenal Non-Haz Soil (Rams	isdell Quarry)
State Waste Code(s): None	
b. Describe Process Generating Waste or Source of Contami	•
Contaminated soil from within Ramsdell Qua	rry Landfill. The areas from which the soil will be removed
were used to burn waste explosives and dum	nping of liquid residues from annealing operations.
c. Typical Color(s): brown	
d. Strong Odor? 🖸 Yes 🗹 No Describe:	
e. Physical State at 70°F: 🗹 Solid 🗖 Liquid 🗖 Po	Powder 🖸 Semi-Solid or Sludge 🚨 Other:
f. Layers? 🗹 Single layer 🖸 Multi- layer 🗀 NA	A
g. Water Reactive? 🔲 Yes 🍯 No 🛮 If Yes, Describe:	
h. Free Liquid Range (%): to MA	A(solid)
i. pH Range: ☐ ≤2 ☐ 2.1-12.4 ☐ ≥12.5 🗹 NA	A(solid) Actual:
j. Liquid Flash Point: □ < 140°F □ ≥ 140°F	MA(solid) Actual:
k. Flammable Solid: 🗀 Yes 🖼 No	
L. Physical Constituents: List all constituents of waste stream	am - (e.g. Soil 0-80%, Wood 0-20%):
Constituents (Total Composition Must be > 100%)  1. Soil	Lower Range Unit of Measure Upper Range Unit of Measure
2. Construction Debris	<5%
Wood, vegetation, rocks	<2%
4. <u>PPE</u>	<1%
5	
2 ESTEMATED QUANTITY DE MASTE AND SUIDDING INEQUAATIO	CINI
2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATIC	JIX
a. 200ne Time Event	□ Cubic Yards □ Drums □ Gallons □ Other (specify):
c. Shipping Frequency: 95-110 loads Units p	,
	•
d. Is this a U.S. Department of Transportation (USDOT) Ha:	
e. USDOT Shipping Description (if applicable):	
3. SAFETY REQUIREMENTS (Handling, PPE, etc.):	

#### Generator's Nonhazardous Waste Profile Sheet

D. Regulatory Status (Please check appropriate responses)					
Is this a USEPA (40 CFR Part 261)/State hazardous waste? If yes, contact your sales     Is this waste included in one or more of categories below (Check all that apply)? If      Is this waste included in one or more of categories below (Check all that apply)? If      Is this waste included Wester II.	yes, attach supporting documentation.	☐ Yes 전 No ☐ Yes 전 No			
☐ Delisted Hazardous Waste ☐ Excluded Wastes Under 40 CFR 261.4 ☐ Treated Hazardous Waste Debris ☐ Treated Characteristic Hazardous Waste . Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-up? If yes, see instructions.					
4. Does the waste represented by this waste profile sheet contain radioactive material a. If yes, is disposal regulated by the Nuclear Regulatory Commission?	?	☐ Yes <b></b> No			
<ul> <li>b. If yes, is disposal regulated by a State Agency for radioactive waste/NORM?</li> <li>5. Does the waste represented by this waste profile sheet contain concentrations of re</li> <li>a. If yes, is disposal regulated under TSCA?</li> </ul>	☐ Yes ☐ No gulated Polychlorinated Biphenyls (PCBs)? ☐ Yes ☐ No	☐ Yes <b> N</b> o			
6. Does the waste contain untreated, regulated, medical or infectious waste?  7. Does the waste contain asbestos?	If Yes, 🖸 Friable	Yes No No No No Non Friable			
8. Is this profile for remediation waste from a facility that is a major source of H	lazardous Air Pollutants (Site Remediatio	1			
40 CFR 63 subpart GGGGG)?  If yes, does the waste contain <500 ppmw VOHAPs at the point of determ	_				
E. Generator Certification (Please read and certify by signa	ture below)				
Company Name: Ravenna AAP Name (Prin	representative sample in accordance with an analytical) will be identified by the Generator WM (and the Contractor if applicable).  If parameters tested:  # Page and pag	ator ges: s tested). ure is			
FOR WIN USE ON		, , , , , , , , , , , , , , , , , , ,			
Management Method: ☐ Landfill ☐ Bioremediation Approval D	, ,	Approved			
□ Non-hazardous solidification □ Other: Waste Appro	oval Expiration Date:				
Management Facility Precautions, Special Handling Procedures or Limitation	☐ Shall not contain free liquid				
on approval:					
	☐ Approval Number must accompany e	ach shipment			
WM Authorization Name / Title:	☐ Waste Manifest must accompany loa				
State Authorization (if Required):	Date:				

#### Generator's Nonhazardous Waste Profile Sheet SAIC/Asbesto RQL Requested Disposal Facility \_\_\_\_\_\_ Profile Number Renewal for Profile Number \_\_\_\_\_\_ Waste Approval Expiration Date \_\_\_\_ A. Waste Generator Facility Information (must reflect location of waste generation/origin) 1. Generator Name: Ravenna Army Ammunition Plant 2. Site Address: 8451 State Route 5 7. Ernail Address: mark.patterson@us.army.mil 3. City/ZIP: Ravenna, OH 44288 8. Phone: 330-358-7312 9. FAX: 330-358-2924 4. State: OH 10. NAICS Code: **92811** 5. County: Portage 11. Generator USEPA ID #: OHD5210020738 6. Contact Name/Title: Mark Patterson / Facility Manager 12. State ID= (if applicable): N/A 8. Customer Information 1 same as above P. O. Number 1. Customer Name: EQ-The Environmental Quality Co. 6. Phone: 404-494-3520 FEX: 404-494-3560 2. Billing Address: 36255 Michigan Avenue 7. Transporter Name: 3. City, State and ZIP: Wayne, MI 48184 8. Transporter ID # (if appl.): 4. Contact Name: Claudine Clark 9. Transporter Address: 5. Contact Email: daudine.dark@eqonline.com 10. City, State and ZIP: C. Waste Stream Information 1. DESCRIPTION a. Common Waste Name: Soil contaminated with debris and asbestos State Waste Code(s): None b. Describe Process Generating Waste or Source of Contamination: Contaminated soil and asbestos containing debris from within Ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations. c. Typical Color(s): brown d. Strong Odor? 📵 Yes 🗹 No Describe: e. Physical State at 70°F: 🗹 Solid 🗔 Liquid 🗐 Powder 🔟 Semi-Solid or Studge 🔲 Other: \_\_\_\_\_ f. Layers? 🗹 Single layer 🗔 Multi-layer 🗔 NA q. Water Reactive? 🗍 Yes 🖪 No If Yes, Describe: \_\_\_\_\_\_ i. pH Range: □ <2 □ 2.1-12.4 □ >12.5 ☑ NA(solid) J Actual: j. Liquid Flash Point: □ < 140°F □ > 140°F ☑ MA(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 (larci Compension Music be > 170) Loner Pance uin tof Measure Upper Range Unit of Measure 60 50 % by volume Construction Debris with asbestos containing material % by volume 40 % by volume 50 % by volume

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a.	<b>∠</b> I One Time Event	Base	→ Repeat Event	
h_	Estimated Annual	Quantity	2 500	

iual Quantity: 2,500 👤 Tons 🗦 Cubic Yards 🗦 Drums 🔁 Gallons 🖵 Other (specify): \_\_\_

c. Shipping Frequer cy: 160 - 170 loads Units per (2) Month (2) Quarter (2) Year **೨** One Time ☐ Other

5 % by volume

0 % by volume

d. Is this a U.S. Department of Transportation (USDOT) Hazardous Materia? (If yes, answer e.) 💆 Yes 📵 No e. USDOT Shipping Description (if applicable): RQ Asbestos, Class 9, NA2212, PGIII

3. SAFETY REQUIREMENTS (Handling, PPE, etc.): Respirator - air purifying with HEPA cartridge as required by landfill policy.

Wood, vegetation, rocks

4. PPE

5. \_\_\_

% by volume

% by volume

10



#### Generator's Nonhazardous Waste Profile Sheet

D. Regulatory Status (Please check appropriate response	s)		
1. Is this a USEPA (40 CFR Part 261)/State hazardous waste? If yes, contact your se	ales representative.	☐ Yes	Ø N
2. Is this waste included in one or more of categories below (Check all that apply)?  Delisted Hazardous Waste  Excluded Waste	If yes, attach supporting documentation. s Under 40 CFR 261.4	☐ Yes	A N
3. Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-u	eristic Hazardous Waste	_1	
4. Does the waste represented by this waste profile sheet contain radioactive mater	p: If yes, see instructions.	Yes Yes	9 N
a. If yes, is disposal regulated by the Nuclear Regulatory Commission?		Yes	<b>⊠</b> N
b. If yes, is disposal regulated by a State Agency for radioactive waste/NORM?	☐ Yes ☐ No ☐ Yes ☐ No		
5. Does the waste represented by this waste profile sheet contain concentrations of	Yes O No		and to
a. If yes, is disposal regulated under ISCA?	Yes No	Tes Tes	Q M
6. Does the waste contain untreated, regulated, medical or infectious waste?	<b>-</b> 103 <b>-</b> 140	☐ Yes	M No
7. Does the waste contain asbestos?	If Yes, 🗹 Friable	□ Non	Friahle
8. Is this profile for remediation waste from a facility that is a major source of	Hazardous Air Pollutants (Site Remediation	on NESHAP	,
40 CFR 63 subpart GGGGG)?	☐ Yes	,	
If yes, does the waste contain <500 ppmw VOHAPs at the point of dete	ermination?		
E. Generator Certification (Please read and certify by sign	ermination? Yes	□ No	<del></del>
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	d accurate descriptions of the court.		
2. Relevant information within the possession of the Generator regarding known or s	uspected bazards portaining to the	· ·	
disclosed to WM/the Contractor;	suspected nazards pertaining to this waste ha	is been	
3. Analytical data attached pertaining to the profiled waste was derived from testing			
40 CFR 261.20(c) or equivalent rules; and	r a representative sample in accordance with		
4. Changes that occur in the character of the waste (i.e. changes in the process or no	Our analytically of the Control of t		
and disclosed to WM (and the Contractor if applicable) prior to providing the wast	ex analytical) will be identified by the Genera	ator	
5. Check all that apply:	e to WPI (and the Contractor if applicable).		
☐ Attached analytical pertains to the waste. Identify laboratory & sample ID #'s a	and navamentary trade-1		
	u B		
Only the analyses identified on the attachment pertain to the waste (identify the Attachment #:	# Pag by laboratory & sample ID #'s and parameters	tested).	
☐ Additional information necessary to characterize the profiled waste has been at	tacked (other than analytical)		***********
Indicate the number of attached pages:			
I am an agent signing on behalf of the Generator, and the delegation of author	ity to me from the Congretor for this vines.		
available upon request.		re is	
By Generator process knowledge, the following waste is not a listed waste and i	s below all TCIP regulator, limits		
ertification Signature: Mark Patterson 48m Title: 7a	filet. by		
ompany Name: Ravonna Army Ammunition Plant Name (Print	the state of the s		***************************************
Name (Prin	nt): Mark Patterson		
ate: 7-2-10			
FOR WM USE ON	LY		
anagement Method: 🖸 Landfill 🗇 Bioremediation Approval D	ecision: Approved I Not Ap	proved	
Non-hazardous solidification	avai Evnimtion Onto.	proved	i
anagement Facility Precautions, Special Handling Procedures or Limitation			
approval:	Shall not contain free liquid		
••	☐ Shipment must be scheduled into disp	osal facilit	y
· ·	Approval Number must accompany eac		
the state of the s	773 AM	•	1
Authorization Name / Title:	Date:		
ite Authorization (if Required):			-
/····	Date:		_ /

NO.438136

GENERATOR:	č	DELIVER TO:		·		
Ravenna Army Ammunition	n Plant	American Land	IFIII:330-866-3265			
8451 State Route 5		7916 Chapel St				
Ravenna, OH 44288		V∀aynesburg, (	OH 44688			
Carrier: Waste Management  Vehicle No.: PGK 2183/4109433  Company Responsible for Disposal Charges:  Ravenna Army Ammunition  Plant						
Profile No.	Name of Wa	aste Stream	Apx. Volume	Act. Weights		
109586OH	Soil Contaminated wit	th Debris and Asbestos	20 yards	Gross Wt.		
Exp Dt. 07/02/2011				Tare Wt.		
County: Fortage				Net Wt.		
Generator Signature: Mark Patterum Jom  Date: 824/10  Date: 8/24/10  Date: 8/24/10  Date: 8/24/10						

ORIGINAL (TO BE MAILED BACK TO GENERATOR)

#### Ţ

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

	GENERATOR SECTION						
I.	Facility Name: RAVI	ENNA ARMY AL ATE ROUTE 5	IMUNITION	DEPOT			
	City: KAVENNA Owner's Name:		State: <u>0 1-1</u>	Zip Code: <u>44288</u>			
	Telephone: (330) 3	58-7311	Fax: ()				
II.							
	City:		State:	Zip Code:			
III.		DS) Name: AMERI CA	N LANDFILL				
	"on-site" disposal	XX Yes □ No					
	Physical Location:	716 CHAPEL ST	DEET SE				
	Address: City: WAYNESBI	LK.G	State: OH	Zip Code: 44688			
	Telephone: (0.50) &C  Mailing Address:	<u> </u>	Fax: (330) 866	<u> </u>			
	Zip Code: 44688						
	City:	06-3265	State: <u>0 H</u> Fax: (336) 86	ale - 3709			
IV.	Name: NESHAP REC		e where notification was s	ent)			
	Address: 77 WEST City: CHICAGO	JACKSON BLVD	State: IL	Zip Code: 60604			
v.	Description of	VI. Cor	itainers	VII. Total Quantity			
	Materials	Number	Туре	(cubic yards)			
FRI	ABLE ASBESTOS	00	<u>CM</u>	20			
-							
VIII.	Special Handling Instru	ections and Additional Informa	tion				
	Ç						
IX.	Generator's Certification	on: I hereby declare that the cont	ents of this consignment a	re fully and accurately described			
	above by proper shipping		marked and labeled, and	are in all respects in proper condition			
		- ··	<b>.</b>				
	Mark Patters	w por obstablin	Mark Patt	Terson Forcilita Mar			
	Signature	Date	Type or Print Name	tersen tacility Mar.			

	TRANSPORTER	SECTION
X.		HBROOM
	Address: 11237 CVH5 (City: 1 HAT) ON OHIC	State: DATO Zip Code: 44024
	City: CHATNON OHIO Telephone: ()	
		Fax: ( ) Roy W MUFER
	824-10	KOY W NICER
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
		· · · · · · · · · · · · · · · · · · ·
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:	
	Address:	7. 0.1.
	City:	State: Zip Code:
	relephone: (	rax.
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	
XIII.	Waste disposal site owner or operator: Certification of reexcept as noted in item 12	eceipt of asbestos materials covered by this manifest
		4
	75 Mt tallh 8/24/10	Brett Filler Stales
	Signature Date	Type or Print Name and Title
	Form Revised	(11/12/97)

NO.438137

GENERATOR:		DELIVER TO:				
Ravenna Army Ammunition	Plant	American Landfill:330-866-3265				
8451 State Route 5		7916 Chapel Si	<u>t</u>	<del>.</del>		
Rayenna, OH 44288	,	Waynesburg, (	OH 44688			
Carrier: WasteManas Vehicle No.: PGK2182	oment >	Company Responsible for Disposal Charges: Ravenna Army Ammunition Plant				
Profile No.	Name of Was	ste Stream	Apx. Volume	Act. Weights		
109586OH	Soil Contaminated with	Debns and Asbestos	20	Gross Wt.		
Exp Dt. 07/02/2011				Tare Wt.		
County: Portage				Net Wt.		
Generator Signature: Mark Patterson Jam Date: 18/24/10  Transporter Stignature: Date: 8/24/10  Disposal Facility Signature: Date: 8/28/0						

ORIGINAL (TO BE MAILED BACK TO GENERATOR)

	<u> </u>	GENERATO	R SECTION			
I.	City: KAVENNA Owner's Name:	ENNA ARMY AN ATE ROUTE 5 58-7311	State: 01-1	) DEPOT _ Zip Code: 44288		
II.	Address: City: Telephone: ()		State: Fax: ()			
III.	**Maste Disposal Site (WDS) Name: AMERICAN LAND FILL  "on-site" disposal X Yes					
	Mailing Address: City: Telephone: (330) 80	e6 -3265	State: <u>OH</u> Fax: (336 &	Zip Code: 44688 366-3709		
īV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO		ce where notification wa	zip Code: 60604		
V.	Description of Materials	VI. Co	ntainers Type	VII. Total Quantity (cubic yards)		
FR.	IABLE ASBESTOS	00	CM	20		
VIII. Special Handling Instructions and Additional Information ——						
IX.	above by proper shipping	name and are classified, packed according to applicable internation	i, marked and labeled, ar ional and government reg	t are fully and accurately described and are in all respects in proper condition gulations.  Herson Facility Marame and Title		

		TRANSPORTE	RSECTION
	Transporter 1 (Acknowledgement of r Name: WM - HORTH JA	eceipt of materials)	Knoon Hauling
	Address: 10237 Cuff 5.	<u> </u>	State: Otto Zip Code: 44027
		D	Fax: ( )
	Telephone: ( )	<del></del>	- <u>7</u>
		8-24-10 Date	s Roy w WI yELS
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
VI	Transporter 2 (Acknowledgement of	receipt of materials)	
XI.	Name:		
	Address:		States 7 in Code:
	City: Telephone: ()		State: Zip Code:
	Telephone: ()		_ rax. (
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
I			
Andreas Andreas			
		DISPOSAL SI	TE SECTION
XII.	Discrepancy indication space	DISPOSAL SIT	TE SECTION
XII.	Discrepancy indication space	DISPOSAL SI	TE SECTION
XII.	Discrepancy indication space	DISPOSAL SI	TE SECTION
XII.	Discrepancy indication space	DISPOSAL SI	TE SECTION
XII.	Discrepancy indication space	DISPOSAL SIT	TE SECTION
XII.	Discrepancy indication space	DISPOSAL SI	TE SECTION
			TE SECTION  receipt of asbestos materials covered by this manifest
	I. Waste disposal site owner or opera		
	I. Waste disposal site owner or opera		
	I. Waste disposal site owner or opera		

NO.438138

GENERATOR:		DELIVER TO:		
Ravenna Army Ammunition F	Plant "	American Land	dfill:330-866-3265	
8451 State Route 5		7916 Chapel S	t .	
Ravenna, OH 44288		Waynesburg, (	OH 44688	
Carrier: Waste Management  Company Responsible for Disposal Charges:  Ravenna Army Ammunition  Plant  Tic 297455				es:
Profile No.	Name of Was		Apx. Volume	Act. Weights
1099860H ROL	Son Contaminated with	เมียบกร สกบี ครบสรเบิร	20	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage		·		Net Wt.
Generator Signature: Mark	Patterson J. Am		Date: <u>08/25</u>	/10
Transporter Signature:	My Ba	p Baker	Date: 8/25	kg
Disposal Facility Signature:	Dutt full	<u> </u>	Date: 8/0	5//0
	RIGINAL (TO BE MAII	FD BACK TO GEN	ERATOR)	

		GENERATO	R SECTION	
I.	Address: <u>8451</u> ST	NNA ARMY AL	IMUNITION	DEPOT  Zip Code: 44288
	Telephone: (330) 3	58-7311	Fax: ()	
II.	City: Telephone: ( )		State: Fax: ()	
III.	Waste Disposal Site (WI	OS) Name: AMERICA	N LANDFIL	
	"on-site" disposal  Physical Location: Address: City: WAYNES BL Telephone: (3.30) 86	Y Yes D NO  The CHAPEL ST  URG  X0-3265	REET, SE	_ Zip Code: <u>44688</u> 6 - 3709
	Nacional Addison	olo -32105		•
IV.	Responsible Agency (L. Name: NESHAP REC Address: 77 WEST City: CHICAGO	ocal, District, State, or EPA Office	State: IL	Zip Code: 60604
v.	Description of	VI. Co	ntainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR.	IABLE ASBESTOS	00	CM	20
		·		
VIII	. Special Handling Instru	netions and Additional Informa	ation	
IX.	above by proper shipping		l, marked and labeled, ar	t are fully and accurately described and are in all respects in proper condition gulations.
	Mark Patters Signature	an 48m 09/25/10	Mark Pa Type or Print Na	tterson, Facility Mgr.

	TRA	NSPORTER	SECTION	
X.	Transporter 1 (Acknowledgement of receipt Name: WM - NORTH JACK)	SON		
	Address: 12201 COUNCIL	11		· · · · · · · · · · · · · · · · · · ·
	City: North JACKSONG		State: <u>1914 0</u> Zip Code: <u>949</u>	75
	Telephone: (339 538 3600		Fax: ()	<del></del> -
	Bob Beller	8-25-10	Bob Baker	
	Signature I	Date	Type or Print Name and Title	-
	Rejected Materials (if any)		Destination	
XI.	Transporter 2 (Acknowledgement of receipt Name:			
	Address:			
	City:		State: Zip Code:	
	Telephone: ()		Fax: ( )	
	Signature	Date	Type or Print Name and Title	
	Rejected Materials (if any)		Destination	
				· ····
		· · · <u>- · · · · · · · · · · · · · · · ·</u>		v
	DIS	POSAL SITE	SECTION	
XII.	Discrepancy indication space	COAL SITE	SECTION	<u></u>
	Discrepancy indication space			
•				
XIII	. Waste disposal site owner or operator: Ce except as noted in item 12	rtification of rec	eipt of asbestos materials covered by this	s manifest
	Ballyulln	8/25/10	Breff Flur Scape Type or Print Name and Title	les
		Date /	· · · · · · · · · · · · · · · · · · ·	
		Fo <b>r</b> m Révised (1	1/12/97)	

NO.438139

	768	SELVED TO		
GENERATOR:	•	DELIVER TO:		
Ravenna Army Ammunition F	Plant	American Lan	dfill:330-866-3265	. <u> </u>
8451 State Route 5 7916 Chapel St				
Ravenna, OH 44288	· · · · · · · · · · · · · · · · · · ·	Waynesburg, OH 44688		
Carrier: Waste Mana Vehicle No.:	gement	Company Responsibl Ravenna Am Plant	e for Disposal Charg y Ammunition	ges:
Profile No.	Name of Was		Apx. Volume	Act. Weights
1095860H RQL	Son Contaminated with	Debns and Aspesios	200	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage				Net Wt.
Generator Signature: Manh Transporter Signature: Disposal Facility Signature:	Patterson & Am	RoyMurn	Date: 08/25/10  Date: 8-20  Date: 8-20	5-10. 9570

ORIGINAL (TO BE MAILED BACK TO GENERATOR)

	GENERATOR SECTION			
I.	Address: 8451 ST City: RAVENINA Owner's Name:	ENNA ARMY AL TATE ROUTE 5 58-7311	State: 014	DEPOT Zip Code: 44288
n.	Address:		State:	Zip Code:
III.	Waste Disposal Site (W	DS) Name: AMERICA	N LANDFILL	-
	"on-site" disposal  Physical Location: Address: 76 City: WAYNES B. Telephone: (330) 86	716 CHAPEL ST JRG	REET, SE _ State: <u>OH</u> _ Fax: (330)866	Zip Code: 44688
	Mailing Address: City: Telephone: (330) 8	66-3265	State: OH _ Fax: (336) 86	Zip Code: 44688
IV.	Responsible Agency (L Name: NESHAP REA Address: 77 WEST City: CHICAGO	ocal, District, State, or EPA Offic GIONAL OFFICE JACKSON BLVD	State: IL	Zip Code: 60604
ν.	Description of	VI. Con		VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FRI	ABLE ASBESTOS	00	CM	20
VIII.	Special Handling Instru	actions and Additional Informa	ation	
IX.	above by proper shipping	on: I hereby declare that the containing name and are classified, packed according to applicable internation	, marked and labeled, and a onal and government regula	are in all respects in proper condition ations.
	Signature	Date	Type or Print Name	rson, Facility Mgr.

		RANSPORTE	
X.	Name: WM - North JAC	eipt of materials) CKSON	Histon
l	Address: 10237 Cutts	S RP	
į	City: CLOA PO	<del></del>	State: BAND Zip Code: YG C24
	Telephone: ()		Fax: (
		8-28-10	o Rose MICOFRA
1	Signature	Date	Type or Print Name and Title
			Type of Time and Time
	Rejected Materials (if any)		Destination
X1.	Transporter 2 (Acknowledgement of rec		
	Addicas		
l	City:		State: Zip Code:
	Telephone: ()		Fax: ()
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)	· · · · · · · · · · · · · · · · · · ·	Destination
	<u> </u>	ISPOSAL SITI	ESECTION
XII.	Discrepancy indication space		
XIII.	Waste disposal site owner or operator: except as noted in item 12	Certification of re	ceipt of asbestos materials covered by this manifest
	Ray	8 2510	TRuss Scale Do
<b> </b>	Signature / / /	Date	Type or Print Name and Ville
	1 1 00	Form Revised (	11/12/97)

**NO**.438140

GENERATOR:	DELIVER TO:	,		
Ravenna Army Ammunition Pl	S. Fag	American Landfill:330-866-3265		
8451 State Route 5	7916 Chapel	St		
Ravenna, OH 44288 Waynesburg, OH 44688			<u> </u>	
Carrier: Waste Managem Vehicle No.: PGP1835	Rayenna Am Plant			
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights	
169586CH	Soil Contaminated with Debris and Asbestos	20	Gross Wt.	
Ехр Dt. 07/02/2011			Tare Wt.	
County: Portage			Net Wt.	
Generator Signature: Mark Transporter Signature: Disposal Facility Signature:	Patterson J. Dm	Date: 48/25	6/0	

#133140

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

	GENERATOR SECTION					
Ί.	Facility Name: RAV	ENNA ARM	Y AMA	IUNITIO	ON DE	POT
	Address: 8451 S-City: PAVENINA Owner's Name: Telephone: 330)		· · · · · · · · · · · · · · · · · · ·	State: <b>01-</b>	Zip Co	de: 44288
n.	Operator's Name: 17 Address: 508 Wes City: 0don Telephone: 18(1) 6	itast Elnorasit		State: 1N Fax: (B12)	Zip Co	de: 47562
III.	Waste Disposal Site (W	DS) Name: AME	RICAN	LANDFI	- LL	
	"on-site" disposal	🛚 Yes	□ No			
	Physical Location: Address: 70 City: WAYNES B Telephone: (330) B	716 CHAPE URG do-3265		ET, SE State: OH Fax: (330) 8	Zin Co	de: 44688
	Mailing Address: City: Telephone: (330) 8	66-3265		State: <u>0 H</u> Fax: (336)	Zip Co <b>866 –</b>	de: 44688 3709
IV.	Responsible Agency (L Name: <u>NESHAP</u> RE Address: <u>TO NEST</u>	GIONAL OFFICE				
v.	City: CHICAGO			State: IL		de: 60604
γ.	Description of Materials	Number	VI. Contain	Type		VII. Total Quantity (cubic yards)
FRI	ABLE ASBESTOS	00		CM		20
					_	
VIII.	Special Handling Instru	uctions and Additional	Information			
IX.	Generator's Certificati above by proper shipping for transport by highway	, name and are classified	d, packed, mar	ked and labeled,	and are in all	nd accurately described respects in proper condition
	Mark Patterso Signature	n Jan a	8/25/10	Mark f Type or Print ?	Patterson Name and Tit	on, Facility Mar.

	TRANSPORT	TER SECTION
X.	Transporter I (Acknowledgement of receipt of materials Name: WM - NORTH JACKSON	s)
	Address: 12201 COCMEN	
	City: North yackson	State: OHO Zip Code: 44415
	Telephone: (330) 535-3600	Fax: ( )
	BAA	Fax: (BobBAKer
		10 BobBAKEr
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
<u></u>		
XI.	Transporter 2 (Acknowledgement of receipt of materials	
	Name:	
	Address:	Central 7:n C-Ja.
	Telephone: ()	State: Zip Code:
	rerephone: ()	Fax: ()
	Cignothus	There are Delica Manager and City
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL S	ITE SECTION
XII.	Discrepancy indication space	
		1
		!
L		
XIII	. Waste disposal site owner or operator: Certification of except as noted in item 12	of receipt of asbestos materials covered by this manifest
	- Theope is noted in item 12	
/		5 DD / 1/h
	King / M = N N	() of Line Mobile)
	5 1 WAY 0 54	L TURNETURE
ļ	Signature Date	Type or Print Name and Title
	Form Revis	sed (11/12/97)

NO.438141

GENERATOR:	9799	DELIVER TO:		<b>!</b>
Ravenna Army Ammunition F	lant	American Land	lfiii:330-866-3265	
8451 State Route 5	_	7916 Chapel S	t	
Ravenna, OH 44288	Waynesburg, (	OH 44688		
Carrier: Waste Manag Vehicle No.: P6P1836	PGK2183	Company Responsible Ravenna Army Plant	e for Disposal Charg Ammunition	es:
Profile No.	Name of Was	te Stream	Apx. Volume	Act. Weights
1095860H RQL	Son Contaminated with	Debns and Asbestos	20yds	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage				Net Wt.
Generator Signature:	Patterson JAM	Vers	Date: <u>8/25</u> Date: <u>8/25</u> Date: <u>8</u>	10 1/6 X0(0)

ORIGINAL (TO BE MAILED BACK TO GENERATOR)

Page I of 2

		CICATION AT	· ·		
	- A-		OR SECTION	~	
I.	Facility Name: KAV	ENNA ARMY A TATE ROUTE 5	MMUNITION	DEPOI	
	City: RAVENINA	ALE KOULES	State: 01-	Zip Code: 44288	
ļ	Owner's Name:	,	State. Off	Zip Code. 11000	
	Telephone: <u>(330</u> ) 3	58-7311	Fax: ( )		
II.	Operator's Name: To	1test			
	Address: 508 We City: Ddow	St Elnora St		a c l timeter	
	Telephone: (Si2)	636-8501	State: 14 Fax: (812 ) 636	Zip Code: 47562 -7572	
III.	Waste Disposal Site (W	DELNO-O AMERIC	AN LANDFILL		
111.	Waste Disposal Site (W	D5) Name:	-111V 411VU L L		
	"on-site" disposal	💢 Yes 🗆 No	3		
	Physical Location:	_			
	Address:7	716 CHAPEL S	STREET, SE		
:	City: WHYNESKI	URG do-3265	State: <u>'OH</u> Fax: (330) BW	Zip Code: 44688	
	receptione: (OCY) A	ao- 0265	Fax: (000) 500	5 - 5 104	
	Mailing Address:		ΟÜ	111.00	
	City:	10/0-32/05	State: <u>OH</u> Fax: (336) 86	Zip Code: 44688 26 - 3709	
IV.	Responsible Agency (L Name: NESHAP RE	ocal, District, State, or EPA O	ffice where notification was s	ent)	
	Address: 77 WEST	JACKSON BLVD			
	City: CHICAGO		State: <u>IL</u>	Zip Code: 60604	
V.	Description of	VI. (	Containers	VII. Total Quantity	
<u>:</u>	Materials	Number	Туре	(cubic yards)	
FR]	IABLE ASBESTOS	00	CM	ΖΦ	
VIII	. Special Handling Instri	uctions and Additional Infor	mation		
	_	•			
<del> </del>			· · · · · · · · · · · · · · · · · · ·		
IX.	Generator's Certificati	on: I hereby declare that the c	contents of this consignment a	re fully and accurately described	
įIX.	above by proper shipping	g name and are classified, pack	ked, marked and labeled, and	are in all respects in proper condition	
IX.	above by proper shipping	on: I hereby declare that the cg name and are classified, pack according to applicable interns	ked, marked and labeled, and	are in all respects in proper condition	
IX.	above by proper shipping	g name and are classified, pack	ked, marked and labeled, and a ational and government regula	are in all respects in proper condition ations.	
IX.	above by proper shipping	g name and are classified, pack	ked, marked and labeled, and	are in all respects in proper condition ations.	

	TRANSPÖR	TER SECTION
х.	Transporter 1 (Acknowledgement of receipt of material Name: WM - NORTH JACKSON Address: 1523) CLHS RD	als) CHRIP on
	Address: 16.239 CLUS 182 City: CLUS 0 CH CS Telephone: ()	State: 6;40 Zip Code: CUOQY Fax: (a)
	Telephone.	FIO POINTUER
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materi Name:	
	Address:	· · · · · · · · · · · · · · · · · · ·
	City:	State: Zip Code: Fax: ( )
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
:		
,	DISPOSAL	SITE SECTION
XII.	Discrepancy indication space	
	,	
XII	<ol> <li>Waste disposal site owner or operator: Certificatio except as noted in item 12</li> </ol>	n of receipt of asbestos materials covered by this manifest
	R Ruge/ 82	old RRigg Scale Op
<del> </del>	Signature Date	Type or Print Name and Nitle
L	Form Re	vised (11/12/97)

NO.438166

GENERATOR: #30	0246 DELIVER TO:				
Ravenna Army Ammunition P	lant <u>American Lan</u> t	<del>1611-330-866-3265</del>			
8451 State Route 5	7916 Chapel S	t			
Ravenna, OH 44288	Waynesburg, (	OH 44688			
Carrier: Waste Management Company Responsible for Disposal Charges:  Ravenna Army Ammunition  Plant					
	Name of Waste Stream	Apx. Volume	Act. Weights		
Profile No. 1095860H ਨਿਖ਼	Soil Contaminated with Debris and Asbestos	20	Gross Wt.		
Exp Dt. 07/02/2011			Tare Wt.		
County: Portage			Net Wt.		
Generator Signature: Mark Patterson JAM Date: 08/26/10					
Transporter Signature:  Disposal Facility Signature:	Brett Fully	Date: 8/26	9/0		

ORIGINAL (TO BE MAILED BACK TO GENERATOR)

		GENERA	TQR SECTION	
I.	Facility Name: RAV	ENNA ARMY ATE ROUTE 5	AMMUNITION	) DEPOT
	City: RAVENINA		State: 01-	Zip Code: <u>44288</u>
	Owner's Name:	58-7311	Fax: ()	
II.	Operator's Name:	oltest		
	Address: 508 Wes	A Elnora St	State: IN	Zip Code: 47562.
	Telephone: (812)63	6-8501	Fax: (812) 63	6-7572
III.	Waste Disposal Site (W	DS) Name: AMERI	CAN LANDFIL	L
	"on-site" disposal	XX Yes □ ì	No	
	Physical Location: 70 Address:	716 CHAPEL	STREET, SE	
	City: WAYNES BI Telephone: (3.30) 80	IRG	State: 01+ Fax: (330)86	Zip Code: 44688
		<u> </u>	rax: (030)0@	φ 510-9
	Mailing Address: City:		State: OH	Zip Code: 44688 866-3709
	Telephone: (330) 86	66-3265	Fax: (336) 8	blob - 3709
IV.	Name: NESHAP RE	GIONAL OFFICE	Office where notification was	sent)
	Address: 77 WEST City: CHICAGO	JACKSON BLVD	State: IL	Zip Code: 60604
v.	Description of	VI.	Containers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FRI	ABLE ASBESTOS	00	CM	20
			<u> </u>	
VIII.	Special Handling Instru	ictions and Additional Info	ormation	
IX.	above by proper shipping	name and are classified, pa		are fully and accurately described d are in all respects in proper condition plations.
	Mark Patters Signature	on 18n 08/26 Date	Mark Pat Type or Print Nar	terson, Facility Mgr.

I	TRANSPORTER SECTION				
X.	Transporter 1 (Acknowledgement of Name: WM - North J.	receipt of materials)	<i>242</i>		
	Address: 10237 CU+	15 RD			
	City: CHEADON C	DH10	State: 6H10 Zip Code: 40024		
	Telephone:		Fax: ( )		
_		08/26/10	Coce WINIUERS		
_ <	Signature	Date	Type or Print Name and Title		
	Signatuye	Date	Type of Trink Name and Time		
	Rejected Materials (if any)		Destination		
		**************************************			
XI.	Transporter 2 (Acknowledgement of				
	Name:				
	City:		State: Zip Code:		
	Telephone: ( )		Fax: ( )		
	Signature	Date	Type or Print Name and Title		
	Rejected Materials (if any)		Destination		
l					
l					
			· · · · · · · · · · · · · · · · · · ·		
		DISPOSAL SIT	E SECTION		
XII.	Discrepancy indication space				
1					
VIII	Waste disposal site over on or or or	ton Contification of r	receipt of achaetas materials covered by this manifest		
XIII	M. Waste disposal site owner or operate except as noted in item 12	tor: Certification of r	eceipt of asbestos materials covered by this manifest		
XIII		tor: Certification of r	eccipt of asbestos materials covered by this manifest		
XIII		tor: Certification of r	receipt of asbestos materials covered by this manifest		
XIII		tor: Certification of r	Breff Fuller Scales		
XIII		tor: Certification of r	Breff Fulur Scales  Type or Print Name and Title		

NO.438167

GENERATOR:	pELIVER TO:		
Ravenna Army Ammunition F	Plant American Lan	dfill:330-866-3265	
8451 State Route 5	7916 Chapel S	5t	
Ravenna, OH 442 <b>66</b>	Waynesburg,	OH 44688	
Carrier: <u>Naste Manaa</u> Vehicle No.: PGP1835	Company Responsible Ravenna Arm	e for Disposal Charg y Ammunition	ges:
	TIC 300388	<u> </u>	
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights
1095860H	Soil Contaminated with Debris and Asbestos	24	Gross Wt.
Exp Dt. 07/02/2011			Tare Wt.
			Net Wt.
County: Portage			
Generator Signature: Mark	Patterson Jam	Date: 48 26	10
Transporter Signature:	My Boh Baker	Date: 8/16	-/10-
Disposal Facility Signature:	Butt July	Date: 8/06	
	RIGINAL (TO BE MAILED BACK TO GEN	FRATOR)	

	GENERATOR SECTION					
I.	Facility Name: RAV Address: 8451 87	ENNA ARM	IV AMA	IUNITIO	N DEPOT	-
	City: RAVENINA	HIE ROUTE		State: 01-	Zip Code: 44	266
	Owner's Name: Telephone: (330) 3	58-7311		Fax: ()		
II.	Operator's Name: To					
	Address: 508 WG	2st Elnora St		State: 115	Zip Code: 4	7562
	Telephone: (817.) 6			Fax: (812)63	67572	
III.	Waste Disposal Site (W	DS) Name: AM	ERICAN	LANDFI	<u>LL</u>	
	"on-site" disposal	🔀 Yes	□ No			
	Physical Location:	211 21110	OTO:	Cr		
	City: WHYNESA	716 CHAPI URG	il SIK	State: OH	Zip Code: _4	4688
	Telephone: (3.30) 8(	do-3265		Fax: (330)80	66-3709	
	Mailing Address:			State: OH	Zip Code: 4	4688
-	City:	66-3265			866 - 3709	
IV.	Responsible Agency (L			here notification wa	as sent)	
	Name: NESHAP REA					
	City: CHICAGO			State: <u>IL</u>	Zip Code: 60	604
V.	Description of Materials		VI. Contain	<del></del>	I	tal Quantity bic yards)
EID T		Number		Турс	•	
FRI	ABLE ASBESTOS	00		CM	26	
VIII.	. Special Handling Instri	ctions and Addition	al Information	<del></del>		
	- I					
		<del></del>	_	•		
IX.	Generator's Certificati above by proper shipping					
	for transport by highway			•	•	
	Mark Patterson	- 2 Dm.	OB/26/10	Mark Pa	terson Faci	lity Mar.
	Signature	$\sim$ Da	ate	Type or Print N	ame and Title	7 0

	TRANSPORTER	SECTION
X.	Transporter I (Acknowledgement of receipt of materials) Name: WM - NORTH JACKSON	
ĺ	Address: 12701 Council de	
ľ	City: North JACKSONE	State: 6A10 Zip Code: 49417
	Telephone: (33) 5.38-3600	Fax: ( )
	1879 OB/26/10	BobBaller
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
Vī	The manager of Adams and Adams of the Control of th	
XI.	Transporter 2 (Acknowledgement of receipt of materials)  Name:	
Ī	Address:	State: Zip Code:
I	City: Telephone: ( )	
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
<b>-</b>	DISPOSAL SITI	E SECTION
<u> </u>		E OEC HOR
XII.	Discrepancy indication space	
XIII	. Waste disposal site owner or operator: Certification of re	eceipt of asbestos materials covered by this manifest
1	except as noted in item 12	
	Batt Full 8/26/10	1 Brett Filler Sustes
<b> </b>	Signature Daye	Type or Print Name and Title
1	Form Revised	(11/12/97)

NO.438168

GENERATOR:	₹ ، ۶	DELIVER TO:		\	
Ravenna Army Ammunition F	Plant	American Lanc	lfill:330-866-3265		
8451 State Route 5		7916 Chapel St	<u> </u>		
Ravenna, OH 442		Waynesburg, (	DH 44688		
Carrier: Waste Management  Company Responsible for Disposal Charges:  Ravenna Army Ammunition  Plant  T. 6. 300875					
Profile No.	Name of Was	te Stream	Apx. Volume	Act. Weights	
1095860H RQL	Soil Contaminated with	Debris and Asbestos	20	Gross Wt.	
Exp Dt. 07/02/2011				Tare Wt.	
- County: Portage				Net Wt.	
Generator Signature: Made  Transporter Signature: Disposal Facility Signature:	Patterson John Bolo C. But Ful	Saller	Date: 8-26/10  Date: 8-26-		

ORIGINAL (TO BE MAILED BACK TO GENERATOR)

	GENERATOR SECTION					
I.	Facility Name: RAV Address: 8451 87	ENNA AF	RMY AM	MUNITIO	N DE	POT
	Address: 845 87 City: PAVENNA	TATE ROU	TE 5	State: 01-	Zip Cod	e: 442 <b>66</b>
	Owner's Name: Telephone: (330) 3	58-7311		Fax: ( )		
II.	Operator's Name: Took Wo	oltest	L			
	City: Odon Telephone: (317)63			State: 101 Fax: (812)63		e: <u>4756</u> Z
III.	Waste Disposal Site (W	Α.	MERICAN	V LAND FI		···
111.		,		4		
	"on-site" disposal	XX Yes	□ No			
	Physical Location: Address:	716 CHA	PEL STI	REET, SE		
	City: WAYNES BY Telephone: (3.30) 8	URG 3265		_ State: <u>'01+</u> _ Fax: (330)84	Zip Cod	le: <u>44688</u>
	Mailing Address:					•
	City:	1137105		State: 0 H	Zip Cod	le: 44688 3709
137						7 10-1
IV.	Responsible Agency (L Name: NESHAP RE	GIONAL OFF	ICE	where nonneation wa	is sent)	
	Address: 77 WEST City: CHICAGO	JACKSON BI	-ΔD	State: IL	Zip Coo	de: 60604
V.	Description of		VI. Cont	ainers	v	II. Total Quantity
	Materials	Numb	er	Туре		(cubic yards)
FRI	ABLE ASBESTOS	00		CM	9	(0
VIII.	Special Handling Instru	uctions and Addit	tional Informat	on		
IX.	Congretavia Cartificati	ans I harabs daala	ero that the conto	ata of this consistence	et ara fully ar	ad acquestoly described
IA.		g name and are clas	ssified, packed, r	narked and labeled, ar	nd are in all i	respects in proper condition
	for transport by highway	according to appli	cable internation	ai and government reg	guiations.	
	wash DHz	N O	ADI AL	X4 1 (	2-44-0	7. 1.4
	Signature	- Jam	<u>DB [26][</u>	Type or Print Na	Tallers ame and Title	in, tacility Mgr.

TRANSPORTER SECTION				
Χ.	Transporter 1 (Acknowledgement of receipt of materials) Name: WM - NORTH JACKSON	#PGP1835		
	Address: 12701 Council Ov	State: OHO Zip Code: 4415		
	City: NOME JACKSON			
	Telephone: (3-5).538-3600	Fax: ()		
	08/26/10	1 Sch Jakez		
	Signature Date	Type or Print Name and Title		
	Rejected Materials (if any)	Destination		
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name: Address:			
	City:	State: Zip Code:		
	Telephone: ( )	Fax: ( )		
	Signature Date	Type or Print Name and Title		
	Rejected Materials (if any)	Destination		
	DISPOSAL SIT	E SECTION		
XII.	Discrepancy indication space			
_				
XIII	. Waste disposal site owner or operator: Certification of r except as noted in item 12	eceipt of asbestos materials covered by this manifest		
	Signature $\frac{8}{26}$	Brett Filler Scales Type or Print Name and Title		
	8			
	Form Revised	(11/12/97)		

NO.438169

GENERATOR:  Ravenna Army Ammunition F  8451 State Route 5  Ravenna, OH 44286  Carrier: Waste Manager  Vehicle No.: PGP18351	ment	DELIVER TO:  American Land 7916 Chapel S  Waynesburg, (  Company Responsible Rayenna Army	OH 44688 of for Disposal Charg	es:
Profile No.	Name of Wa	ste Stream	Apx. Volume	Act. Weights
1095860H RQL	Soil Contaminated wit	h Debris and Asbestos	20	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage				Net Wt.
Generator Signature:  Transporter Signature:  Disposal Facility Signature:	Bull Jul	Verto	Date: 8-26/16  Date: 8/26/16	

ORIGINAL (TO BE MAILED BACK TO GENERATOR)

#438 169

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

	GENERATOR SECTION				
I,	Facility Name: PAV	ENNA ARMY AL	· · · · · · · · · · · · · · · · · ·	DEPOT	
1,	Address: 8451 ST	ATE ROUTE 5		Zip Code: 442 <b>66</b>	
	City: RAVENNA Owner's Name:		State: <u>0   - </u> 2	Zip Code: 44300	
	Telephone: (330) 3	58-7311	Fax: ()		
II.	Operator's Name:Address:	altest			
	City: Odor		State: /N 2	Zip Code: <b>1756</b> Z	
	Telephone: (8)2)63		Fax: (87)636-7	572	
III.	Waste Disposal Site (W	DS) Name: AMERICA	N LANDFILL		
	"on-site" disposal	X Yes □ No			
	Physical Location:	716 CHAPEL ST	PEET SE		
	Address: 70 City: WAYNESBU	IRG CHAREL SI	State: OH	Zip Code: 44688	
	Telephone: (3.30) 8(	URG do-3265	Fax: (330) 866	- 3709	
	Mailing Address:		- 11	111,00	
	City:	21 -20105	State: OH	Zip Code: 44688 6-3709	
		•			
IV.	Responsible Agency (L Name: NESHAP REC	ocal, District, State, or EPA Offic SIONAL OFFICE	ce where notification was ser	nt)	
	Address: 77 WEST			60604	
	City: CHICAGO			Zip Code: 60604	
V.	Description of Materials		ntainers	VII. Total Quantity (cubic yards)	
77777	ADID ADDROGO	Number	Туре		
FRI	TABLE ASBESTOS	00	CM_	20	
-	3				
	<u> </u>				
VIII. 	Special Handling Instru	ections and Additional Inform	ation		
	T.	<del></del> ·			
	•				
IX.		on: I hereby declare that the con			
		; name and are classified, packed according to applicable internati		e in all respects in proper condition	
			g- : :		
	1. 1 01.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7 .1 + .4	
	Mark Patterio	n Apm (181561)	Mark Patte Type or Print Name	rson, tacility Mar.	
	Signature	Date *	Type or Print Name	and little	

TRANSPORTER SECTION				
X.	Name: WM - NORTH JACKSON (WALLOUT)			
	Address: 10231 POTTS City: CHRPOT		State: OHO Zip Code: Glosg	
. 4	Telephone:	8:26-10	ROY MUERD	
	Signature	Date	Type or Print Name and Title	
	Rejected Materials (if any)		Destination	
XI.	Transporter 2 (Acknowledgement of recei	pt of materials)		
	Name:Address:		7: 0-1-	
	City: Telephone: ()		State: Zip Code: Fax: ()	
	Signature	Date	Type or Print Name and Title	
	Rejected Materials (if any)		Destination	
<u>:</u>	DI.	TTP TAROUS	SECTION	
DISPOSAL SITE SECTION  XII. Discrepancy indication space			SECTION	
XII	I. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12			
	Brett Fully 8/26/10 Brett Filler Scales Type or Print Name and Title			
-	Form Revised (11/12/97)			

NO.438170

GENERATOR:	DE	ELIVER TO:		
Ravenna Army Ammunition P	lant	American Land	Fill:330-866-3265	
8451 State Route 5		7916 Chapel St	·	
Ravenna, OH 44288		Waynesburg, C	)H 44688	<u></u>
Carrier: Waste Mana Vehicle No.: PHD279 SINES TRICH 33	agement-Sines co	ompany Responsible Ravenna Army Plant		es:
Profile No.	Name of Waste		Apx. Volume	Act. Weights
1095860H ROL	Soil Contaminated with Del	ons and Asbestos	ZO	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage				Net Wt.
Generator Signature: Mark Patterson Jam Date: \$8/27/10  Transporter Signature: Date: \$129/10  Disposal Facility Signature: Date: \$27/10				

JUM FHH # 300592

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

4138170

		GENERATO	R SECTION	
I.	Facility Name: RAV	ENNA ARMY AN	UMUNITION I	DEPOT
	City: PAVENINA	HIE KUUIE 5	State: 0 - Zip	Code: 44266
	Owner's Name:		State. UTI Zip	Code: 77000
	Telephone: (330) 3	258-7311	Fax: ()	
II.	Operator's Name: 10			
	Address: 508 W	25t Einara St.	7.	
	City: (S(2))	140-8501	State:/\(\int \) Zip Fax: (\( \S\ Z \) 636-76	Code: 47562
III.		VDS) Name: AMERICA		110
111.	Waste Disposal Site (w	DS) Name: MMUNIUM	IN LANDFILL	
	"on-site" disposal	X Yes □ No		
	Physical Location:	Ct. 0040		
	Address:76	916 CHAPEL ST	REET, SE	
	City: WAYNES BI Telephone: (3.30) 8	UKIA	State: O+ Zip	Code: 44688
	retebuotie: (O. Y.) (X	40° Jales	Fax: (330)866 - 3	3704
	Mailing Address:		- <b></b> i	
	City:	·	State: OH Zip	Code: 44688
<u></u>	Telephone: (330) 80	66-3265	Fax: <u>(336) 866</u>	- 3709
IV.	Responsible Agency (L Name: <u>NESHAP</u> REG	Local, District, State, or EPA Offic	ce where notification was sent)	
	Address: 77 WEST			
	City: CHICAGO		State: IL Zip	Code: 60604
V.	Description of	VI. Con	****	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FRI	ABLE ASBESTOS	00	CM	Zo
		•		
<del></del>				
VIII	Special Handling Instru	1 1 1 3 3142 1 Tu form	<u> </u>	
¥ 111.	Special manufing instru	uctions and Additional Informa	ition	
IX.	Generator's Certification	on: I hereby declare that the cont		15
	above by proper shipping	g name and are classified, packed,	, marked and labeled, and are in	all respects in proper condition
	for transport by highway	according to applicable internatio	onal and government regulations	5.
		A	·	
	2016	With the	I. M. son	- 12 es
	PI TOUR !	1000 106121	lin Mark Kittoron	1 Levelle Ilea
1		~ U v j v j .		· · · · · · · · · · · · · · · · · · ·

	TRANSPORTEI	R SECTION
X.	Transporter I (Acknowledgement of receipt of materials) Name: WM - NORTH JACKSON	
ĺ	Address:	Ctotos 7:- Co.do.
	Telephone: ()	State: Zip Code:
	(Sans A Roy 8-21-10	$C: \mathcal{T} \times \mathcal{T}$
;	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:	
	Cibra	
	Telephone: ()	State: Zip Code: Fax: ()
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	
XIII.	. Waste disposal site owner or operator: Certification of re	eccipt of asbestos materials covered by this manifest
	except as noted in item 12	·
	RR1000 8-27-10	PRINCE Sale Op
	Signaturė () Date	Type or Prin Name and Title
	Form Revised	(11/12/97)

NO. 438171

GENERATOR: 300	590 D	ELIVER TO:		
Ravenna Army Ammunition F	Plant	American Lanc	ifiii:330-866-3265	
8451 State Route 5		7916 Chapel S	<u>t</u>	
Ravenna, OH 442 <b>66</b>		Waynesburg, (	OH 44688	
Carrier: Waste Man Vehicle No.: PGK 218	agement o	Company Responsible Ravenna Army Plant		es:
Profile No.	Name of Waste	Stream	Apx. Volume	Act. Weights
1095860H RQL	Soil Contaminated with De	bris and Asbestos	20	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage				Net Wt.
Generator Signature:	k Patterson John	oy Mysors	Date: 08/2  Date: 8-2  Date: 4-2	7/10

		GENERATO	R SECTION	
1.	Facility Name: RAV	ENNA ARMY ATTATE ROUTE 5	MMUNITION	DEPOT
	City: RAVENINA	THIE ROUTES	State: <b>0</b>   -   2	Lip Code: 442 <b>66</b>
	Owner's Name:	50 901		ip code. 11800
	Telephone: (330)		Fax: ()	
II.	Operator's Name:  Address: 508   50	oltest Inc		
	City: Odon	tzineva St.	State: (N Z	Lip Code: 4756 Z
	Telephone: (BIZ)	6-8501	Fax: (812)636-7	
111.	Waste Disposal Site (W	DS) Name: AMERICA	N LANDFILL	
	"on-site" disposal	X Yes □ No		
	Physical Location:	au aunos ca	2	
	Address: 70 City: WAYNESB	916 CHAPEL ST		Cip Code: 44688
	Telephone: (330) 8	do-3265	State: <u></u>	Tip Code: 44688
	Mailing Address:			
	City:		State: OH Z	in Code: 44688
	Telephone: (330) 8	66-3265	Fax: (336) 860	Cip Code: 44688
IV.	Responsible Agency (L Name: NESHAP RE	ocal, District, State, or EPA Offic	ce where notification was sent	)
	Address: 77 WEST	JACKSON BLVD		
	City: CHICAGO		State: <u>IL</u> Z	ip Code: 60604
V.	Description of Materials	VI. Co	ntainers	VII. Total Quantity
		Number	Туре	(cubic yards)
FRI	ABLE ASBESTOS	00	CM	20
VIII.	Special Handling Instru	ections and Additional Informa	ation	
IX.	Generator's Certification	on: I hereby declare that the cont	tents of this consignment are f	illy and accurately described
	above by proper shipping	, name and are classified, packed	marked and labeled, and are	in all respects in proper condition
	101 transport by highway	according to applicable internation	onal and government regulation	ns.
		AH		
	Mach 1	The MANTH	In Markfattoron	Facility May
	Signature	Date	Type or Print Name ar	nd Title

		TRANSPORTE	R SECTION			
X.	Transporter 1 (Acknowledgement of receipt of materials) Name: WM - NORTH JACKSON (hardon					
	Address: 162 37 Cott	ACKSON (Lar	-don			
	City: _ CARROON	2 / 9 2 =	State: Offo Zip Code: FU624			
	Telephone: ( )		Fax: ( )			
	CHA!	- do-la	$\overline{\rho}$			
	Signature		Roy WV JEES			
ļ	Signature	Date 1	Type or Print Name and Title			
	Rejected Materials (if any)		Destination			
		<del></del>				
XI.	Transporter 2 (Acknowledgement of Name:					
ŀ	Address;		State: Zip Code:			
	Telephone: ( )		State: Zip Code:			
			Turk (			
ŀ						
	Signature					
	Signature	Date	Type or Print Name and Title			
	Rejected Materials (if any)	<u> </u>	Destination			
	-					
		DISPOSAL SITI	E SECTION			
XII.	Discrepancy indication space					
XIII.	Waste disposal site owner or operate	or: Certification of re	ceipt of asbestos materials covered by this manifest			
	except as noted in item 12					
	12 Rugel	8211	D RRuppe Societo			
	Signature	Date	Type or Print Name and Aitle			
		Form Revised (	(11/12/97) "			

NO.438172

د	DELIVER TO		
GENERATOR:	DELIVER TO:		
Ravenna Army Ammunition P	lant American Lan	dfill:330-866-3265	<u> </u>
8451 State Route 5	7916 Chapel 5	<u>st</u>	
Ravenna, OH 44288	Waynesburg,	OH 44688	
Carrier: JMV Vehicle No.: PVH3185	Company Responsible Ravenna Arm	le for Disposal Charg y Ammunition	es:
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights
109586OH	Soil Contaminated with Debns and Asbestos		
ROL		DT 300	Gross Wt.
Exp Dt. 07/02/2011			Tare Wt.
County: Portage			Net Wt.
Generator Signature: Mark Transporter Signature: Disposal Facility Signature:	Patterion John Royal Royal P	Date: <u>\$ - 30</u> Date: <u>\$ - 30</u>	30/0

		GENERATO	DECTION	
Ţ	72 1112			2502
I.	Facility Name: KHV	ENNA ARMY AI	MUNLIZON	DEPOT
	City: RAVENINA	THIC REGIES	State: 01-	Zip Code: 44266
	Owner's Name:	5.6.		2.tp code. 11000
	Telephone: (330) 3	158-7311	Fax: ()	
П.	Operator's Name:	oltest Inc		
	Address: 508 Wes	A Elnora St	State: 1 ~	2: 0 t les \$7.7
	Telephone: (812) 6	6-8501	State: 1 15 Fax: (1812 ) 636-	Zip Code: 47562
III.	Waste Disposal Site (W	DS) Name: AMERICA		
	"on-site" disposal	XX Yes □ No		
	Dhydiaal I aastan			
	Physical Location: Address: 76	916 CHAPEL ST	REET SE	
	City: WHYNESKI	(1 <i>R f</i> =1	State:O +	Zip Code: 44688
	Telephone: (3.30) 8(	do-3265	Fax: (330)866	- 3709
	Mailing Address:		. 1	
	City:	// 2015	State: OH	Zip Code: 44688
	Telephone: (330) 8	06-3265	Fax: <u>(336</u> 86	6-3709
IV.	Responsible Agency (L Name: <u>NESHAP</u> RE	ocal, District, State, or EPA Offic	ce where notification was ser	nt)
	Address: 77 WEST	JACKSON BLVD		
	City: CHICAGO		State: <u>IL</u>	Zip Code: 60604
V.	Description of	VI. Co	ntainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FRI	ABLE ASBESTOS	00	SMOT	<sub>විස</sub> 30
	····			
			-	
VIII.	Special Handling Instru	uctions and Additional Informa	ntion	
IX.	Generator's Cartification	One I haraby deglars that the care	io_6o o Cal.:	6.11
	above by proper shipping	on: I hereby declare that the cont g name and are classified, packed.	ents of this consignment are , marked and labeled, and ar	e in all respects in proper condition
	for transport by highway	according to applicable internation	onal and government regulat	ions.
		1		
	Wash	fath 08/30/11	o Markfatte	from Tall. Har
	Signature	Date	Type or Print Name:	

		NSPORTER SECTION	
ζ.	Transporter I (Acknowledgement of receipt o Name: North JACKS	of materials) Trice PVH31	188
	Address:		
	City: Cariton	State:	
	Telephone: (14) 14/54 - 2428	Fax: ()	
	( 19 ) /		
		8-30-10 Randy	
	Signature Da	ate Type or Print Name and Title	
	Rejected Materials (if any)	Destination	
	Transporter 2 (Acknowledgement of receipt of	of materials)	
	Name:	<u> </u>	<u>.</u>
	Address:	States 7'- C-1-	<del></del>
	Telephone: ()	State: Zip Code: Fax: ()	<del></del>
		Tax. (	<del></del>
	Signature Da	ate Type or Print Name and Title	<del></del>
	Rejected Materials (if any)	Destination	
T		OSAL SITE SECTION	
I.	DISPO	OSAL SITE SECTION	
I.	Discrepancy indication space	OSAL SITE SECTION	
ī.		OSAL SITE SECTION	
I.	Discrepancy indication space	OSAL SITE SECTION	
	Discrepancy indication space	OSAL SITE SECTION  tification of receipt of asbestos materials covered by this manif	fest
-	Discrepancy indication space		Fest

**NO.** 438173

<b>'</b>			
GENERATOR:	DELIVER TO:		
Ravenna Army Ammunition I	Plant American Lan	dfill:330-866-32 <u>65</u>	
8451 State Route 5	7916 Chapel S	št	
Ravenna, OH 44288	Waynesburg,	OH 44688	
Carrier: Company Responsible for Disposal Charges:  Ravenna Army Ammunition Plant			es:
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights
109586OH	Soil Contaminated with Debris and Asbestos	30	Gross Wt.
Exp Dt. 07/02/2011			Tare Wt.
County: Portage			Net Wt.
Generator Signature: Man  Transporter Signature:	& Patterson Jon	Date: <u>08/34</u>	2/10 (O



	••	GENERATO	OR SECTION	
I.	Facility Name: RAV	ENNA ARMY A	MMUNITION	DEPOT
	Address: 8451 ST City: PAVENNA	ATE ROUTE 5		Zip Code: 442 <b>66</b>
	Owner's Name:	58-7311	Fax: ()	
II.		Stest Inc		
11,	Address: 508 Ves	stelnorast.		(10.07)
	City: 0(0) Telephone: (\$17)63	6-8501	State: 10 2 2 2 5 12 636 -	Zip Code: <u>475762</u>
III.	Waste Disposal Site (W	A	AN LANDFILL	
****				
	"on-site" disposal	XX Yes □ No		
	Physical Location: 70	716 CHAPEL ST	TREET SE	
	City MAVNES QI	10 G	State: OH 2	Zip Code: 44688
	Telephone: (3.30) 8(	do-3265	Fax: (330)866	3709
	Mailing Address:		State: OH	44088
	City: (330) 80	66-3265	State: 0 H 7	Zip Code: 44688 e - 3709
IV.		ocal, District, State, or EPA Off		
	Name: NESHAP REC	GIONAL OFFICE		
	Address: <u>77 WEST</u> City: <u>CHICAGO</u>	JACKSON BLVD	State: IL	Zip Code: 60604
v.	Description of	VI. Co	ontainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR	IABLE ASBESTOS	00	CMDT	30
VIII	. Special Handling Instru	uctions and Additional Inform	ation	
IV	Concrete 1: C45 4	Thereby de 5 4 4	touto efebio occidente	fully and apprentally described
IX.	above by proper shipping		d, marked and labeled, and are	e in all respects in proper condition
	tor transport by highway	according to applicable internat	ionai and government regulati	ons.
	2/1.1	D.4	11 1011-	TILL
	1 run	1att	Mark Portfoson	
	Signature	Date	Type or Print Name a	and Title

	TRANS	PORTER SI	ECTION			
X.	Name: WM - NORTH JACKSON JMW					
	Address: City: Telephone Signature  Date	8/20/10 P	ate: Zip Code:	<u></u>		
	Rejected Materials (if any)		estination			
XI.	Transporter 2 (Acknowledgement of receipt of Name:					
	Address:	St	ate: Zip Code: _			
	Signature Date	···	Type or Print Name and Title			
	Rejected Materials (if any)	D	estination			
		<del> -</del>				
	DISPO	SAL SITE S	ECTION			
XII.	Discrepancy indication space					
XIII	. Waste disposal site owner or operator: Certif except as noted in item 12	ication of recei	pt of asbestos materials covered	by this manifest		
		8/30/10	DAyers Trees Print News and Title	Sciles		
	Signature Dat	n Revised (11	Type or Print Name and Title			
	ron	11 100 1100 (1 11	1 m / 1 j			

NO.438174

GENERATOR: 36	4164	DELIVER TO:		
Ravenna Army Ammunition F	Plant	American Land	ffill:330-866-3265	
8451 State Route 5		7916 Chapel S	t	
Ravenna, OH 44288		Waynesburg, (	DH 44688	
Carrier: <u>WasteManagy</u> Vehicle No.: <u>PSKZ183</u>		Company Responsible Ravenna Army		es:
Profile No.	Name of Was	te Stream	Apx. Volume	Act. Weights
109586OH	Soil Contaminated with	Debris and Asbestos	20	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage				Net Wt.
Generator Signature:	k Patterson Hom	MUEDS	Date: 8-307	

GENERATOR SECTION				
I.	Facility Name: RAV	ENNA ARMV AI	IMUNITION	DEPOT
	Address: 8451 5	PATE ROUTE 5		
	City: KAVENNA		State: 01-	Zip Code: 44266
ŀ	Owner's Name: Telephone: (330)	50.7211		<del></del>
·		7	Fax: ()	
II.	Operator's Name:	altest Inc		
	Address: 508 wes	+Elmora Street		
	City: Ddona Telephone: (812 63)	L Carol	State: /N	Zip Code: 47562
	Telephone. 1 Stz (2)		Fax: <u>( \$12 )636-</u>	1312
III.	Waste Disposal Site (W	DS) Name: AMERI CA	N LANDFIL	<u></u>
	"оп-site" disposal	XX Yes □ No		
	Physical Location: 79 Address: 79 City: WAYNESB	916 CHAPEL ST URG	REET, SE State: OH	Zip Code: 44688
	Telephone: (330) 8	do-3265	Fax: (330)866	- 3709
	Mailing Address:			
	City:		State: OH	Zip Code: 44688
	Telephone: (330) 8	66-3265	_ Fax: <u>(336) 8</u> (	ale - 3709
IV.	Responsible Agency (L Name: <u>NESHAP RE</u> Address: <u>77 WEST</u>	ocal, District, State, or EPA Offic	ce where notification was s	sent)
	City: CHICAGO	JACKSON BLVD	State: IL	Zin Code: 60604
37				- D.P 0040.
V.		I VI Cor	ntainers	VII. Total Quantity
1	Description of	71. 60	<del></del>	
	Materials	Number	Туре	(cubic yards)
	-		Туре	(cubic yards)
	Materials	Number		
	Materials	Number		(cubic yards)
FRI	Materials  [ABLE ASBESTOS	Number 00	СМ	(cubic yards)
FRI	Materials  [ABLE ASBESTOS	Number	СМ	(cubic yards)
FRI	Materials  [ABLE ASBESTOS	Number 00	СМ	(cubic yards)
FRI	Materials  [ABLE ASBESTOS	Number 00	СМ	(cubic yards)
FRI	Materials  [ABLE ASBESTOS	Number 00	СМ	(cubic yards)
FRI	Materials  [ABLE ASBESTOS	Number 00	СМ	(cubic yards)
FRI	Materials  [ABLE ASBESTOS	Number 00	СМ	(cubic yards)
FRI	Materials  IABLE ASBESTOS  Special Handling Instru  Generator's Certificati above by proper shipping	Number  OO  uctions and Additional Information  on: I hereby declare that the con-	cents of this consignment at marked and labeled, and	re fully and accurately described are in all respects in proper condition
FRI VIII.	Materials  IABLE ASBESTOS  Special Handling Instru  Generator's Certificati above by proper shipping	Number  OO  uctions and Additional Informations  on: I hereby declare that the containing name and are classified, packed	cents of this consignment at marked and labeled, and	re fully and accurately described are in all respects in proper condition
FRI VIII.	Materials  IABLE ASBESTOS  Special Handling Instru  Generator's Certificati above by proper shipping	Number  OO  uctions and Additional Informations  on: I hereby declare that the containing name and are classified, packed	cents of this consignment at marked and labeled, and	re fully and accurately described are in all respects in proper condition
FRI VIII.	Materials  IABLE ASBESTOS  Special Handling Instru  Generator's Certificati above by proper shipping	Number  OO  uctions and Additional Informations  on: I hereby declare that the containing name and are classified, packed	cents of this consignment at marked and labeled, and	re fully and accurately described are in all respects in proper condition

		TRANSPORTE	R SECTION		
Х.	Name: WM - North JACKSON CHARDON				
	Address: 10237 CUHS	VEP	101000110		
		tio CM			
	Telephone: (440)286-7116		Fax: ( )		
	The state of the s	4-36-10			
(	Signature	Date	Type or Print Name and Title		
	Rejected Materials (if any)		Destination		
XI.	Transporter 2 (Acknowledgement o	f receipt of materials)			
	Name:		· <u>-</u> · · · · · · · · · · · · · · · · · · ·		
	Address:	•	0 7' 0.1		
	Telephone: ()		State: Zip Code:		
	reiephone. (		Fax: ()		
	Signature	Date	Type or Print Name and Title		
		Date	Type or Print Name and Title  Destination		
	Signature  Rejected Materials (if any)	Date			
		Date			
			Destination		
	Rejected Materials (if any)	Date DISPOSAL SIT	Destination		
XII.			Destination		
XII.	Rejected Materials (if any)		Destination		
XII.	Rejected Materials (if any)		Destination		
XII.	Rejected Materials (if any)		Destination		
	Rejected Materials (if any)  Discrepancy indication space  . Waste disposal site owner or opera	DISPOSAL SIT	Destination		
	Rejected Materials (if any)  Discrepancy indication space	DISPOSAL SIT	Destination  E SECTION		
	Rejected Materials (if any)  Discrepancy indication space  . Waste disposal site owner or opera	DISPOSAL SIT	Destination  E SECTION		

NO.438175

GENERATOR:	DELIVER TO:		İ
Ravenna Army Ammunition P	lant American Land	dfill:330-866-3265	
8451 State Route 5	7916 Chapel S	ť.	
Ravenna, OH 44288	Waynesburg,	OH 44688	
Carrier: JMW Trud	Company Responsible Rayenna Army Plant	Company Responsible for Disposal Charges:	
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights
109586OH	Soil Contaminated with Debris and Asbestos	300	Gross Wt.
Exp Dt. 07/02/2011 ROL			Tare Wt.
- County: Portage	·		Net Wt.
Generator Signature:	1/ /g	Date: <u>08/30//</u> Date: <u>8 - 30 - </u> Date:	10 3//0

	GENERATOR SECTION				
I.	Facility Name: RAV	ENNA ARMY A	MMUNITION	DEPOT	
	City: <u>RAVENNA</u>	THE ROUTES	State: <u>0 1 </u> Z	ip Code: 44266	
	Owner's Name: Telephone: (330)	58-7311	Fax: ()		
II.	Operator's Name:	oltest Inc			
	Address: 500 We City: Address		State: _/N Z	ip Code: _ <del>57562</del>	
<del></del>	Telephone: (StZ) 6	<u> </u>	Fax: <u>(812)636-7</u>	572	
III.	Waste Disposal Site (W	DS) Name: AMERIC	AN LANDFILL		
	"on-site" disposal	🕱 Yes 🗆 No			
	Physical Location: Address: 7	916 CHAPEL S	TOFFT CF		
	City: WAYNESA	186		ip Code: 44688	
	Telephone: (3.30) 8	do- 3265	Fax: (330) 866 -		
	Mailing Address:		0.11	111 00	
	City:	66-3265	State: <u>OH</u> Z Fax: (336) Blok	ip Code: 44688 - 3709	
IV.	Responsible Agency (1	ocal, District, State, or EPA Of	fice where notification was sent	<del> </del>	
	Name: NESHAP RE	GIONAL OFFICE		,	
	Address: 77 WEST City: CHICAGO	DACKSON BLVD	State: IL Z	ip Code: 60604	
v.	Description of	W. C	<del></del>		
	Materials	Number	ontainers	VII. Total Quantity (cubic yards)	
FRT	ABLE ASBESTOS		Туре		
1101	ADDE ADDEDIOS	00	CMDT	<b>₹</b> ®	
17777	Caratal III				
¥ 111,	Special Handling Instri	actions and Additional Inform	nation		
		<del></del>			
IX.	Generator's Certificati	on: I hereby declare that the co	ntents of this consignment are fi	ully and accurately described	
	above by proper shipping	, name and are classified, packe	d, marked and labeled, and are i	in all respects in proper condition	
	201 dansport by nighway	according to applicable internal	ional and government regulation	ns.	
	all 1	Partle	<b>4</b> A . O.:		
	- Jack	08/30	110 Mark Potterson	Jacily Mar	
	Signature	Date	Type or Print Name an	d Title	

	TRANSPORTER SECTION				
X.	Name: MM North JACKSON'S JMW Trucking Address: 5/9 45TH S (1):				
ĺ	City: Canton	State: OH Zip Code: 44706			
	Telephone: (330) 484 - 2428	Fax: ()			
	While Whiters 08/30/10	MARIL WALTERS  Type or Print Name and Title			
	Signature Date	Type or Print Name and Title			
	Rejected Materials (if any)	Destination			
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:				
	Address:City:				
	Telephone: ()	State: Zip Code: Fax: ()			
	Signature Date	Type or Print Name and Title			
	Rejected Materials (if any)	Destination			
YZYY	DISPOSAL SITE	SECTION			
XII.	Discrepancy indication space				
XIII.	Waste disposal site owner or operator: Certification of recexcept as noted in item 12	eipt of asbestos materials covered by this manifest			
	Kuar 83110	Ram Scale (10			
	Signature Date	Type or Print Name/and Title			
<del>-</del>	Form Revised (1	1/12/97)			

NO. 438176

GENERATOR:	DELIVER TO:		
Ravenna Army Ammunition F	lant American Land	lfill:330-866-3265	
8451 State Route 5	7916 Chapel S	t	
Ravenna, OH 44266	Waynesburg, (	DH 44688	
Carrier: TMWTRUCI Vehicle No.: PVH3188			es:
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights
1095860H ROL	Soil Contaminated with Debns and Aspestos	3044	Gross Wt.
Exp Dt. 07/02/2011			Tare Wt.
County: Portage			Net Wt.
Generator Signature:	and fath	Date: 08 30	10
Transporter Signature:	1 1119-	Date: 8-30-	10
Disposal Facility Signature:		Date: $9 - 3$	1-10

Page I of 2

GENERATOR SECTION					
1.	Facility Name: RAV	ENNA AR	MY AMM	UNITION	DEPOT
	Address: 845 S-City: RAVENINA	TATE ROUT	E 5	State: 014	Zip Code: 44266
	Owner's Name:			state: <u>014</u>	Zip Code: 44880
	Telephone: (330) 3	58-7311	F	Fax: ()	
II.	Operator's Name: I	stesting Stelhura St			<u>.</u>
	City: _ <u> </u>		S	State: 160	Zip Code: 47562
	Telephone: (82) 6		I	Fax: (B12)636	
III.	Waste Disposal Site (W	DS) Name: <u>A</u>	MERICAN	LANDFIL	L
	"on-site" disposal	🕱 Yes	□ No		
	Physical Location: Address: 76	716 CHA	PEL STRE	ET SE	
	City: WAYNESB	UR13		State:O +	Zip Code: 44688
	Telephone: (3.30) 8(	do-3265	I	Fax: (330)864	- 3709
	Mailing Address:			0.11	
	City:	106-3265		State: <u>OH</u> Fax: (336, 80	Zip Code: 44688
IV.	····				
1	Responsible Agency (L Name: NESHAP RE	<u>GIONA</u> L OFFI	CE	ere notification was s	sent)
	Address: 77 WEST City: CHICAGO	JACKSON BL		State: IL	Zip Code: 60604
V.	Description of		VI. Containe		VII. Total Quantity
	Materials	Numbe	<del></del>	Туре	(cubic yards)
FRI	ABLE ASBESTOS	001	-	C. Marie	30
				LM DI	<del></del>
				·	
VIII.	Special Handling Instru	etions and Addition	onal Information	······································	
		_	<del></del>		
IX.	Generator's Certificati	on: I hereby declare	e that the contents of	of this consignment a	re fully and accurately described
	for transport by highway	g name and are class according to applica	itied, packed, mark able international as	ked and labeled, and and government regul	are in all respects in proper condition
	· - v	<u> </u>			
	Mal	To Ma	Malia	Mark Patter	DOVI
	Signature	1-010	_ <i>U8 30 10</i>   Date	Type or Print Nam	g/ Title
			Date	I VDP OF Print Nami	e and Little

	TRANSPOR	RTER SECTION	
X. Transporter I (Acl Name:		State: OH Zip Code: 44706  Fax: ( )	
Signature	## ## Date	Type or Print Name and Title	
Rejected Materia	ıls (if any)	Destination	
Name: Address:	knowledgement of receipt of materia		
Telephone: (	)	Fax: ()	
Signature	Date	Type or Print Name and Title	
Rejected Materia	ils (if any)	Destination	
	DISPOSAL	SITE SECTION	
XII. Discrepancy indica	ation space		
XIII. Waste disposal site except as noted in	e owner or operator: Certification item 12	n of receipt of asbestos materials covered by this man	ifest
except as noted in	e owner or operator: Certification item 12	Type of Print Name and Title	ifest

NO.438177

DELIVER TO:		
American Lan	dfill:330-866-3265	
7916 Chapel S	ii	
Waynesburg,	OH 44688	
		jes: 
Vaste Stream	Apx. Volume	Act. Weights
Soil Contaminated with Debris and Asbestos		Gross Wt.
<u></u>		Tare Wt.
		Net Wt.
	Date: 48/31	10
	Date:	3//0
	American Lan 7916 Chapel S Waynesburg, Company Responsible Ravenna Army Plant	American Landfill:330-866-3265 7916 Chapel St Waynesburg, OH 44688  Company Responsible for Disposal Charge Ravenna Army Ammunition Plant  Vaste Stream with Debris and Asbestos Date: 48/31  Date: 8/31

	GENERATOR SECTION				
I.	Facility Name: RAV	ENNA ARMU AI		DEPOT	
	Address: 8451 ST City: RAVENNA	TATE ROUTE 5		Lip Code: 44266	
	Owner's Name:	58-7311	Fax: ( )	AP 3333	
II.	Operator's Name:	oltest Inc			
	Address: 508 wes	it Elnova St	State: IN 7	Zip Code: 47562	
	Telephone: (512)63		Fax: (812) 636-	757Z	
III.	Waste Disposal Site (W	DS) Name: AMERICA	AN LANDFILL		
	"on-site" disposal	X Yes □ No			
İ	Physical Location:	an annor, et	-2		
	City: WHYNESKI		State: OI+ Z	Zip Code: 44688	
;	Telephone: (3.30) 8(	do-3265	Fax: (330) 866 -	3709	
	Mailing Address: City:		State: OH z	44088	
ļ	Telephone: (330) 80	66-3265	Fax: (336 866	Zip Code: 44688 p - 3709	
IV.	Responsible Agency (L Name: NESHAP REG	ocal, District, State, or EPA Offi	ce where notification was sen	t)	
	Address: 77 WEST City: CHICAGO	JACKSON BLVD			
ν.	Description of	VI. Co	······································	Zip Code: 60604	
	Materials	VI. Co Number	ntainers Type	VII. Total Quantity (cubic yards)	
	ì		* J P ~		
FRI	ABLE ASBESTOS	00	CMT	2	
FRI	ABLE ASBESTOS		CMDT	3a	
		00	CMDT	3 <sub>2</sub>	
			CMDT	3 <sub>2</sub>	
		00	CMDT	30	
		00	CMDT	30	
VIII.		00	CMDT	3 <sub>v</sub>	
	Special Handling Instru	on: I hereby declare that the con	itents of this consignment are i	fully and accurately described	
VIII.	Special Handling Instru Generator's Certification	on: I hereby declare that the con	itents of this consignment are i	fully and accurately described in all respects in proper condition	
VIII.	Special Handling Instru Generator's Certification	on: I hereby declare that the congramme and are classified, packed	tents of this consignment are followed, and are onal and government regulation	fully and accurately described in all respects in proper condition ons.	
VIII.	Special Handling Instru Generator's Certification	on: I hereby declare that the congramme and are classified, packed	itents of this consignment are to the standard and labeled, and are onal and government regulation.	fully and accurately described in all respects in proper condition ons.	

	TRANSPORTE	RSECTION				
X.	Name: Address: 519 45th Street	Transporter 1 (Acknowledgement of receipt of materials)  Name: HREFEREN JAW Trucking #PVH3ZOZ				
	City: <u>Canton</u> Telephone: 730)4847428	State: OH Zip Code: 44706 Fax: (1)				
	Signature Date	Type or Print Name and Title				
	Rejected Materials (if any)	Destination				
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:					
	Address: City: Telephone: ()	State: Zip Code:				
**************************************	Signature Date	Type or Print Name and Title				
	Rejected Materials (if any)	Destination				
is designation of the state of						
	DISPOSAL SITI	E SECTION				
XII.	Discrepancy indication space					
XIII.	Waste disposal site owner or operator: Certification of re except as noted in item 12	ceipt of asbestos materials covered by this manifest				
	Signature S Date	Type or Print Name and Title				
	Form Revised (					

NO.438178

GENERATOR:	DELIVER TO:			
Ravenna Army Ammunition P	lant American Land	dfill:330-866-3265		
8451 State Route 5	7916 Chapel S	<u> </u>		
Ravenna, OH 44266	Waynesburg,	DH <u>44688</u>		
Carrier:				
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights	
109586ОН <b>RQL</b>	Soil Contaminated with Debris and Asbestos	30 pt 201	Gross Wt.	
Exp Dt. 07/02/2011			Tare Wt.	
County: Portage			Net Wt	
Generator Signature:	ach Patt	Date: 8-31	110	
Transporter Signature:	104	Date: 8-31	2/1	
Disposal Facility Signature:	12	Date:	3//0	
		ERATOR)		

GENERATOR SECTION					
I.	Facility Name: KAV	ENNA ARMY A	MMUNITION	DEPOT	
	City: RAVENINA	HIE KOUTE 5	State: 0  -	Zip Code: 442 <b>56</b>	
	Owner's Name:		State. OTT	Zip Code. 11000	
	Telephone: (330) 3	58-7311	Fax: ()		
II.	Operator's Name:	oHest Inc			
	Address: 500 We	st ZI norast	State: //	Zip Code: 47567	
	Telephone: (512)62	6-8501	Fax: (812) 636	-757Z	
III.	Waste Disposal Site (W	DS) Name: AMERICI	AN LANDFILL	-	
	"on-site" disposal	X Yes □ No			
	Physical Location:	all allages e-			
	Address: 79 City: WAYNES BY	916 CHAPEL ST	State: _OH	Zip Code: 44 688	
	Telephone: (330) 8	do-3265	Fax: (330) 866	- 3709	
	Mailing Address:				
	City:		State: O H	Zip Code: 44688	
	Telephone: (330) 8	66-3265	Fax: (336) 86	6-3709	
IV.	Responsible Agency (L Name: <u>NESHAP</u> RE	ocal, District, State, or EPA Off	ice where notification was se	nt)	
	Address: 77 WEST	JACKSON BLVD			
	City: CHICAGO		State: IL	Zip Code: 60604	
V.	Description of Materials	VI. Co	ontainers	VII. Total Quantity	
		Number	Туре	(cubic yards)	
FRI	ABLE ASBESTOS	00	CHOT	30	
VIII.	Special Handling Instru	ections and Additional Inform	ation		
IX.	Generator's Certification	on: I hereby declare that the cor	ntents of this consignment are	fully and accurately described	
	above by proper shipping	, name and are classified, packed	d, marked and labeled, and ar	e in all respects in proper condition	
	ioi iransport by nighway	according to applicable internati	ionai and government regulat	ions.	
	271	<del>/////////////////////////////////////</del>	<b>.</b>	N 1.	
	12 last 1	all 18/31/1	D Mark with Type or Print Name	erson tacility Mar	
	Signature	Date	Type or Print Name	and Title	

	TR	ANSPORTER	SECTION	
Х.	Transporter 1 (Acknowledgement of recei	pt of materials)	N Trucking	#PVH3161
	Address: 519 45th Street			Zip Code: 44 706
	City:		State: OH Fax: ( )	Zip Code:
	AR 11:		rax: (	
	all-th	08/31/10	Allen K	Laish Driver
	Signature	Date	Type or Print Nam	
	Rejected Materials (if any)		Destination	
				<del> </del>
		<del></del>		
		<del></del>		
XI.	Transporter 2 (Acknowledgement of recei			
	Name:			
	Address:		State:	Zip Code:
	Telephone: ()		Fax: ( )	
			<u></u>	
	Signature	D-1-	T D'Alle	- 1 Tai
	Signature	Date	Type or Print Nan	ne and little
	Rejected Materials (if any)		Destination	
	Rejected Waterials (II ally)		Destination	
	DI	CDOCAT CITT	CECTION	
	DR	SPOSAL SITE	SECTION	
XII.	Discrepancy indication space			
XIII.	Waste disposal site owner or operator: C	Certification of re	ceipt of asbestos ma	terials covered by this manifest
	except as noted in item 12			
		\ <u></u>		$\bigcap$ / $\propto$
_		* 211N		
1	Tibuse/	> 01/U	1 +	hear sale 1 /
	Signature	Date	Type or Print Nat	me and Tipe
	$\overline{}$	Form Revised (		<del></del>

A Commence of the Commence of		•		
GENERATOR:	DELIVER TO:			
Ravenna Army Ammunition F	Plant American Land	American Landfill:330-866-3265		
8451 State Route 5	7916 Chapel S	7916 Chapel St		
Ravenna, OH 44299	Waynesburg,	OH 44688		
Carrier:				
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights	
109586OH	Soil Contaminated with Debris and Asbestos	302d	Gross Wt.	
<u> </u>		<u> </u>	Gloss IV.	
Exp Dt. 07/02/2011			Tare Wt.	
Exp Dt. 07/02/2011  County: Fortage				
			Tare Wt.	
County: Fortage	Tach Patte	Date: 08 31	Tare Wt.	
County: Fortage	Had his	Nate: 8-3/	Tare Wt.  Net Wt.	
Generator Signature:	Had his		Tare Wt.  Net Wt.	

TSD FACILITY COPY

		CENEDATE	OD CECTION	
Ţ	DAY.		OR SECTION	> 1 (A = T
l.	Address: 845 S	ENNA ARMY A	MMUNITION	DEPOI
	City: KAVENINA	1110 00410 5	State: 01-	Zip Code: 44286
	Owner's Name: Telephone: (330) 3	E 6 70:1		2.p cccc. 110 20
<u> </u>	<del></del>		Fax: ()	
11.	Operator's Name: 18	oltest Inc		
	City: Odan		State: IW	Zip Code: 47562
<u> </u>		36-8501	Fax: (812)636	-7572
III.	Waste Disposal Site (W	DS) Name: AMERIC	AN LANDFILL	•
	"on-site" disposal	XX Yes □ No		
	Physical Location:	au auron a	TARET OF	
	COV. MAH AMPS &	916 CHAPEL S	IKEEI, SE State: OH	Ti 0 1 1/1 00
	Telephone: (330) 8	do- 3265	State: <u>01+</u> Fax: (330) 866	Zip Code: 44688 - 3709
	Mailing Address:			
	City:		State: _OH	Zip Co <u>d</u> e: 44688
	Telephone: (330) 8	66-3265	Fax: (336) 86	6-3709
IV.	Responsible Agency (L	ocal, District, State, or EPA Of	fice where notification was ser	nt)
	Name: <u>NESHAP RE</u> Address: <u>77 WEST</u>	GIONAL OFFICE		<u> </u>
	City: CHICAGO	ONCROON BHVD	State: IL	Zip Code: 60604
V.	Description of	VI. C	ontainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FRI	ABLE ASBESTOS	001	CMOT	30
			7000	<u> 50</u>
VIII.	Special Handling Instru	ections and Additional Inform	nation	
	_	• • • • • • • • • • • • • • • • • • • •		
IX.	Generator's Certification	nn. I hereby declare that the ac	ntonto of this and the	C.11
	above by proper snipping	on: I hereby declare that the con name and are classified, packe	d, marked and labeled, and are	in all respects in proper condition
	for transport by highway	according to applicable internat	ional and government regulati	ons,
		Lill.		
	M/al	att Malli	Q Markhatters	on Pail of Mar
	Signature	Date Date	Type or Print Name a	

	TRANSPORTER SECTION				
X.	Name: 45th Reed City: Canton	MW Trucking			
	Telephone: (330) 484-2428	State: 0# Zip Code: 44706  Fax: ( )			
	Signature Date	Type or Print Name and Title			
	Rejected Materials (if any)	Destination			
XI,	Transporter 2 (Acknowledgement of receipt of materials)  Name: Address:				
	City:	State: Zip Code: Fax: ()			
	Signature Date	Type or Print Name and Title			
	Rejected Materials (if any)	Destination			
	DISPOSAL SITE	SECTION			
XII.	Discrepancy indication space	SECTION			
XIII.	Waste disposal site owner or operator: Certification of reexcept as noted in item 12	ceipt of asbestos materials covered by this manifest			
	Signature Date	Type or Print Name and Title			
	Form Revised (				

NO.438180

•					
GENERATOR:	DELIVER TO:				
Ravenna Army Ammunition P	Yant American Land	IfiN:330-866-3265			
8451 State Route 5	7916 Chapel St				
Ravenna, OH 442 <b>66</b>	Waynesburg, (	Waynesburg, OH 44688			
Carrier: TMW Trucking Vehicle No.: PHA 1220		Company Responsible for Disposal Charges: Rayenna Army Ammunition			
	Name of Waste Stream	Apx. Volume	Act. Weights		
Profile No.	Soil Contaminated with Debns and Aspestos		Aut. Worging		
1095860H 7QL	Son Contaminated With Dealth and 7000000	30yd	Gross Wt.		
Exp Dt. 07/02/2011			Tare Wt.		
County: Portage	·		Net Wt.		
Generator Signature:  Transporter Signature:  Disposal Facility Signature:	Park Patter	Date: $\frac{\partial B/31/1}{\partial B}$ Date: $\frac{\partial B/31/1}{\partial B}$	0		

		GENERATO	R SECTION	GENERATOR SECTION				
I.	Facility Name: RAVI	ENNA ARMY AI	IMUNITION	DEPOT				
	Address: 8451 ST	ATE ROUTE 5						
	City: RAVENINA		State: <u>0  - </u> Zi <sub>I</sub>	Code: 44266				
	Owner's Name:	5Q-7211	Form (					
		·	Fax: ()					
II.	Operator's Name:	litest Inc		· <del></del>				
	Address: 508 Vest	-Elnora St.						
	City: <u>Colon</u> Telephone: (812) 63	1 60:701	State: 115 Zij Fax: (812 ) 636-75	Code: <u>47562</u>				
	Telephone: (8/2) 65			16				
III.	Waste Disposal Site (W	DS) Name: AMERICF	IN LANDFILL					
	"on-site" disposal	XX Yes □ No						
	Physical Location: Address: 76 City: WAYNES BI Telephone: (3.30) 86	716 CHAPEL ST URG do-3265		o Code: <u>44688</u> 3709				
	Mailing Address:		0.11	1111 00				
	City:		State: OH Zi	p Code: 44688 - 3709				
	Telephone: (330) 80	e6-3265	Fax: (336 866	- 3109				
IV.	Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD							
	City: CHICAGO		State: <u>IL                                    </u>	p Code: 60604				
ν.		VI. Co						
V.	City: CHICAGO  Description of Materials		ntainers	VII. Total Quantity (cubic yards)				
	Description of Materials	Number		VII. Total Quantity				
	Description of		ntainers	VII. Total Quantity				
	Description of Materials	Number	ntainers	VII. Total Quantity				
	Description of Materials	Number	ntainers	VII. Total Quantity				
FR	Description of Materials  [ABLE ASBESTOS	Number	Type	VII. Total Quantity				
FR	Description of Materials  [ABLE ASBESTOS	Number OO	Type	VII. Total Quantity				
FR	Description of Materials  [ABLE ASBESTOS	Number OO	Type	VII. Total Quantity				
FR	Description of Materials  IABLE ASBESTOS  Special Handling Instru  Generator's Certificati above by proper shipping	Number  OO  uctions and Additional Inform  on: I hereby declare that the cor	Type  Type  ation  atents of this consignment are fully marked and labeled, and are in	VII. Total Quantity (cubic yards)  ally and accurately described all respects in proper condition				
FR1	Description of Materials  IABLE ASBESTOS  Special Handling Instru  Generator's Certificati above by proper shipping	Number  OO  Ictions and Additional Inform  on: I hereby declare that the core mame and are classified, packet	Type  Type  ation  atents of this consignment are fully marked and labeled, and are in	VII. Total Quantity (cubic yards)  ally and accurately described all respects in proper condition				
FR1	Description of Materials  IABLE ASBESTOS  Special Handling Instru  Generator's Certificati above by proper shipping	Number  OO  Ictions and Additional Inform  on: I hereby declare that the core mame and are classified, packet	Type  Type  ation  atents of this consignment are fully marked and labeled, and are in	VII. Total Quantity (cubic yards)  ally and accurately described in all respects in proper condition is.				

	TRANSPORTER SECTION				
X.	Transporter 1 (Acknowledgement of rec	eipt of materials)			
	Name:	TEST IM	W Trucking	#PHAIZZO	
	Address: 519 4546 Street				
	City: Canton		State: CH Zip	Code: <u>94706</u>	
	Telephone: (330) 484-2428		Fax: (		
		مدا ـا مم	No 12 11 11 11 1	Solve Druck	
	Simple 1		Type or Print Name and T		
	Signature	Date	Type of Film Name and I	. 160	
	Rejected Materials (if any)		Destination		
XI.	Transporter 2 (Acknowledgement of rec				
	Name:Address:				
1	City:		State: Zip	Code:	
l	City:		Fax: ( )		
l		·-			
l					
l			T B. ! . 3.7	Tiela	
	Signature	Date	Type or Print Name and	ı me	
	Rejected Materials (if any)		Destination		
			, , , , , , , , , , , , , , , , , , ,		
	. NEWS	· <del></del>			
	D	ISPOSAL SIT	E SECTION		
XII.	Discrepancy indication space				
			-		
XIII	. Waste disposal site owner or operator	: Certification of	receipt of asbestos materials	covered by this manifest	
	except as noted in item 12		_		
1	$\sim$				
1	( \ / )	1.3	× 1	0	
1		— <del></del>	10 DAya	s Scales	
<u> </u>	Signature	Date	Type or Print Name and	Title	
		Form Revised	(11/12/97)		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

NO. 438181

GENERATOR:	DELIVER TO:				
Ravenna Army Ammunition P	lant American L	andfill:330-866-3265	<u> </u>		
8451 State Route 5	7916 Chapel St				
Ravenna, OH 442 <b>66</b>	Waynesbur	Waynesburg, OH 44688			
	MW Truckny Company Responsible for Disposal Charges:				
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights		
1095860H RQL	Soil Contaminated with Debris and Asbesto	3 Bayl	Gross Wt.		
Exp Dt. 07/02/2011			Tare Wt.		
- County: Portage			Net Wt.		
Generator Signature:  Transporter Signature:	Park Patte	Date: <u>Φ</u> 8 31			
Transporter Signature:	_ Lli	Date: <u> </u>	1-10		
Disposal Facility Signature:	Off-	Date: <u>813</u>	1110		

	GENERATOR SECTION					
I.	Facility Name: RAV Address: 8451 87	ENNA ARM	14 AMI	YUNITION	D	EPOT
	Address: 8451 ST City: PAVENNA	TATE ROUTE	5	State: 01-	7 in (	Code: 44266
	Owner's Name:		•			
	Telephone: (330) 3	1		Fax: ()		
II.	Operator's Name: To Address: 508 We	oltest Inc	F			
	City: Edon			State:	_ Zip (	Code: 47562
	Telephone: (812) 63		CO1 CO 1	Fax: (8/2)636		
III.	Waste Disposal Site (W	DS) Name: AM	eri litn	CHNDETT	. <b>L</b>	
	"on-site" disposal	🔀 Yes	□ No			
	Physical Location:					
	Address: 79 City: WAYNESBI	716 CHAPE	il SIR	EEI, SE State: OH	7in (	Code: 44688
	Telephone: (3.30) 8	do- 3265		Fax: (330) 860	6 - 3	709
	Mailing Address:					W. 00
	City:	1-1:-20/05		State: 0 H Fax: (336) 8	Zip (	Code: 44688 3709
		<del></del>	<del>-</del>			3 10-1
IV.	Responsible Agency (I. Name: NESHAP RE			where notification was	sent)	
	Address: 77 WEST City: CHICAGO	<del></del>		Charles TT	7'	Code: 60604
V.			VI. Conta	State: <u>IL</u>	_ Zip (	VII. Total Quantity
<b>'</b> '	Description of Materials	Number	vi. Conta	Type		(cubic yards)
FR.	ABLE ASBESTOS	OO		Type		30
		771		Sen Di		<b>Δ</b> Φ
VIII	. Special Handling Instr	uctions and Addition	al Informatio	on		I
	_					
			•			
			<u> </u>			
IX.						y and accurately described all respects in proper condition
	for transport by highway					
		1.,				
	M/ach 10	the.	a Stail	in Mark Ditt	<b></b>	1 Inc 10. Ma-
	Signature		ate	Mark Path Type or Print Nar	ne and "	Title

	TI	RANSPORTER	SECTION		
X.	Transporter 1 (Acknowledgement of rec Name:	eipt of materials)	Trucking	# PVH	3161
	Address: 519 45th St.		<u> </u>	7. O. I. II	<u> </u>
	City: Canton	±+ <del>=</del>		Zip Code:4	7 /06
	Telephone: (330) 484-2478		Fax: ()	3.00	
1	Aller Krish	08(31)10	Alla	Cnish	Parile
	Signature	Date	Type or Print Na	ne and Title	
	Rejected Materials (if any)	4	Destination		
XI.	Transporter 2 (Acknowledgement of rec				
	Address:				
	City:			Zip Code:	
	Telephone: ()		Fax: ()		<u> </u>
	Signature	Date	Type or Print Na	me and Title	
	Rejected Materials (if any)	· · · · · · · · · · · · · · · · · · ·	Destination		
				. The state of the	
	D	ISPOSAL SITI	ESECTION		
XII.	Discrepancy indication space				
XIII	<ul> <li>Waste disposal site owner or operator: except as noted in item 12</li> </ul>	: Certification of re	eceipt of asbestos m	aterials covered	1 by this manifest
		4/3//	Type or Print No	her	Sules
	Signature	Date		ime and Title	
		Form Revised	(11/12/97)		

NO.438182

	Ö			
GENERATOR:	DELIVER	TO:		
Ravenna Army Ammunition F	lant An	<u>ierican Land</u>	lfiii:330-866-3265	
8451 State Route 5	79	l6 Chapel S	<u> </u>	
Ravenna, OH 44266	<del></del>	synesburg, (	OH 44688	
Carrier: TMW Truckii Vehicle No.: PVH320	Company		e for Disposal Chargo Ammunition	es:
Profile No.	Name of Waste Stream	n	Apx. Volume	Act. Weights
109586OH RQ L	Soil Contaminated with Debris and	Asbestos DT	30yd	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
Gounty: Portage				Net Wt.
Generator Signature:  Transporter Signature:  Disposal Facility Signature:	al Patt	<u> </u>	Date: <u>08/31/1</u> Date: <u>8/3/</u>	10

		GENERATO	R SECTION	
I.	Facility Name: RAV	ENNA ARMY AL TATE ROUTE 5	IMUNITIO	V DEPOT
	Address: 8451 87	ATE ROUTE 5		111266
	City: PAVENINA		State: <u>01-1</u>	Zip Code: 44266
	Owner's Name:	58-7311	Fax: ( )	
		0 11 /1	1 4411	
II.	Operator's Name:	oltestluc	<u> </u>	
	Address: <u>308 West</u> City: <u>Odo</u> 4	" Unoposti	State: //	Zip Code: 47562
	Telephone: (812) 603	6-8301		67572
III.	Waste Disposal Site (W	DS) Name: AMERICA	N LANDFII	LL
	"on-site" disposal	XX Yes □ No		•
	Physical Location: Address: 76 City: WAYNES & 17 Telephone: (3.30) & 6	716 CHAPEL ST URG do-3265	REET, SE State: OH Fax: (330) 84	Zip Code: <u>44 6 88</u> 26 - 3709
	Mailing Address: City: Telephone: (330) 86	66-3265	State: <u>OH</u> Fax: (336_1	Zip Code: 44688 366 - 3709
IV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO		ce where notification wa	zis sent) Zip Code: 60604
v.	Description of	VI. Cor	ntainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR	IABLE ASBESTOS	00	<b>A</b>	3.2
				ļ
VIII	. Special Handling Instru	uctions and Additional Informa	ation	
IX.	above by proper shipping for transport by highway		, marked and labeled, ar	t are fully and accurately described and are in all respects in proper condition gulations.
	Mach for	M 08/31/1	10 Marklan Type or Print Na	Herson Facility Mar
I	Signature	Date '	Type or Print Na	ame and Title

	TRANSPORTE	ER SECTION
x.	Transporter 1 (Acknowledgement of receipt of materials) Name:	rwTricking #PVHZDZ
	Address: SIG 45th St.	
	City: <u>Gnton</u> Telephone: <u>/(320) 484 24-28</u>	State: <u>OH</u> Zip Code: <u>44706</u> Fax: ( )
		107 1
	1/1/10 H / 1/10 08/31/10	
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:	
1	Address:	State: Zip Code:
	City:	Fax: ( )
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SI	TE SECTION
XII.	Discrepancy indication space	
XIII	<ul> <li>Waste disposal site owner or operator: Certification of except as noted in item 12</li> </ul>	receipt of asbestos materials covered by this manifest
		<b>\</b> 1
	() L = 31311	10 VAges Scales
	Signature Date	Type or Print Name and Title
	Form Revise	d (11/12/97)

NO.438183

,				
GENERATOR:		DELIVER TO:		
Ravenna Army Ammunition I	Plant	American Land	ifili:330-866-3265	
8451 State Route 5		7916 Chapel S	t	
Ravenna, OH 442 <b>66</b>		Waynesburg,	DH 44688	
Carrier: JMWTrucky Vehicle No.: PVH3188	<b>y</b>	Company Responsible Ravenna Army Plant		es:
Profile No.	Name of Was	te Stream	Apx. Volume	Act. Weights
1095860H RQL	Soil Contaminated with	Debris and Asbestos	30yd	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage		<u> </u>		Net Wt.
Generator Signature:	ach Path		Date: <u>Φ</u> 8/31/(μ	

	GENERATOR SECTION					
I.	Facility Name: RAV	ENNA AI	RMY AM	MUNITI	ON D	EPOT
	Address: 845 83 City: RAVENNA	TATE ROU	TE 5	State: 01-	,	Code: 44266
	Owner's Name:			State: O.1-1	Zip C	Lode: 11000
	Telephone: (330) 3	58-7311		_ Fax: ()_		
II.	Operator's Name:					
	Address: 508 West	Elnora Stree	y <u>t                                    </u>	0	7' (	Code: 47562
	City: Olan Telephone: (\$12)63	6-8501		_ State:	36-7572 Zip C	Jode: 7/302
III.	Waste Disposal Site (W		MERICAI			
	"on-site" disposal	<b>⊠</b> Yes	□ No			
		716 CHA	PEL ST	REET, S	E	1/1/02/2
	City: WAYNES BY Telephone: (3.30) 8(	186 do-3265	<b>.</b>	_ State: <u>014</u> _ Fax: <u>(330)</u>	. Zip ( <b>866 - 3</b>	Code: 44688
	Mailing Address: City:			State: 0H	Zip (	Code: 44688 3709
	Telephone: (330) 8	66-3265		Fax: (336)	866-	3 109
IV.	Responsible Agency (L Name: NESHAP RE	GIONAL OFF	ICE	where notification	was sent)	
	Address: 77 WEST City: CHICAGO	JACKSON BI	<u>1ΛΩ</u>	State: IL	Zip (	Code: 60604
V.	Description of		VI, Cont	tainers		VII. Total Quantity
	Materials	Numb	er	Туре	-	(cubic yards)
FR]	ABLE ASBESTOS	001		£ 13	DT	30
				<del></del>	-1,1	<u> </u>
VIII	Special Handling Instru	uctions and Addi	tional Informat	ion		
1						
IX.	Generator's Cartificati	on. Thereby decla	are that the conte	nts of this consign	ment are fulls	and accurately described
128.		•		•	•	all respects in proper condition
	for transport by highway	according to appli	cable internation	nal and governmen	t regulations.	
	Mark Patterson	· Yan	08/31/10	Mark Type or Prin	Pattersa	n, Facility Mar
Į .	Signature	<u> </u>	Date	Type or Prin	t Name and T	Title V · V

	TRANSPORTER SECTION			
x.	Transporter 1 (Acknowledgement of re	ceipt of materials)	> - kii.	
	Name:	NC-MOSH	2) Trucking	
	Address: 58 45 St.		21 21 1/1/2h/	
	City: Canton		State: OH Zip Code: 44706	
	Telephone: (330) 484-2428	,	Fax:	
	(2/17///	08/31/16	Gandle Harman	
	Signature	Date	Type or Print Name and Title	
	Signature	24.0		
	Rejected Materials (if any)		Destination	
XI.	Transporter 2 (Acknowledgement of re	eceipt of materials)		
	Name:			
	Address:			
	City:		_ State: Zip Code:	
	Telephone: ( )	· · -·	_ Fax: ()	
			·	
	Signature	Date	Type or Print Name and Title	
	Rejected Materials (if any)		Destination	
	]	DISPOSAL SIT	E SECTION	
XII.	Discrepancy indication space	··········		
	,			
*****		G - 418 - 41 C -	- 1 . C - 1	
XIII	except as noted in item 12	r: Certification of I	eceipt of asbestos materials covered by this manifest	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	ċΥ l =	3/31	110 Afres Scoles	
	Signature		Type or Print Name and Title	
	B	Form Revised	<u> </u>	
L		I OHH KEVISED	(11112171)	

NO. 438184

* **			
GENERATOR:	DELIVER TO:		
Ravenna Army Ammunition P	lant American Lang	lfiii:330-866-3265	
8451 State Route 5	7916 Chapel S	t	
Ravenna, OH 44266	Waynesburg, (	OH 44688	
Carrier:	Company Responsible Ravenna Army Plant		es:
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights
1095860H RQL	Soil Contaminated with Debns and Asbestos	30yds	Gross Wt.
Exp Dt. 07/02/2011			Tare Wt.
County: Portage			Net Wt.
Dea	ris focairs	Date: <u>831/10</u>	
Transporter Signature:	De la companya della companya della companya de la companya della	Date: 8   3	110

	GENERATOR SECTION			
<del> </del>	P ():			> - A
I.	Facility Name: KHV	ENNA ARMV AI	MMUNITION	DEPOT
	City: RAVENINA	THIE ROUTES	State: 01-	Zip Code: 44266
	Owner's Name:		State, Oil	Zip Code: 17800
<u> </u>	Telephone: (330) 3	<u> 58-7311</u>	Fax: ()	
11.	Operator's Name:			
	Address: Sog Wes	st ElnovaStuet		
	City: Oson Telephone: (812)63	1/2-8CDI	State:	Zip Code: 47562
<b> </b>			Fax: (812)636-	
III.	Waste Disposal Site (W	VDS) Name: AMERICA	AN LANDFILL	
	"on-site" disposal	XX Yes □ No		
İ	Physical Location:	all allan a		
	Address: 7	916 CHAPEL ST	REET, SE	
	City: WAYNESB Telephone: (3.30) &	URG 37/25	State: <u>*OH</u> Fax: (330) <i>866</i>	Zip Code: 44688
	Totophone, (O: 12) (A	MO CHAWES	Fax: (550)5000	- 3104
	Mailing Address:		~ 1 i	(1.00
	City:	1.1 -201-5	State: OH	Zip Code: 44688 26 - 3709
<u> </u>	Telephone: (500)	66-3962	Fax: <u>(336) 86</u>	26 - 3 109
IV.	Responsible Agency (I	ocal, District, State, or EPA Office	ce where notification was se	ent)
	Name: NESHAP RE Address: 77 WEST	GIONAL OFFICE		,
	City: CHICAGO	DACKSON RIAD	State: IL	Zip Code: 60604
V.	Description of	VI. Con		
	Materials		T''	VII. Total Quantity (cubic yards)
ד פים	ADID ACDROSO	Number	Туре	(choic yarus)
FKI	ABLE ASBESTOS	00	DT DT	330
<u></u>				
VIII.	Special Handling Instru	uctions and Additional Informa	ation	
	· <u>-</u>		on	
<u></u>	·			
IX.	Generator's Certificati	on: I hereby declare that the cont	tents of this consignment ar	e fully and accurately described
	above by proper shipping	g name and are classified, packed,	, marked and labeled, and a	re in all respects in proper condition
	for transport by highway	according to applicable internation	mal and government regula	tions.
	10			
	IT look last	The sale of		
	Signature	88 31 10	Markfatterson	1 tacility Mar
	Nignanire	Date	Type or Print Name	and Title

		TRANSPORTE	R SECTION
X.	Transporter 1 (Acknowledgement of re	eceipt of materials)	
	Name: Address: 519 45 th St	THE JAM	1 Trucking
1	City:		State: OH Zip Code: 44706
l	Telephone: (334)484-2428		State: OH Zip Code: 44706  Fax: ( )
	at alon		
	S. C. STATE	<u> 08/31/10</u>	
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
Ī			
XI.	Transporter 1 (Achandalana Ca		
<b>A1</b> .	Transporter 2 (Acknowledgement of re	eccipt of materials)	
	Address:		
	City:		State: Zip Code:
	Telephone: ()		Fax: ( )
	Signature	Date	Type or Print Name and Title
			- 3
	Rejected Materials (if any)		Destination
		- <del></del>	
		DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space		
XIII.	Waste disposal site owner or operator	: Certification of r	eceipt of asbestos materials covered by this manifest
	except as noted in item 12	. Cortineation of 1	eccipt of aspestos materials covered by this manifest
	$\bigcirc$		
	{ } } /	21211	13 DA Carlo
	Signature	Date	Type or Print Name and Title
		Form Revised	(11/12/97)

NO.438185

GENERATOR:	GENERATOR:			
Ravenna Army Ammunition I	Ravenna Army Ammunition Plant			
8451 State Route 5		7916 Chapel S	<u>.</u>	
Ravenna, OH 44368		Waynesburg,	OH 44688	
Carrier: TM WTrucking Vehicle No.: NH3202		Company Responsible for Disposal Charges: Ravenna Army Ammunition Plant		
Profile No.	Name of Waste	Stream	Apx. Volume	Act. Weights
1095860H ROL	Soil Contaminated with D	ebris and Asbestos	3044	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage			1	Net Wt.
Generator Signature:  Transporter Signature:  Disposal Facility Signature:	Challage		Date: 9//// Date: 9////	0/0

		G	ENERATO	R SECTION		
I.	Facility Name: RAV Address: 8451 ST	ENNA AL	RMV AL		ON I	DEPOT
	City: KAVENNA Owner's Name:			State: 014	Zip (	Code: 44266
	Telephone: (330) 3	58-7311		Fax: ()		
II.		Soltest StELMOVAST	t Elward St			
	Telephone: ( 6/2) 63	36-8501		State:/N Fax: (&72)	636-75°	Code: 47562
III.	Waste Disposal Site (W	DS) Name: A	IMERI CA			
	"on-site" disposal	🗷 Yes	□ No			
	Physical Location: Address: 70 City: WAYNES BY Telephone: (3.30) 80	716 CHA URG do-3265	-PEL ST	REET, S State: OF Fax: (330)	Zip (	Code: 44688
	Mailing Address:  City: State: OH Zip Code: 44688  Telephone: (330) 866 - 3265 Fax: (330) 866 - 3709				Code: 44688	
IV.	Responsible Agency (L Name: NESHAP RE Address: 77 WEST City: CHICAGO	GIONAL OFF	ICE	state: IL		Code: 60604
V.	Description of		VI. Con		Zip	VII. Total Quantity
	Materials	Numb		Туре		(cubic yards)
FRI	ABLE ASBESTOS	00		AM D	T	30
VIII.	VIII. Special Handling Instructions and Additional Information  ——					
IX.	Generator's Certificati above by proper shipping for transport by highway	g name and are clas	ssified, packed	marked and labele	d, and are in	y and accurately described all respects in proper condition
	Mark Patterson Signature	Jam	<b>Date</b>		Patters at Name and	

	TRANSPOR'	TER SECTION
X.	Transporter 1 (Acknowledgement of receipt of materia Name:  Address: 519 45454	15) mw Trucking
	City: Quarton	State: OH Zip Code: 44706
	Telephone: (330) 484-2429	Fax: ()
	Miles College David	10/10/1/20
	Signature Date	Type or Print Name and Title
	Signature Date	Type of Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materia	als)
	Name: Address:	
	City:	0
	Telephone: ( )	Fax: ()
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL	SITE SECTION
XII.	Discrepancy indication space	
WIII	W	
AIII	except as noted in item 12	of receipt of asbestos materials covered by this manifest
		$(\Lambda + )$
	1 Juga //	10 Macc Sale(4)
_	Signature ) Date	Type or Print Name and Title
	Form Rev	rised (11/12/97)

NO.438186

GENERATOR:		DELIVER TO:		
Ravenna Army Ammunition Plant		American Lan	dfill:330-866-3265	
8451 State Route 5		7916 Chapel S	t	
Ravenna, OH 442 <b>66</b>		Waynesburg,	OH 44688	
Vehicle No.: PVH3170		Company Responsible for Disposal Charges: Ravenna Army Ammunition		es:
Profile No.	Name of Was	ste Stream	Apx. Volume	Act. Weights
109086UH	Soil Contaminated With	vebns and Asbestos	30 yd	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage		Ŧ		Net Wt.
Generator Signature:  Date: 09/01/10  Transporter Signature:  Date: 7/1/19				0
Disposal Facility Signature:	JC	Date:	1/0	

	GENERATOR SECTION					
1.	Facility Name: RAVENNA ARMY AMMUNITION DEPOT					
	Address: 8451 STA	TE ROUTE 5		p Code: 44266		
	City: RAVENINA Owner's Name:		State. Oil			
	Telephone: (330) 35	3-7311	Fax: ()			
П.	Operator's Name: To	fest				
	Address: 508 West & City: Odin	110/201	State: /A Z	ip Code: 47562		
	Telephone: (812) 636			7572		
III.	Waste Disposal Site (WDS	Name: AMERICA	N LANDFILL			
	"on-site" disposal	¥ Yes □ No				
	Physical Location:	6 CHAPEL ST	PEET SE			
	Address: 791	86	State: ()1-t 7	Cip Code: 44688		
	City: WAYNESBU Telephone: (3.30) 8(d	2-3265	Fax: (330)866	3709		
	Mailing Address:		011	44,88		
	City:	2-32105	State: 0 H 2 Fax: (336 860	Zip Code: 44688 0-3709		
-						
IV.	Name: NESHAP REG.	ONAL OFFICE	ice where notification was sen			
	Address: 77 WEST J City: CHICAGO	ACKSON BLVD	State: IL	Zip Code: 60604		
V.		VI. C	ontainers	VII. Total Quantity		
\ \ \ .	Materials	Number	Туре	(cubic yards)		
FF	RIABLE ASBESTOS	00	DI DI	30		
VI	II. Special Handling Instru	tions and Additional Inform	nation	·		
1						
IX	Generator's Certification	n: I hereby declare that the co	ontents of this consignment ar ed. marked and labeled, and a	e fully and accurately described are in all respects in proper condition		
	for transport by highway	according to applicable interna	ational and government regula	itions.		
	mak Atta	Man 2011	Mark Patt	Terran Facility Mar.		
	Mark Patterson	Date	Type or Print Name	e and Title Tavility Mgr.		

	TRANSPORTER	SECTION
	Transporter 1 (Acknowledgement of receipt of materials)	STrinking
	Name: (Acknowledgement of receipt of materials)	w (1 04-114)
	Address: 519 45th St	State: OH Zip Code: 44706
	City: Canton	Fax: ( )  GREC JOHNS BRIVER
	Telephone: (333) 484-2428	Fax: ( )
	1	GIEC TALLWS ARIVER
	Value 09/01/14	- UNEU JUPA
	Signature Date	Type or Print Name and Title
	Signature	
		Destination
	Rejected Materials (if any)	Destination
Ι.	Transporter 2 (Acknowledgement of receipt of materials)	
	Name:	
	Address:	7:- 0-1
	City:	_ State: Zip Code
	Telephone: ()	Fax: ()
	1 die pilone.	
	Signature Date	Type or Print Name and Title
	Signature	
	Rejected Materials (if any)	Destination
· -	DISPOSAL SI	TE SECTION
	DIST OSALI SI	TE SECTION.
	· · · · · · · · · · · · · · · · · · ·	
VII	Discrepancy indication space	
ΧII	. Discrepancy indication space	
XII	. Discrepancy indication space	
XII	. Discrepancy indication space	
XII	. Discrepancy indication space	
XII	. Discrepancy indication space	
XII	. Discrepancy indication space	
XII	. Discrepancy indication space	
		of receipt of asbestos materials covered by this manifest
	II. Waste disposal site owner or operator: Certification o	of receipt of asbestos materials covered by this manifest
		of receipt of asbestos materials covered by this manifest
	II. Waste disposal site owner or operator: Certification o	of receipt of asbestos materials covered by this manifest
	II. Waste disposal site owner or operator: Certification o	of receipt of asbestos materials covered by this manifest
	II. Waste disposal site owner or operator: Certification o	of receipt of asbestos materials covered by this manifest
	II. Waste disposal site owner or operator: Certification of except as noted in item 12	2 RRuge Spale Op
	II. Waste disposal site owner or operator: Certification o	of receipt of asbestos materials covered by this manifest  Type or Print Name and Title

NO. 438187

GENERATOR:	DELIVER TO:		$\Theta^{2}$	
Ravenna Army Ammunition	Plant American Lan	American Landfill:330-866-3265		
8451 State Route 5	7916 Chapel S	C shall		
Ravenna, OH 442 <b>66</b>	Waynesburg,	OH 44688		
Carrier:	Company Responsible Rayenna Army Plant	Company Responsible for Disposal Charges: Ravenna Army Ammunition Plant		
Profile No.	Name of Waste Stream	Apx. Volume	Act. Weights	
109586OH	Soil Contaminated with Debris and Asbestos	30yds	Gross Wt.	
Exp Dt. 07/02/2011			Tare Wt.	
County: Portage			Net Wt.	
Generator Signature:  Transporter Signature:  Date: 9-1-10				
Transporter Signature:	De la company de	Date:	10	

			OR SECTION	
I.	Facility Name: RAVE Address: 8451 ST	ATE ROUTE 5	MMUNITION	DEPOT
	City: RAVENNA Owner's Name:		State: Ol-	Zip Code: 44268
	Telephone: (330) 3	58-7311	Fax: ()	
II.	Operator's Name: 18 Address: 508 West	Hest Elnovast		
	City: <u>Sdov</u> Telephone: (\$12_) (c3	6-8501	State: <b>[]</b> Fax: ( <u>  B </u> 2) 636	Zip Code: 47562
III.	Waste Disposal Site (WI	DS) Name: AMERICA	AN LANDFILL	
	"on-site" disposal	X Yes □ No		
	Physical Location: Address: 79 City: WAYNES BL Telephone: (330) 80	16 CHAPEL ST 186 20-3265	TREET, SE State: OH Fax: (330) 866	Zip Code: 44688
	Mailing Address: City: Telephone: (330) 84	06-3265	State: OH Fax: (336, 86	Zip Code: 44688 26 - 3709
IV.	Responsible Agency (Lo Name: <u>NESHAP REG</u> Address: <u>77 WEST</u> City: <u>CHICAGO</u>		ice where notification was so	ent) Zip Code: 60604
V.	Description of	VI C	ontainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR:	IABLE ASBESTOS	00	EST DI	30
VIII	. Special Handling Instru	ctions and Additional Inform	ation	
IX.	above by proper shipping	on: I hereby declare that the con name and are classified, packed according to applicable internat	d, marked and labeled, and a	re fully and accurately described are in all respects in proper condition ations.
	Mark Patter	200 8N 09/01/1	Mark Patter	son Facility Mgr.

	TRANSPORTER	SECTION
X.	Transporter 1 (Acknowledgement of receipt of materials)  Name:  Address:  City:  Canton  Telephone: (330) 484-2428	State: OH Zip Code: 44706 Fax: Dandy Harmon
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
X1.	Transporter 2 (Acknowledgement of receipt of materials)  Name: Address: City: Telephone: ()	State: Zip Code:
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	E SECTION
XIII	. Waste disposal site owner or operator: Certification of reexcept as noted in item 12	eceipt of asbestos materials covered by this manifest
	Signature Date	Type or Print Name and Tive
	Form Revised	

NO.438188

GENERATOR: 3 C	0594	DELIVER TO:		
Ravenna Army Ammunition I	Plant Plant	American Lan	dfill:330-866-3265	
8451 State Route 5		7916 Chapel S	Ť	
Ravenna, OH 442 <b>6</b> 6		Waynesburg,	OH 44689	
Carrier: Waste Management Vehicle No.: P6K2183		Company Responsible Ravenna Amy		es:
Profile No.	Name of Was		Apx. Volume	Act. Weights
ROL	Soil Contaminated with	CM	20 yds	Gross Wt.
Exp Dt. 07/02/2011				Tare Wt.
County: Portage				Net Wt.
	7			
Generator Signature:	lack fath	۷./	Date: <u>09/61/</u>	10
Transporter Signature:	RM	MyFic	Date: 9-/-	10
Disposal Facility Signature:	100		Date:	<i>V</i>

GENERATOR SECTION  I. Facility Name: RAVENNA ARMY AMMUNITION DEPOT Address: 8451 STATE ROUTE 5  City: RAVENNA State: OH Zip Code: 443660  Owner's Name: Telephone: 850 358-7311 Fax: ( )  II. Operator's Name: Telephone: 11 State: OH Zip Code: 11562  Telephone: (212) 656-560 Fax: (812) 636-1572  III. Waste Disposal Site (WDS) Name: AMERICAN LANDFILL  "on-site" disposal Ares No  Physical Location: Address: OH Zip Code: 446-88  Telephone: (330) 866-3365 Fax: (330) 866-3709  Mailing Address: City: MANNESBURG State: OH Zip Code: 446-88  Telephone: (330) 866-3365 Fax: (330) 866-3709  V. Responsible Agency (Local, District, State, or EPA Office where notification was sent)  Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD  City: CHICAGO State: IL Zip Code: 60604  V. Description of VI. Containers VII. Total Quantity (cubic yards)  FRIABLE ASBESTOS OO CM 2D  VIII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.  Advanta Advanta Advanta Mark Ralanda Mark Ralanda					
Address: JOHNEN A State: OH Zip Code: 440 88 Telephone: (B30) 358 - 7311 Fax: ( )  II. Operator's Name: Telephone: G30) 358 - 7311 Fax: ( )  III. Waste Disposal Site (WDS) Name: AMERICAN LAND FILL  "on-site" disposal X Yes No  Physical Location: 7916 CHAPEL STREET SE City: MANNES BURG State: OH Zip Code: 446 88 Telephone: (B30) 866 - 3365 Fax: (B30) 866 - 3709  Mailing Address: City: State: OH Zip Code: 446 88 Fax: (B30) 866 - 3709  Mailing Address: (City: State: OH Zip Code: 446 88 Fax: (B30) 866 - 3709  IV. Responsible Agency (Local, District, State, or EPA Office where notification was sent)  Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD City: CHICAGO State: IL Zip Code: 60604  V. Description of WI. Containers VII. Total Quantity (cubic yards)  FRIABLE ASBESTOS OO CM  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			and the second s		
City: LAUENNA Owners' Name: Telephone: \$\text{CBO}\$ 358 - 7.311	I.	Facility Name: RAV Address: 8451 57	ENNA ARMY	AMMUNITIO	N DEPOT
Telephone: \$30 358-7311 Fax: (		City: KAVENINA			Zip Code: 44266
Address: 50% West Elword St.  City: Dean State: IN Zip Code: 11562  Telephone: (£12.1636-563) Fax: (£12.1636-1572  III. Waste Disposal Site (WDS) Name: AMERICAN LAND FILL  "on-site" disposal		Telephone: (330) 3	58-7311	Fax: ()	
Fax: (\$12)636-7572	II.	Address: 503 U	Jost Elnora St.	State: IN	Zin Code: <b>41562</b>
"on-site" disposal X Yes		Telephone: (812)63	0.8501		36-7572
Physical Location: Address: City: WAYNES BURG Telephone: (330) 8(do - 3265)  Mailing Address: City: Telephone: (330) 8(do - 3265)  Telephone: (330) 8(do - 3265)  Responsible Agency (Local, District, State, or EPA Office where notification was sent) Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD City: CHICAGO  VI. Containers VII. Total Quantity (cubic yards)  VII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	III.	Waste Disposal Site (W	DS) Name: AMER	ICAN LANDFI	LL
Address: City: WANNESBURG Telephone: (330) 8/40 - 32/65  Mailing Address: City: Telephone: (330) 8/40 - 32/65  Telephone: (330) 8/40 - 32/65  Fax: (330) 8/40 - 37/09  IV. Responsible Agency (Local, District, State, or EPA Office where notification was sent) Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD City: CHICAGO  VI. Containers VII. Total Quantity (cubic yards)  FRIABLE ASBESTOS  OO   C M Zi  VIII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		"on-site" disposal	🕱 Yes 🗆	No	<b> </b>
City: Telephone: (330) 866 - 3265  Telephone: (236) 866 - 3265  Telephone:		Address: 70 City: WAYNES A	18/7	State: OL	
Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD City: CHICAGO State: IL Zip Code: 60604  V. Description of Materials Number Type FRIABLE ASBESTOS OO C M Zi  VIII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		City:	ele-3265	State: 0 H Fax: (336)	Zip Code: 44688 866-3709
V. Description of Materials  Number  Type  FRIABLE ASBESTOS  OO  CM  VII. Total Quantity (cubic yards)  FRIABLE ASBESTOS  OO  VIII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	IV.	Name: NESHAP REO Address: 77 WEST	GIONAL OFFICE	Office where notification wa	
Materials  Number  Type  Coubic yards)  VII. Total Quantity (cubic yards)  FRIABLE ASBESTOS  OO  CM  VIII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		City: CHICAGO		State: IL	Zip Code: 60604
Number Type (cubic yards)  FRIABLE ASBESTOS OO CM  VIII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	V.	- (	VI.	. Containers	
VIII. Special Handling Instructions and Additional Information  IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			Number	Туре	(cubic yards)
IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	FRI	ABLE ASBESTOS	00	CM	20
IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.					
IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.					
above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	VIII.	Special Handling Instru	ctions and Additional In	formation	•
Mack Pather rate 1. 1. M.	IX.	above by proper shipping	name and are classified, pa	acked, marked and labeled, a	nd are in all respects in proper condition
Signature Date Type or Print Name and Title			ather Date	Mark P	atterson facility Mar

	TRANSPORTER	SECTION
X.	Transporter 1 (Acknowledgement of receipt of materials)  Name: WM - NORTH JACKSON  Address: 10239 Cort 120  City: CHONOL  Telephone: (446) 276-7116  Signature Date	State: DHIO Zip Code: C/L/OZY Fax: ( )  Roy M J F. D.  Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials)  Name: Address: City: Telephone: ()	State: Zip Code: Fax: ()
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SITI	E SECTION
XII.	Discrepancy indication space	
XIII.	Waste disposal site owner or operator: Certification of reexcept as noted in item 12    Signature	Type or Print Name and Title

NO.438189

GENERATOR: Ravenna Army Ammunition Plant		DELIVER TO:  American Landfill:330-366-3265  7916 Chapel St			
Vehicle No.: PVH3169		Company Responsible for Disposal Charges: Ravenna Army Ammunition Plant			
Profile No.	Name of Was	ste Stream	Apx. Volume	Act. Weights	
103386011	2011 CONTAMINATED WILL	n Debns and Asbestos		Gross Wt.	
Exp Dt. 07/02/2011				Tare Wt.	
County: Portage				Net Wt.	
Generator Signature:  Transporter Signature:  Disposal Facility Signature:	alle pers	AH.66 ivs	Date:	/10	

		GEN	ERATOR	SECTION			
1.	Facility Name: RAV Address: 8451 S- City: PAVENINA Owner's Name: Telephone: (330)	ENNA ARN TATE ROUTE	IV AL			DEPOT Code: 442 <b>66</b>	
II.	City: Odon Telephone: (\$17)6	WOST Elnoras 36-8501		State: / N Fax: ( 812)6	Zip 36-75	Code: 47562	
III.	Waste Disposal Site (Won-site" disposal	DS) Name: AM	ERICAI	V LANDFI	<u> </u>		
	Telephone: (330) 8  Mailing Address: City:	do-3265		REET, SE  State: OH  Fax: (330) 8	Zip 3 <b>66</b> - 3	Code: 44688 Code: 44688	
IV.	Responsible Agency (L Name: NESHAP RE Address: 77 WEST City: CHICAGO	ocal, District, State, or GIONAL OFFIC	r EPA Office E	Fax: (336)	was sent)	- 3 709 Code: 60604	
V.	Description of Materials	Number	VI. Cont		Zip	VII. Total Quantity (cubic yards)	
FRI	ABLE ASBESTOS	00		lass D	T	30	
VIII.	Special Handling Instru	ections and Addition	al Informat	ion			
IX.	Generator's Certification above by proper shipping for transport by highway	name and are classific	ed, packed, r	narked and labeled	and are in	all respects in proper con-	d dition
	Mark Patterson Signature	n from De	09/01/10 ate	Mark P Type or Print	atterso Name and	n, Facility Ma	c_

	TRANSPORTER SECTION				
X.	Transporter 1 (Acknowledgement of receipt of materials)  Name:  Address: 519 454654	MWTrucking			
	City:	State: <u>OH</u> Zip Code: <u>44756</u> Fax: ()			
	Signature Plate	Type or Print Name and Title			
	Rejected Materials (if any)	Destination			
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name: Address:				
	Address:	State: Zip Code: Fax: ()			
	Signature Date	Type or Print Name and Title			
	Rejected Materials (if any)	Destination			
	DISPOSAL SITE	SECTION			
XII.	Discrepancy indication space				
XIII.	Waste disposal site owner or operator: Certification of reexcept as noted in item 12	ceipt of asbestos materials covered by this manifest			
	Signature Date	Rues Soale Co			
	Form Revised (	Type or Print Name and (Nile			



### **NON-HAZARDOUS MANIFEST**

	NON-HAZARDOUS MANIFEST  1. Generator's U	S EPA	ID No. Mai	nifest Doc I	No.	2. Page 1	of			
		Gene	erator's Site Address (If dil	fferent than m	alling):	A. Manife	est Number			
	3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT	RAV	ENNA ARMY AMMU	INOITINU	PLANT	\ W	MNA	0019639	31	
	8451 STATE ROUTE 5	845	1 STATE ROUTE 5			-		Generator's ID		
	RAVENNA, OH 4428	RAV	'ENNA, OH 442 <b>88</b>			b. State Generator S ID				
	RAVENINA, OH 44288	POR	TAGE COUNTY							
	4. Generator's Phone 330-358-7312									
	5. Transporter 1 Company Name JMW TRUCKI	NG	6. US EPA ID	U5 EPA ID Number						
	WWENOrthelacksom Hauling-		_	C. State Transporter's ID  D. Transporter's Phone 333434-2428						
	7. Transporter 2 Company Name		8. US EPA ID	D. Transp	orter's Phone	- 720 T34-7	100			
	land the state of		OS ELAID	140111551		E. State Transporter's ID				
							orter's Phone			
	9. Designated Facility Name and Site Address		10. US EPA I	D Number		K 9 18 18		W. W. Park	STATE OF THE	
	American Landfill					G. State F	acility ID	- , =		
	7916 Chapel St	l St				H. State F	acility Phone	330-866-3	3265	
	Waynesburg, OH 44688			AL JE WE	and the state	A STATE OF THE PARTY OF THE PAR				10-10-10-10
				ALC: NO		A Company				
G E	11. Description of Waste Materials			No.	ntainers Type	13. Total Quantity	14. Unit Wt./Val.	I. Misc.	Comment	:s
N	a. Soil Contaminated with Debris and Asbestos				1790	20	TONS			
Е				1			10143			_
R	WM Profile # 10958601	4		CONTRACTOR OF STREET		Exercise (S	ASSESSED TO		SING	1.11
A	b					1				
0				<b>.</b>						
R	WM Profile #			V DESTRU	And and		TOSIL TROS	1 12 12 13 E	35-10	162 3 1
	c.			300000		* - 1				
						' '				
	WM Profile #					10			Pillo	STA
	d.									
				,- ,				,		-
	WM Profile #			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	552005	ESCHARIO.			I The	
İ	J. Additional Descriptions for Materials Listed Above			K. Disposal Location						
	Contaminated soil and asbestos containing debris from	n with	nin ramsdell Quarry							
	Landfill. The areas from which the soil and debris are be burn waste explosives and dumping of liquid residues fr									
	and transca expressives and damping of inquia residues in	Oin ai	meaning operations.	Cell		i ,		Level		$\overline{}$
				Grid				Level		
	1S. Special Handling Instructions and Additional Inform	ation								
	Purchase Order #		EMERGENCY CON	NTACT / PH	ONE NO.:	Claudine (	Clark/404-494	-3520		
	16. GENERATOR'S CERTIFICATE:									
	I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and									
	accurately described, classified and packaged and are in	prop			rding to ap	plicable regu	ulations.			
	Printed Name MG CKP-HO(SOM		Signature "On behal	f of"	the	-		Month DY (	Day	Year
т	17. Transporter 1 Acknowledgement of Receipt of Mate	oriale	,,,,,	, 00,	1			ΙΨΉ	OI	100
R	Printed Name	eriais	Signature		11			Month	Day	Year
N S	Allen Knish		Signature .		1	No. of Street, or other Persons, the Persons		Wildingto	Jay	10
PO	18. Transporter 2 Acknowledgement of Receipt of Mate	erials	1,000		-					
R	Printed Name		Signature					Month	Day	Year
E R										
-	40.0.15.4.55.45.45.45.45.45.45.45.45.45.45.45.									
F	19. Certificate of Final Treatment/Disposal									.
A C	I certify, on behalf of the above listed treatment facility, applicable laws, regulations, permits and licenses on the	, that e data	to the best of my knowle	edge, the al	oove-descri	bed waste v	vas managed	in compliance	with all	
¦ ·	20. Facility Owner or Operator: Certification of receipt			wered hy +	nis manifer	<u> </u>				
T	Printed Name	57 110	Signature	recu by ti		1 -		Month	Day	/ Yéar
Y			ga.u.u		/			, /) E	1	11
	White-TREATMENT, STORAGE, DISPOSAL FACILITY COP	Υ	Blue- GENERATOR	#2 COPY	/	Υ.	ellow- GENER	ATOR #1 COPY		
					1					

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

		GENERATO	R SECTION			
I.	Facility Name: RAV Address: 845 ST City: RAVENNA Owner's Name: Telephone: (330) 3	ENNA ARMY AI TATE ROUTE 5 58-7311		DEPOT p Code: 44266		
II.	Operator's Name: 16 Address: 508 iv City: 612063	estElnoraSt 6-8501	Fax: (812)636-75	p Code: 47562		
111.	"on-site" disposal	DS) Name: AMERICA  X Yes DNO  RIG CHAPEL ST  JRG  do-3265	REET, SE	p Code: 44688		
	Mailing Address: City: Telephone: (330) 80		State: OH Zi	p Code: 44688 - 3709		
IV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO	ocal, District, State, or EPA Offi GIONAL OFFICE JACKSON BLVD		p Code: 60604		
V.	Description of Materials	VI. Co Number	ntainers  Type	VII. Total Quantity (cubic yards)		
FRI	ABLE ASBESTOS	00	EM DT	30		
VIII.	VIII. Special Handling Instructions and Additional Information  ——					
IX.	above by proper shipping	on: I hereby declare that the congrame and are classified, packed according to applicable internation	l, marked and labeled, and are i	n all respects in proper condition		
	Mark Patterson Signature	Date Date	Mark Patters Type or Print Name an	son, Facility Mgr.		

	Т	RANSPORTE	R SECTION
X.	Transporter 1 (Acknowledgement of re Name: Address: 519 45+55	ceipt of materials)	nw Tarking
	City: Canton Telephone: (330) 484-2428		State: 6)† Zip Code: 44706
	All Kl	9-1-10	Alle Korish Driver
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
XI.	Transporter 2 (Acknowledgement of re Name:		1
	City:		
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
		DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space		
YIII	Wasta disposal site over a constant		
XIII	except as noted in item 12	r: Certification of i	receipt of asbestos materials covered by this manifest
	Signature	Date O	Type or Arint Name and Title
		Form Revised	



#### **NON-HAZARDOUS MANIFEST**

	NON-HAZARDOUS MANIFEST  1. Generator's C			nifest Doc I	No.	2. Page 1	of			
	3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA, OH 442	Gene RAV 845: RAV	erator's Site Address (IFdII ENNA ARMY AMMU 1 STATE ROUTE 5 ENNA, OH 442			A. Manifest Number  WMNA  00196392  B. State Generator's ID				
	5. Transporter 1 Company Name  TMW TRUCK  WM-North-Jackson Hauling 1 PVH32.0 Z	TNG	6. US EPA ID	C. State Transporter's ID  D. Transporter's Phone 330-48-4128						
	7. Transporter 2 Company Name		8. US EPA ID	E. State Transporter's ID  F. Transporter's Phone						
	9. Designated Facility Name and Site Address American Landfill 7916 Chapel St Waynesburg, OH 44688		10. US EPA ID Number			G. State Facility ID H. State Facility Phone 330-866-3265				
G				12 Co	ntainers	13. Total	14. Unit		340.6	4000
E	11. Description of Waste Materials			No.	Туре	Quantity	Wt./Vol.	I. M	isc. Commer	its
N E R				1	DT	20 Civ.	TON			
A	WM Profile # 1095860	H				Capitalia.			1	
T 0					-		15			
R	WM Profile #				The Ellips			A STATE OF		The state of
	c.  WM Profile #			3						
	d.									
	J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from Landfill. The areas from which the soil and debris are before waste explosives and dumping of liquid residues from	K. Dispos	lal Location			Level				
			**	Grid						
	15. Special Handling Instructions and Additional Inform	nation								
	Purchase Order #  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are accurately described, classified and packaged and are in	not ha	zardous wastes as define	ed by CFR P	art 261 or a	ny applicabl	e state law, h		lly and	
	Printed Name	Piopi	Signature "On behal		<del></del>	oncable rege	nacions.	Month	Day	Year
	Mark-Patterson		111/all	1all		, ,	1,	09	01	10
T R A N S P	17. Transporter 1 Acknowledgement of Receipt of Mat Printed Name  18. Transporter 2 Acknowledgement of Receipt of Mat		Signature		t	belle	ace	Month	Day	Year
R	Printed Name	eriais	Signature					Month	Day	Year
T E R			Jigilacare					WOILLI	Day	iear
F A C I L I T Y	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility applicable laws, regulations, permits and licenses on th 20. Facility Owner or Operator: Certification of receipt	e date	s listed above.				as managed i	n complianc	ce with all	Year
4	Offgers		1	X	_			9	1	70
	White- TREATMENT, STORAGE, DISPOSAL FACILITY COP	γ	Blue- GENERATOR	2 COPY	1	Ye	llow- GENERA	ATOR #1 CO	γ	1

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

#196392

#### REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

<del>, .</del>		GENERATO					
I.	Facility Name: RAVE	UNA ARMY AL	IMUNITION	DEPOI			
	Address: 845 STA City: PAVENINA	TE ROUTE 5	State: 014 Zi	Code: 44266			
	Owner's Name:						
	Telephone: (330) 35		Fax: ()				
II.	Operator's Name: 12	test Inc Elnora Street					
	City: Odov		State: Zi	p Code: 47562			
	Telephone: (812) 636		Fax: (Biz)636-75	71			
III.	Waste Disposal Site (WDS	Name: AMERICA	N LANDFILL				
	"on-site" disposal	X Yes □ No					
	Physical Location:	U OHADEL CT	OFFT CE				
	Address: 791	6 CHAPEL ST	State: Q - Zi	ip Code: 44688			
	City: WAYNESBU Telephone: (3.30) 8(d	0-3265	Fax: (330)866 -	3709			
	Mailing Address:		- 11	.1.11. 0.0			
	City	70105	State: <u>OH</u> Z Fax: (336 866	ip Code: 44688			
	Telephone. 1000 1000 1000 1000 1000 1000 1000 10						
IV.	Responsible Agency (Loc	al, District, State, or EPA Office	ce where notification was sent	)			
	Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD			State: IL Zip Code: 60604			
	City: CHICAGO		State: IL Z				
V.	Description of Materials	VI. Co	ntainers	VII. Total Quantity (cubic yards)			
L_		Number	Туре				
FR	IABLE ASBESTOS	00	E PT	30			
VIII	I. Special Handling Instruc	tions and Additional Inform	ation				
IX.	above by proper shipping r	ame and are classified, packed	ntents of this consignment are a d, marked and labeled, and are ional and government regulation	in all respects in proper condition			
	. , , ,	1					
	Mark 4	fill ralas	In A LAN.	100 K.117 11 -			
	"/ 'wc/	01/01	Type or Print Name a	ason facility Mg			
	Signature	Date	Type of Fillit Name a	III I IIIC			

	TRA	NSPORTER	SECTION		
X.	Transporter 1 (Acknowledgement of receip	t of materials)	Trucking		
	Address: 519 45th St.	//	3: 0-1: W/764		
	City: Canton / 1/		State: OH Zip Code: 44706		
	Telephono 330) 484 2425	0/1/-	rax.		
	1/1/hol 4 blue	27/1//	)		
	Signature	Date	Type or Print Name and Title		
	Rejected Materials (if any)		Destination		
XI.	Transporter 2 (Acknowledgement of receip Name:				
	Address:				
	City:	<del></del>	State: Zip Code:		
	retephone. (				
	Signature	Date	Type or Print Name and Title		
	Rejected Materials (if any)		Destination		
<u> </u>	DYC	DOCAL GUE	CECTION		
*****		SPOSAL SITE	SECTION		
XII.	Discrepancy indication space				
XIII	. Waste disposal site owner or operator: C except as noted in item 12	Certification of rec	ceipt of asbestos materials covered by this manifest		
1					
	(X)		\ \ \ \		
		9-1-10	Offrers Sale		
	Signature	Date	Type or Print Name and Title		
		Form Revised (	11/12/97)		
	1 of the Revised (11/12/71)				



### **NON-HAZARDOUS MANIFEST**

1. Generator's US EPA ID No.				AID No. M	anifest Doc I	No.	2. Page 1 of				
	NON-HAZARDOUS MAMIFEST	OH5210	207	0736			,	21			
		10110011		erator's Site Address (If a	lifferent than m	ailing):	A. Manife	est Number			
	3. Generator's Mailing Address:	NI DI ANIT	l	'ENNA ARMY AMM			WMNA		00404	-202	
	RAVENNA ARMY AMMUNITIO	1 STATE ROUTE 5			VV	00130333					
	8451 STATE ROUTE 5			AVENNA, OH 44289				B. State	ate Generator's ID		
	RAVENNA, OH 44288			RTAGE COUNTY							
	4. Generator's Phone 330-358	3-7312									
	5. Transporter 1 Company Name	MWTruc	cina	6. US EPA II	1	ALC: COM	Blanding.	Elson Sh	A SAMES		
	WM-North Jackson Hauling			1 1 2 2 2 2	C. State Transporter's ID						
		てまる	88	` `	D. Transp	orter's Phone	330 48	4-240	3		
	7. Transporter 2 Company Name			8. US EPA II	D Number		DATE OF THE	CIC IN ST		19 P.	
				:		ransporter's I		16/1 JUL	'		
	9. Designated Facility Name and Site Address			10. US EPA	ID Number		F. Iransp	orter's Phone	1131	300 Tm 2	F LIII
	American Landfill			III. OJEFA	ID Nulliber		G. State F	acility ID		r	
	7916 Chapel St							acility Phone		66-3265	i.
	Waynesburg, OH 44688				Variable To the	Manager and the	11. State 1	acinty rnone	330-60	10-3203	
	,										
G	11. Description of Waste Materials				12. Co	ntainers	13. Total	14. Unit	I. Misc. Comments		
Е		d Achortos			No.	Type	Quantity	Wt./Vol.	1. 10	nsc. Comme	11.5
N E	1				1/2.	DT	20	TOU			
R	MANA Dune	100E9E0	L		Participant of the last of the		Ulti-	A Review of Page 1	A CHESTON LOSS		0.000
Α	b. 1/ 1/2 = 1/2 =	ile# 109586C	П		100 Sec. (18)		10102 6 0		North Marketin	100	A-57 (1.15)
T	<b>D.</b>				15.4	Tup-	ी लाव!	Wallo.	100		
O R							· Ott.	000000000000000000000000000000000000000			
"	WM Profile #	1, 1/ 5, 11 .	1 1,1		a succession		BALL ST	51910139			
	C. WM Profile #				1.7	Tipe	D'Ai	10/18			
					Day of the last	Total Australia	estimate	1616 ESV CES	E BASTISSIE	and the later	AT MANUSCON
	d.	with the second			1 2 1 20	25125763		NO ENGLISHED	100000000000000000000000000000000000000	2195922	
					1	5 , 100		4			
	1010 C . P1 11				9CD/288+00040	3.00.000034500	1.	CONTRACTOR DESCRIPTION	6. ukdaWinaspira		d Livering to the term
	J. Additional Descriptions for Materials Listed Above				K Dispos	al Location		(Call 1988)	SHEW SHOW	CO PART OF	
	Contaminated soil and asbestos containing debris from within ramsdell Quarry					ar Location					
	Landfill. The areas from which the soil		-		ed to						
	burn waste explosives and dumping o	f liquid residues i	rom ar	nnealing operations.	Call						
					Cell Grid				Level		
Ì	15. Special Handling Instructions and	Additional Inform	nation		Gila						
ŀ	Purchase Order #			EMERGENCY CO	NTACT / DU	ONE NO .	Clauding	 Clark/404-494	2520		
ŀ	16. GENERATOR'S CERTIFICATE:			ENTENDENCTIO	NIACI / PRI	ONE NO.:		Jark/404-454	-3320		
		and materials are	- at h-			261		la -6-6- 1 l-			
1	I hereby certify that the above-describ accurately described, classified and pa								ave been tu	lly and	
Ì	Printed Name			Signature On beha		//-	ancabic rege		Month	Day	Year
	Mark Partler Son			11/ack	Par				09	01	10
TR	17. Transporter 1 Acknowledgement	of Receipt of Ma	terials								
A	Printed Name			Signature	110	71			Month	Day	Year
S	Kardy Harm			1 (Ace)		-			9	/	10
OR	18. Transporter 2 Acknowledgement	of Receipt of Ma	terials								
T E	Printed Name			Signature					Month	Day	Year
R											
	19. Certificate of Final Treatment/Dis	posal									
F A C	I certify, on behalf of the above listed	treatment facilit	, that	to the best of my knowl	edge, the ab	ove-describ	ed waste w	vas managed i	in compliand	ce with all	1
-1	applicable laws, regulations, permits a	ind licenses on th	e date	s listed above.							
1	20. Facility Owner or Operator: Certi	fication of receip	t of no	n-hazardous materials c	overed by th	nis manifest					
Y	Printed Name			Signature	(1)	/			Month	Day	Year
	( ) AL	1 en		(	Vin 1	<u></u>			3	1	10
	White-TREATMENT, STORAGE, DISPO	SAL FACILITY CO	PY	Blue- GENERATOR	#2 COPY /		Υe	llow- GENERA	ATOR #1 CO	PY	_

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

	GENERATOR SECTION						
I.	Facility Name: RAV	ENNA ARMY AI	UMUNITION	DEPOT			
	City: RAVENINA	THE REALES	State: 01-	Zip Code: 44266			
	Owner's Name:		51410.	Zip Code.			
	Telephone: (330) 3	58-7311	Fax: ()				
II.	Operator's Name: Address: 568 We	Telest Inc					
	City: Odon		State: (A	Zip Code; 47562			
	Telephone: (812) 6	36-8501	Fax: (812) 636				
III.	Waste Disposal Site (W	DS) Name: AMERICA	IN LANDFIL	L			
	"on-site" disposal	X Yes □ No					
	Physical Location: Address: 70 City: WAYNES BY Telephone: (330) 80	916 CHAPEL ST URG 3265	REET, SE  State: OH  Fax: (330) 866	Zip Code: <u>44688</u> - 3709			
<u>.</u>	Mailing Address: City: Telephone: (330) 8	le6-3265	State: OH Fax: (336) Bl	Zip Code: 446 88			
IV.	Responsible Agency (L Name: NESHAP REAddress: 77 WEST	ocal, District, State, or EPA Officients	ce where notification was s	eent)			
	City: CHICAGO	OTTOTOON DHVD	State: IL	Zip Code: 60604			
V.	Description of	VI. Co		VII. Total Quantity			
	Materials	Number		(cubic yards)			
FRI	ABLE ASBESTOS		Туре				
11/1	ADDE ASSESTOS	00	EN DI	30			
VIII.	Special Handling Instru	uctions and Additional Inform	ation				
IX.	above by proper shipping	on: I hereby declare that the cong name and are classified, packed according to applicable internation	, marked and labeled, and	are in all respects in proper condition			
	Mach 7	atte DS/01/1	o Mark Pat	erson Facility Mar			
	Signature	Date	Type or Print Nam	e and Title			

Κ.	T	RANSPORTE	R SECTION
	Transporter 1 (Acknowledgement of rec Name: Address: 519 45th St. City: Canton Telephone: (330) 484-2428	ceipt of materials)	MW Trucking  State: OH Zip Code: 47906  Fax: ( )
	Signature	Date	Tandy Hannan Type or Print Name and Title
	Rejected Materials (if any)		Destination
I.	Transporter 2 (Acknowledgement of re Name:		
	Address:		State: Zip Code:
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
		NACTOR AND CANA	The Chemical
			P. C. C. C. C. C. C. C. C. C. C. C. C. C.
II.		DISPOSAL SIT	TE SECTION
II.	Discrepancy indication space	DISPOSAL SI	TE SECTION
	Discrepancy indication space		receipt of asbestos materials covered by this manifest
	Discrepancy indication space  . Waste disposal site owner or operato		receipt of asbestos materials covered by this manifest



### **NON-HAZARDOUS MANIFEST**

	1. Generator's US EPA ID	No. Mar	nifest Doc N	lo.	2. Page 1	of				
	NON-HAZARDOUS MANIFEST OH 52 1 DOZAD	736	F		:					
	3. Generator's Mailing Address: Generator's Mailing Address:	tor's Site Address (If diff	ferent than ma	iling):	A. Manife	st Number	1			
	RAVENNA ARMY AMMUNITION PLANT RAVER	NNA ARMY AMMU	NITION P	LANT	w	MNA	00196	394		
	8451 STATE POLITE 5	STATE ROUTE 5				B. State Generator's ID				
	RAVENNA OH 44299	NNA, OH 4426								
	PORTA	AGE COUNTY								
	4. Generator's Phone 330-358-7312  5. Transporter 1 Company Name TMIN Truck in 19	e lie ena in	D Number				west was you	31	1700-000	
	Office Hocking			ransporter's II		- C - S - S - S - S - S - S - S - S - S	Francisco			
	WM North Jackson Hauling 7 7743169	L PALL TO BE				D. Transporter's Phone 330 484 2466				
	7. Transporter 2 Company Name	8. US EPA ID	BOOK STATE OF THE PROPERTY OF THE PARTY OF T							
			1. 1 ( ) (			E. State Transporter's ID				
	Designated Facility Name and Site Address	10. US EPA II	Number		F. Transpo	orter's Phone	The Court of the C	Collifer	ALPERTO NA	
	American Landfill			ID Number						
	7916 Chapel St		-				G. State Facility ID State Facility Phone 330-866-3265			
	Waynesburg, OH 44688	<b>被到到</b> 在1000年的新疆200	S Con	EV. 20 8 3		Misselfers	2 32 4 4 5 5	0 0203	were see	
								Will be		
G E	11. Description of Waste Materials		12. Con No.	tainers Type	13. Total Quantity	14. Unit Wt./Vol.	1. M	isc. Commen	its	
N	a. Soil Contaminated with Debris and Asbestos		1		20	TON				
E			/	UT		1.019				
R	WM Profile # 1095860H				Edit to pe				1900	
T	<b>b.</b> A. a. a		80.	1175		W. 1. 10.				
OR					Út.					
K	wm Profile # Notice to Assess the control of the co									
	C. V.S. S. V.			7 ,		W+ 150.	T.2-1 V.1- 6 1			
	WM Profile #				FEMALES H	EARLY SANS		4.0	Sec.	
	d "			A PARTICIPATION OF THE PARTICI						
				0, "",						
	WM Profile #   Common to 3 to 5 to 5 to 5 to 5 to 5 to 5 to 5					SAME AND	432	1	4-9 ly	
	J. Additional Descriptions for Materials Listed Above			K. Disposal Location						
	Contaminated soil and asbestos containing debris from within Landfill. The areas from which the soil and debris are being remo	*								
	burn waste explosives and dumping of liquid residues from anne									
			Cell				Level			
	15. Special Handling Instructions and Additional Information		Grid							
	Purchase Order #	ENTERCENCY CON	TACT / DUC	NE NO :	Claudia - C	ll-/404 404	2520			
	16. GENERATOR'S CERTIFICATE:	EMERGENCY CON	ITACT / PHO	JNE NO.:	Claudine C	lark/404-4 <b>9</b> 4-	3520			
	I hereby certify that the above-described materials are not haza	irdous wastes as define	od hv CER D:	art 261 or a	ny annlicable	a ctate law h	ave been ful	lly and		
	accurately described, classified and packaged and are in proper						ave been lui	iy allu		
	Printed Name Mark Patterson	Signature,"On behalf		Colla	-		Month	Day	Year	
-		7/1ai		-			09	OI	10	
T R	17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name	Cimptul	Ma				T Advist	-	T v	
A N S	Dennistlu66145	Signatuke	2///				Month	Day	Year	
P	18. Transporter 2 Acknowledgement of Receipt of Materials		11/1/		-					
R	Printed Name	Signature					Month	Day	Year	
E R										
	19. Certificate of Final Treatment/Disposal						1			
F A	I certify, on behalf of the above listed treatment facility, that to	the best of mv knowle	dge, the ah	ove-describ	ed waste w	as managed i	n compliant	e with all		
C I	applicable laws, regulations, permits and licenses on the dates li		5 ,							
L	20. Facility Owner or Operator: Certification of receipt of non-h	hazardous materials co	vered by th	is manifest.	,					
Y	Printed Name	Signature	1	_			Month	Day	Year	
	White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR #	12 CORY	7	3.4	llow- GENERA	7 TOP #1 CC:	DV	10	

Gold-TRANSPORTER #1 COPY

Pink- FACILITY USE ONLY

	CENTRAL TOP CENTRAL						
	GENERATOR SECTION						
I.	Facility Name: RAVE	ENNA ARMY AM ATE ROUTE 5	MUNITION D	DEPOI			
	Address: 6451 ST City: PAVENINA	ALE ROUTES	State: 01+ Zip	Code: 44288			
	Owner's Name:						
	Telephone: (330) 3	58-7311	_ Fax: ()				
II.	Operator's Name:	Oltest Inc.					
	Address: Say Wes	it Elnorast	State: IN Zip	Code: 1+7562			
	Telephone: (ST) 631	6-8501	Fax: (812)636 -75	72			
III.	Waste Disposal Site (W	DS) Name: AMERICAI	N LANDFILL				
	"on-site" disposal	X Yes □ No					
	Physical Location:	all allanes et	OFFT CE	:			
	Address: //	716 CHAPEL STI	State: OH Zip	Code: 44688			
	Telephone: (330) 80	IRG do-3265	Fax: (330) 866 - 3	3709			
	Mailing Address: City:		State: OH Zip	Code: 44688 - 3709			
	Telephone: (330) 80	66-3265	Fax: (336) 866	- 3709			
IV.	Responsible Agency (L Name: NESHAP REC	ocal, District, State, or EPA Office	e where notification was sent)				
	Address: 77 WEST			60604			
	City: CHICAGO		State: IL Zip	Code: 60604			
V.	Description of Materials	VI. Con	tainers	VII. Total Quantity (cubic yards)			
		Number	Туре	(ouble ) ando)			
FR.	IABLE ASBESTOS	00	量」」	30			
VIII	. Special Handling Instru	uctions and Additional Informa	tion				
IX.	above by proper shipping	ion: I hereby declare that the contog name and are classified, packed,	marked and labeled, and are in	all respects in proper condition			
		according to applicable internatio	nai and government regulation	s.			
	Mark	1211	1 2 12				
	11 lack	1410 09/01	10 Mark Patterso	n Facility Mar			
	Signature	Date	Type or Print Name and	l Title			

	TRANSPORTER	SECTION
X.	Transporter 1 (Acknowledgement of receipt of materials) Name: Address: 59 45457	N Trucking
	City: Canton Telephone: (330) 484-2428	State: <u>OH</u> Zip Code: <u>44706</u> Fax: ( )
	Signature Date	Denvis Hubbins Liven Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:	
	Address:City:	State: Zip Code:
	Telephone: ( )	Fax: (
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SITI	ESECTION
XII.	Discrepancy indication space	
XIII.	Waste disposal site owner or operator: Certification of reexcept as noted in item 12	eceipt of asbestos materials covered by this manifest
	9-1-13	
	Signature () Date	Type or Print Name and Title
	Form Revised	(11/12/97)



	NON-HAZARDOUS MANIFEST 1. Generator's US		anifest Doc N	0.	2. Page 1	of			
	3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA OH 4428	Generator's Site Address (IFG RAVENNA ARMY AMM 8451 STATE ROUTE 5 RAVENNA, OH 442			A. Manifest Number  WMNA  00196395  B. State Generator's ID				
	4. Generator's Phone 330-358-7312								
	5. Transporter 1 Company Name TMW TRUCK	INIC 6. US EPA I	D Number			di Kate	102		M 5 52
	WM North Jackson Hauling PVH316					ransporter's II			
					D. Transp	orter's Phone	33048	34-242	23
	7. Transporter 2 Company Name	8. US EPA II	D Number					20/35	
						ransporter's II	)		
	9. Designated Facility Name and Site Address	ID Number		F. Transp	orter's Phone	office Supprises		White and the	
	American Landfill	10. US EPA	ID Number			MELET ACTION	MISSES LIN		
	7916 Chapel St				G. State F		222.0		
	Waynesburg, OH 44688.	1.70			H. State F	acility Phone	330-86	56-3265	
	waynesburg, Oil 44000								
G	44 D		12. Cont	ainers	13. Total	14. Unit			
Е	11. Description of Waste Materials		No.	Туре	Quantity	Wt./Vol.	I. N	Aisc. Comme	nts
N	a. Soil Contaminated with Debris and Asbestos		1 4	Paragraph	20	TON			
E R				DI		1010			
A	WM Profile # 1095860H				1				
Т	b.								
0									
R	WM Profile #		8			S A TEST			
	с.								
							1		
	WM Profile #					SAME ALL	A lemi		
	d.								
	WM Profile #					FRINKLE	200		Salas
	J. Additional Descriptions for Materials Listed Above		K. Disposa	l Location					
	Contaminated soil and asbestos containing debris from Landfill. The areas from which the soil and debris are beir	within ramsdell Quarry	. 10, 2						
	burn waste explosives and dumping of liquid residues from	m annealing operations							
		operations.	Cell				Level		
			Grid						
	15. Special Handling Instructions and Additional Information	tion							
	Purchase Order #	EMERGENCY CO	NTACT / PHO	NE NO.:	Claudine C	lark/404-494-	3520		
	16. GENERATOR'S CERTIFICATE:								
	I hereby certify that the above-described materials are no	ot hazardous wastes as defin	ed by CFR Pa	rt 261 or a	nv applicabl	e state law. ha	ave been fu	llv and	
	accurately described, classified and packaged and are in p	proper condition for transpo	rtation accord	ling to app	licable regu	lations.			
	Printed Name	Signature "On beha	f of"	un	Non.		Month	Day	Year
$\dashv$	Marktatterson						04	01	10
T R	17. Transporter 1 Acknowledgement of Receipt of Mater			<u>//</u>					
A N	Printed Name Knish	Signature	- XX	-			Month	Day	Year
5 P	18. Transporter 2 Acknowledgement of Receipt of Mater	ials Vyou	/- 4				1	/	1/0
O R	Printed Name	Signature					T 44 11		T
ŧ	Timed Name	Signature					Month	Day	Year
R									
F	19. Certificate of Final Treatment/Disposal								
A	I certify, on behalf of the above listed treatment facility, t	hat to the best of my knowl	edge, the abo	ve-describ	ed waste w	as managed is	ı complian	ce with all	i
į.	applicable laws, regulations, permits and licenses on the o								
Ī	20. Facility Owner or Operator: Certification of receipt o		overed by thi	s manifest.					
Y	Printed Name	Signature	164				Month	Day	Year
	White TREATMENT STORAGE DISPOSAL SACULTY CORN		10000				9	/	10

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

		GENERATO	R SECTION				
I.	Facility Name: RAVI	ENNA ARMY AL	IMUNITION	) DEPOT			
1.	Address: 6451 ST	ATE ROUTE 5		1/			
	City: RAVENINA		State: OH	Zip Code: 442 66			
	Owner's Name: Telephone: (330) 3	58-7311	Fax: ()				
**		oltest Inc.					
II.	Operator's Name: VI Address: SOS WES						
	City: Oden		State: /N Fax: (S12 )636	Zip Code: 17562			
	Telephone: (812)630						
III.	Waste Disposal Site (W	DS) Name: AMERICA	N LANDFIL				
	"on-site" disposal	X Yes □ No					
	Physical Location:	01100					
	Address:	716 CHAPEL ST	REET, SE	Zin Code: 44688			
	City: WHYNES BY Telephone: (3.30) 8(	1RG	State: <u>'0 +</u> Fax: (330) 84				
		uo aus	Tax: (000) DQ				
	Mailing Address:		State: OH	71- Codo: 44688			
	City:	106-3265	State: 0 H Fax: (336, 8	Zip Code: 44688 366 - 3709			
TX 7	Responsible Agency (Local, District, State, or EPA Office where notification was sent)						
IV.	Name: NESHAP RE	GIONAL OFFICE	ce where nonneation wa	3 5011)			
	Address: 77 WEST	JACKSON BLVD		Zip Code: 60604			
	City: CHICAGO		State: IL				
V.	Description of Materials	VI. Co	ntainers	VII. Total Quantity (cubic yards)			
		Number	Туре	(1111)			
FR	IABLE ASBESTOS	00	CH DI	30			
VIII	. Special Handling Instr	uctions and Additional Inform	ation				
IX.	Cananatan's Cartificat	ion. I haraby declare that the cor	stents of this consignmen	at are fully and accurately described			
IA.	above by proper shippin	g name and are classified, packed	d, marked and labeled, a	nd are in all respects in proper condition			
	for transport by highway	according to applicable internati	onal and government re	gulations.			
		1.					
	Mark 1	Potter - politi	M. 1P.1	Spran Fill Mar			
		alle 9/1/18	Type on Print N	Herson facility Mgv, ame and Title			
1	Signature	Date	TAPE OF LITTER	ante and the			

	TR	ANSPORTER	SECTION
X.	Transporter 1 (Acknowledgement of received in the state of the state o	SON JM  S-1-10  Date	State: DH Zip Code: 44706 Fax: ( )  Alla Kars L Driver Type or Print Name and Title
	Rejected Materials (if any)		Destination
XI.	Transporter 2 (Acknowledgement of rece Name: Address: City: Telephone: ()		State: Zip Code: Fax: ()
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
	DI	SPOSAL SIT	E SECTION
XII.	Discrepancy indication space		
XIII.	Waste disposal site owner or operator: except as noted in item 12	Certification of re	eceipt of asbestos materials covered by this manifest
	Signature	9-1-1 Date	Type or Print Name and Title
		Form Revised	(11/12/97)



	NON-HAZADDOUS MANIEST	1. Generator's US EPA ID No. Manifest Doc No.  NIFEST  OH5210020736								
						′				
	3. Generator's Mailing Address:	Generator's Site Address (If d RAVENNA ARMY AMMI			A. Manifest Number		00106306			
	RAVENNA ARIVIT AIVINIUNITION PLANT	8451 STATE ROUTE 5					00196396			
	8451 STATE ROUTE 5 RAVENNA, OH 442 <b>6</b>	RAVENNA, OH 44266				b. State	Generator's ID			
	RAVEININA, OF 44286	PORTAGE COUNTY								
	4. Generator's Phone 330-358-7312									
	5. Transporter 1 Company Name JMW TRUCK	ING 6. US EPA IE	Number		822215	Service of				
	WM North Jackson Hauling C TPW131	7/0				ransporter's I	0 3304842428			
	7. Transporter 2 Company Name	8. US EPA ID	Number		D. Hallsp	orter s riione	3304546760			
	era, afterfolioù avez				E. State T	ransporter's I	D John T. J. M. F.			
					F. Transp	orter's Phone	The same Hilleria			
	9. Designated Facility Name and Site Address	10. US EPA	D Number							
	American Landfill				G. State F		<u> </u>			
	7916 Chapel St				H. State F	acility Phone	330-866-3265			
	Waynesburg, OH 44688									
G	11. Description of Waste Materials			tainers	13. Total	14. Unit	I. Misc. Comments			
E N	a. Soil Contaminated with Debris and Asbestos		No.	Туре	Quantity	Wt./Vol.				
Ε			/	DT	20	BU				
R	WM Profile # 1095860H		<b>E</b> 1627	anyana.	AS THE LAND		a transfer parameters			
A T	b				· † .					
0				, ype		11				
R	WM Profile #	1	Septem !	Manager 1		and a state of	PRESSOR AND LESS AND			
	C				-1	- 10 mm				
					1.0					
	d. WM Profile #			difference	HILLSON					
	u.									
					ist,					
	J. Additional Descriptions for Materials Listed Above	13	K Dispes	al Legation	1500					
	Contaminated soil and asbestos containing debris from	within ramsdell Quarry	K. Disposal Location							
	Landfill. The areas from which the soil and debris are beir									
	burn waste explosives and dumping of liquid residues fro	m annealing operations.	Cell				Linual			
			Grid				Level			
	15. Special Handling Instructions and Additional Information	tion								
	Purchase Order #	EMERGENCY COI	NTACT / PHO	ONE NO.:	Claudine C	lark/404-494	-3520			
	16. GENERATOR'S CERTIFICATE:									
	I hereby certify that the above-described materials are no	ot hazardous wastes as defin	ed by CFR Pa	art 261 or a	ny applicabl	e state law, h	ave been fully and			
	accurately described, classified and packaged and are in p			ding to app	licable regu	lations.				
	Printed Name, B. Horson	Signature "On behal	f of"	11			Month Day Year			
Т	17. Transporter 1 Acknowledgement of Receipt of Mater			1/1			0901 10			
R A	Printed Name	Signature	11	1//1			Month Day Year			
N S	Giet John	5	4/	// h			9/10			
0	18. Transporter 2 Acknowledgement of Receipt of Mater	ials								
R T	Printed Name	Signature	V	·			Month Day Year			
E R										
	19. Certificate of Final Treatment/Disposal									
F A	I certify, on behalf of the above listed treatment facility, t	hat to the best of my knowle	edge, the ab	oye, describ	ed waste w	as managed i	n compliance with all			
1	applicable laws, regulations, permits and licenses on the	dates listed above.	/							
L I T	20. Facility Owner or Operator: Certification of receipt o		overed by the	s manifest.						
Ÿ	Printed Name	Signature	1%	7	-		Manth Day Year			
	White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR	#3 COUN			llow- GENERA	1 / / / / / / / / / / / / / / / / / / /			

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

		GENERA	TOR SECTION		
I.	Facility Name: RAVE Address: 845 ST	NNA ARMY	AUMUNTITO	N DEPOT	
	City: RAVENNA Owner's Name: Telephone: (330) 35		State: 01-	Zip Code: 44266	
II.	Operator's Name: 1	Sitestina Siteinorast	State: 100 Fax: (B12) 65	Zip Code: 4756-7	
III.	Waste Disposal Site (WD	S) Name: AMERI			
	"on-site" disposal	💆 Yes 🗆 🗎	No		
	Physical Location: Address: 79 City: WAYNESBU Telephone: (330) 8(a)	K /-1	STREET, SE State: OH Fax: (330) 86	Zip Code: 44688	
Mailing Address:       City:       State:       OH       Zip Code:       44688         Telephone:       (330) 866-3265       Fax:       (336) 866-3709					
IV.	Responsible Agency (Loc Name: NESHAP REG: Address: 77 WEST J City: CHICAGO	IONAL OFFICE	Office where notification w		
V.	Description of	VI	State: IL Containers	Zip Code: 60604	
	Materials	Number	Type	VII. Total Quantity (cubic yards)	′
FRI	ABLE ASBESTOS	00	MAY DT	30	
VIII.	Special Handling Instruc	tions and Additional Inf	ormation		
IX.	C	. 11111111			
	above by proper shipping n	ame and are classified, pa	e contents of this consignment cked, marked and labeled, a mational and government re	nt are fully and accurately describe nd are in all respects in proper cor gulations.	ed ndition
	above by proper shipping n	ame and are classified, pa	cked, marked and labeled, a	nd are in all respects in proper congulations.  Outlets On Jan 1:7,14	ed ndition

	TRANSPORTE	R SECTION
X.	Name: 45th St	nw Trucking
	City: Canton Telephone: (330) 404-2428	State: OH Zip Code: 44706 Fax: ( )
	Stgnature Date Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
X1.	Transporter 2 (Acknowledgement of receipt of materials) Name: Address:	
	City:	State: Zip Code: Fax: ()
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	E SECTION
XIII	. Waste disposal site owner or operator: Certification of re except as noted in item 12	eceipt of asbestos materials covered by this manifest
	Signature Date	Russ Segle &
	Form Revised	Type or Print Name and Title



1. Generator's US EPA ID No. Manifest Doc							2. Page 1	of			0 1
	NON-HAZARDOUS MANIFEST	04-52	100	20736							
		Generator's Site Address (If different than mailing):					A. Manife	est Number			
	3. Generator's Mailing Address: RAVENNA ARMY AMM!								00406	207	
	RAVENNA ARMY AMMUNITIC	MY AMMUNITION PLANT 8451 STATE ROUTE 5					VV	MNA	00196		
	8451 STATE ROUTE 5		1	ENNA, OH 44266				B. State	Generator's	ID	
	RAVENNA, OH 442🚱		1	TAGE COUNTY							
	4. Generator's Phone 330-35	0 7010	PUR	TAGE COUNTY							
1	5. Transporter 1 Company Name	8-7312	1	6. US EPA ID	Number		(Salestines		V V V	SIMO PER	11 11 11
		11		o. OSEFAID	Number		C State T	ransporter's I	In.		
	WM North Jackson Hauling	Chardon						orter's Phone		1,71	1/0
n	7. Transporter 2 Company Name			8. US EPA ID	Number				1000		
							E. State T	ransporter's I	D		
							F. Transp	orter's Phone			
	9. Designated Facility Name and Site	Address		10. US EPA I	D Number					A TOTAL	NE STATE
	American Landfill						G. State I	acility ID			
	7916 Chapel St						H. State F	acility Phone	330-86	6-3265	
	Waynesburg, OH 44688			TEXT TO THE TEXT T		100	1070-715	Who to all the		1 may 1 m	11- 3-1
							42. 14				
G	11. Description of Waste Materials					ontainers	13. Total 14. Unit		I. Misc. Comments		its
E	a. Soil Contaminated with Debris an	d Ashestos			No.	Туре	Quantity	Wt./Vol.			
N E	a. Jon dontaininated With Debits Bit	G 73543103				CM	20	YD			- 1
R	MAA Dec	file# 1095860	าม		( Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				I Washington		
A T	b.	me# 103380C	<i>)</i>		ALERS SALES		A second			-1.1793	
	<b>5</b> .							D# 38			1 1
O R											
n	WM Profile #				Bridge B		11.11			And Services	
-	С.	2.1						10.0			
	1444 8 - 61-4				ALC: NO.						
- 9	WM Profile #									91.0-	
	d.										
1							-4				
Ю	WM Profile #					THE LY		111 - 111/10			
	J. Additional Descriptions for Materials Listed Above					sal Location					
	Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to										
	burn waste explosives and dumping of liquid residues from annealing operations.										
		but waste explosives and dumping of inquia residues from annealing operations.			Cell				Level		
					Grid						
	15. Special Handling Instructions and Additional Information										
	Purchase Order #			EMERGENCY COI	NTACT / PH	ONE NO.:	Claudine (	Clark/404-494	-3520		
	16. GENERATOR'S CERTIFICATE:										
	I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and										
	accurately described, classified and p									.,	
	Printed Name, O L			Signature "On behal	føf" 🖔	7//			Month	Day	Year
	MarkHatterson			// /av	r pr	e e			9		10
T R	17. Transporter 1 Acknowledgement	of Receipt of Ma	aterials								
R A N	Printed Name	-1/		Signature					Month	Day	\ (1) Amer
S	1204 H147	219							- 7		100
O R	18. Transporter 2 Acknowledgement	of Rećeipt of Ma	aterials								
Т	Printed Name			Signature					Month	Day	Year
E R											
	19. Certificate of Final Treatment/Di	snosal									
F	I certify, on behalf of the above listed		hy that	to the hest of my knowle	adro the a	hove-describ	and waste v	vac managed	in complianc	le dtiu o	
F A C	applicable laws, regulations, permits				uge, tile d	Dove-descrip	Eu waste V	vas manageu	compliant	e with all	
L	20. Facility Owner or Operator: Cert				overed by t	his marriest					
T	Printed Name			Signature					Month	Dv	Near
γ						1)			4/1	1	17)
	White- TREATMENT, STORAGE, DISPO	OSAL FACILITY CO	PY	Blue- GENERATOR	#2 COPY	1		ellow- GENER	ATOR #1 COL	DY /	
	,,		-			1					

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY

		GENERATO	OR SECTION					
I.	Facility Name: RAV	ENNA ARMY AI	MMUNITION	DEPOT				
	Address: 845 57 City: RAVENINA	PATE ROUTE 5						
	Owner's Name:		State: OH	Zip Code: 44268				
	Telephone: (330) 3	58-7311	Fax: ( )					
II.	Operator's Name:	Toltestluc						
	Address: 508 w	estélnora St.	A-411	77				
	City:	6-2501	State:	Zip Code: 47562				
III.		DS) Name: AMERICA						
111.			TN LUNDETTE					
	"on-site" disposal	X Yes □ No						
	Physical Location:							
	Address: 7	716 CHAPEL ST	TREET, SE					
	City: WAYNES BY Telephone: (3.30) 8	U R /a	State: <u>'0 +</u> Fax: (330) 866	Zip Code: 44688				
		W Car	rax: (OOO) DUW	3109				
	Mailing Address: City:		State: OH	Zip Code: 44688				
	Telephone: (330) 81	66-3265	State; <u>OH</u> Fax: (336, 86)	Zip Code: 7 70 00				
IV.	Responsible Agency (Local, District, State, or EPA Office where notification was sent)							
	Name: NESHAP REGIONAL OFFICE							
	Address: 77 WEST City: CHICAGO	JACKSON BLVD	C4-4 TT	State: IL Zip Code: 60604				
V.	Description of	VI. C.						
١,,	Materials	Number	ontainers	VII. Total Quantity (cubic yards)				
FR.	IABLE ASBESTOS		Туре					
1,10	TADLE ASSESTOS	00	CM	20yds				
VIII	. Special Handling Instru	uctions and Additional Inform	ation					
IX.	Generator's Certification	on: I hereby declare that the cor	ntents of this consignment are	fully and accurately described				
	above by proper shipping	g name and are classified, packed according to applicable internati	d, marked and labeled, and ar	e in all respects in proper condition				
	for transport by flighway	according to applicable internati	ional and government regulat	ions.				
	mr 1	1-4						
	Mark	Talles 9/11/6	MarkPottonso	a Exilate Mar				
	Signature	Date	Type or Print Name	and Title				

	TRANSPORTER	RSECTION
ζ.	Transporter 1 (Acknowledgement of receipt of materials) Name: North JACKSON	CHARDON
	Address: 1023 CUTS R	000000000000000000000000000000000000000
	City: CAUATON Telephone: (442 296 7116	State: Offic Zip Code: Offic Zip Code:
		0 111 1-13
	Simple	ROYVIVES -
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
I.	Transporter 2 (Acknowledgement of receipt of materials)	
	Name:	
	Address:City:	State: Zip Code:
	City:	Fax: ( )
		·
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION .
II.	Discrepancy indication space	
		11
III.	Waste disposal site owner or operator: Certification of reexcept as noted in item 12	eceipt of asbestos materials covered by this manifest
	212 9210	* Home Dodall
	Signature Date	Type or Print Name and Title



		1. Generator's	rator's US EPA ID No. Manifest Doc No. 2. Page 1 of									
	NON-HAZARDOUS MANIFEST	045210	MIZ	120736								
	Generator's Site Address				fferent than m	ailing):	A. Manifest Number					
	3. Generator's Mailing Address:	NI DI ANIT		ENNA ARMY AMMU			MNA	00196398				
	RAVENNA ARMY AMMUNITIO	N PLANT	845	1 STATE ROUTE 5								
	8451 STATE ROUTE 5		RAV	'ENNA, OH 442 <b>6</b>				B. State	Generator's	טונ		
	RAVENNA, OH 442			RTAGE COUNTY								
	4. Generator's Phone 330-358	3-7312										
	5. Transporter 1 Company Name	MWTrucki	nΔ	6. US EPA ID	Number		Series Street	PROPERTY.			150	
	WW North Jackson Hauling							ransporter's		25.17 Mg. 4	- 51	
	7. Transporter 2 Company Name			8. US EPA ID	Mumban		D. Transp	orter's Phone	2350 4	04-24	28	
	7. Hansporter 2 company Name			o. OSEFAIL	Number		F State T	ransporter's	ID.			
				•				orter's Phone		1.1		
	9. Designated Facility Name and Site	Address		10. US EPA I	D Number		T. Hunspi	orter a ritorie	TO SERVE	40 03 03	- CURTON	
	American Landfill						G. State F	acility ID	ع الله	1.7		
	7916 Chapel St							acility Phone		66-3265		
	Waynesburg, OH 44688			The Law and the Control	10-12-1-13		Servers	Revenue a		910357	Jacobi E	
G	11. Description of Waste Materials				12. Co No.	ntainers	13. Total Quantity	14. Unit	I. N	Aisc. Commen	its	
E N	a. Soil Contaminated with Debris and	d Asbestos			No.	Туре		Wt./Vol.				
E						DI	ZO	1010				
R	WM Profi	ile# 1095860	Н		PARTURE .	Down	1 1 1 1 1 1 1	F-5-84	1 861 65 8	1000		
A T	<b>b.</b> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						2					
o						. 6	17.4	1				
R	WM Profile #				Ball Sas	TEACH IN		FALLS ST		The same		
	<b>c.</b>					100000000000000000000000000000000000000	T. · · ·	I Kengaran and				
					4	17.7.	Chi	Y	·			
	WM Profile #				Marie and		AL THE			10 (Sale		
	d.											
1							.t		-			
	WM Profile #				S Encirc	Table 5	1,436	PESANOD:	N Charles			
	J. Additional Descriptions for Mater				K. Disposal Location							
	Contaminated soil and asbestos con											
	Landfill. The areas from which the soil burn waste explosives and dumping o											
	Dam worke explosives and damping o	r ilquiu residues r	10111 61	meaning operations.	Cell				Level	Τ		
					Grid							
	15. Special Handling Instructions and	Additional Inform	nation									
	Purchase Order #			EMERGENCY CON	TACT / PH	ONE NO.:	Claudine C	lark/404-494	1-3520			
	16. GENERATOR'S CERTIFICATE:											
	I hereby certify that the above-describ	oed materials are	not ha	zardous wastes as defin	ed by CFR P	art 261 or a	ny applicabl	e state law, h	nave been fu	illy and		
ŀ	accurately described, classified and pa	ckaged and are i	n prop			rding to app	olicable regu	lations.			,	
	Printed Name Patterson			Signature "Ombehal	t of" Tax	W	- 1		Month 9	Day	Year	
7	17. Transporter 1 Acknowledgement	of Receipt of Mai	erials				-AH		1 7		10	
R	Brinted Name	princecipe or ivial		Signature	7	-		/	Month	Day	Year	
A N S	/ The Is bollo	V.C		2 JHTHO		1 h	XXCO E	0 /	9	Jay J	1	
P	18. Transporter 2 Acknowledgement	of Receipt of Mai	erials	11/11		Ca						
R	Printed Name			Signature					Month	Day	Year	
E R										<u> </u>		
-	10 Continue of Final Transaction (Pin	1				<del>-</del>						
F	19. Certificate of Final Treatment/Dis	•	. +6-+	to the best of multiplication	-des 45- 1				t !*	**1 ***		
A C I	I certify, on behalf of the above listed applicable laws, regulations, permits a				uge, the at	ove-describ	ed waste w	ras managed	ın complian	ce with all		
L	20. Facility Owner or Operator: Certi				vered by th	nis manifest						
Ţ	Printed Name			Signature		1			Month	Day	/Year	
Υ						11/			1		1//	
	White-TREATMENT, STORAGE, DISPO	SAL FACILITY COI	ΡΥ	Blue- GENERATOR	#2 COPY	Y	Ye	llow- GENER	ATOR #1 CO	PY /		

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

#196398

# REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

-			OR SECTION					
I.	Facility Name: RAV Address: 845 ST	ENNA ARMY A ATE ROUTE 5	MMUNITION	N DEPOT				
	Owner's Name:		State: 01-	Zip Code: 44288				
	Telephone: (330) 3	58-7311	Fax: ()					
II.	Operator's Name: C Address: 5/1/8 WF City: Colom	oltostInc stElnovast	State: 1N	_ Zip Code: 47562				
	Telephone: (812)(07	6-850	Fax: (812)63	6-7512				
III.	Waste Disposal Site (W	DS) Name: AMERICI	AN LANDFIL					
	"on-site" disposal	¥ Yes □ No						
	Physical Location: Address: 76 City: WAYNES BY Telephone: (330) 86	716 CHAPEL ST LRG do- 3265	TREET, SE  State: OH  Fax: (330) 86	_ Zip Code: <u>44688</u> 6 - 3709				
	Mailing Address:       City:       State:       OH       Zip Code:       44688         Telephone:       (330) 866-3265       Fax:       (335) 866-3709							
IV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO	ocal, District, State, or EPA Off GIONAL OFFICE JACKSON BLVD	ice where notification was	z sent)  Zip Code: 60604				
٧.	Description of	VI. Co	ontainers	VII. Total Quantity				
	Materials	Number	Туре	(cubic yards)				
FRI	ABLE ASBESTOS	00	THE DI	30				
VIII.	Special Handling Instru	ections and Additional Inform	nation					
IX.	above by proper shipping	on: I hereby declare that the conname and are classified, packed according to applicable internation	d, marked and labeled, and	are fully and accurately described d are in all respects in proper conditional attacks.				
	Mark Fa	The	HO Mark Pat	teron Facility Mar				

	TRANSP	ORTER SECTION				
X.	Transporter I (Acknowledgement of receipt of man) Name: Address: 519 4545	aterials)  JMW Trvckmg				
	City: Canton Telephopie://330) 484 2428	State: Ott Zip Code: 44706  Fax: Othe John Collage Co				
	Signature Date  Rejected Materials (if any)	Type or Print Name and Title				
	Rejected Materials (II any)	Destination				
XI.	Transporter 2 (Acknowledgement of receipt of manname:Address:					
	City:	State: Zin Code:				
	Signature Date	Type or Print Name and Title				
	Rejected Materials (if any)	Destination				
	DISPOSA	AL SITE SECTION				
XII.	Discrepancy indication space					
XIII	Waste disposal site owner or operator: Certifica except as noted in item 12	ation of receipt of asbestos materials covered by this manifest				
	Signature Date	Type or Print Name and Tible				
	Form	Revised (11/12/97)				



		NON-HAZARDOUS MANIFEST 1. Generator's US	enerator's US EPA ID No. Manifest Doc No. 2. Page 1 of 1									
RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA, OH 44266  8. State Generator's ID  PORTAGE COUNTY  4. Generator's Phone 330-358-7312  5. Transporter 1 Company Name  8. US EPA ID Number  C. State Transporter's ID  D. Transporter's ID  D. Transporter's Phone 330-358-7312  Separated facility Name and Site Address American Landfill 7916 Chaple 15 Waynesburg, OH 44568  10. US EPA ID Number  E. State Transporter's ID  D. Transporter's Phone 330-358-73255  Waynesburg, OH 44568  11. Description of Waste Materials  12. Containers  WM Profile 8  13. Total 46 used 40 u		3. Generator's Mailing Address:				A. Manife	est Number					
RAVENNA, OH 44266 PORTAGE COUNTY  4. Generator's Phone 320-358-7332  5. Transporter 1 Company Name 320-358-7332  7. Transporter 2 Company Name 320-358-7332  8. US EPA ID Number C. State Transporter's ID D. Transporter's Phone 320-464-7428  5. Designated Facility Name and Site Address American Landfill 7916 Chaplel St Waynesburg, OH 44688  10. US EPA ID Number C. State Transporter's ID F. Transporter's Phone 320-464-7428  11. Description of Waste Materials  Waynesburg, OH 44688  12. State Transporter's ID D. Transporter's Phone 320-464-7428  13. State Transporter's ID F. Transporter's Phone 320-464-7428  14. State Transporter's ID F. Transporter's ID F. Transporter's Phone 320-464-7428  15. Special Hamilton of Waste Materials  Waynesburg, OH 44688  16. Generator's ID F. Transporter's ID F. Transp		RAVENNA ARMY AMMUNITION PLANT		UNITION	PLANT	W	MNA	00196	399			
ROVENIA, CH 4428 4. Generator's Phone 30-35-7312 5. Transporter 1 Company Name MW TRUKLING 6. US EPA ID Number C. State Transporter's ID D. Transporter's Phone 30-49-1428 7. Transporter 2 Company Name 8. US EPA ID Number E. State Transporter's ID E. Transporter's ID F. Transporter's Phone 30-49-1428 9. Designated Facility Name and Site Address American Landfill 7916 Chapel St Waynesburg, OH 44688 10. US EPA ID Number G. State Facility ID H. State Pacility ID H. State		1 SAST CIATE DOTTIES	ST CIAIL DOILLE				B. State (	Generator's l	D			
S. Transporter 2 Company Name TWW TRUKING 6. US EPA ID Number  7. Transporter 2 Company Name S. US EPA ID Number  8. US EPA ID Number  8. US EPA ID Number  8. US EPA ID Number  8. US EPA ID Number  8. State Transporter's ID  9. Designated Facility Name and Site Address American Landfill  7916 Chapel St Waynesburg, OH 44688.  10. US EPA ID Number  6. State Transporter's ID  6. State Transporter's ID  7. Transporter 2 Company Name  8. US EPA ID Number  8. US EPA ID Number  8. US EPA ID Number  8. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  7. Transporter 2 Administration of Waste Materials  8. US EPA ID Number  8. US EPA ID Number  8. US EPA ID Number  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  7. Transporter I Administration of Waste Materials Is In Indiana Information  8. US EPA ID Number  8. US EPA ID Number  8. US EPA ID Number  9. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  6. State Transporter's ID  7. Transporter ID  8. US EPA ID Number  9. State Transporter's ID  8. Us EPA ID Number  9. State Transporter's ID  8. State Transporter's ID  8. State Transporter's ID  8. Us EPA ID Number  9. State Transporter ID  8. State Transporter's ID  8. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Description of Waste Materials  9. Descrip		KAVENNA DH 44.7880										
WM Profile #  1. Additional Descriptions for Materials Listed Above Contaminated with Debris and Additional Information  WM Profile #  1. Additional Descriptions for Materials Listed Above Contaminated soil and ababtos containing debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  15. Special Handling Instructions and Additional Information  Purchase Order #  16. GENERATORS CERTIFICATE: In Perbey certify that the above described materials are not hazardous wastes as defined by CFR Part 251 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportations.  In Support 2 Acknowledgement of Receipt of Materials  Printed Name  Signature  Signature  Signature  Signature  Now head to the base described waste was managed in compliance with all sapplicable stated and compliance with all sapplicable stated required to applicable required to applicable required to applicable stated required to the date of the date is law above-described waste was managed in compliance with all sapplicable stated are not pacer condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper												
7. Transporter 2 Company Name  8. US EPA ID Number  E. State Transporter's Done F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. Transporter's Ponce F. State Facility ID F. State F		And the state of t		. US EPA ID Number				C. State Transporter's ID				
B. E. State Transporter's 10 F. Transporter's Phone  3. Designated Facility Name and Site Address American Landfill 7916 Chapel St Waynesburg, OH 44688.  3. Self Earlier Description of Waste Materials Na. Self Contaminated with Debris and Asbestos Name Profile # 1095860H  3. Self Contaminated with Debris and Asbestos Name Profile # 1095860H  4. Disposal Location  WM Profile # 1095860H  4. Disposal Location  WM Profile # 1095860H  5. Disposal Location  WM Profile # 1095860H  5. Disposal Location  WM Profile # 1095860H  6. Disposal Location  WM Profile # 1095860H  6. Disposal Location  WM Profile # 1095860H  6. Disposal Location  WM Profile # 1095860H  6. Disposal Location  WM Profile # 1095860H  7. Disposal Location  WM Profile # 1095860H  8. Disposal Location  WM Profile # 1095860H  9. Disposal Location  WM Profile # 1095860H  9. Disposal Location  WM Profile # 1095860H  15. Special Handling instructions and Additional Information  Purchase Contaminated and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell Grid Level Grid  15. Special Handling instructions and Additional Information  Purchase Corder # B EMERGENCY CONTACT / PHONE NO: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: Intereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable state law, have been fully and accurately describ				. US EPA ID Number			orter's Phone	400-Y	34-24	23		
9. Designated Facility Name and Site Address American Landfill 7916 Chapel St Waynesburg, OH 44688.  6. State Facility ID H. State Faci		, and the second	0.000				ransporter's II			ESOT A PROPE		
American Landfill 7916 Chapel St Waynesburg, OH 44688.  G. State Facility ID H. State Facilit						F. Transp	orter's Phone			-8-1		
7916 Chapel St Waynesburg, OH 44688.  6 1. Description of Waste Materials No. Types No										36,0		
Waynesburg, OH 44688.  11. Description of Waste Materials  a. Soil Contaminated with Debris and Asbestos  WM Profile # 1095860H  b.  WM Profile # 0.  WM Profile # 0.  WM Profile # 0.  WM Profile # 0.  WM Profile # 0.  WM Profile # 0.  WM Profile # 0.  WM Profile # 0.  Level  Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell Cell Level  Grid Level  15. Special Handling instructions and Additional information  Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE:  Ihereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name  Signature  Moenth Cov Year  19. Certificate of Final Treatment/Disposal  I Transporter 1 Acknowledgement of Receipt of Materials  Printed Name  Signature  Moenth Cov Year  19. Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal  I Certificate of Final Treatment/Disposal								222.22				
11. Description of Waste Materials   12. Containers   13. Total   14. Unit   1. Misc. Comments   13. Total   14. Unit   1. Misc. Comments   14. Unit   1. Misc. Comments   15. Comments		•		2, - 1, p 11 2 (t)		H. State F	acility Phone	330-866	y-3265			
a. Soll Contaminated with Debris and Asbestos  WM Profile # 1095860H  WM Profile # C.  WM P		waynessarg, on 44000;										
a. Soil Contaminated with Debris and Asbestos  WM Profile # 109586OH  b.  WM Profile # 2.  Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell   Level    Grid   Level    15. Special Handling instructions and Additional Information Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE:  Thereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 251 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name   Signature   Month   Day   Year    10. Certificate of Final Treatment/Disposal   Signature   Month   Day   Year    11. Transporter 2 Acknowledgement of Receipt of Materials   Printed Name   Signature   Signature   Month   Day   Year    12. Certificate of Final Treatment/Disposal   13. Certificate of Final Treatment/Disposal   14. Certificate of Final Treatment/Disposal   15. Specially Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	i	11. Description of Waste Materials	-				1	I. Misc. Comments		ts		
WM Profile # 1095860H  B  WM Profile # 1095860H  WM Profile # 1. Additional Descriptions for Materials listed Above Contaminated soil and abstoss containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.    Cell	N	a. Soil Contaminated with Debris and Asbestos		NO.	Туре							
b.  WM Profile #  d.  WM Profile #  1. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.    Cell	- 1				01	20	100					
WM Profile #  d.  WM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell   Level   Grid    15. Special Handling instructions and Additional Information Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name   Signature   Month   Day   Year    17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name   Signature   Month   Day   Year    18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Lecrify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Lecrify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name   Signature   Month   Day   Year    Printed Name   Signature   Month   Day   Year    Printed Name   Signature   Month   Day   Year    Printed Name   Signature   Month   Day   Year    Printed Name   Signature   Month   Day   Year    Printed Name   Signature   Month   Day   Year    Printed Name   Signature   Month   Day   Year    Printed Name   Signature   Mont									205V3			
WM Profile #  d.  WM Profile #  d.  J. Additional Descriptions for Materials Listed Above Contaminated soil and absetsor containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell   Cell   Cell   Grid    15. Special Handling Instructions and Additional Information  Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Icertify, on behalf of the above-listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Icertify, on behalf of the above-listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Icertify, on behalf of the above-listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Icertify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with al		b.		0	1000							
WM Profile #  d.  WM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell Grid Level  15. Special Handling Instructions and Additional Information Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name Signature On behalf of the above described Materials Printed Name Signature On behalf of the above described materials and increase on the dates listed above.  19. Certificate of Final Treatment/Disposal Lecrific, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name Signature Month Day Year  19. Certificate of Final Treatment/Disposal Lecrific, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name Signature Month Day Year  19. Certificate of Final Treatment/Disposal Lecrific, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  Printed Name Signature Month Day Year  19. Certificate of Final Treatment/Disposal Lecrific Administration of receipt of non-hazardous materials covered by this manife												
WM Profile #  d.  WM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and absets to containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell                         Grid                    15. Special Handling Instructions and Additional Information Purchase Order #   EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. SENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name   Signature   Month   Day   Year    17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name   Signature   Month   Day   Year    18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Icertify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name   Signature   Month   Day   Year    19. Certificate of Final Treatment/Disposal   Icertify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.	n					(Elizasi)		DELCT MAN		01-01-01		
MM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.    Cell		c.		No.	* 000							
WM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and absets os containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell		WM Profile #	WM Profile #			A STATE OF	Ethica i	ON RESIDE	Little Park	19.56		
J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name Signature "On behalf of"  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name Signature Signature  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name Signature Signature  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name Signature Signature Signature Signature Month Day Year  19. Certificate of Final Treatment/Disposal Signature Signature Signature Month Day Year  19. Certificate of Final Treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. Signature Signature Signature Signature Signature Month Day Year  19. Certificate of Final Treatment/Disposal Signature Signature Signature Signature Month Day Year  19. Certification of receipt of non-hazardous materials covered by this manifest.		d.										
J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name Signature "On behalf of"  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name Signature Signature  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name Signature Signature  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name Signature Signature Signature Signature Month Day Year  19. Certificate of Final Treatment/Disposal Signature Signature Signature Month Day Year  19. Certificate of Final Treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. Signature Signature Signature Signature Signature Month Day Year  19. Certificate of Final Treatment/Disposal Signature Signature Signature Signature Month Day Year  19. Certification of receipt of non-hazardous materials covered by this manifest.												
Contaminated soil and asbestos containing debris from within ramsdell Quarry Landfill. The areas from which the soil and debris are being removed were used to burn waste explosives and dumping of liquid residues from annealing operations.  Cell Corid Level Grid Le						27-105-10		Date NEW	10.00			
burn waste explosives and dumping of liquid residues from annealing operations.    Cell		Contaminated soil and asbestos containing debris from	K. Dispos	sal Location					7-1			
Special Handling Instructions and Additional Information			_									
15. Special Handling Instructions and Additional Information  Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name  Signature "On behalf of" Author Day Year  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name  Signature  Signature  Signature  Month Day Year  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name  Signature  Signature  Nonth Day Year  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Signature  Signature  Month Day Year  A Z / O								Level				
Purchase Order # EMERGENCY CONTACT / PHONE NO.: Claudine Clark/404-494-3520  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name Signature On behalf of Month Day Year  17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name Signature Signature  18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name Signature  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name Signature Signature Signature Month Day Year  Month Day Year  Year  Year		15. Special Handling Instructions and Additional Informat	ion	1 Griu								
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.  Printed Name  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Signature  Signature  Month Day Year  4 2 / 0				NTACT / PH	ONE NO.:	Claudine (	lark/404-494-	3520				
accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.    Printed Name		16. GENERATOR'S CERTIFICATE:										
Printed Name  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name  19. Certificate of Final Treatment/Disposal  I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Signature  Month  Day  Year  Month  Day  Year  Year  Month  Day  Year  Year  Year  Month  Day  Year								ave been full	y and			
17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name  Signature  Month Day Year  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Signature  Month Day Year  Y Z / O					ording to app	olicable regu	llations.	T T				
17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Name  Printed Name  Signature  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name  Signature  Month  Day  Year  19. Certificate of Final Treatment/Disposal  I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Signature  Month  Day  Year  Year  Year		41 1/1/11 100 0 4			Yan				-			
18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name  Signature  Month Day Year  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Signature  Month Day Year  4 2 70	Т		ials		,					- ry		
18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Name  Signature  Month Day Year  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name Signature  Month Day Year  4 2 / 0		Printed Name	Signature	>-1				Month	Day	Year		
Printed Name  Signature  Month Day Year  19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Signature  Month Day Year  4 2 70	5		V		1			9	2	10		
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name Signature Month Day Year Y 2 / 0					1			I				
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name  Month Day Year  4 2 10	Е	Fiffied Name	Signature					Month	Day	Year		
Control of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.    20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.   Printed Name   Signature   Month   Day   Year   Y	R									L		
applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name Signature Month Day Year 4 2 10			had do dha haad af aa laa aa l				1.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.  Printed Name Signature Month Day Year 4 2 10	C	applicable laws, regulations, permits and licenses on the c	dates listed above.	euge, the al	oove-describ	eu waste W	ras managed II	ii compilance	s with all			
Anen Signature 4 2 10	i			overed by t	his-manifest							
		Printed Name	Signature	1 1	11			Month		_		
White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  Blue- GENERATOR #2 COPY  Yellow- GENERATOR #1 COPY		White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR		//			1 4		10		

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

GENERATOR SECTION						
I,	Facility Name: RAVE Address: 8451 ST	ENNA ARMY AI	MMUNITION			
	City: RAVENINA		State: 01-	Zip Code: 44268		
	Owner's Name: Telephone: (330) 3	58-7311	Fax: ()			
II.	Operator's Name: To Address: 508 W	ottest Inc.				
	Address: 508 IVE	1844. Inorusti	(A)	Zip Code: 47562		
	City: Company Telephone: (\$12)	6-8501	State: 10 Fax: (812) 63			
III.	Waste Disposal Site (W)	DS) Name: AMERICA	AN LANDFIL	L		
	"on-site" disposal	X Yes □ No				
	Physical Location: Address: 79 City: WAYNES BU Telephone: (330) 80	716 CHAPEL ST LRG 40-3265	REET, SE  State: 0H  Fax: (330) 860	_ Zip Code: <u>44688</u> 6 - 3709		
Mailing Address:  City: State: OH Zip Code: 446  Telephone: (330) 866 - 3265 Fax: (330, 866 - 3709)						
Y3.7	-					
IV.	Name: NESHAP REC		where notification was			
	City: CHICAGO		State: IL	Zip Code: 60604		
V.	Description of Materials	VI. Co	ontainers	VII. Total Quantity (cubic yards)		
		Number	Туре			
FR]	ABLE ASBESTOS	00	DT	30		
			1			
VIII	. Special Handling Instru	ections and Additional Inform	nation			
IX.	above by proper shipping		d, marked and labeled, and	are fully and accurately described dare in all respects in proper condition alations.		
	Mark   Signature	Patte 09/0°	1/10 Mark P	otterson Facility Mgr		

	TRANSPORTE	R SECTION				
X.	Transporter 1 (Acknowledgement of receipt of materials)  Name: John St.  Address: 519 45-th 51.					
	City: Causton	State: OH Zip Code: 44706				
	Telephone: (330),484-2428	Fax: ( )				
	1 Ohr all	o Deous Hubbins Drive				
	Signature Date Date	Type or Print Name and Title				
	Rejected Materials (if any)	Destination				
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:					
	Address:City:	State: Zip Code:				
	Telephone: ( )	Fax: (				
	Signature Date	Type or Print Name and Title				
	Rejected Materials (if any)	Destination				
	DISPOSAL SIT	TE SECTION				
XII.	Discrepancy indication space					
XIII.	Waste disposal site owner or operator: Certification of except as noted in item 12	receipt of asbestos materials covered by this manifest				
		$\mathcal{I} \cap$				
	9-2-					
	Signature 8 Date	Type or Print Name and Title				
	Form Revised	1 (11/12/97)				



	1. Generator's US EPA	ID No. Ma	anifest Doc	No.	2. Page 1	of I			
	NON-HAZARDOUS MANIFEST 04 52100	20736				-			
1		Generator's Site Address (if different than mailing):							
- 1	5. Generator's ivialling Appress:	ENNA ARMY AMMI			1	st Number			
	KAVENNA ARIVIY AMIMUNI IION PLANT	1 STATE ROUTE 5	ONTHON	FLAIVI	W	MNA	00196	400	
	845   \$14   F K(B)   F 5	ENNA, OH 44288				B. State	Generator's	ID	
		TAGE COUNTY							
	4. Generator's Phone 330-358-7312	TAGE COUNTY							
	5. Transporter 1 Company Name JMW TRUCKING	6 IIS EDA II	) Number		Equal States			CONTRACTOR OF	De stray to
	THE SAME THE SAME THE SAME THE	OS EFAIL	) Number		C State T	ransporter's l	D.	2.5(0.	E SAN DET
	WM-North-Jackson Hauling PVH3161					orter's Phone		F- 24	293
	7. Transporter 2 Company Name	8. US EPA II	) Number		SWIE ST			Silla	(Marriel
					E. State T	ransporter's II	D ·		
	-				F. Transpo	orter's Phone			
	9. Designated Facility Name and Site Address	10. US EPA	ID Number		IN THE REAL PROPERTY.			NAL BE	914
	American Landfill				G. State F	acility ID		7	7
- 1	7916 Chapel St				H. State F	acility Phone	330-86	6-3265	
	Waynesburg, OH 44688		VEN ALEX	Mark State	E CONTROL OF		California (	3.536	10,1000
G E	11. Description of Waste Materials			ntainers	13. Total	14. Unit	I. Mi	sc. Commer	nts
N	a. Soil Contaminated with Debris and Asbestos		No.	Туре	Quantity	Wt./Vol.			
E				DT	2-00	1010			
R	WM Profile # 1095860H		1000000	Total Total	TO SALES	State of the later of	HOSSIPHOLD		
A	b. 200300011		Edward L	A LOCAL CO.					ALTERNATION OF
Т					15				
R	AMAGE CITY								
"}	WM Profile #			- 65.54	1 1 mores				A FIGURE
	С.			-0			-		
	14/86 D		Large Land	O COLOR DE LOS DE LA COLOR DE	tion and the same				
}	d.				FIELD FOR	The second		A STATE OF THE STA	
İ	u.								
-	WM Profile #		The state of			14 25 14 18	ER SA	Televier	FERRE
	J. Additional Descriptions for Materials Listed Above		K. Dispos	al Location					
-	Contaminated soil and asbestos containing debris from with Landfill. The areas from which the soil and debris are being rel	in ramsdell Quarry							
	burn waste explosives and dumping of liquid residues from an	mealing operations.							
		<b>3</b> - <b>1</b>	Cell Level						
L			Grid						
	15. Special Handling Instructions and Additional Information								
	Purchase Order #	EMERGENCY COI	NTACT / PH	ONE NO.:	Claudine C	lark/404-494-	-3520		
	16. GENERATOR'S CERTIFICATE:								
	I hereby certify that the above-described materials are not have	zardous wastes as defin	ed by CFR P	art 261 or a	nv applicable	e state law h	ave been ful	lv and	
	accurately described, classified and packaged and are in prope	er condition for transpor	rtation acco	rding to app	licable regu	lations.	ave been far	yunu	
	Printed Name	Signature "On behal		111			Month	Day	Year
+	Mark Hatterson	10 /a	ve i	an			7	2_	10
T	17. Transporter 1 Acknowledgement of Receipt of Materials								
A N	Printed Name	Signature	1/	4			Month	Day	Year
s	MILEN KAISA	Der	· R	6			1	2	10
0	18. Transporter 2 Acknowledgement of Receipt of Materials								
Ī	Printed Name	Signature					Month	Day	Year
R									
$\uparrow$	19. Certificate of Final Treatment/Disposal								<u></u>
F	I certify, on behalf of the above listed treatment facility, that t	o the best of my knowle	edge the at	nve-describ	ed waste w	ac managod i	n complianc	a with all	
	applicable laws, regulations, permits and licenses on the dates	listed above.	tile dL	uc36110	waste w	as managed 1	complianc	= with all	
	20. Facility Owner or Operator: Certification of receipt of non		overed by th	is manifest	11				
; [	Printed Name	Signature	-,	7.	7		Month	Day	Year
				P-			/	7	1/
	White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR	#2 COPY	-/-	Yo	llow- GENERA	TOR #1 COP	Y	
	Pink- FACILITY USE ONLY	Gold- TRANSPORTER						-	

	GENERATOR SECTION						
I.	Address: 0451 5	ENNA ARMY A	MMUNITIO	V DEPOT			
	City: RAVENINA Owner's Name:		State: OH	Zip Code: 44266			
	Telephone: (330) 3	58-7311	Fax: ()				
II.	Operator's Name: Address: 502	VestEluora St.					
	City: Odon Telephone: (\$12) 6		State: /// Fax: (\$12)63	Zip Code: 47562			
III.	Waste Disposal Site (W						
	"on-site" disposal	X Yes □ No					
	Physical Location: Address: 76 City: WAYNES B Telephone: (3.30) 86	916 CHAPEL S URG do- 3265	TREET, SE State: OH Fax: (330) 84	Zip Code: 44688			
	Mailing Address: City: Telephone: (330) 8	le6-3265	State: OH Fax: (336) 8	zip Code: 44688 366 - 3709			
IV.	Responsible Agency (L Name: NESHAP RE Address: 77 WEST City: CHICAGO	ocal, District, State, or EPA O GIONAL OFFICE JACKSON BLVD	ffice where notification wa	zip Code: 60604			
V.	Description of Materials	VI. (	Containers	VII. Total Quantity			
ד מים		Number	Туре	(cubic yards)			
FRI	ABLE ASBESTOS	00	CA D	30			
VIII.	Special Handling Instru	ections and Additional Infor	mation				
IX.	Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.						
	Mark 1	atter 9/2/10	MarkPoH.	era East. Man			
	Signature	Date	Type or Print Na	Ban Facility Mgr me and Title			

		TRANSPORTER	R SECTION
ζ.	Name: March Address: 519454 Street	f receipt of materials	WIRKKING
	City: Canton		State: OH Zip Code: 44706
	City: Canton Telephone: (330) 484-2428		Fax: ( )
	111-11	0 - 10	
	grant !		Alla Krish Driver
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
I.	Transporter 2 (Acknowledgement o	of receipt of materials)	
	Name:		
	Address:		State: 7:- Code:
	Telephone: ()		State: Zip Code:
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
		DISPOSAL SIT	E SECTION .
II.	Discrepancy indication space	DISPOSAL SIT	E SECTION
II.	Discrepancy indication space	DISPOSAL SIT	E SECTION
			eceipt of asbestos materials covered by this manifest
	. Waste disposal site owner or opera		



		rator's US EP.	A ID No. Ma	anifest Doc	No.	2. Page 1	of			
	NON-HAZARDOUS MANIFEST	5211DO	20736							
			erator's Site Address (If d	ifferent than m	ailing):	A. Manife	est Number			
	3. Generator's Mailing Address:	RAVENNA ARMY AMMUNITION PLANT RAVENNA ARMY AMMU			PLANT	WMNA		00100	101	
	8451 STATE ROUTE 5	8451 STATE ROUTE 5						00196		
		RA\	VENNA, OH 44288				B. State	Generator's	ID .	
	RAVENNA, OH 44288		RTAGE COUNTY							
	4. Generator's Phone 330-358-7312									
	5. Transporter 1 Company Name TMW	#AV	6. US EPA II	) Number		2011			18/2 14/1	district of
	WM-North-Jackson-Hauling TRUC	KING	1388					D		
	7. Transporter 2 Company Name	8. US EPA 1				D. Transp	orter's Phone	350 °C	4-242	-ප
				Number		E State T	ransporter's II	- Automotive	TOUR ME	HERING.
							orter's Phone	1"		10
	9. Designated Facility Name and Site Address		10. US EPA	ID Number		D. Trainsp	orter 5 mone	10 Co. 10 Co.	THE RESERVE A	Care in
	American Landfill					G. State F	acility ID			
	7916 Chapel St						acility Phone	330-86	6-3265	
	Waynesburg, OH 44688		The Control of the Control	all places and a	16 5 15 24	Contract	a contract of	Water-State	Distriction	ENGINE.
G	11. Description of Waste Materials			12. Co:	ntainers	13. Total Quantity	14. Unit	I. M	lisc. Commen	ts
N	a. Soil Contaminated with Debris and Asbesto	S		No.	Туре		Wt./Vol.			
Ε					DI	ZO	TON			
R	WM Profile # 10	9586OH		al rend		Charles I	BENEVE SE	B 10 1 10	SE WEST	70 K (1 (3)
A	b. 1					2 1				
o						٥t .	N=1.			
R	WM Profile #	11 11			DOG ET CAN	S. S. Storie	Mainten Laces		Up early	ALCONO.
	<b>c.</b> 4			Desired to the State of the Sta	11-11-11-11-11			(Senior Senior	ALC: NO.	
				30		- 12	* .			
	WM Profile #				E-SAME:		61748131891	19 N 18 S N	100 100	SEE AND
	d.									
					*  -		, -			
	WM Profile #						EU ASSE	Euro (un) 30	1121	
	J. Additional Descriptions for Materials Listed			K. Disposal Location						
	Contaminated soil and asbestos containing de Landfill. The areas from which the soil and debr	bris from wit	hin ramsdell Quarry							
	burn waste explosives and dumping of liquid re	sidues from a	nnealing operations.							
				Cell				Level		
ŀ				Grid						
	15. Special Handling Instructions and Additiona	l Information								
	Purchase Order #		EMERGENCY COI	NTACT / PHO	ONE NO.:	Claudine C	lark/404-494-	3520		
-	16. GENERATOR'S CERTIFICATE:									
	I hereby certify that the above-described mater	ials are not ha	azardous wastes as defin	ed by CFR P	art 261 or a	ny applicabl	e state law, ha	ave been fu	ly and	
-	accurately described, classified and packaged a	nd are in prop	er condition for transpor	tation acco	rding to app	licable regu	lations.			
	Printed Name K Patterson		Signature "On behal	in	ath	=		Month	Day	Year
т	17. Transporter 1 Acknowledgement of Receipt	of Materials							Com	10
R A	Printed Name		Signature /	<del>-//</del> /	111			Month	Day	Year
N S	Koldy Andron			× / = 3	Henry			City	-	2.2
P	18. Transporter 2 Acknowledgement of Receipt	of Materials		/ /				-		
R T	Printed Name		Signature					Month	Day	Year
E R										
	19. Certificate of Final Treatment/Disposal									
F	I certify, on behalf of the above listed treatment	t facility, that	to the hest of my knowle	adge the sh	ove-describ	od waste w	ne managed i		المطفئين	
A C	applicable laws, regulations, permits and license	es on the date	es listed above.	idge, the ab	ove-describ	eu waste w	as managed II	n compilano	e with all	i
:[	20. Facility Owner or Operator: Certification of			vered by th	is manifést:	`				$\overline{\lambda}$
Ţ	Printed Name		Signature	•	1/1	· ·		Month	Day	Year/
					1.	and the same of th		1 0	1	U
_	White-TREATMENT, STORAGE, DISPOSAL FACIL	ITY COPY	Blue- GENERATOR	#2 COPY	/	Ye	llow- GENERA	TOR #1 CO	γ	
	Pink- FACILITY USE ONLY		Gold- TRANSPORTER	#1 COPY	1					

Gold-TRANSPORTER #1 COPY

#196401

# REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

_		THE RESERVE TO THE PARTY OF THE		SECTION		
I.	Facility Name: RAV Address: 8451 S	ENNA ARI	MY AM	MUNITIO	N DE	POT
	City: RAVENINA Owner's Name: Telephone: (330)		E 5	State: 0H	Zip Co	ide: 44288
-				Fax: ()		
II.	Operator's Name: Address: 508 (d) City: 508 (d) Telephone: (512)65	st Elnora St	4	State: ( 10) 63	Zip Co <b>36-75-1</b>	ode: 47562_
III.	II. Waste Disposal Site (WDS) Name: AMERICAN LAND FILL					
	"on-site" disposal	🔀 Yes	□ No			
	Physical Location: Address: 70 City: WAYNES BY Telephone: (3.30) 80	716 CHAP URG do-3265	EL STR	EET, SE State: OH Fax: (330) 84	Zip Co	ode: 44688
	Mailing Address: City: Telephone: (330) 8	66-3265		State: 0H Fax: (336)	Zip Co B <b>lele –</b>	ode: 44688 3709
IV.	Responsible Agency (L Name: NESHAP RE Address: 77 WEST City: CHICAGO	GIONAL OFFIC	E.			
V.	Description of		VI. Conta	State: IL		de: 60604
	Materials	Number	VI. Conta	Туре		VII. Total Quantity (cubic yards)
FRI	ABLE ASBESTOS	001		ENE DI	- :	37
						W
VIII.	Special Handling Instru	ctions and Addition	al Informatio	n		
IX.	K. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.					
	Mach to	the	9/2/10	Markd	Patter 1	noterilar Mar
	Signature	D	ate	Type or Print Na	me and Titl	le Tana

	TRANSPOR	RTER SECTION
X.	Name: Address: 519 4544 Street	als) IMWIRUCKING
	City:	State: OH Zip Code: 44706 Fax: ( )
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of material Name:Address:	
	City:	State: 7 in Code:
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
		SITE SECTION
XII,	Discrepancy indication space	
XIII.	Waste disposal site owner or operator: Certification except as noted in item 12	of receipt of asbestos materials covered by this manifest
<	Signature Date	40 R Ruga Soal Of
		Type or Print Name and Vitte
	Form Rev	ised (11/12/97)



1. Generator's US EPA ID No. Manifest Doc No.  NON-HAZARDOUS MANIFEST						of			
NON-HAZARDOOS WANIFEST	OH52100	020736							
3. Generator's Mailing Address:	Gene	erator's Site Address (If d	ifferent than ma	ailing):	A. Manife:	st Number			
	RAVENNA ARMY AMMINITION PLANT RAVENNA ARMY AMMU					MNA	00196402		
8451 STATE POLITE 5					100	B. State	Generator's I		_
RAVENNA, OH 44266	RAVENNA, OH 44288								
4. Generator's Phone 330-35	1	RTAGE COUNTY							
4. Generator's Phone 330-35 5. Transporter 1 Company Name		6. US EPA II	) Number		mark to the second			AND VIOLEN	
	WM North-Jackson-Haulinge # 0/1/3 = 1/1				C. State Tr	ansporter's I	D		
1-1VH31 /U					D. Transpo	orter's Phone	330481	+242	78
7. Transporter 2 Company Name	7. Transporter 2 Company Name 8. US EPA II					12/10/07			
		4 2 4				ansporter's I			
9. Designated Facility Name and Site	Address	10. US EPA	ID Number		F. Transpo	rter's Phone	The Contract	TO THE PLAN	TENT
American Landfill			is italiise;		G. State Fa	cility ID			
7916 Chapel St						cility Phone	330-866	5-3265	
Waynesburg, OH 44688		Water was a series			NAME OF THE PARTY			\$2 OAs	A LOCATION
11. Description of Waste Materials			No.	tainers Type	13. Total Quantity	14. Unit Wt./Vol.	l. Mis	sc. Comments	s
a. Soil Contaminated with Debris an	d Asbestos		1	7	20	T			
·			1	DT	20				
WM Pro	file# 1095860H								
b.							1		
WANA Profile #									
AAIAI LIQUIS #			160						1
c.				TI					
WM Profile #			TANKS OF THE REAL PROPERTY.		191111111111111111111111111111111111111	Obtaballes	A STATE OF THE REAL PROPERTY.		250
d.				SECTION AND	10000				12/12/2
WM Profile #			02.00				COURT NAME	ASSESSED OF	and a
J. Additional Descriptions for Mater	ials Listed Above		K. Dispos	al Location					
Contaminated soil and asbestos cor									
Landfill. The areas from which the soil burn waste explosives and dumping of									
and damping c	, inquia residues iroin ai	meaning operations.	Cell	T			Level		-
			Grid						
15. Special Handling Instructions and	Additional Information								
Purchase Order #		EMERGENCY CO	NTACT / PHO	ONE NO.:	Claudine Cl	ark/404-494	-3520		
16. GENERATOR'S CERTIFICATE:									
I hereby certify that the above-descri	bed materials are not ha	zardous wastes as defin	ed by CFR Pa	art 261 or a	ny applicable	state law, h	ave been full	y and	
accurately described, classified and p	ackaged and are in propi	Signature "On-beha		ding to app	olicable regul	ations.	Month	Day	Year
Mark Patterso.	7	Mar		Mu			9	2	10
17. Transporter 1 Acknowledgement	of Receipt of Materials		_	7,					
Printed Name	Tollos	Signature	11/	1/0			Month	Day	Year
U RECE	10/4/6/		<u> </u>	#[			7	$\mathcal{Q} \perp$	10
18. Transporter 2 Acknowledgement Printed Name	of Receipt of Materials	l ci-	/						
		Signature					Month	Day	Year
19. Certificate of Final Treatment/Dis	•								
I certify, on behalf of the above listed applicable laws, regulations, permits	treatment facility, that	to the best of my knowle	edge, the ab	ove-describ	ed waste wa	as managed i	n compliance	with all	
20. Facility Owner or Operator: Certi			overed by th	is manifeet					
Printed Name		Signature	/ //	maillest /			Month	Day	Year
DRI	Ten			_			9	2	/ (
White-TREATMENT, STORAGE, DISPO	1	Blue- GENERATOR	#2 COPY	1	Yel	low- GENERA			

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

#196402\_

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

	GENERATOR SECTION						
·	P AVIE			Di	EPOT		
I.	Address: 845 ST	ENNA ARMY AL	TINING TON				
	City: KAVENNA		State: 01-	Zip C	ode: 44288		
	Owner's Name: Telephone: (330) 3	58-7311	Fax: ()				
II.	Operator's Name: 1						
11.	Address: 508 W	estElnura			11-012		
	City: Odan Telephone: (312) 6	36-8501	State:/\(\mathcal{N}\) Fax: (\(\mathcal{S}\)12) 636	Zip C	ode: 47562		
		DS) Name: AMERICA					
III.	Waste Disposal Site (W)	DS) Name: AND CIT	N CHINDFIL				
	"on-site" disposal	💢 Yes 🗆 No					
	Physical Location:						
	Address:	716 CHAPEL ST	REET, SE		Code: 44688		
	City: WAYNES BL Telephone: (330) 80	1RG	State: <u>'01+</u> Fax: (330) 860	_ Zip C	709		
	Mailing Address: City:		State: OH	Zin (	Code: 44688		
	Telephone: (330) 80	66-3265	Fax: (336) 8	66-	3709		
IV.	Responsible Agency (L	ocal, District, State, or EPA Offi	ce where notification was	sent)			
	Name: NESHAP REO Address: 77 WEST						
	City: CHICAGO	0110110011 2212	State: IL	_ Zip (	Code: 60604		
V.	Description of	VI. Co	ntainers		VII. Total Quantity		
	Materials	Number	Туре		(cubic yards)		
FR	IABLE ASBESTOS	00	GIBON I	)T	30		
VIII	. Special Handling Instr	uctions and Additional Inform	ation	-			
1							
IX.	Generator's Certificati	ion: I hereby declare that the cor	ntents of this consignment	are full	y and accurately described		
	above by proper shipping	g name and are classified, packet	i, marked and labeled, an	d are in	all respects in proper condition		
	for transport by highway	according to applicable internat	ional and government reg	uiations			
	200 1 34	24					
1	Mark #	all 9/2/11	1 Mark Pa	Her	son Facility Mgr Title		
1	Signature	Date	Type or Print Na	me and	Title		

	TRANSPORTER SECTION					
X.	Transporter 1 (Acknowledgement of receipt of materials) Name: 44 44 44 44 44 44 44 44 44 44 44 44 44	State: 6H Zip Code: 44706 Fax: ( )  CRUSTOTIONS DRIVER  Type or Print Name and Title				
	Rejected Materials (if any)	Destination				
XI.	Transporter 2 (Acknowledgement of receipt of materials)  Name:  Address:  City:  Telephone: ()	State: Zip Code:				
	Signature Date	Type or Print Name and Title				
	Rejected Materials (if any)	Destination				
-	DISPOSAL SITI	ESECTION				
XII.	Discrepancy indication space					
XIII.	Waste disposal site owner or operator: Certification of reexcept as noted in item 12					
	9-7-10	Othyers Sules				
	Signature Date	Type or Print Name and Title				
	Form Revised (	11/12/97)				



	1	
f.	. (	
40		

	NON-HAZARDOUS MANIFEST	l. Generator's	US EPA	ID No. Ma	nifest Doc I	No.	2. Page 1	of			
	NON-IMAZARDOUS IŞIANIFEST	OH52	100	20736							
	3. Generator's Mailing Address:	1		erator's Site Address (If d			A. Manife	st Number			
	RAVENNA ARMY AMMUNITION	PLANT		ENNA ARMY AMM	ו מסודומנ	PLANT	w	MNA	00196403		
	8451 STATE ROUTE 5		1	1 STATE ROUTE 5			T	B. State (	Senerator's		
	RAVENNA, OH 442		1	ENNA, OH 442			-				
	· .		POR	RTAGE COUNTY							
	4. Generator's Phone 330-358-7		(1/) · 1	7.6			5378530153	100 market			Advance
		MW TRU		6. US EPA ID	Number			ransporter's II			
	WW North Jackson-Hauling	#PV+BZ	02					orter's Phone		124-74	178
	7. Transporter 2 Company Name	7 70		8. US EPA ID	Number		17.00 Sec.	Mark Horse		1012	
							E. State T	ransporter's IE			
							F. Transpo	orter's Phone			
	9. Designated Facility Name and Site Ac	ldress		10. US EPA I	D Number				The Late	1 1000	
	American Landfill						G. State F				
	7916 Chapel St						H. State F	acility Phone	330-86	6-3265	
	Waynesburg, OH 44688										
G	11. Description of Waste Materials				12. Co:	ntainers	13. Total	14. Unit			
Е	<u> </u>	1 .		<u> </u>	No.	Туре	Quantity	Wt./Vol.	I. M	isc. Commen	nts —————
N	a. Soil Contaminated with Debris and A	sbestos			1	DI	20	TON			
E R					-						
Α	b. WM Profile	# 1095860	Н		ATT NOTE OF					28 6	
Т	<b>b.</b>				N.,		Terral I				
O R											
"	WM Profile #				BIRTH	y	South to		7		
	c.				-27m	1000		Alberta			
	WM Profile #				Table 1913	Telegraphics	ACTUAL OF THE	Account of the second	late de partir	4 - 17 - 17	P. P. ST. ST.
	d.		-		Name of the space	- 14					
	WM Profile #				Salar Street, Mr.	West State of the	and the first of the same	MINIMARKA	and the same		H-PERSON NAMED IN
ł	J. Additional Descriptions for Materials	Listed Above			K Dispos	al Location		10 mm	L. STORY		
	Contaminated soil and asbestos contai	ning debris fro	m with		5.5,503						
	Landfill. The areas from which the soil ar	nd debris are b	eing re	moved were used to	210						
	burn waste explosives and dumping of li	quia residues 1	rom ar	nealing operations.	Cell				Level		
					Grid				Level		
	15. Special Handling Instructions and Ac	ditional Inform	nation								
	Purchase Order #			EMERGENCY CON	NTACT / PHO	ONE NO ·	Claudine C	lark/404-494-	3520		
	16. GENERATOR'S CERTIFICATE:						Januari C				
	I hereby certify that the above-described	materials are	not ha	izardous wastes as defini	ed by CFR P	art 261 or a	nv applicable	e state law ha	we heen ful	ly and	
	accurately described, classified and pack	aged and are i	n prop	er condition for transpor	tation acco	rding to app	licable regu	lations.	ive been ful	iy ailu	
	Printed Name / Attacasa			Signature "On behal	f of"	1-41			Month	Day	Year
-	Mark Pant & Son			1//act		ann			9	2_	10
T R	17. Transporter 1 Acknowledgement of	Receipt of Mai	terials	11/1		1	1/				
A N	Printed Name	00.5		Signature	)	111	alla	1)	Month	Day	Year
S P	18/Transporter 2 Acknowledgement of	Receipt of Ma	torials	- / / /AG	-	-1/1/1	414	20/		X	1/()
O R	Printed Name			Signature					Month	Davi	Vana
T E				J.Briatare					MORE	Day	Year
R											
F	19. Certificate of Final Treatment/Dispo										
A C	I certify, on behalf of the above listed tre applicable laws, regulations, permits and	atment facility	y, that	to the best of my knowle	edge, the ab	ove-describ	ed waste w	as managed ir	n complianc	e with all	
L	20. Facility Owner or Operator: Certifica				word hit	ic manifold					
T	Printed Name	anon or receip	cor noi	Signature	vereu by th	ns mannest.			Name T	Deri	V
Y	11/1/			Jignature	11	1/2			Month	Day	Year / 🔾
	White-TREATMENT, STORAGE, DISPOSA	L FACILITY CO	PY	Blue- GENERATOR	12 COPY	1	Va	llow- GENERA	TOR #1 COP		-

White-TREATMENT, STORAGE, DISPOSAL FACILITY COR Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

#0196403

#### REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

		GENERAT	OR SECTION	
I.	Facility Name: RAVEN	INA ARMY A	MMUNITION	DEPOT
	Address: 8451 STA City: PAVENNA	TE ROUTE 5	State: 014	Zip Code: 442 <b>66</b>
	Owner's Name: Telephone: (330) 351	8-7311	Fax: ()	
II.	Operator's Name: 70 Address: 508 West City: 0000 Telephone: (\$12)636	Elnovast.	State: /N Fax: (82)636	Zip Code: 47562 -7572
III.	Waste Disposal Site (WDS)	A 0 ! 0	AN LANDFILL	
	"on-site" disposal	¥ Yes □ Ne	0	
	Physical Location: Address: 791 City: WAYNESBUK Telephone: (330) 8(dc)	6 CHAPEL S G - 3265	STREET, SE  State: OH  Fax: (330) 866	Zip Code: 44688
	Mailing Address: City: Telephone: (330) 860	o -3265	State: 0H Fax: (336, 80	Zip Code: 44688 26 - 3709
IV.	Responsible Agency (Local Name: NESHAP REGI Address: 77 WEST JA City: CHICAGO	ONAL OFFICE	Office where notification was s	Zip Code: 60604
V.	Description of	VI.	Containers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR	ABLE ASBESTOS	00	OH OT	30
VIII	Special Handling Instruct	ons and Additional Info	rmation	
IX.	above by proper shipping na	I hereby declare that the ame and are classified, pac- cording to applicable inten	ked, marked and labeled, and	are fully and accurately described are in all respects in proper condition ations.
	for transport by ingriway ac-	3 11		

	TRANSPORTER	SECTION
X.	Transporter 1 (Acknowledgement of receipt of materials) Name:	W Trucking
	Address: 519 45th Street	<u> </u>
	City: (anton	State: OH Zip Code: 44706
	Telephone (336) 484-2428	Fax: ( ) //
	11/140 ( (1/pl/see )9/64	10 MIHE Wallaco
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials)	
	Name:	
	Address:	State: Zip Code:
	Telephone: ()	
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
<u></u>	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	
XII	. Waste disposal site owner or operator: Certification of r except as noted in item 12	eceipt of asbestos materials covered by this manifest
1		No Co
	9-2-10	
<u></u>	Signature Date	Type or Print Name and Title
ĺ	Form Revised	(11/12/97)

# 302246 # 409433 NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT				16 - A D A	1-	2. Page 1 c	ε			
NON-HAZARDOUS MANIFEST	1. Generator's		. Ma 1736	nifest <b>D</b> oc N	10.	Z. Page 10				
	J. J. J.		s Site Address (If di	ifferent than ma	alling):	A. Manifes	t Number			
3. Generator's Mailing Address:		RAVENNA	A ARMY AMMU	NOITINL	PLANT	W	MNA	00196404		
RAVENNA ARMY AMMUNITIO	ON PLANT		TE ROUTE 5.			WMNA 00196404  B. State Generator's ID				
8451 STATE ROUTE 5			- //				B. State G	enerator's i		
RAVENNA, OH 44268			A, OH 442							
MAVEITIA, OTT 44200		PORTAGE	COUNTY							
4. Generator's Phone 330-35	8-7312					De SEND ROTTES	The state of the s	BUT CESTON DON SE		5855500
5. Transporter 1 Company Name		6.	US EPA II	) Number		BELLEVILLE STATE	THE PERSON		2 Martines	MANY.
WM North Jackson Hauling							ansporter's IE	)		
WIVI North Jackson Hauling						D. Transpo	orter's Phone	CHARLES STORY OF THE	2010 Alleen	7 V 3 A
7. Transporter 2 Company Name		8.	US EPA II	O Number		<b>医克拉斯特别</b>				1000
							ansporter's IE	) 11.3		
						F. Transpo	rter's Phone			,C: 7
9. Designated Facility Name and Sit	e Address	10.	US EPA	ID Number						
American Landfill						G. State F	acility ID			
7916 Chapel St		•				H. State F	acility Phone	330-866	5-3265	1
		0.000				s postorania			2015	Tale C
Waynesburg, OH 44688										
		Fr. Co.		12. Co	ontainers	13. Total	14. Unit			
11. Description of Waste Materials				No.	Туре	Quantity	Wt./Vol.	I. Mi	sc. Comment	5
a. Soil Contaminated with Debris a	nd Asbestos				CAL	20	YD			
a. Soil Contaminated with Debris a					CM	CH	11.		70 171	
	EL # 100E96	011		E554072	State dia	TENNES IN	Many Street	EAST STATE		
WM Pro	ofile # 1095860	UH		No. P. St. Chick.	E Grancovani		Contract of the Contract of th			
b. 1 17 15				F	1 1 1	17.	JW VO	1		
						121				
WM Profile #				ASTRUS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>国图</b> 原规则		STALKS.		
						75131				
c. A 47-44-4					Type	COV	5/2 12.			
				THE STREET	h states	0.000			A VENEZA	12 STAYS
WM Profile #	<u> </u>	<u> </u>		THE WALLS		NAME OF TAXABLE PARTY.	7			
d.							W.	10		
						,Uffy.				
WM Profile	# '			Vision						
J. Additional Descriptions for Mat				K. Dispo	sal Location	n				
Contaminated soil and asbestos c	ontaining debris f	rom within ra	msdell Quarry							
Landfill. The areas from which the s	oil and debris are	being remov	ed were used to							
burn waste explosives and dumping	g of liquid residue	s from anneal	ling operations.					T	_	
				Cell				Level		
				Grid				<u> </u>		
15. Special Handling Instructions a	nd Additional Info	rmation								
Purchase Order #			EMERGENCY C	ONTACT / P	HONE NO.:	Claudine	Clark/404-494	1-3520		
16. GENERATOR'S CERTIFICATE:								anua baan fi	illy and	
I hereby certify that the above-des	cribed materials a	re not hazard	lous wastes as def	ined by CFR	Part 261 of	any applicat	ile State law, i	lave been it	my arru	
accurately described, classified and	I packaged and ar	e in proper co	ondition for transp	ortation act	oroting to a	philcapie reg	uiations.	Month	Day	Year
Printed Name	CANA		Signature "On bel	nair or	Vn 17			4	7_	10
	50M			1	40					1. 1.
τ 17. Transporter 1 Acknowledgeme	ent of Receipt of N	/laterials						<del></del>	T _	1
Printed Name	ITA		Signature	-			>	Month	Day	Year
N Koul III	15-11)		-					-1 7	10	40
P 19 Trabenorter 2 Acknowledgeme	ent of Receipt of N	√laterials				_				,
R Printed Name			Signature					Month	Day	Year
T Printed Name			<i>→</i>							
R									1	
19. Certificate of Final Treatment,	/Disposal									
F   1 wife   an habit of the above lie	ted treatment fac	ility, that to th	he best of my kno	wledge, the	above-desc	ribed waste	was managed	d in compliar	ice with a	ii .
applicable laws, regulations, perm	its and licenses or	the dates lis	ted above.	J / -						
20. Facility Owner or Operator: C	ertification of rec	eint of non-ha	azardous material	s covered by	this manife	est.				
	er diffication of reci	CIPC OF HOUSTIE		/	\ /1			Month	Day	Yea
Printed Name			Signature	(	1 (/			9	7	110
Dene				(\			Vallage CENE			
White- TREATMENT, STORAGE, DI	SPOSAL FACILITY	COPY	Blue- GENERATO	OR #Z*CORY		Y '	Yellow- GENE	KAIUK #1 CC	ז "זע	
Pink- FACILITY US			Gold-TRANSPOR	TER #1 COP	y (	)				

Pink- FACILITY USE ONLY

#196404

# REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

		GENERATO	R SECTION	
I.	Facility Name: RAVI	ENNA ARMY AL	IMUNITION	DEPOT
	City: RAVENINA Owner's Name:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State: OH Z	ip Code: 44266
	Telephone: (330) 3	58-7311	Fax: ()	
II.	Operator's Name: En Address: 508 Wes City:	t Elnora Street	State: [N Z	ip Code: 47562
		6-8501	Fax: (812)636-15	772
III.	Waste Disposal Site (W	DS) Name: AMERICA	N LANDFILL	
	"on-site" disposal	🛚 Yes 🗆 No		
	Physical Location: Address: 70 City: WAYNES BY Telephone: (3.30) 80	716 CHAPEL ST IRG do-3265	REET, SE  State: OH Z Fax: (330) 866 -	ip Code: 44688
	Mailing Address: City: Telephone: (330) 86	e6-3265	State: OH Z Fax: (336 Bled	Cip Code: 44688
IV.	Responsible Agency (L Name: NESHAP REA Address: 77 WEST City: CHICAGO			Lip Code: 60604
V.	Description of	VI. Co	ntainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR.	IABLE ASBESTOS	00	CM	20
VIII	. Special Handling Instr	uctions and Additional Inform	ation	
IX.	above by proper shipping for transport by highway	according to applicable internati	d, marked and labeled, and are	e in all respects in proper condition
	· Maul   Signature	Date	Mark Patter Type or Print Name a	360 Jacilty Mgr
	Gigilature	Date	Type of Fille Name t	

	TRANSPORTER	SECTION						
X.	Transporter 1 (Acknowledgement of receipt of materials)  Name: WM - Name Address: 1 (2 3 4 (2 1 ) (4 5 1 ) (4 5 1 )							
	Address: 1234 CD FTS 100 City: CHARDON Telephone: (454) 276 DU6	State: OH Zip Code: 44024 Fax:						
	92-1	d Roy MUFRE						
	Signaluxe Date	Type or Print Name and Title						
	Rejected Materials (if any)	Destination						
XI.	Transporter 2 (Acknowledgement of receipt of materials)							
	Name:Address:	City Code						
	City:	State: Zip Code:						
	Signature Date	Type or Print Name and Title						
	Rejected Materials (if any)	Destination						
	DISPOSAL SIT	E SECTION						
XII.	Discrepancy indication space							
VIII	Waste disposal site owner or operator: Certification of re	populat of achestos materials covered by this manifest						
AIII	except as noted in item 12	eccept of aspestos materials covered by this mannest						
	9.2-10	DA .						
	Signature Date	Type or Print Name and Title						
	Form Revised							



1. Generator's U	S EPA ID No. Ma	nifest Doc I	No.	2. Page 1	of 🕴			
NON-HAZARDOUS MANIFEST 0H52	10020736			:				
2 Computation Blailing Addition	Generator's Site Address (If di	ferent than m	ailing):	A. Manife	st Number			
3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT	N PLANT RAVENNA ARMY AMMUNITION PLANT					00196	405	
8451 STATE ROUTE 5	8451 STATE ROUTE 5				B. State	Generator's		
RAVENNA, OH 4426	RAVENNA, OH 44288							
	PORTAGE COUNTY			_				
4. Generator's Phone 330-358-7312 S. Transporter 1 Company Name JMW TRUCK	US EPA ID	Neumbon		TATE OF THE			Section 1997	
· · · · · · · · · · · · · · · · · · ·				C. State T	ransporter's	ID		DESCRIPTION OF THE PERSON OF T
WW North Jackson Hauling	12712	10 -11				e 330 49	34-24	<del>28</del>
7. Transporter 2 Company Name	8. US EPA ID	Number						1978
Bath ( )	1 1				ransporter's		14/14	T9 ,[
9. Designated Facility Name and Site Address	10. US EPA I	D Number		r. Transpo	orter's Phon	e idit	parter 2	Burge
American Landfill				G. State F	acility ID	State	Factory 1	
7916 Chapel St					acility Phon	e 330-86	6-3265	
Waynesburg, OH 44688	W. Company	AT THE		Par Shares	7747178			ALE C
					ELOVATE:			
G E 11. Description of Waste Materials		No.	ntainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. M	isc. Commen	its
N a. Soil Contaminated with Debris and Asbestos		1	DT	30	T		ni nemi	
R WM Profile # 10958601			P	Uty.	- V - V - V - V - V - V - V - V - V - V			
A A A A A A A A A A A A A A A A A A A	1		N GET	THE STATE OF THE S	CHAP TO			
T b.		·	77,1-1	rare.T	V 1.10			
O R WAS Profile #			a station as	Qty				- 9 Taf - 1
R WM Profile# A Alf represe	·		E SAME	Selection.				VICTOR
<b>L.</b>		v=	h, ne	Cto	Alt 7 Vin			
WM Profile #				1848	8/45/19/8/8	0 6 4 2 6	E (500)	A STATE OF
d. (14) (1 )				F-111,0				
		000	1,00	16 Ty	A 11"	- 4		
WM Profile # - + V Profile (s.)			A SEE SE					Nam'
J. Additional Descriptions for Materials Listed Above		K. Dispos	sal Location					
Contaminated soil and asbestos containing debris from Landfill. The areas from which the soil and debris are be								
burn waste explosives and dumping of liquid residues for	•							
		Cell				Level		
15. Special Handling Instructions and Additional Inform	ation	Grid						
Purchase Order #	EMERGENCY COI	ITACT / DH	ONE NO :	Claudine	lark/404-49	A_3520		
16. GENERATOR'S CERTIFICATE:	EWENCENCT CO.	VIACI / FII	ONE NO	Ciaddille	181 Ky 404-42	4-3320		
I hereby certify that the above-described materials are	not hazardous wastes as define	ed by CFR F	Part 261 or a	anv applicabl	e state law.	have been fu	llv and	
accurately described, classified and packaged and are in	proper condition for transpor	tation acco						
Printed Name Mark Patterson	Signature "On behal	The	Total			Month	Day Z	Year
T 17. Transporter 1 Acknowledgement of Receipt of Mat	erials	,	- / -				حب	110
R	Signature	11	<u>-2</u>			Month	Day	Year
Printed Name S Candy Hurmon	Ctul	100				9	2	10
18. Transporter 2 Acknowledgement of Receipt of Mat	erials					•		
T Printed Name	Signature					Month	Day	Year
E R								
19. Certificate of Final Treatment/Disposal								
I certify, on behalf of the above listed treatment facility		edge, the a	bove-descri	bed waste w	vas manage	d in complian	e with all	l
applicable laws, regulations, permits and licenses on th	e dates listed above.							
20. Facility Owner or Operator: Certification of receipt		overed by t	his manifes	t.			_	
Printed Name	Signature	0/_				Month	Day	Year
White- TREATMENT, STORAGE, DISPOSAL FACILITY COP	PY Blue- GENERATOR	#2 COPY	_	Ve	llow- GENE	RATOR #1 CO	Z _	10
Pink- FACILITY USE ONLY	Gold- TRANSPORTER			16		π± CO		

#196405

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

			CTCTYON	
		GENERATOR		× OST
I.	Facility Name: RAVE	NNA ARMY AL	IMUNITION !	DEPOI
	Address: 8451 STI	TE ROUTE 5	State: 01- Zip	Code: 44266
	Owner's Name:			
	Telephone: (330) 35	8-7311	Fax: ()	
II.	Operator's Name: To			
	Address: 508 We	ste novax	State: /P Zip	Code: 47562
		0-8501	Fax: (812) 636-75	12
III.	Waste Disposal Site (WD	S) Name: AMERICA	N LANDFILL	
	"on-site" disposal	X Yes □ No		
	Physical Location: Address: 79 City: WAYNESBU Telephone: (330) 8(a)	16 CHAPEL ST RG 6-3265	REET, SE  State: OH Zip  Fax: (330) 866 -	Code: 44688
	Mailing Address: City: Telephone: (330) 86	6-3265	State: OH zip Fax: (336 866	Code: 44688
IV.	Responsible Agency (Lo	cal, District, State, or EPA Offici IONAL OFFICE	ce where notification was sent)	
	Address: 77 WEST C	JACKSON BLVD	State: IL Zip	Code: 60604
V.	Description of	VI. Co.	ntainers	VII. Total Quantity
``	Materials	Number	Туре	(cubic yards)
FR	IABLE ASBESTOS	001	CONTENT TO	30
<del></del>				
VIII		ctions and Additional Inform		
IX.	above by proper shipping	n: I hereby declare that the con name and are classified, packed according to applicable internati	l, marked and labeled, and are i	n all respects in proper condition
	Mak Pour Signature	the 9/2/10	MarkPatte Type or Print Name an	tson Facility Mgr

	TI	RANSPORTER	SECTION
X.	Transporter I (Acknowledgement of rec Name:	eipt of materials)	WTRUCKING
	Address: Sig 45th St. City: Canton		State: OH Zip Code: 44706
	City: <u>Canton</u> Telephone: (330) 484-2428		Fax: ( )
	Telephone (290) 1512720		
	The state of the s	9-2-10	Kandy tarrison
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
XI.	Transporter 2 (Acknowledgement of rec	ceint of materials)	
AI.	Name:Address:		
	City:		State: Zip Code:
	Telephone: ()		Fax: ()
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
_	D	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space		
XIII	I. Waste disposal site owner or operator except as noted in item 12	r: Certification of r	eceipt of asbestos materials covered by this manifest
	$\mathcal{C}_{\mathcal{A}}$	9-2-10	1) Anns sales
1			
<u> </u>	Signature	Date	Type or Print Name and Title
		Form Revised	(11/12/97)



NON-HAZARDOUS MANIFEST 1. Generator	's US EPA ID No. N	lanifest Doc N	lo.	2. Page 1 c	of #			
3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA, OH 4426	Generator's Site Address (IF RAVENNA ARMY AMN 8451 STATE ROUTE 5 RAVENNA, OH 44288 PORTAGE COUNTY	IUNITION F		A. Manifest Number WMNA 00196406  B. State Generator's ID				
4. Generator's Phone 330-358-7312 5. Transporter 1 Company Name TMW WM-North-Jackson Hauling TRUC	6. US EPA	ID Number			rate Transporter's ID			
7. Transporter 2 Company Name		ID Number			ansporter's I rter's Phone		NAMES OF	
9. Designated Facility Name and Site Address American Landfill 7916 Chapel St	10. US EP/	A ID Number		G. State Fa	acility ID acility Phone	330-866-32	.65	
Waynesburg, OH 44688				4-11-11-2				
G 11. Description of Waste Materials		12. Co No.	ntainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Co	mments	
N a. Soil Contaminated with Debris and Asbestos			BT	24	T		NATE OF THE	
A b.	60Н				/ -			
O R WM Profile #		W VIEW	DOWN AND	is direct				
WM Profile #		t <sub>a</sub>	Anger A	(George V				
WM Profile #  J. Additional Descriptions for Materials Listed Abo Contaminated soil and asbestos containing debris Landfill. The areas from which the soil and debris are burn waste explosives and dumping of liquid residue	from within ramsdell Quarry e being removed were used to		l Location			Lauri		
		Cell Grid				Level		
15. Special Handling Instructions and Additional Info	ormation			•		,		
Purchase Order #  16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials accurately described, classified and packaged and a		fined by CFR F	Part 261 or a	any applicabl			nd	
Printed Name Nark Patter Son  17. Transporter 1 Acknowledgement of Receipt of Patrick	Signature "On be	nalf of"	uh			Month Z	Day Year	
Printed/Name N S	6			Month	Day Year			
Printed Name	Signature					Month	Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment fac applicable laws, regulations, permits and licenses or	n the dates listed above.				as managed	l in compliance w	ith all	
20. Facility Owner or Operator: Certification of rec		covered by t	his manifes	t.		Month	Day Year	
Printed Name	Signature	LL	1			9	Day Year	
White-TREATMENT, STORAGE, DISPOSAL FACILITY	COPY Blue- GENERATO	R #2 COPY		Ye	llow- GENER	RATOR #1 COPY		

Gold-TRANSPORTER #1 COPY

Pink- FACILITY USE ONLY

#196406

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

	GENERATOR SECTION							
I.	Facility Name: RAVE Address: 845 STA	NNA ARMY	AMMUNITION	DEPOI				
	City: RAVENNA	TIC ROUTE 5	State: OH	Zip Code: 44260				
	Owner's Name: Telephone: (330) 35	8-7311	Fax: ()					
II.	Operator's Name: To	Hest/nc						
	Address: 508 Wes	Elnora St.	State: / N	Zip Code: 47562				
	Telephone: (32) 63	6-8501	Fax: (812)636-	7572				
III.	Waste Disposal Site (WD	S) Name: AMERI	CAN LANDFILL					
	"on-site" disposal	X Yes □ N	No					
	Physical Location:	u allage	STOFFT SE					
	City: \NAVNES ALL	0 G	STREET, SE  State: OH	Zip Code: 44688				
	Telephone: (3.30) 8(a)	6-3265	Fax: (330) 866	- 3709				
	Mailing Address: City:	shira	State: 0H	Zip Code: 44688				
	Telephone: (330) 86	6-3265		210 Code: 7109				
IV.	Responsible Agency (Lo	cal, District, State, or EPA	Office where notification was se	ent)				
	Name: NESHAP REG Address: 77 WEST							
	City: CHICAGO		State: IL	Zip Code: 60604				
V.	Description of	VI.	Containers	VII. Total Quantity (cubic yards)				
	Materials	Number	Туре					
FR	IABLE ASBESTOS	00	CASE DI	30				
VIII	I. Special Handling Instru	ctions and Additional Inf	formation					
				e transition of the described				
IX.	above by proper shipping	name and are classified, pa	e contents of this consignment as acked, marked and labeled, and sernational and government regula	re fully and accurately described are in all respects in proper condition ations.				
	2-11 A -1	1-4	_					
	Markto	1/2	110 Markfatte	vson Facility Manager e and Title				
1	Signature	Date	Type or Print Nam	e and Title				

Name: Address: 519 4540 St.  City: Canton State: OH Zip Code: 444706  Telephone: (330) 434-7428  Fax: ( )  Signature Date Type or Print Name and Title  Rejected Materials (if any)  Destination	TRANSPORTER SECTION				
Signature  Date  Type or Print Name and Title  Rejected Materials (if any)  Destination  XI. Transporter 2 (Acknowledgement of receipt of materials) Name: Address: City: Telephone:  Signature  Date  Type or Print Name and Title  Rejected Materials (if any)  Date  Type or Print Name and Title  Rejected Materials (if any)  Date  Type or Print Name and Title  Rejected Materials (if any)  Disposal SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Type or Print Name and Title  Type or Print Name and Title  Type or Print Name and Title	х.	Name: MW 120CRING			
Signature    Date   Type or Print Name and Title		City: Canton 1			
Rejected Materials (if any)  Destination  XI. Transporter 2 (Acknowledgement of receipt of materials) Name: Address: City: Telephone: Signature Date Type or Print Name and Title  Rejected Materials (if any) Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Graduate  Type or Print Name and Title  Type or Print Name and Title		Allepe			
XI. Transporter 2 (Acknowledgement of receipt of materials) Name: Address: City: State: Fax:  Signature Date Type or Print Name and Title  Rejected Materials (if any)  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Graduate  Graduate Type or Print Name and Title  Type or Print Name and Title			Date		
Name: Address: City: State: Telephone: Fax: Signature  Date Type or Print Name and Title  Rejected Materials (if any)  Disposal Site Section  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date Type or Print Name and Title		Rejected Materials (if any)		Destination	
Name: Address: City: State: Telephone: Fax: Signature  Date Type or Print Name and Title  Rejected Materials (if any)  Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date Type or Print Name and Title					
City: State: Zip Code: Fax: ( )  Signature Date Type or Print Name and Title  Rejected Materials (if any) Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Graph Date Type or Print Name and Title	XI.	Name:			
Rejected Materials (if any)  Disposal SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date  Type or Print Name and Title		City:		State: Zip Code: Fax: ()	
Rejected Materials (if any)  Disposal SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date  Type or Print Name and Title					
DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date  Type or Print Name and Title		Signature	Date	Type or Print Name and Title	
XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date  Type or Print Name and Title		Rejected Materials (if any)		Destination	
XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date  Type or Print Name and Title					
XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date  Type or Print Name and Title			DISPOSAL SI	TE SECTION	
Signature  Signature  Signature  Date  Type or Print Name and Title	XII.	· · · · · · · · · · · · · · · · · · ·			
Signature  Signature  Signature  Date  Type or Print Name and Title					
Signature  Signature  Signature  Date  Type or Print Name and Title					
Signature  Signature  Date  Type or Print Name and Title	WIVE Waste Standard and a property of Cartification of renaint of achaetas materials covered by this ma				
Signature Date Type or Print Name and Title		except as noted in item 12  9-2-10  Agency Sulva			
	-	Signature			



	1. Generator's US EPA I		ifest Doc N	0.	2. Page 1 c	of I			
	NON-HAZARDOUS MANIFEST 11-52/0020	D736							
		Generator's Site Address (If different than mailing):							
	RAVENNA ARMY AMMUNITION PLANT RAVENNA ARMY AMMUNITION PLANT				WMNA 0019640			107	
	9451 STATE POLITE 5	STATE ROUTE 5				B. State (	Generator's II	5	
	RAVENNA OH 44288	NNA, OH 44288						* ,	
	PORT	TAGE COUNTY							
	4. Generator's Phone 330-358-7312 5. Transporter 1 Company Name	6. US EPA ID	Number		10.50	No Tel Selfier		I BLAND	A SHATTER
	THE TOTAL OF THE PARTY OF THE P	0. 0321710	140111001			ansporter's II			_
	-WM-North-Jackson Hauling				D. Transpo	orter's Phone	35048	1-242	6
	7. Transporter 2 Company Name	8. US EPA ID	Number		F St. L. T.				74.0%
						ansporter's II orter's Phone			,
	9. Designated Facility Name and Site Address	10. US EPA IE	Number		1. Italiapo	rter 3 r none		And the second	
	American Landfill				G. State Fa	acility ID	*	-	
	7916 Chapel St				H. State F	acility Phone	330-866	-3265	
	Waynesburg, OH 44688		Section 1			STATE OF THE			The age
_			12. Con						
G E	11. Description of Waste Materials		No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	c. Comment	5
N	a. Soil Contaminated with Debris and Asbestos		- /	DT	20	7			
E R				91					2000
A	WM Profile # 1095860H	• 1	9//						ole to Tel
Т	b.				*.*	₩ P.			
O R			Hite Mesera	BURNING AND	CATALOG SALES	Samuel Waller		Revailed	
	wm Profile #		Must se		=	ELSEN VICES IN		An Great Pro	Ser Sev
			_	William of	1-				
	WM Profile #		Manage 1	1000	1-12/40				
	d.								
					11				
	WM Profile #		de la	1273	SAME	SPORTS TO	1 2 2		4119
	<ul> <li>J. Additional Descriptions for Materials Listed Above</li> <li>Contaminated soil and asbestos containing debris from within</li> </ul>	in ramsdell Quarry	K. Dispos	al Location					
	Landfill. The areas from which the soil and debris are being rer								
	burn waste explosives and dumping of liquid residues from an	nealing operations.	0 "				I to and I		
	, ,		Cell				Level	<del></del>	-
	15. Special Handling Instructions and Additional Information		0.1.0						
	Purchase Order #	EMERGENCY CON	ITACT / PHO	ONE NO.:	Claudine C	lark/404- <b>4</b> 94	-3520		
	16. GENERATOR'S CERTIFICATE:			,		•			
	I hereby certify that the above-described materials are not ha	zardous wastes as define	ed by CFR P	art 261 or a	ny applicabl	le state law, h	ave been ful	ly and	
	accurately described, classified and packaged and are in prope			rding to app	olicable regu	ılations.			
	Printed Name K Patterson	Signature "On behal	Carl	rust			Month	Day	Year / O
Т	17. Transporter 1 Acknowledgement of Receipt of Materials	,		-1		·			
R A N		Signature		The	-		Month	Day	Year
S	Printed Name 137 CN 151106611			1 Town			4	2	IC
P O R	18. Transporter 2 Acknowledgement of Receipt of Materials		*	1					
Ť	Printed Name	Signature			7.0		Month	Day	Year
R									
F	19. Certificate of Final Treatment/Disposal								
A	I certify, on behalf of the above listed treatment facility, that t		edge, the ab	ove-descril	bed waste v	vas managed	in compliand	e with all	
į	applicable laws, regulations, permits and licenses on the date:  20. Facility Owner or Operator: Certification of receipt of nor		vered by th	nis manifeet	· · · · · · · · · · · · · · · · · · ·				
T	Printed Name	Signature	ca by ti	// /			Month	Day	/ Yeat
Y				Port.			7		17)
	White TREATMENT STORAGE DISPOSAL FACILITY CORY	Plue- GENERATOR	42 CODY	1 Simon	V	allow- GENER	ATOR #1 CO	01/	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

	200		-					
				ECTION				
I.	Facility Name: RAVE Address: 8451 STA	NNA ARMY	AMA	MUNITION	DEPOT			
	Address: 8451 STI	ATE ROUTE!	5	State: 01+	Zip Code: 44288			
	City: RAVENNA Owner's Name:			State: UIT	Zip Code: 1950			
	Telephone: (330) 35	8-7311		Fax: ()				
II.	Operator's Name: To	test Inc						
	Address: 500 We	5+ Elnora Street	<del>\</del>	C	7: 0:4: 1:77/7			
	City: 6300 Telephone: (512) 630	ე-85ŵl		State: (812) 636	Zip Code: 47.952			
***		1.100	21 CAN					
III.	Waste Disposal Site (WD	S) Name:	<u> </u>	GINO( FE				
	"on-site" disposal	🕱 Yes 🗆	] No					
	Physical Location:							
	Address: 79	16 CHAPEL	STR	EET, SE	AATOO			
	City: WAYNESBU Telephone: (3.30) Bla	RG		State: 01+ Fax: (330) 860	Zip Code: 44688			
	relephone: (O.Y) B(A	ر ماما ا		Tax. (COO) DOC	<u> </u>			
Mailing Address: City: WAYNESBURG State: OH Zip				Zip Code: 44688				
	City: WAYNESBU! Telephone: (330) 86	6-3265			21p Code: 11000			
77.7			DA OSS		nont\			
IV.	Responsible Agency (Loo Name: NESHAP REG		PA UTICE V	vaere nonneation was	SCIII)			
	Address: 77 WEST 3			State: IL Zip Code: 60604				
	City: CHICAGO			State: IL				
V.	Description of Materials		VI. Containers		VII. Total Quantity (cubic yards)			
		Number		Туре				
FR.	IABLE ASBESTOS	00			30			
VIII	. Special Handling Instru	ctions and Additional	Informati	on				
IX.	Canarator's Cartification	n. I hereby declare tha	t the conter	uts of this consignment	t are fully and accurately described			
IA.					and are in all respects in proper condition			
	for transport by highway a							
		1.,						
	W/ A K	#	Shi.	NA J. D.	Horas Tarli Manage			
	// Jall /4	W S	1/4/10	Type or Print Na	Herson Facility Manager			
1	Signature	Dat	e	Type or Print Na	ime and little			

		TRANSPORTER	RSECTION
	Transporter I (Acknowledgement of Name:  Address: 519 H5thStre City: Canton	TALL STREET, LAND	NW Trucking  State: OH Zip Code: 44706
	Telephone: (3301484-2426)	9/2/10	Dernis Hubbins
	Rejected Materials (if any)	Date'	Type or Print Name and Title  Destination
I.	Transporter 2 (Acknowledgement of Name:		
	Address:		
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
		DISPOSAL SIT	E SECTION
II.	Discrepancy indication space	DISTOSAL ST	E SECTION
Ш	. Waste disposal site owner or opera except as noted in item 12	tor: Certification of r	receipt of asbestos materials covered by this manifest
7	Signature	9/3/	D Ruece Salely
	o.B.iatai o	Date Form Revised	Type or Print Name and Title



NON-HAZARDOUS MANIFEST  OH 57 1 0 0 2 0 7 3 6  3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5	Manifest Nu	mber		1
3. Generator's Mailing Address:  RAVENNA ARMY AMMUNITION PLANT  Generator's Site Address (If different than mailing):  RAVENNA ARMY AMMUNITION PLANT	WMNA	mber		
3. Generator's Mailing Address:  RAVENNA ARMY AMMUNITION PLANT  RAVENNA ARMY AMMUNITION PLANT	WMNA	IIIDC1		
I RAVENNA ARMY AMMIINITION PLANT			00400400	
			00196408	
1 8451 STATE ROUTE 5	Е	3. State Ge	nerator's ID	1
RAVENNA, OH 44288				
PORTAGE COUNTY				
4. Generator's Phone 330-358-7312  5. Transporter 1 Company Name 6. US EPA ID Number	Annual September	all	Cycle of Carlos	200
CS LVAV	State Transp	ortor's ID		
	Transporter'		= NECLEZIU) G	<u> </u>
7. Transporter 2 Company Name 8. US EPA ID Number	Transporter	3 i none_s	30000	1000
1 ' '	State Transp	orter's ID		
	Fransporter's			
9. Designated Facility Name and Site Address 10. US EPA ID Number	7 SEE SEE SEE	AND DEED	Men - Herosa	
100	State Facility	/ ID		
	State Facility		330-866-3265	
Waynesburg, OH 44688	otate racinty	, i none	330-000-3203	-
Waynesburg, On 44000				30
G 11 Description of Wasta Mutarials 12. Containers 13.	Total 1	4. Unit		-
E No. Type Qua		/t./Vol.	1. Misc. Comments	
N a. Soil Contaminated with Debris and Asbestos	O T			
E				
R WM Profile # 1095860H				(in)
A b.	1-1			
o	11.	*/		
R WM Profile #	Erron Selli			533
C.	200000 201100		100 2017 2 2 2 2 3 2 2 3 1 2	
		- (1		
WM Profile #	100	THE STATE		
d.				
	CONTRACTOR OF THE PARTY.	and the same		
WM Profile #				
J. Additional Descriptions for Materials Listed Above  Contaminated soil and asbestos containing debris from within ramsdell Quarry  K. Disposal Location				
Landfill. The areas from which the soil and debris are being removed were used to				
burn waste explosives and dumping of liquid residues from annealing operations.				
Cell			Level	
Grid			<u> </u>	
15. Special Handling Instructions and Additional Information				
Purchase Order # EMERGENCY CONTACT / PHONE NO.: Clau	udine Clark/	404-494-3	520	
16. GENERATOR'S CERTIFICATE:		-		
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any ap	plicable stat	te law, hav	ve been fully and	
accurately described, classified and packaged and are in proper condition for transportation according to applicab	le regulation	ns.		
Printed Name   Signature "On behalf of"	-			Year
Mark Patterson Month Path			921	100
T 17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name GATG TEHES Signature				Year
	Managar -		1/2/	0
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name Signature			Month Day Y	Year
E R				
19. Certificate of Final Treatment/Disposal				$\dashv$
Fig			eemalianee with all	
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described w applicable laws, regulations, permits and licenses on the dates listed above.	vaste Was M	iariageo in	compliance with all	
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		<del></del>		
Printed Name Signature			Month Day	Year
Y Fillited Mattle		/	1 2 /	71
White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  Blue- GENERATOR #2 COPY	Vellow	- GENERAT	TOR #1 COPY	

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

		GENERATO	OR SECTION				
I.	Facility Name: RAVEN	INA ARMY A	MMUNITION	J DEPOT			
	Address: 8451 STA City: PAVENNA Owner's Name:	TE ROUTE 5	State: 01-	Zip Code: 44288			
	Telephone: (330) 358	3-7311	Fax: ()				
II.	Operator's Name: Told Address: 500 WCS City: 500 Telephone: (512) 636	+ Elnora Street	State: [N Fax: (812) 63	Zip Code: 47562 6-7572			
III.	Waste Disposal Site (WDS)	Name: AMERIC	AN LANDFIL	L			
	"on-site" disposal	X Yes □ No					
	Physical Location: Address: 791 City: WAYNES BUR Telephone: (330) 8(46)	6 CHAPEL S G 3265	TREET, SE State: OH Fax: (330) 84	Zip Code: 44688			
	Mailing Address:         OH         Zip Code:         44688           City:         WAYNESBURG         State:         OH         Zip Code:         44688           Telephone:         (330) 866-3265         Fax:         (336) 866-3709						
IV.	Responsible Agency (Loca Name: NESHAP REGI Address: 77 WEST JA City: CHICAGO	ONAL OFFICE	State: IL	Zip Code: 60604			
V.	Description of	VI. (	Containers	VII. Total Quantity			
	Materials	Number	Type	(cubic yards)			
FR	IABLE ASBESTOS	00	(FIDI	30			
-							
VIII	I. Special Handling Instruct	ions and Additional Infor	mation				
IX.		ame and are classified, pack	ced, marked and labeled, a	nt are fully and accurately described and are in all respects in proper condition egulations.			
	Mah Ku	the 9/7.1	10 Mark P	atterson Facility Manager			
	Signature	Date	Type or Print N				

. .

	TRANSPO	RTER SECTION
X.	Transporter 1 (Acknowledgement of receipt of mate Name:  Address:	arials) JMW Trucking
	City: Canton	State: OH Zip Code: 44706
	Telephone: (373) 484-2479	Fax: ( )
	receptione. (A) By 14 A + B 100	
	10/1/1 - 9/21	110 GASR TOKES DRIVER
4	Signature	Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of mate Name:	
	Address:	
	City:	State: Zip Code:
	Telephone: ()	Fax: ()
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	DISPOSA	L SITE SECTION
XII.	Discrepancy indication space	
1		
XII		tion of receipt of asbestos materials covered by this manifest
	except as noted in item 12	
	12 Rocal a:	310 R Ruge Soale Ob
	Signature Date	Type or Print Name and Title
	Form	Revised (11/12/97)



	1. Generator's US EPA ID I		fest Doc N	o.	2. Page 1 o	f			
	NON-HAZARDOUS MANIFEST OH 52/0020	126	=.						
	2 Concentor's Mailing Address.	3. Generator's Mailing Address:  Generator's Site Address (If different than mailing):  3. Generator's Mailing Address:				t Number			
	RAVENNA ARMY AMMUNITION PLANT				WMNA 0019640			109	"
	8451 STATE ROLLTE 5	TATE ROUTE 5				B. State 0	Generator's II	)	
	RAVENNA OH 44788	INA, OH 44288							
	PORTAGE COUNTY  4. Generator's Phone 330-358-7312								
	5. Transporter 1 Company Name TMW 6.	. US EPA ID I	Number					野電影	SIEW.
	WIM North Jackson Hauling TUCKING					ansporter's II		-4L-7!	170
	7. Transporter 2 Company Name 8	. US EPA ID I	lumbar.		D. Transpo	rter's Phone	350-4	57-27	20
	7. Transporter 2 Company Name	. US EPAID	Adilibei		E. State Tra	ansporter's II	)		
						rter's Phone			05,
	9. Designated Facility Name and Site Address 1	.0. US EPA ID	Number					1972	
	American Landfill				G. State Fa			11-1	
	7916 Chapel St				H. State Fa	cility Phone	330-866	-3265	
	Waynesburg, OH 44688								
G	11. Description of Waste Materials		No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	sc. Comments	;
N	a. Soil Contaminated with Debris and Asbestos		-	DT	20	T			
Е					20				
R A	WM Profile # 1095860H			ASTERNI		I GERTLE	ELECTRO		1479
Т	b				~	1. 15.	:		
O R	MINE Description		neou and de-	Manual Yell	Victorial Confession	(Area-United to			
"	wm Profile #			The contract of	(Destaco)	0.00 Mar (1.00 Mar)	I I I I I I I I I I I I I I I I I I I	Land Control	
						1. 1.			
	WM Profile #			E WELL		The Park		b to all	
	d				100 m				
	man and a second								
	WM Profile #		II Di			Carlot High			
	Additional Descriptions for Materials Listed Above     Contaminated soil and asbestos containing debris from within	ramsdell Quarry	K. Dispos	al Location					
	Landfill. The areas from which the soil and debris are being remo	oved were used to							
4	burn waste explosives and dumping of liquid residues from anne	ealing operations.	Cell				Level		
	·		Grid			·	20001		
	15. Special Handling Instructions and Additional Information								
	Purchase Order #	EMERGENCY CON	TACT / PH	ONE NO.:	Claudine C	lark/404-494	-3520		
	16. GENERATOR'S CERTIFICATE:								
	I hereby certify that the above-described materials are not hazar accurately described, classified and packaged and are in proper of	rdous wastes as define	d by CFR P	art 261 or a	ny applicable	e state law, h	iave been ful	ly and	
	Printed Name / / /	Signature On behalf		A.		iations.	Month	Day	Year
	Mark Kutterson	1 /ack	- 1a	u-			9	2	100
. T R	17. Transporter 1 Acknowledgement of Receipt of Materials	711	<u>/</u>	,					
, A N	Printed Name	Signature /	-( ,	1, 1	11/10	- ,	Month	Day	Year
S P	18. Transporter 2 Acknowledgement of Receipt of Materials	11110		. 1 /2/	R L-E X		f	<i></i> '\	-
R	Printed Name	Signature		· · · · · · · · · · · · · · · · · · ·			Month	Day	Year
E R									
-	19. Certificate of Final Treatment/Disposal	<u> </u>			.7				
F A	I certify, on behalf of the above listed treatment facility, that to	the best of my knowle	dge, the al	oove-descril	oed waste w	as managed	in compliance	e with all	
C	applicable laws, regulations, permits and licenses on the dates li	isted above.							
L	20. Facility Owner or Operator: Certification of receipt of non-h		vered by t	his manifest				until to	17
Y	Printed Name	Signature		1	di in	and the state of t	Month	Day	Yéar /
L	White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR #	2 COPY	/	Ve	llow- GENFR	ATOR #1 CO	PY	

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

-		GENERATO	R SECTION				
I.	Facility Name: RAVE	NNA ARMY AI	UMUNITION I	DEPOT			
	City: RAVENNA	ATE ROUTE 5	State: Old Zip	Code: 44288			
	Owner's Name: Telephone: (330) 35	8-7311	Fax: ()				
II.	City: CHON	Itest Inc 5+ Elnora Street 6-8501	State: N Zip Fax: (812) 636-15	Code: 47562			
III.	Waste Disposal Site (WI	OS) Name: AMERICA	AN LANDFILL				
	"on-site" disposal	¥ Yes □ No					
	Physical Location: Address: 79 City: WAYNES BU Telephone: (3.30) 8(a) Mailing Address:	16 CHAPEL ST 186 6-3265	State: <u>*01+</u> Zip Fax: <u>(330) 866 -</u>				
	City: WAYNESBU Telephone: (330) 86		State: OH Zi Fax: (336 Blob)				
IV.	Responsible Agency (Lo Name: NESHAP REG Address: 77 WEST City: CHICAGO	SIONAL OFFICE	State: IL Zi	p Code: 60604			
V.	Description of	VI. C	ontainers	VII. Total Quantity			
	Materials	Number	Туре	(cubic yards)			
FR.	IABLE ASBESTOS	00	E CM	30			
VIII	. Special Handling Instru	ctions and Additional Inform	nation				
IX.	above by proper shipping	name and are classified, packet	ontents of this consignment are fi ed, marked and labeled, and are tional and government regulatio	in all respects in proper condition			
	Mand Ta		110 Mark Patters	son Facility Manager			
	Signature	Date	Type or Print Name ar	na rine			

	TRANSPORTER	SECTION
X.	Transporter 1 (Acknowledgement of receipt of materials) Name: Address: 519 4544 Street	w Trucking
	City: Canton Telephone: (330) 484 247	State: OH Zip Code: 44706
	Signature Date Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:	
	Address: City: Telephone: ()	7: 0.1
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	
XIII	Waste disposal site owner or operator: Certification of r except as noted in item 12	eceipt of asbestos materials covered by this manifest
	Signature 9 3/0 Date	Type or Pyint Native and Title
	Form Revised	



	1. Generator's US	S EPA ID No. Ma	anifest Doc N	lo.	2. Page 1	of	-				
	3. Generator's Mailing Address:	Generator's Site Address (If d			A. Manifest Number				$\dashv$		
	RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA, OH 44288	8451 STATE ROUTE 5 RAVENNA, OH 44288 PORTAGE COUNTY				B. State Generator's ID					
	4. Generator's Phone 330-358-7312  5. Transporter 1 Company Name  WM North-Jackson-Hauling	6. US EPA II	. US EPA ID Number				C. State Transporter's ID  D. Transporter's Phone				
	7. Transporter 2 Company Name	8. US EPA I	D Number	el <sup>i</sup>	E. State Ti	ransporter's II		120HE-20,	78.		
	9. Designated Facility Name and Site Address American Landfill 7916 Chapel St	10. US EPA	ID Number		G. State Facility ID H. State Facility Phone 330-866-3265						
	Waynesburg, OH 44688										
G	11. Description of Waste Materials		12. Co No.	ntainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	sc. Comment	s		
E N E	a. Soil Contaminated with Debris and Asbestos		1	CM	20	Yd	:	*,			
R	WM Profile # 1095860H	4		IN AND		12 E 14 E		The state of			
A T O				1711-	*,,	· · · ·		//× .			
R	WM Profile #	*		ALIENSE.			5 FALSE	Taken Services			
	c.  WM Profile #						W Guy				
	d.	ĺ,			1 1 1	1.					
	WM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris fron Landfill. The areas from which the soil and debris are be burn waste explosives and dumping of liquid residues fr	m within ramsdell Quarry eing removed were used to	K. Dispos	sal Location			Level				
	15. Special Handling Instructions and Additional Inform	ation	One				<u> </u>				
	Purchase Order #  16. GENERATOR'S CERTIFICATE:	EMERGENCY CO	ONTACT / PH	ONE NO.:	Claudine (	Clark/404-494	-3520	,			
	I hereby certify that the above-described materials are accurately described, classified and packaged and are in	proper condition for transpo	ortation acco								
	Printed Name Warklatterson	Signature "On beh	f. /	ath	Management of the same of the		Month	Day	Year		
T R	17. Transporter 1 Acknowledgement of Receipt of Mate			<u>/</u>							
A N S P	Printed Name	Signature	141	UF-06	1		Month	Day	Year / ()		
O R T E R	18. Transporter 2 Acknowledgement of Receipt of Mate Printed Name	erials Signature	4	<u> </u>			Month	Day	Year		
F A C	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility applicable laws, regulations, permits and licenses on the		/ledge, the a	bove-descril	bed waste	was managed	in compliand	ce with all			
Ĺ	20. Facility Owner or Operator: Certification of receipt	of non-hazardous materials	covered by t	his manifest	//		<u> </u>	0	/ X		
T Y	Printed Name	Signature		1			Month	(Day)	Year )		
	*			<del></del>		-II CENER	ATOR #1 CO	DV			

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold-TRANSPORTER #1 COPY Yellow- GENERATOR #1 COPY



		CE	NERATOR S	FCTION		
I.	Facility Name: RAVE Address: 845 ST			City Idea	ND	EPOT
	Address: 8451 ST City: PAVENNA Owner's Name: Telephone: (330) 3		E 5	State: <b>0 I -</b>	Zip (	Code: 44266
		We are writing		rax: ()		
II.	Operator's Name: 10 Address: 508 wes City: 20 Telephone: (312) 63	TELMORN St	7,	State: / N Fax: ( 812) 6	Zip (	Code: <u>47562</u> 12
III.	Waste Disposal Site (WI	OS) Name: A	IERI CAN	LANDFI	LL	
	"on-site" disposal	🕱 Yes	□ No			
	Physical Location: Address: 79 City: WAYNES BL Telephone: (330) 80	16 CHAF IRG 6-3265	EL STR	EET, SE State: OH Fax: (330)8	Zip (	Code: 44688
	Mailing Address: City: Telephone: (330) 86	06-3265		State: 0 H Fax: (336)	Zip (	Code: 44688
IV.	Responsible Agency (Lo Name: NESHAP REC Address: 77 WEST City: CHICAGO	SIONAL OFFI	CE	vhere notification w		Code: 60604
V.	Description of		VI. Contai			VII. Total Quantity
	Materials	Number		Туре		(cubic yards)
FRI	ABLE ASBESTOS	001		Com .	CM	30
			-			
VIII.	Special Handling Instru	ctions and Additio	 onal Informatio	n		
IX.	Generator's Certification above by proper shipping for transport by highway	name and are class	ified, packed, m	arked and labeled,	and are in	y and accurately described all respects in proper condition
	Mark You	the	@ 9/02/10 Date	Markey Type or Print	terson	Fewlety Mar
1				LVDE OF PERMI	vame and	TIUE " 7

Name: WM - Work Address: 1023	100000
	14-D01/
City: CHARDON Telephone: 10149 276-7116  G-2-10	State: 0# Zip Code: 44024  Fax: ( )
Signature Date	Type or Print Name and Title
Rejected Materials (if any)	Destination
XI. Transporter 2 (Acknowledgement of receipt of materials) Name:	
Address:	State: Zip Code:
Signature Date	Type or Print Name and Title
Rejected Materials (if any)	Destination
DISPOSAL SI	TE SECTION
XII. Discrepancy indication space	
AIII. Waste disposal site owner or operator: Certification of except as noted in item 12	receipt of asbestos materials covered by this manifest
Signature Date Form Revise	Type or Print Name and T) tle



	1. Generator's US EPA ID No	o. Man	ifest Doc N	No.	2. Page 1 c	of I			
	NON-HAZARDOUS MANIFEST OH 52 1003	20736							
	Generator Generator	r's Site Address (If diffe	rent than ma	ailing):	A. Manifes	t Number			
	3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT	IA ARMY AMMUI	NOITIN	PLANT	Wi	VINA	001964	111	
	8451 STATE ROLLTE 5	\$51 STATE ROUTE 5			B. State Generator's ID				
	RAVENNA OH 44288	NA, OH 44288							
	PORTAG	SE COUNTY							
	4. Generator's Phone 330-358-7312  5. Transporter 1 Company Name - TAALA 6.	US EPA ID I	Humbor			EQUAL TO SERVE OF THE SERVE		Australia	eri a li la la
	LAD VVINC				C. State Tr	ansporter's II		20100,0220	
	WM-North-Jackson-Hauling A/H Z 1/2		-			orter's Phone		84-24	128
	7. Transporter 2 Company Name 8.	US EPA ID I	Number				A Charles	The Thirt	55 (5)
						ansporter's II	)	-	7
ŀ	Designated Facility Name and Site Address     10.	. US EPA ID	Number		F. Transpo	rter's Phone	Water School	e constant	TA ADMIN
	American Landfill	. OSEPAID	INGHIDE		G State F	acility ID			
	7916 Chapel St				G. State Facility ID  H. State Facility Phone 330-866-3265				
	Waynesburg, OH 44688		156 (-17)	Jan 19 18 1	DOTES ST	Harris Andrews		1-15-70	
	,								
G E	11. Description of Waste Materials		12. Co No.	ntainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	sc. Comments	,
N	a. Soil Contaminated with Debris and Asbestos		4	Туре	20	***************************************			
E				PL	20	ā.			
R	WM Profile # 1095860H		HAS ELS	Salvaro :	hall be right		E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		232.70
A T	<b>b.</b> 10 - 11 - 12								
0					- H				
R	WM Profile #			Pennsya!	NE CONTRACTOR				
	<b>c.</b>			70,					
			10.7 4.000				Figure 174 and		
	d. WM Profile #		E (Sentill	NEW PORT		In Section		24.5	
	u.			,					
					м у .	Entra de la Carta		Fig. 15 010	
	WM Profile #  J. Additional Descriptions for Materials Listed Above		K. Dispos	sal Location		10.000	1		SINILE.
	Contaminated soil and asbestos containing debris from within ra	amsdell Quarry							İ
	Landfill. The areas from which the soil and debris are being remov								
	burn waste explosives and dumping of liquid residues from anneal	lling operations.	Cell				Level		
	1		Grid						
	15. Special Handling Instructions and Additional Information								
	Purchase Order #	EMERGENCY CON	TACT / PH	ONE NO.:	Claudine C	:lark/404-4 <b>9</b> 4	-3520		
	16. GENERATOR'S CERTIFICATE:								
	I hereby certify that the above-described materials are not hazard						ave been ful	ly and	
	accurately described, classified and packaged and are in proper co	Signature "On behalf		ording to ap	plicable regu	liations.	Month	Day	Year
	Marklatterson	71 Jack			Total Control of the		9	3	11
T	17. Transporter 1 Acknowledgement of Receipt of Materials			1	,		-		
R A		Signature	/>	1/			Month	Day	Year
N S P	Allen Laish	ACC-		1			1	2	10
0	18. Transporter 2 Acknowledgement of Receipt of Materials								
R T E	Printed Name	Signature					Month	Day	Year
R									
F,	19. Certificate of Final Treatment/Disposal				/	7			
A C	I certify, on behalf of the above listed treatment facility, that to the		dge, the a	bove-descri	bed waste v	vas managed	in compliant	e with all	
Ī	applicable laws, regulations, permits and licenses on the dates list  20. Facility Owner or Operator: Certification of receipt of non-ha		vared but	his manifes	+ 1/		promise in		
i T		Signature	vereu by t	a maimes	11		Month	Day	Year
Y					for the		7		11
_	White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR #	2 COPV		Y V	ellow- GENER	ATOR #1 CO	PV	

White-TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink-FACILITY USE ONLY

Blue- GENERATOR #2 COPY Gold- TRANSPORTER #1 COPY

		GENERATO	OR SECTION	
	Facility Name: RAVEN Address: 8451 STA	INA ARMY A	MMUNITION	DEPOT
	City: RAVENINA	TE ROUTE 5	State: 01-	Zip Code: 44288
	Owner's Name: Telephone: (330) 358	3-7311	Fax: ()	
I.	Operator's Name: Tolt Address: 500 Wes-	est Inc + Elnora Offeet		
	City: 6300 Telephone: (512) 636-		State: [N Fax: (812) 634	Zip Code: 47562
II.	Waste Disposal Site (WDS)	Name: AMERIC	AN LANDFIL	L
	"on-site" disposal	¥ Yes □ No		
	Physical Location: Address: 7910 City: WAYNES BUR Telephone: (330) Bldo	6 CHAPEL S G - 3265	TREET, SE  State: OH  Fax: (330) 860	_ Zip Code: <u>44688</u> e - 3709
	Mailing Address: City: WAYNES BURG Telephone: (330) 866		State: <u>0 H</u> Fax: <u>336</u> 8	Zip Code: 44688 166 - 3709
V.	Responsible Agency (Local Name: NESHAP REGIONAL Address: 77 WEST JACOUTT CHICAGO	ONAL OFFICE	ffice where notification was	sent) Zip Code: 60604
1.	Description of	VI. (	Containers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR.	IABLE ASBESTOS	00	CADT	3φ
VIII	. Special Handling Instructi	ons and Additional Infor	mation	
		7.1 1 1 1 1 1 1		C-11 I assumetale described
IX.	Generator's Certification: above by proper shipping na for transport by highway acc	me and are classified, pacl	ked, marked and labeled, an	d are in all respects in proper condition

	TF	RANSPORTER	RSECTION
X.	Transporter 1 (Acknowledgement of receivance) Name: Address: 519 H541 Street City: Canton Telephone: (330) 484 2420	JW.	State: OH Zip Code: 44706 Fax: ( )
	Allen Kh	9-3-10	Alben Knish Diver
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
XI.	Transporter 2 (Acknowledgement of rec Name: Address: City:		
	Telephone: ( )		Fax: ()
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
-	1	ISPOSAL SIT	E SECTION
XII.	Discrepancy indication space		B BBC ITOT
XIII	. Waste disposal site owner or operator except as noted in item 12	3/b	Type or Prin Name and Title
		Form Revised	1 (11/12/97)



	NON-HAZARE DUS MANIFEST 1. Generator's U	US EPA	1D No. Ma	nifest Doc N	lo.	2. Page 1	of			
	3. Generator's Mailing Address:	Gene	erator's Site Address (If di	ferent than ma	iling):	A. Manife	st Number	T		
	RAVENNA ARMY AMMUNITION PLANT RAVENNA ARMY A			NITION P	LANT	WMNA		00196	412	
	8451 STATE ROUTE 5		1 STATE ROUTE 5				B. State C	Generator's		
	RAVENNA, OH 44288 PORTAGE COUNTY									
	4. Generator's Phone 330-358-7312									
	5. Transporter 1 Company Name TMW TRUCK	4 N	6. US EPA ID	Number			4.4			E-0-1/6
	WM North Jackson Hauling CHPVH31	72					ransporter's IE orter's Phone		de) w	70
	7. Transporter 2 Company Name		8. US EPA ID	Number		2. 110.115			31012	
						E. State Tr	ansporter's IC	)	T-	
	O Designated Section Steers and Six Addition		40 110 110 1			F. Transpo	orter's Phone	101/10		-
	Designated Facility Name and Site Address     American Landfill		10. US EPA I	D Number		6.61.1.5	10. 10.			
	7916 Chapel St					G. State F	acility ID	220.96	6-3265	
	Waynesburg, OH 44688				del antiero	n. State F	acinty Priorie	330-00	0-3203	
	,									
G	11. Description of Waste Materials			12. Con		13. Total Quantity	14. Unit	I. M	lisc. Commer	nts
E N	a. Soil Contaminated with Debris and Asbestos			No.	Type	Quantity	Wt./Vol.			-
Е				1	DI	ZO	1			
R	WM Profile # 1095860	Н			10000					
T	b.				7.056					
0					.Tvp∈					
R	WM Profile #			Chr. Ch	EARLS				W. S. C.	Line of the
	c.									
	WM Profile #				L. L. T.	S. S. P. C.		NEW AND DE	Sec. 25	STATE OF THE PARTY
	d.									-540.00
				1 - 1				100		
	WM Profile #			The state of			ide esta	and the second	1 - 10	Marie Land
	J. Additional Descriptions for Materials Listed Above			K. Disposa	l Location					
	Contaminated soil and asbestos containing debris from Landfill. The areas from which the soil and debris are be									
	burn waste explosives and dumping of liquid residues fi									
				Cell				Level		
	15. Special Handling Instructions and Additional Inform	nation		Grid						
	Purchase Order #	iation	EMERGENCY CON	ITACT / DUC	NIE NO .	Claudina	l== -/404_404	3530		
1	16. GENERATOR'S CERTIFICATE:		EMERGENCY CON	ITACI / PHC	INE NO.:	Claudine C	lark/404-494-	3520		
	I hereby certify that the above-described materials are	not ha	zardous wastes as define	ed by CER Pa	art 261 or a	nv annlicable	e state law ha	ve heen ful	lly and	
	accurately described, classified and packaged and are in	n prop	er condition for transpor	tation accor	ding to app	ljcable regu	ations.	TVC DCCITTUI	iy ana	
	Printed Name		Signature "On behalf		Yal	le	•	Month	Day	Year
_	17. Transporter 1 Acknowledgement of Receipt of Mat	torials	1.10		100		in the second	9	3	10
R	Printed Name	ci iais	Signature, \	1				Month	Day	Year
N S	()KEY HAWUZI			tw	-			9	3	10
P	18. Transporter 2 Acknowledgement of Receipt of Mat	terials								
R	Printed Name		Signature					Month	Day	Year
E R										,
	19. Certificate of Final Treatment/Disposal									
A C	I certify, on behalf of the above listed treatment facility			dge, the ab	ove-describ	ed waste w	as managed ir	1 complianc	e with all	
L	applicable laws, regulations, permits and licenses on th									
1	20. Facility Owner or Operator: Çertification of receipt Printed Name	t of no	n-hazardous materials co	verea by th	is manifest.			Manth	D	Ve
Υ	MAN A =		Signature	111				Month	Day	Year /
	White-TREATMENT, STORAGE, DISPOSAL FACILITY COR	DV	Blue- GENERATOR 4	P COPY		Vo	IOW- GENERA	TOP #1 COI	N N	

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

	GENERATOR SECTION						
I.	Facility Name: RAVE	ENNA ARMY AM	MUNITION	DEPOT			
	Address: 8451 ST City: PAVENNA Owner's Name:	ATE ROUTE 5	State: 01-	Zip Code: 44288			
	Telephone: (330) 3	58-7311	Fax: ()				
II.	City: Color Telephone: (312) 6:	est Elnora Street 36-8501		Zip Code: 41962			
III.	Waste Disposal Site (W	DS) Name: AMERICAI	V LANDFIL	L			
		X Yes □ No					
	Physical Location: Address: 70 City: WAYNES BU Telephone: (3.30) 80	716 CHAPEL STI 1RG do-3265	REET, SE State: OH Fax: (330) 860	Zip Code: 44688			
	Mailing Address: City: WAYNES BU Telephone: (330) 80	1RG	State: OH Fax: (336) 8	Zip Code: 44688 1616 - 3709			
IV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO		e where notification was State: IL	Zip Code: 60604			
V.	Description of	VI. Con	tainers	VII. Total Quantity			
	Materials	Number	Туре	(cubic yards)			
FR.	IABLE ASBESTOS	00	ELDI	30			
VIII	. Special Handling Instr	uctions and Additional Informa	tion				
IX.	above by proper shipping	ion: I hereby declare that the cont g name and are classified, packed, according to applicable internation	marked and labeled, and	are fully and accurately described d are in all respects in proper condition ulations.			
	Mark		1 Mark Pat	terson Facility Manager me and Title			
l .	Signature	Date	Type or Print Na	ine and True			

	TRA	NSPORTER	SECTION
X.	Transporter 1 (Acknowledgement of receipt Name:	of materials)	VTrucking
	Address: 519 #5# Street City: Canton Telephone: (338) 484-2426		State: OH Zip Code: 44706
	Oll Ham	9/3/10	Type or Print Name and Title
	Signature I	Date	
	Rejected Materials (if any)		Destination
XI.	Transporter 2 (Acknowledgement of receipt Name:		
	Address:		State: Zip Code:
	Telephone: ()		Fax: ()
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
	DIS	POSAL SITE	ESECTION
XII.	Discrepancy indication space		
XIII	I. Waste disposal site owner or operator: C	ertification of re	ceipt of asbestos materials covered by this manifest
	except as noted in item 12		
		9-3-1	Aren Scale
	Signature	Date	Type or Print Name and Title
		Form Revised	(11/12/97)



	NON-HAZARDOUS MANIFEST 1. Generator's US EPA	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	nifest Doc N	lo.	2. Page 1	of /			
	3. Generator's Mailing Address:  RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA OH 44288	erator's Site Address (If di ENNA ARMY AMMU 1 STATE ROUTE 5 ENNA, OH 44288 TAGE COUNTY				st Number MNA B. State	00196 Generator's		
	4. Generator's Phone 330-358-7312 5. Transporter 1 Company Name TMW TRUCKING	6. US EPA ID	Number		870.4	The Market		amente.	y Company
l a	WM North-Jackson-Hauling					ransporter's I orter's Phone		7-74	<del>**</del> *
7	7. Transporter 2 Company Name	8. US EPA ID	Number		in the hear		41.39		-0
						ransporter's I orter's Phone			
	9. Designated Facility Name and Site Address American Landfill	10. US EPA I	D Number		G. State F			GT.	Emissi.
	7916 Chapel St Waynesburg, OH 44688		AND SALES	(1884) AST 18	H. State F	acility Phone	330-86	6-3265	S. 1. 1 .
-									
E	11. Description of Waste Materials		No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mi	isc. Commen	its
N E	a. Soil Contaminated with Debris and Asbestos			DT	20	T			
R	<b>WM Profile #</b> 1095860H						P. Service		
T	b.					1			
R	WM Profile #				Alman .		A CASTALIS	Un ex	Latte (
	с.			760					
8	WM Profile #		1.070					Plant	
	d.				-				
	WM Profile #  J. Additional Descriptions for Materials Listed Above		V Dispos	al Location					
	Contaminated soil and asbestos containing debris from with Landfill. The areas from which the soil and debris are being re burn waste explosives and dumping of liquid residues from ar	moved were used to	к. ызроз	ar Location					- 4
			Cell Grid				Level		
	15. Special Handling Instructions and Additional Information		Grid						
	Purchase Order#	EMERGENCY CO	NTACT / PHO	ONE NO.:	Claudine C	lark/404-494	-3520		
	16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not had accurately described, classified and packaged and are in prop						ave been ful	ly and	
	Printed Name Mark Pottorson	Signature "On behal	f of"	16/11			Month	Day	Year
Т	17. Transporter 1 Acknowledgement of Receipt of Materials	1110	uc 1	-			1 /		10
R A N	Printed Name	Signature	1	70	2/		Month	Day	Year
S P	18. Transporter 2 Acknowledgement of Receipt of Materials			1 14	ec.	2	9	3	10
R T	Printed Name	Signature					Month	Day	Year
E R									
FAC	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that applicable laws, regulations, permits and licenses on the date		edge, the ab	ove-describ	oed waste w	vas managed	in complianc	e with all	
L	20. Facility Owner or Operator: Certification of receipt of no		vered by th	is manifest					
Υ	Printed Name	Signature	V	)			Month	Day	Year / J
-	White-TREATMENT STORAGE DISPOSAL FACILITY COPY	Blue- GENERATOR	#2 CORV		V	llow- GENER	ATOR #1 CO		1, 0

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

		GENERATOR		
I.	Facility Name: RAVE Address: 8451 ST	ATE ROUTE 5	IMUNITION D	EPOT
	City: KAVENNA Owner's Name:		State: Old Zip (	Code: 44288
	Telephone: (330) 3	58-7311	Fax: ()	
II.	City: Codon	oltest Inc est Elnova Street 86-8501	State: N Zip (Fax: (812) 636-15	Code: 47.562 12
III.	Waste Disposal Site (W)	DS) Name: AMERICA	N LANDFILL	
	"on-site" disposal	¥ Yes □ No		
	Physical Location: Address: 79 City: WAYNES BU Telephone: (330) 80	116 CHAPEL ST IRG do-3265	REET, SE  State: OH Zip  Fax: (330) 866 - 3	Code: 44688
	Mailing Address: City: WAYNES BU Telephone: (330) 80	1RG 186-3265	State: OH Zip Fax: (336 866	Code: 44688
IV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO			Code: 60604
V.	Description of	VI Co	ntainers	VII. Total Quantity
\ \ .	Materials	Number	Туре	(cubic yards)
FR.	IABLE ASBESTOS	00	EM DT	30
<u> </u>				
VIII		uctions and Additional Inform		
IX.	above by proper shipping	on: I hereby declare that the cor g name and are classified, packed according to applicable internati	i, marked and labeled, and are ii	n all respects in proper condition
	Mark	Patter 9/3/1	O Mark Patters	on Facility Manager
1	Signature	Date	Type of Tittle Native air	11110

		TRANSPORT	ER SECTION	
X.	Transporter 1 (Acknowledgement of Name:  Address: Sig #5+1/Str		IMW Trucking	
	City: Canton		State: OH	Zip Code: 44706
	Telephone: (330) 484-2428		Fax: ( )	dy Wormon
	01/			1 7/
	tordy Horman		10 Par	dy Harmon
	Signature /	Date	Type or Print Nam	e and Title
	Rejected Materials (if any)		Destination	
XI.	Transporter 2 (Acknowledgement of Name:			
	Address:			Zip Code:
	Telephone: ()		Fax: ( )	
	Signature	Date	Type or Print Nan	ne and Title
	Rejected Materials (if any)		Destination	
		DISPOSAL S	SITE SECTION	
XII.	Discrepancy indication space	DISPOSAL S	SITE SECTION	
XII.	Discrepancy indication space	DISPOSAL S	SITE SECTION	
XII.	Discrepancy indication space	DISPOSALS	SITE SECTION	
XII.	Discrepancy indication space	DISPOSAL S	SITE SECTION	
	Discrepancy indication space  I. Waste disposal site owner or operative except as noted in item 12			aterials covered by this manifest
	I. Waste disposal site owner or opera		of receipt of asbestos ma	aterials covered by this manifest
	I. Waste disposal site owner or opera	tor: Certification	of receipt of asbestos ma	Agen Sciles



18	NON-HAZARDOUS MANIFEST  1. Generator's US EPA	M)20736	nifest Doc N	lo.	2. Page 1	of §			
	RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA. OH 44288	erator's Site Address (If di /ENNA ARMY AMMU :1 STATE ROUTE 5 /ENNA, OH 44288 RTAGE COUNTY				st Number  MNA  B. State	00196 Generator's		
	5. Transporter 1 Company Name JM W TRUCKING WM North Jackson Hauling PVH 32.07	6. US EPA IE	Number		C. State Transporter's ID D. Transporter's Phone				
	7. Transporter 2 Company Name	8. US EPA ID Number			E. State Transporter's ID F. Transporter's Phone				
	9. Designated Facility Name and Site Address American Landfill 7916 Chapel St Waynesburg, OH 44688		US EPA ID Number			G. State Facility ID H. State Facility Phone 330-866-3265			
	waynesburg, orr 44088.	X							
G	11. Description of Waste Materials	-	12. Con No.	tainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Mi	isc. Commen	ts
N E	a. Soil Contaminated with Debris and Asbestos		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OT	20				
R	WM Profile # 1095860H			1, 7,					
T O	u.							ent	
R	WM Profile #					CEST IN		1	(albert)
	c.		V2.	7- 54					
	WM Profile #						THE PARKS	833.7	1///15
	d.							0	
	WM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from witl Landfill. The areas from which the soil and debris are being re burn waste explosives and dumping of liquid residues from a	emoved were used to	K. Disposa	al Location		0.84900			
	burn waste explosives and dumping of fidula residues from a	imeaning operations.	Cell				Level		33 1
			Grid						
	15. Special Handling Instructions and Additional Information								
	Purchase Order #  16. GENERATOR'S CERTIFICATE:	EMERGENCY CO				lark/404-494			
	I hereby certify that the above-described materials are not he accurately described, classified and packaged and are in properties.  Printed Name	azardous wastes as defin per condition for transpor Signature "On behal	tation accor	art 261 or a	ny applicabl Jicable regu	e state law, h lations.	Month	Day	Year
	17. Transporter, 1 Acknowledgement of Receipt of Materials	111		1 cope	11			3	10
R A N S	Printed Name	Signature/	Chi	Kell	acce		Month	Day	Year
P	18. Transporter 2 Acknowledgement of Receipt of Materials	11/10							
R T E R	Printed Name	Signature					Month	Day	Year
	19. Certificate of Final Treatment/Disposal								$\vdash$
A. C	I certify, on behalf of the above listed treatment facility, that applicable laws, regulations, permits and licenses on the date	to the best of my knowle es listed above.	edge, the ab	ove-describ	ed waste w	as managed i	in complianc	e with all	,
L	20. Facility Owner or Operator: Certification of receipt of no	n-hazardous materials co	vered by th	is manifest.					
Y	Printed Name	Signature	1/2				Month	Day	Year / O
	White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR	#2 COPY		Ye	llow- GENERA	TOR #1 COP	V	

Tellow- GENERATOR :

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

		GENERA	TOR SECTION	
I.	Facility Name: RAVE	NNA ARMY	AMMUNITLO	J DEPOT
1.	City: KAVENINA	ATE ROUTE 5	A MMUNITION State: OH	_ Zip Code: 44288
	Owner's Name:	58-7311	Fax: ()	
II.	Operator's Name: To Address: 500 WG City: Clay 63	Stelnor Street		Zip Code: 47562 6-1512
III.	Waste Disposal Site (Wi	OS) Name: AMERI	CAN LANDFI	
	"on-site" disposal	X Yes 🗆 1	No	con a
	Physical Location: Address: 76 City: WAYNES BL Telephone: (3.30) 86	116 CHAPEL 18G 20-3265	STREET, SE State: OH Fax: (330) 80	Zip Code: 44688
	Mailing Address: City: WAYNES BU Telephone: (330) 80	PG 06-3265	State: 0 H Fax: (336)	Zip Code: 44688 Blele - 3709
IV.	Name: NESHAP REO	GIONAL OFFICE _	Office where notification w	Zip Code: 60604
	City: CHICAGO	***	State: IL	VII. Total Quantity
V.	Description of Materials	Number	Containers	(cubic yards)
FR	IABLE ASBESTOS	OOI	CAR DV	30
_				
VIII	I. Special Handling Instru	actions and Additional Inf	formation	
IX.	above by proper shipping	name and are classified, p	e contents of this consignme acked, marked and labeled, ernational and government re	nt are fully and accurately described and are in all respects in proper condition egulations.
	Mach Ta	Mu 9/3	3/10 Mark F	atterson Facility Manager  Name and Title
1	Signature	Date	Type of Frint I	Tanno and Thio

	TRANSPORTER	SECTION
Х.	Transporter 1 (Acknowledgement of receipt of materials)  Name:  Address:  City:  Telephone: (330) 184 242000  Signature  Date	State: OH Zip Code: 4706 Fax: (1) Type of Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials)  Name: Address: City: Telephone: ()	State: Zip Code: Fax: ()
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
		in,
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	
XIII	1. Waste disposal site owner or operator: Certification of a except as noted in item 12	
	Signature Date	Type or Print Name and Title
1	Form Revised	(11/12/97)



	NON-HAZARDOUS MANIFEST  1. Generator's US EF	PAID NO. Ma	nifest Doc I	No.	2. Page 1	of		,		
	3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA, OH 44288  Generator's Site Address (If different that RAVENNA ARMY AMMUNITION PLANT) 8451 STATE ROUTE 5 RAVENNA, OH 44288 PORTAGE COUNTY				1	st Number MNA  B. State	00196 Generator's			
	4. Generator's Phone 330-358-7312  5. Transporter 1 Company Name TRUCKING WM*North-Jackson Hauling	Number	-		ransporter's I orter's Phone		1847	47£		
	7. Transporter 2 Company Name	8. US EPA IC	) Number		E. State T	ransporter's I	D 3° 1			
	9. Designated Facility Name and Site Address American Landfill 7916 Chapel St Waynesburg, OH 44688	10. US EPA	ID Number		G. State Facility ID  H. State Facility Phone 330-866-3265				)	
	waynesbuig, On 44000									
G E	11. Description of Waste Materials		No.	ntainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. M	isc. Commen	ts	
N E R	a. Soil Contaminated with Debris and Asbestos		/	DT	20	7		i du		
A T	WM Profile # 1095860H			174		-4: 4		. 1 - 70, - 10	P. S. S. S. S. S. S. S. S. S. S. S. S. S.	
O R	WM Profile #					State of the state	A HEROTOPHIA		SYSTEM	
	· C				4 h					
	d.				E DENGE					
	WM Profile #			la Washes	C.P.	Reserve to a	h (1901-1905)	n in section	1000011	
	J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from wi Landfill. The areas from which the soil and debris are being burn waste explosives and dumping of liquid residues from	rithin ramsdell Quarry removed were used to	K. Dispos	al Location			Level			
	15. Special Handling Instructions and Additional Informatio	on	Gila							
	Purchase Order #  16. GENERATOR'S CERTIFICATE:	EMERGENCY CO				Clark/404-494				
	I hereby certify that the above-described materials are not accurately described, classified and packaged and are in properties.  Printed Name  Mark Halland		rtation acco				Month	Day	Year	
T	17. Transporter 1 Acknowledgement of Receipt of Material					_	7		10	
A N S P	Derwishu66145	Signature	ander / N	ME			Month	Day	Year 10	
O R T E R	18. Transporter 2 Acknowledgement of Receipt of Material Printed Name	Signature					Month	Day	Year	
FACILITY	Certificate of Final Treatment/Disposal     I certify, on behalf of the above listed treatment facility, the applicable laws, regulations, permits and licenses on the da     Cartification of receipt of reprinted Name	ates listed above.		11		vas managed	in compliand	ce with all	Year	
	White TREATMENT STORAGE DISDOSAL FACILITY CODY	Blue- GENERATOR				llow- GENER			16	

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

		GENERATO	R SECTION				
I.	Facility Name: RAVE	NNA ARMY AI	UMUNITION	DEPOT			
	Address: 8451 ST City: RAVENNA	ATE ROUTE 5	State: 01-	Zip Code: 44288			
	Owner's Name: Telephone: (330) 35	8-7311	Fax: ()				
II.	Operator's Name: To Address: 500 We	Itest Inc					
	City: 6300 Telephone: (612) 63		State: <u>IN</u> Fax: (812) 636	Zip Code: 47562 -1512			
III.	Waste Disposal Site (WD	S) Name: AMERICI	AN LANDFILL	-			
	"on-site" disposal	¥ Yes □ No					
	Physical Location: Address: 79 City: WAYNES BU Telephone: (330) 8(a	16 CHAPEL ST RG 6-3265	Fax: (330) 866	Zip Code: 44 6 88			
	Mailing Address:         OH         Zip Code: 44688           City:         WAYNESBURG         State: OH         Zip Code: 44688           Telephone:         (330) 866-3265         Fax: (336) 866-3709						
IV.	Responsible Agency (Lo Name: NESHAP REG Address: 77 WEST C City: CHICAGO		ice where notification was s	Zip Code: 60604			
V.	Description of	VI. C	ontainers	VII. Total Quantity			
	Materials	Number	Туре	(cubic yards)			
FRI	ABLE ASBESTOS	00	TOT	30			
VIII	. Special Handling Instruc	ctions and Additional Inform	nation				
IX.	above by proper shipping		d, marked and labeled, and	re fully and accurately described are in all respects in proper condition ations.			
	Mal 19	1 9/3/1 Date	Mark Patt Type or Print Nam	erson Facility Manager e and Title			

	TRANSPORTE	R SECTION
X.	Transporter 1 (Acknowledgement of receipt of materials)  Name: Address: City: Canton Telephone: (330) 131 2120  Signature  Date	State: OH Zip Code: 47706  Fax: ( )  Dearls Holdon Driver  Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials)  Name: Address: City: Telephone: ()  Signature  Date	State: Zip Code:
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	TE SECTION
XII.	Discrepancy indication space	
XIII	. Waste disposal site owner or operator: Certification of except as noted in item 12  Signature  Date	Type or Print Name and Title
	Form Revise	1 (11/12/97)



# WASTE MANAGEMENT NON-HAZARDOUS MANIFEST

	NON-HAZARDOUS MANIFEST  1. Generator's US	S EPA ID No. Mai	nifest Doc I	No.	2. Page 1	of					
	3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA, OH 44288	Generator's Site Address (If dil RAVENNA ARMY AMML 8451 STATE ROUTE 5 RAVENNA, OH 44288 PORTAGE COUNTY		st Number  MNA  B. State (	00196 Generator's						
	4. Generator's Phone 330-358-7312 5. Transporter 1 Company Name CHALDO 1 WM North-Jackson Flauling	6. US EPA ID	C. State Transpo					er's ID hone 440 236 7 116			
	7. Transporter 2 Company Name	,	8. US EPA ID Number			E. State Transporter's ID					
	9. Designated Facility Name and Site Address 10. US EPA II American Landfill 7916 Chapel St				G. State F	acility ID acility Phone		6-3265			
	Waynesburg, OH 44688										
G	11. Description of Waste Materials		12. Co	ontainers Type	13. Total Quantity	14. Unit Wt./Vol.	I. M	lisc. Commen	ts		
E N E	a. Soil Contaminated with Debris and Asbestos			CM	20	YP					
R A	WM Profile # 1095860F	4		DE TANK		ER STANTO					
T	<b>b.</b> 112 A 17		,		Ot .	. 111		We to			
R	WM Profile #	1 ** *	h the same	16.15	had been		100				
	c.  WM Profile #				4. 1 4. 1						
	d				J.			į.			
	WM Profile #  J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from Landfill. The areas from which the soil and debris are be burn waste explosives and dumping of liquid residues from	n within ramsdell Quarry eing removed were used to	K. Disposal Location  Cell Level								
	15. Special Handling Instructions and Additional Inform	ntion	Grid				1				
	Purchase Order #	EMERGENCY COI	NTACT / PH	IONE NO ·	Claudine (	Clark/404-494	-3520				
	16. GENERATOR'S CERTIFICATE:  I hereby certify that the above-described materials are recurrenced accurately described, classified and packaged and are in	not hazardous wastes as defin	ed by CFR I	Part 261 or a	any applicab	le state law, h		illy and			
	Printed Name Mark Potterson	Signature."On behal		Par		maganite	Month	Day 5	/Year		
T R A N S P	17. Transporter 1 Acknowledgement of Receipt of Mate	erials Signature	and the second s		and the second		Month	Day	Year		
PORTER	18. Transporter 2 Acknowledgement of Receipt of Mate Printed Name	Signature	-				Month	Day	Year		
F A C I L	Certificate of Final Treatment/Disposal     I certify, on behalf of the above listed treatment facility, applicable laws, regulations, permits and licenses on the 20. Facility Owner or Operator: Certification of receipt	e dates listed above.			_///	vas managed	in complian	ce with al			
T Y	Printed Name	Signature		//			Month	Day	Year		
_	White-TREATMENT, STORAGE, DISPOSAL FACILITY COP	PY Blue- GENERATOR	#2 COPY	13	<u></u>	ellow- GENER	ATOR #1 CO	)PY			

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

	GENERATOR SECTION							
1.	Address: 8451 ST City: RAVENINA Owner's Name:	ENNA ARMY AL ATE ROUTE 5	State: 014	DEPOT Zip Code: 44266				
II.			Fax: ()  State: /\omega_ Fax: (\frac{\lambda}{812.063}	Zip Code: 47562 6-7572				
III.	Waste Disposal Site (WI		N LANDFIL	L				
	"on-site" disposal  Physical Location: Address: 79 City: WAYNES BU Telephone: (330) 8(4)	Yes No No No CHAPEL ST URG UG- 3265	REET, SE  State: OH  Fax: (330) 860	_ Zip Code: <u>44688</u> 6-3709				
	Mailing Address: City: Telephone: (330) 84	6-3265	State: 0H Fax: (336 8	Zip Code: 44688				
IV.	Responsible Agency (Lo Name: NESHAP REG Address: 77 WEST City: CHICAGO		e where notification was  State: IL	zip Code: 60604				
V.	Description of Materials	VI. Con		VII. Total Quantity (cubic yards)				
FRI	ABLE ASBESTOS	00	CM	20				
			10 to 10 to					
VIII	Special Handling Instru	ctions and Additional Informa	tion					
IX.	above by proper shipping	on: I hereby declare that the cont name and are classified, packed, according to applicable internation	marked and labeled, an	are fully and accurately described d are in all respects in proper condition ulations.				
	Signature Signature	Fatt 9/3/11	Mark I	Patte Son Fairly Mgr.				

	TRANSPORTE	SECTION					
X.	X. Transporter 1 (Acknowledgement of receipt of materials)						
	Name:	RDON					
	Address: 10280 CUFIS 1010						
	City: CHANDOU Telephone: (44m) 256-211	State: OH Zip Code: 44629					
	Telephone: (44) 256-9116	Fax: () 1					
	9.3-10	ROLLIALL DEDS					
	Signature Date	Type or Print Name and Title					
		Type of Time Name and Title					
	Rejected Materials (if any)	Destination					
; :		Destination					
XI.	Transporter 2 (Acknowledgement of receipt of materials)						
	Name:						
	Cie						
	Telephone: ()	State: Zip Code:					
		Fax: ()					
	Signature Date						
	Signature Date	Type or Print Name and Title					
	Deignated Mark 11 ag						
	Rejected Materials (if any)	Destination					
	DISPOSAL SITE	SECTION					
XII.	Discrepancy indication space						
XIII.	Waste disposal site owner or operator: Certification of receeveest as noted in item 12	aint of och					
	except as noted in item 12	espector aspestos materials covered by this manifest					
	1//						
1	A Ruer ( )	K II m m/s/ A					
	Signatura	Type of Print Name of The					
		Type of Print Name and Title					
_	Form Revised (1	1/12/97)					



	NON-HAZARDOUS MANIFEST  1. Generator's US EPA	DD20736	nifest Doc I	No.	2. Page 1	of			
	RAVENNA ARMY AMMUNITION PLANT 8451 STATE ROUTE 5 RAVENNA, OH 44288 RAV	erator's Site Address (If di 'ENNA ARMY AMMU 1 STATE ROUTE 5 'ENNA, OH 44288 RTAGE COUNTY			-	st Number  MNA  B. State	001964 Generator's II		
	4. Generator's Phone 330-358-7312  5. Transporter 1 Company Name TM WTRUCKING WM North Jackson Hauling	6. US EPA ID	C. State Transporter's ID						
	7. Transporter 2 Company Name	8. US EPA ID	Number			orter's Phone ransporter's I		84-2	428
	9. Designated Facility Name and Site Address 10. US EPA				-	orter's Phone			
	American Landfill 7916 Chapel St				G. State F	acility ID acility Phone	330-866	-3265	
	Waynesburg, OH 44688	1 - p							
G	11. Description of Waste Materials		12. Co No.	ntainers .	13. Total Quantity	14. Unit Wt./Vol.	I. Mis	c. Comment	5
N E	a. Soil Contaminated with Debris and Asbestos		1	DT	120	T			/
R	WM Profile # 1095860H			MARCH.					
T			T.	0.		2 -			
R	WM Profile #		S 55 S 1	1-12-01		a desired	Germann bear		
	c.  WM Profile #					6. 14.20		1/19/2	
					-				
	J. Additional Descriptions for Materials Listed Above Contaminated soil and asbestos containing debris from with Landfill. The areas from which the soil and debris are being re burn waste explosives and dumping of liquid residues from an	emoved were used to	K. Dispos	al Location			Level		
			Grid						
	15. Special Handling Instructions and Additional Information Purchase Order #	EMERGENCY CON	ITACT / DH	ONE NO :	Claudine	lark/404-494	-3520		
	16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not ha accurately described, classified and packaged and are in properinted Name  Mark Patter Son	azardous wastes as define	ed by CFR F	art 261 or	any applicabl	e state law, h		y and	Year
T R	17. Transporter 1 Acknowledgement of Receipt of Materials			, ,	1				
A N S	Printed Name Knish	Signature	-/6	- 4			Month	Day	Year / ()
O R	18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name	Signature					Month	Day	Year
T E R	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J.B. Hatar E					Month	Day	7401
F A C   L   T	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that applicable laws, regulations, permits and licenses on the date 20. Facility Owner or Operator: Certification of receipt of no	es listed above. on-hazardous materials co				as managed			
Y	Printed Name	Signature	()	1			Month G/	Day 7	Year / 🔾
	White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY	Blue- GENERATOR	H2 COPY		Ve	llow- GENER	ATOR #1 COP		

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

		GEI	NERATOR	SECTION				
I. Facility Name: RAVENNA ARMY AMMUNITION DEPOT								
	Address: 8451 ST City: RAVENNA	ATE ROUT	E 5	State: 014		ode: 44288		
	Owner's Name: Telephone: (330) 3	58-7311		Fax: ()				
II.	City: Codon	oltest Inc 25+Elnora S 36-8501	treet	State:   N Fax: ( Si2) 6	Zip C	ode: 47562 Z		
III.	Waste Disposal Site (W)	Λ.	JERI CAI	V LAND FI	LL			
	"on-site" disposal	-	□ No			100		
	Physical Location: Address: 79 City: WAYNES BL Telephone: (3.30) 80	18G	PEL STI	State: OH Fax: (330)	Zip C	Code: 44688		
	Mailing Address: City: WAYNES BUTTELEPHONE: (330) 80		State: 0 H Fax: (336)	Zip (	Code: 44688 3709			
IV.	Responsible Agency (Local, District, State, or EPA Office of Name: NESHAP REGIONAL OFFICE Address: 77 WEST JACKSON BLVD City: CHICAGO			where notification was sent)  State: IL Zip Code: 60604				
V.	Description of		VI. Con			VII. Total Quantity		
	Materials	Numbe	er	Type		(cubic yards)		
FR.	ABLE ASBESTOS	00		READY DT		20		
VIII	. Special Handling Instru	uctions and Additi	ional Informa	tion				
IX.	Generator's Certificati above by proper shipping for transport by highway	g name and are clas	sified, packed,	marked and labeled	, and are in	y and accurately described all respects in proper condition		
	Mark	Path	0/3/1 Date	Mark Type or Print	Patterso Name and	n Facility Manager Title		

X. Transporter I (Acknowledgement of receipt of materials) Name:		TRANSPORTER	SECTION
Telephone: (330) List 2018    Part		Name:	J
Rejected Materials (if any)  Destination  XI. Transporter 2 (Acknowledgement of receipt of materials)  Name: Address: City: Telephone: Signature Date Type or Print Name and Title  Rejected Materials (if any) Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature Date Type or Print Name and Title	,	Telephone: (330) 484-2428	Aller Knosh Driver
XI. Transporter 2 (Acknowledgement of receipt of materials) Name: Address: City: Telephone: Date Type or Print Name and Title  Rejected Materials (if any) Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature Date Type or Print Name and Title		Signature Date	Type or Print Name and Title
Name: Address: City: Telephone: Signature  Date Type or Print Name and Title  Rejected Materials (if any)  Disposal site Section  XIII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date Type or Print Name and Title  Type or Print Name and Title		Rejected Materials (if any)	Destination
Name: Address: City: Telephone: Signature  Date Type or Print Name and Title  Rejected Materials (if any)  Disposal site Section  XIII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date Type or Print Name and Title  Type or Print Name and Title	VI	Transporter 2 (Acknowledgement of receipt of materials)	
Telephone: ( ) Fax: ( )  Signature Date Type or Print Name and Title  Rejected Materials (if any) Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Q-2-(U) Date Type or Print Name and Title		Name:Address:	
Rejected Materials (if any)  Disposal Site Section  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Date  Type or Print Name and Title		Telephone: ()	
DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  Q-2-(0)  Date  Type or Print Name and Title		Signature Date	Type or Print Name and Title
XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  \[ \begin{align*} \be		Rejected Materials (if any)	Destination
XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  \[ \begin{align*} \be		DISPOSAL SIT	E SECTION
Signature  Signature	XII.		
Signature  Signature	XIII.	Waste disposal site owner or operator: Certification of 1	receipt of asbestos materials covered by this manifest
Signature Date Type or Print Name and Title		except as noted in item 12	46
		O.G. rater	



	WASTE WATAGENERI								
	NON-HAZARDOUS MANIFEST	1. Generator's US EPA	A ID No. Ma	nifest Doc	No.	2. Page 1	of #		
	3. Generator's Mailing Address: RAVENNA ARMY AMMUNITION 8451 STATE ROUTE 5 RAVENNA, OH 44288 4. Generator's Phone 330-358-7	PLANT RAV 845 RAV POF	Generator's Site Address (If different than mailing): RAVENNA ARMY AMMUNIT!ON PLANT 8451 STATE ROUTE 5 RAVENNA, OH 44288 PORTAGE COUNTY			A. Manifest Number  WMNA 00196418  B. State Generator's ID			
		7.512	6. US EPA ID	Number					
	5. Transporter 1 Company Name CHARDON WM North-Jackson Hauling	#PGK2183		٠			ransporter's I orter's Phone	7 1 2 1 1 1 1 1 1	5-761
	7. Transporter 2 Company Name		8. US EPA ID	Number				A STABLES	民性學問題
			h. *				ansporter's I		*.I / ·
	9. Designated Facility Name and Site A	ddress	10. US EPA I	D Number		r. Franspo	orter's Phone	50 KO 50 KG	2/2/22/2015
	American Landfill	aa. a				G. State F	acility ID	17,74	7. 10.5
	7916 Chapel St						acility Phone	330-866	-3265
	Waynesburg, OH 44688					3 33 33 33 33			
G	11. Description of Waste Materials				ntainers	13. Total	14. Unit	I. Mis	c. Comments
E N	a. Soll Contaminated with Debris and	Ashestos		No.	Туре	Quantity	Wt./Vol.		
Ε	a. 35h contamhatea with beshis and i			- 1	CM	20	12	-	. , -
R A	WM Profile	# 1095860H		Handing.					
A T O	b			٠	. 1.	1.17	VI / As		
R	WM Profile #	2 8 to 1	s.		3.00				
	с.				10,100	- 74 y	to the		7 - 3
	WM Profile #				10000	Elektrica (		4	
	d.								
	WM Profile #			27.50	Was as		Walter A		
	J. Additional Descriptions for Materia Contaminated soil and asbestos conta Landfill. The areas from which the soil a burn waste explosives and dumping of	aining debris from wit and debris are being r	emoved were used to	K. Dispo	sal Location			Level	
				Grid					
	15. Special Handling Instructions and A	dditional Information	· · · · · · · · · · · · · · · · · · ·						
	Purchase Order #		EMERGENCY CO	NTACT / PH	IONE NO.:	Claudine (	lark/404-494	4-3520	
	16. GENERATOR'S CERTIFICATE:  I hereby certify that the above-describe accurately described, classified and pac							have been full	y and
	Printed Name Mark Patters		Signature "On beha		fall	pilicable regu	nations.	Month	Day
T	17. Transporter 1 Acknowledgement of	f Receipt of Materials						•	
R A N S	Printed Name	28	Signature	2		2		Month 9	Day
P O R	18. Transporter 2 Acknowledgement of	f Receipt of Materials							
T E R	Printed Name		Signature			R.		Month	Day
	19. Certificate of Final Treatment/Disp	osal							
F A C	I certify, on behalf of the above listed to applicable laws, regulations, permits ar	reatment facility, that		edge, the a	bove-descri	bed waste v	vas managed	in complianc	e with all
L	20. Facility Owner or Operator: Certific			overed by	this manifes	t.			
T Y	Printed Name		Signature					Month	Day
_	White- TREATMENT, STORAGE, DISPOS	SAL FACILITY COPY	Blue- GENERATOR	#2 COPY	1	Y	ellow- GENER	RATOR #1 COF	Pγ

Gold- TRANSPORTER #1 COPY

Pink- FACILITY USE ONLY

	GENERATOR SECTION						
I.	Facility Name: RAVE	ENNA AR	MY AMI	YUNITIO	N DEPOT		
	Address: 8451 ST City: RAVENINA Owner's Name:	ATE ROUT	E 5	State: 01-	Zip Code: 44288		
	Telephone: (330) 3	58-7311		Fax: ()			
II.	Operator's Name: To Address: 500 Wood City: Color Telephone: (012) 6:	est Elnoras	treet	State:   N Fax: ( 612) 6	Zip Code: 47.962 346-1512		
III.	Waste Disposal Site (W		UERI CAN				
****		X Yes	□ No				
	Physical Location: Address: 70 City: WANNESBU Telephone: (3.30) 80	18G	PEL STR	State: OH Fax: (330) 8	Zip Code: 44688		
	Mailing Address: City: WAYNES BUTTELEPHONE: (330) 80	IRG 166-3265		State: <u>0 H</u> Fax: (336)	Zip Code: 44688 866 - 3709		
IV.	Responsible Agency (L Name: NESHAP RE( Address: 77 WEST City: CHICAGO	GIONAL OFFI	CE	where notification v	was sent)  Zip Code: 60604		
V.	Description of		VI. Cont		VII. Total Quantity		
١,,	Materials	Numbe		Туре	(cubic yards)		
FR:	IABLE ASBESTOS	001		СМ	20		
VIII	i. Special Handling Instr	uctions and Additi	ional Informat	ion			
IX.	Generator's Certificati above by proper shipping for transport by highway	g name and are clas	sified, packed,	marked and labeled,	nent are fully and accurately described, and are in all respects in proper condition regulations.		
		$\int \int dt$					
	Mouh	Pette	9/7/10 Date	Mark Print	Patterson Facility Manager Name and Title		

	TRA	NSPORTER	SECTION
Х.	Transporter I (Acknowledgement of receipt Name: Address: City: Telephone:	1023 10	State: OH Zip Code  Fax: ( )  Type or Print Name and Title
	Rejected Materials (if any)		Destination
XI.	Transporter 2 (Acknowledgement of receip Name: Address: City: Telephone: ()		State: Zip Code: Fax: ()
	Signature	Date	Type or Print Name and Title
	Rejected Materials (if any)		Destination
$\vdash$	DIS	SPOSAL SITE	ESECTION
XII.	Discrepancy indication space		
XIII	I. Waste disposal site owner or operator: C except as noted in item 12	Certification of re	ceipt of asbestos materials covered by this manifest
	Signature	<u>G-7-1°</u> Date	Type or Print Name and Title
	//	Form Revised	



# 5 490 NON-HAZARDOUS MANIFEST

	NON-HAZARDOUS MANIFEST  1. Generator's U	4	nifest Doc I	No.	2. Page 1	of (			
	(71.54)	Generator's Site Address (If dif	ferent than m	ailing):	A. Manife	st Number			
	3. Generator's Mailing Address:	RAVENNA ARMY AMMU	NITION	PLANT	W	MNA	00196	/10	
	RAVENNA ARMY AMMUNITION PLANT	8451 STATE ROUTE 5	51 STATE ROUTE 5				Generator's I		
	8451 STATE ROUTE 5	RAVENNA, OH 44288				b. State	Generator S	U	
	RAVENNA, OH 44288	PORTAGE COUNTY							
	4. Generator's Phone 330-358-7312								
	5. Transporter 1 Company Name	6. US EPA ID	Number		4.45	Sall die	# Antaly		
	WM-North-Jackson Hauling # 1964783	1				ransporter's		Pr = 180 i	
	4707440	8. US EPA ID	Atrona base		D. Transp	orter's Phone	· 44028	6/116	7
	7. Transporter 2 Company Name	8. US EPA ID	Number		E State T	ransporter's	D	District of	100
						orter's Phone			-
	9. Designated Facility Name and Site Address	10. US EPA I	D Number		r. Hallspi	Jitel S Filone	5/4 3 05 00	a summer	11-11-11
	American Landfill	000			G. State F	acility ID			
	7916 Chapel St					acility Phone	330-860	6-3265	
	Waynesburg, OH 44688	100-00-01/1-00-00-01/10		THE WITCH	Delivers and the				
									and the
G	11. Description of Waste Materials			ntainers	13. Total	14. Unit	I. Mi	sc. Comment	ts
Ε	a. Soil Contaminated with Debris and Asbestos		No.	Туре	Quantity	Wt./Vol.			
N E	a. 3011 Containinated with Debris and Aspestos			CM	20	AD			1
R	WM Profile # 10958601	Ш				100000	D TOTAL CONTRACT	State of	CONTRACTOR OF THE PARTY OF THE
Α	b.	П					E HE MITTER		40.00
Т	No.								
O R					9				-
11	WM Profile #								E8 E2
	с.						1		
	WM Profile #		A LIVE	Section 1	9 200	fine process	N. E. W. S.	talker of	
	d.				1	100000000000000000000000000000000000000			-
Ì									
			720-100-100	Constitution (CA)			a Partition of	Charles Control	100000000000000000000000000000000000000
	WM Profile #  J. Additional Descriptions for Materials Listed Above		K Dispo	sal Location	Land -	100-1	1	· Visit	1000
	Contaminated soil and asbestos containing debris from	m within ramsdell Quarry	K. Dispo	sai Location					- 1
,	Landfill. The areas from which the soil and debris are be	•	477						
	burn waste explosives and dumping of liquid residues for	rom annealing operations.	0.11				1		
			Cell				Level		
	15. Special Handling Instructions and Additional Inform	antion	Grid						
			ITACT / DI	ONE NO	Cll! (	ClI-/404 40	4.3530		
	Purchase Order #	EMERGENCY COI	VIACI/PH	ONE NO.:	- Claudine (	Clark/404-49	+-3520	-	
	16. GENERATOR'S CERTIFICATE:				1+ 1				.
	I hereby certify that the above-described materials are accurately described, classified and packaged and are in						nave been ful	lly and	
	Printed Name ( A )	Signature "On behal		//~	Andrew Control	314 (10113)	Month	Day	Year
	Markfatterson	1	Jank	for			9	7	10
T	17. Transporter 1 Acknowledgement of Receipt of Mat	erials						•	
R A	Printed Name	Signature					Month	Day	Year
N S	ROU VINUTES	The state of the s					9	7_	10
0	18. Transporter 2 Acknowledgement of Receipt of Mat	erials							
R T	Printed Name	Signature					Month	Day	Year
E R		- 2							
	19. Certificate of Final Treatment/Disposal								
F	certify, on behalf of the above listed treatment facility	, that to the best of my knowle	edge, the a	bove-descri	bed waste v	vas managed	I in compliand	e with all	
C -	applicable laws, regulations, permits and licenses on th			//					
L	20. Facility Owner or Operator: Certification of receipt	t of non-hazardous materials co	overed by t	his manifes	t.				
T Y	Printed Name	Signature	7				Month	Day	Year
							1-1	1	1///
	White-TREATMENT, STORAGE, DISPOSAL FACILITY COR	PY Blue- GENERATOR	#2 COPY		V	ollow- GENE	RATOR #1 CO	DV.	

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

MANIFEST #196419

## REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

Page 1 of 2

		GENERATOR	SECTION	
_	PAVE	NNA ARMY AM	MUNTITION	DEPOT
I.	Address: 8451 ST City: RAVENNA Owner's Name:	ATE ROUTE 5		p Code: 44288
	Telephone: (330) 39	58-7311	Fax: ()	
II.	City:	St Elnora Street	Fax: (812) 636-7	ip Code: 47562 512
III.	Waste Disposal Site (WI	DS) Name: AMERICA	N CHNDFILL	
	"on-site" disposal	🛚 Yes 🗆 No		
	Physical Location: Address: 79 City: NAVNESBL Telephone: (3.30) 86	16 CHAPEL ST 1RG do-3265	REET, SE  State: OH z  Fax: (330) 866 -	ip Code: 44688
	Mailing Address: City: WAYNESBU Telephone: (330) 80		State: OH Z Fax: (336) Bleu	Cip Code: 44688
IV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO			t) Zip Code: 60604
V.	Description of	VI. Cor	ntainers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR	IABLE ASBESTOS	001	CM	20
VIII		uctions and Additional Informa		
IX.	above by proper shipping	ion: I hereby declare that the cong name and are classified, packed according to applicable internati	i, marked and labeled, and ar	e in all respects in proper condition
	Mark Take	9/7/ Date	Mark Patte Type or Print Name	rson Facility Manager and Title

Page 2 of 2

	TRANSPORTER	SECTION
х.	Transporter 1 (A chnowledgement of receipt of materials) Name: WASTE WANACEMENT Address: 10237 CUTTS READ City: CHAR-ON Telephone: 440 286-746 Signature Date	State: OH Zip Code: 44074  Fax: ( )  Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials)  Name: Address: City: Telephone: ()	
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	
XIII.	Waste disposal site owner or operator: Certification of r except as noted in item 12	eceipt of asbestos materials covered by this manifest
	Signature Date Date	Type or Print Name and Title
	Form Revised	(11/12/97)



# NON-HAZARDOUS MANIFEST

Т	And it in the fact that the fa	1. Generator's	US EPA II	D No. Mar	nifest Doc I	No.	2. Page 1	of I			
-	NON-HAZARDOUS MANIFEST	0452	MAZ	12726							1
-		UHOL	- W W	ator's Site Address (If dif		*** - \	A A4:E-	st Number			
	3. Generator's Mailing Address:										ŀ
	PAVENNA ARMY AMMINITON PLANT							WMNA		120	
	QAE1 STATE BOLITE 5			STATE ROUTE 5				B. State	Generator's I	D	
1	RAVENNA, OH 44288			NNA, OH 44288							
	•		PORT	AGE COUNTY							
	4. Generator's Phone 330-358	-7312		6 115.504.10	No In		November 1000	WEST CONTROL OF THE STREET	of Management	CHI CALLED	
	5. Transporter 1 Company Name			6. US EPA ID	Number		C State T	ransporter's	ID.	115 2012	
	WM North Jackson Hauling	PHU2R2	3					orter's Phone		2-711	16
	7. Transporter 2 Company Name			8. US EPA ID	Number		10/1/2012		JANA MARIO E	Barrier St.	F 10 2
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						E. State To	ransporter's	ID		0
							F. Transpo	orter's Phone			
	9. Designated Facility Name and Site	Address		10. US EPA I	D Number					PARTIES.	
	American Landfill						G. State F	acility ID			
	7916 Chapel St						H. State F	acility Phone	330-866	5-3265	
	Waynesburg, OH 44688				NAME OF STREET	1041506					
	,		1								
G	11. Description of Waste Materials					ontainers	13. Total	14. Unit	I. Mi	sc. Comments	s
Ε	a. Soil Contaminated with Debris and	l Achaetae			No.	Туре	Quantity	Wt./Vol.			
N	a. Soil Contaminated with Debris and	Aspestos				CM	20	YD			
E R	MAISS DUE	"- # 100E0CC	NI I			I RETURN DE	The Section of			12 - NOV	च्चेत्रकार जिल्ला । जन्म
Α	WM Profi	ie# 1095860	)H		Spacerons		ENTER VENE	Haratta has	2 (2/2/22/19)	No.	2003
Т	b.					1.075		200			
0								and the second second		A A A CONTRACT	
R	WM Profile #						A PLANT				mit one
	c.						1000				
						W Company of the Company	Parameter and the second	and the same of th	a lorest and the	oldropolisid	
	WM Profile #				100 0000	K DESTRUCTION		BRALASS.	S AS INCOME.		HAND LAND
	d.										
	WM Profile #					Part 4		REPORT OF	E SECTION		A Municipal
	J. Additional Descriptions for Mater				K. Disposal Location						-
	Contaminated soil and asbestos con										
	Landfill. The areas from which the soil burn waste explosives and dumping o										
	burn waste explosives and dumping o	r iiquia resiaues	from an	nealing operations.	Cell				Level		
					Grid						
	15. Special Handling Instructions and	Additional Infor	mation								
	Purchase Order #			EMERGENCY COI	NTACT / PH	ONE NO :	Claudine (	Clark/404-49	4-3520		
				ENTEROLIVET COT	TIACI / II	10112 1101.			- 3320		
	16. GENERATOR'S CERTIFICATE:				- 1 L., CED	D 2C1		ta ababa taur	hava baan fir	Urrand	
	I hereby certify that the above-descril accurately described, classified and page 1								nave been tu	ly and	
	Printed Name	ackageu ariu are	iii prope	Signature "On beha		V/-/-		21410113.	Month	Day	Year
	Markfatt	erson		1 /// /	rik 1	au			9	83	10
т	17. Transporter 1 Acknowledgement	of Receipt of Ma	aterials						- 6		
R	Printed Mame	00		Signature (LV					Monsh	<b>₹</b>	Year
N 5	KOY WUE	れか				-		_		D	10
P O	18. Transporter 2 Acknowledgement of Receipt of Materials										
R	Printed Name			Signature					Month	Day	Year
E R											
	40.0.10							<del></del>			
F	19. Certificate of Final Treatment/Disposal										
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all											
ĺ	applicable laws, regulations, permits and licenses on the dates listed above.  20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										
Ī		rication of receip	pt of nor		overea by	inis manifes	jt.		B.dal	De:	Vonz
Ÿ	Printed Name	hen		Signature	(	( 1/2			Month	Day	Year / 🔾
_	NATIONAL TRANSPORT STORY	1-00	201	ni	#2 CC211	- Carrie	1	allani CENE			1, )
	White- TREATMENT, STORAGE, DISPO	SAL FACILITY CO	OPY	Blue- GENERATOR	#2 COPY		( ) Y	ellow- GENE	RATOR #1 CO	PY	

Page 1 of 2

	GENERATOR SECTION					
I.	Facility Name: RAVE	ENNA ARMY ALL ATE ROUTE 5	IMUNITION I	DEPOT		
	City: RAVENINA	THE WATES	State: OH Zip	Code: 44288		
	Owner's Name: Telephone: (330) 3	58-7311	Fax: ()			
II.	City: Codox	oltest Inc est Elnora Street 86-8501	State: N Zip Fax: (812) 636-75	Code: 47.562 12		
III.	Waste Disposal Site (W	DS) Name: AMERICA	N LANDFILL			
	"on-site" disposal	X Yes □ No				
	Physical Location: Address: 76 City: WAYNES BL Telephone: (330) BC	116 CHAPEL ST URG do-3265	REET, SE  State: OH Zip Fax: (330) 866 -	Code: 44688		
	Mailing Address: City: WAYNES BUTTELEPHONE: (330) 80	PG 06-3265	State: OH Zip Fax: (336, 866	Code: 44688 - 3709		
IV.	Responsible Agency (L Name: NESHAP REC Address: 77 WEST City: CHICAGO			Code: 60604		
v.	Description of	VI. Con		VII. Total Quantity		
	Materials	Number	Туре	(cubic yards)		
FR:	IABLE ASBESTOS	00	CM	20		
_						
VIII	VIII. Special Handling Instructions and Additional Information					
IX.	IX. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.					
	Signature Signature	9/8/10 Date	Mark Patters Type or Print Name an	on Facility Manager		

Page 2 of 2

	TRANSPORTER	SECTION
x. <	Transporter 1 (Acknowledgement of receipt of materials)  Name: UASTEMENASEMENT  Address: LOZ37 CUTTS ED:  City: CHARDON  Telephone: 140 286 716  Signature Date	State: OH Zip Code: 44v24 Fax: Type or Print Name and Title
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials)  Name: Address: City: Telephone:	State: Zip Code:
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
	DISPOSAL SIT	E SECTION
XII.	Discrepancy indication space	
XII	I. Waste disposal site owner or operator: Certification of except as noted in item 12	receipt of asbestos materials covered by this manifest
	Signature Date	Type or Print Name and Title
	Form Revise	d (11/12/97)



# NON-HAZARDOUS MANIFEST

	171	1. Generator's	JS EPA	ID No. Mai	nifest Doc N	No.	2. Page 1	of /			
	NON-HAZARDOUS MANIFEST	OHS	71	06 ZD736							
-		0110		rator's Site Address (If dif	ferent than m	ailing):	Δ Manifo	st Number			
	3. Generator's Mailing Address:			ENNA ARMY AMML		ш,			00406		
	AVENNA ARMY AMMUNITION PLANT   8451 STATE ROUTE 5				VVIVII			MNA	001964		
	IS1 STATE ROUTE 5			ENNA, OH 44288				B. State	Generator's li	)	
	RAVENNA, OH 44288			TAGE COUNTY			-				
	4. Generator's Phone 330-358	7212	PUR	TAGE COUNTY			-				
ŀ					Number		fisal Samuel II				Nun-
	5. Transporter 1 Company Name	1/2 7 / 1		6. US EPA ID	Nullingi		C. State T	ransporter's I	D .		
	WM North Jackson Hauling	PGK 218:	3					orter's Phone	4 544 12 54 4	407	116
İ	7. Transporter 2 Company Name			8. US EPA ID	Number			Water Land		1000	
							E. State Ti	ransporter's I	D	11150	1. 1.0
				*			F. Transpo	orter's Phone		THE	', .
	9. Designated Facility Name and Site Address :			10. US EPA I	D Number						
	American Landfill						G. State F	acility ID	1,14	Ty :	
	7916 Chapel St						H. State F	acility Phone	330-866	-3265	
1	Waynesburg, OH 44688			MARKET ENGINEERS	HEERE	Elegal IN	San Barrier			300 110	Stelle !
G	11. Description of Waste Materials					ntainers	13. Total	14. Unit Wt./Vol.	I. Mis	ic. Comment	s
E	a. Soil Contaminated with Debris and	I Ashestos			No.	Туре	Quantity	wt./voi.			
N E	a. Jon containmated with begins and	173563(03			1	CM	20	1d	*;		
R	18/8 6 Dun C	le# 1095860	ıLI		PRODUCTION AND ADDRESS OF THE PARTY OF THE P	See and Control	SERVICE STREET	and extend	W MILESON DAY	in days	The Control
Α	b. vvivi Profi	ie# 1033660					120 P. 120 P.			en bestead	1 244 15
Т	D.							,			
0											
R	WM Profile #		١.		Market St.				The Main		
	c.										
							~.				
	WM Profile #	* *			ET L			STEEL STEEL	WE HIT I		1
	d.										
								,			
	WM Profile #				CLEAR ST	1274	TE TONE	Margarities	L TEXAS	ेल अनेवा	Library.
ı	J. Additional Descriptions for Materi	als Listed Above	:		K. Dispos	sal Location					
	Contaminated soil and asbestos conf										
	Landfill. The areas from which the soil		_								
	burn waste explosives and dumping of	fliquid residues	from a	nnealing operations.	Cell				Level		
					Grid				Level		
-	15. Special Handling Instructions and	Additional Infor	mation		Gild				1		
-		Additional infor	TIALION		TACT / DU	ONE NO	Classalia a C	CII-/404 404	1 2520		
-	Purchase Order #			EMERGENCY COI	VIACI/PH	ONE NO.:	Claudine	Clark/404-494	1-3520		
	16. GENERATOR'S CERTIFICATE:										
.	I hereby certify that the above-describ								nave been ful	y and	
1	accurately described, classified and pa		in prop	Signature "On behal		ording to app	olicable regu	nations.	Month	Day	Year
	MarkPata	prsen		Signature Officeria	Tack	- Pour		- Commonwell	9	8	10
т	17. Transporter 1 Acknowledgement	of Receipt of Ma	terials								147
R	Printed Name	or neceipt or inc		Signature					Month	Day	Yean
N	KIY ALIT	7		D'A			>		7	A	Year
PΙ	18. Transporter 2 Acknowledgement	of Receipt of Ma	terials		· · · · · · · · · · · · · · · · · · ·						
O R	Printed Name	01 11ccc.pt 01 111c		Signature					Month	Day	Year
T E	Timesa rame			Signature					17701141)		
R											L
	19. Certificate of Final Treatment/Dis	posal									
F A	I certify, on behalf of the above listed				edge, the a	bove-descril	oed waste v	vas managed	in complianc	e with all	
C I	applicable laws, regulations, permits a								,		
-	20. Facility Owner or Operator: Certif	fication of receip	t of no	n-hazardous materials co	overed by t	his manifest					
T	Printed Name			Signature		1/2 18			Month	Day	Year
					/	15-111			19	1	1.7
_	White-TREATMENT STORAGE DISPO	CAL FACILITY CO	DV.	Blue- GENERATOR	112 CODY /	7 1		ellow- GENER	ATOD HI COL	11/	

Pink- FACILITY USE ONLY

Gold-TRANSPORTER #1 COPY

Page 1 of 2

		GENERATO	OR SECTION	
I.	Facility Name: RAVEN Address: 8451 STA	INA ARMY A	MMUNITION	V DEPOT
	City: PAVENIA Owner's Name:	TE REGICES	State: 01-	Zip Code: 44288
	Telephone: (330) 35	3-7311	Fax: ()	
n.	Operator's Name: Tol- Address: 508 Wes City: Story Telephone: (612) 636	+ Elnora Street	State: N Fax: ( \$12) 63	Zip Code: 47562
III.	Waste Disposal Site (WDS	1		
	"on-site" disposal	✓ Yes      □ No	)	
	Physical Location: Address: 791 City: WAYNES BUR Telephone: (3.30) 8(d) Mailing Address: City: WAYNES BUR Telephone: (3.30) 8(6)	g-3265	State: 0H Fax: (330) 86	Zip Code: 44688  Zip Code: 44688  Blob - 3709
v.	Responsible Agency (Local Name: NESHAP REGIL Address: 77 WEST JACity: CHICAGO	ONAL OFFICE	ffice where notification wa	s sent) Zip Code: 60604
v.	Description of	VI. (	Containers	VII. Total Quantity
	Materials	Number	Туре	(cubic yards)
FR:	IABLE ASBESTOS	00	CM	20
VIII	. Special Handling Instruct	ons and Additional Infor	mation	
IX.	Generator's Certification: above by proper shipping na for transport by highway acc	ime and are classified, pack	ced, marked and labeled, as	nt are fully and accurately described and are in all respects in proper condition gulations.
	Mach Petter	9/8	Mark Pa	Herson: Facility Manager

Page 2 of 2

	TRANSPORTE	R SECTION
Х.	Transporter 1 (Acknowledgement of receipt of materials)  Name: Waste Management  Address: 10237 Cutts Road  City: Chardon  Telephone: 440 280716  Signature Date	State: OH Zip Code: 44024  Fax: ( )  Congression of the congression of
	Rejected Materials (if any)	Destination
XI.	Transporter 2 (Acknowledgement of receipt of materials) Name:	
	Address:	State: Zip Code: Fax: ()
	Signature Date	Type or Print Name and Title
	Rejected Materials (if any)	Destination
-	DISPOSAL SIT	DD CECTION.
XII.	Discrepancy indication space	IE SECTION
XIII	I. Waste disposal site owner or operator: Certification of except as noted in item 12  Signature  Date	receipt of asbestos materials covered by this manifest  Type or Print Name and Title
	Form Revise	



# NON-HAZARDOUS MANIFEST

	NON-HAZARDOUS MANIFEST  1. Generator's L	JS EPA	1D No. Mar	ifest Doc N	lo.	2. Page 1 o	of /			
ŀ	UIIJE	Con	erator's Site Address (If diff		727 1	A Banifor	st Number			
	3. Generator's Mailing Address:		ENNA ARMY AMMU							
	RAVENNA ARMY AMMUNITION PLANT		•	INTITION	LANI	W	MNA	001964	22	
	8451 STATE ROUTE 5		1 STATE ROUTE 5				B. State	Generator's ID	)	
	RAVENNA, OH 44288		'ENNA, OH 44288							
	1	POR	TAGE COUNTY							
	4. Generator's Phone 330-358-7312					National Solid Control				-
	5. Transporter 1 Company Name CHALDON		6. US EPA ID	Number		C Chan To				20.20
	WM North Jackson Hauling +P/1/1/8	72					ansporter's l orter's Phone	11111	01-	2116
	7. Transporter 2 Company Name		8. US EPA ID	Number		D. Hallspe	orter 37 Hone	1702	0(/) /	1167
						E. State Tr	ansporter's I	D		
			,				rter's Phone		Tre L	
	9. Designated Facility Name and Site Address		10. US EPA II	Number		DIENTE:	ž1146		12/3-1	OF REAL
	American Landfill					G. State F	acility ID			
	7916 Chapel St					H. State F	acility Phone	330-866	-3265	
	Waynesburg, OH 44688		Non-Property of Child			Will see and		40 10 20 3	10.50	200
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
G	11. Description of Waste Materials		1		ntainers	13. Total	14. Unit	I. Misc	. Comments	
Е	a. Soil Contaminated with Debris and Asbestos			No.	Type	Quantity	Wt./Vol.			
N:	a. Soil Contaminated with Debris and Aspestos				CM	29	40			
R	MAA B Ct - # 1005050			h court estab	THE PROPERTY.	S. S. S. S. S. S. S. S. S. S. S. S. S. S	E-214-4-4-1	Figure 11 to 18 to		2011
Α	WM Profile # 1095860	П		TOTAL STATE	(Principle)	H - Miles	8545 F 945 A		Personal Property	MATA TAKE
Т	b.					ctol				
0										
R	WM Profile #					LET'S			T. Atlanta	2001
	c. '					*** * 4				
	WM Profile #								3.17	
	d.					Ē ,,				- ]
				*		2000				
	WM Profile #				The ly	Ugʻah, dag	Mark Services	W Property Commencer	SHANNE.	
	J. Additional Descriptions for Materials Listed Above			K. Dispos	al Location					
	Contaminated soil and asbestos containing debris fro Landfill. The areas from which the soil and debris are b									
	burn waste explosives and dumping of liquid residues									
	1,000 5/0 60/14/01	774		Cell				Level		
	101 10	,		Grid						
	15. Special Handling Instructions and Additional Inform	nation	1							
	Purchase Order#		EMERGENCY CON	ITACT / PH	ONE NO.:	Claudine 0	lark/404-49	4-3520		
	16. GENERATOR'S CERTIFICATE:									
	I hereby certify that the above-described materials are	not h	azardous wastes as define	ed by CFR F	Part 261 or a	ny applicabl	e state law,	have been full	y and	
	accurately described, classified and packaged and are i	in prop	er condition for transpor	tation acco	ording to ap	plicable regu	ılations.			
	Printed Name M. L. D. L. Land		Signature "On behal	f of"	4	4		Month	Day	Year
_	MARK LATTE SOV	7	///	ua	1 our		<b>.</b>	9	9	10
T R	17. Transporter 1 Acknowledgement of Receipt of Ma	terials								
A N	Printed Name		Signature			2	-	Menth	Day	Year
S.	1011111					THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM				10
OR	18. Transporter 2 Acknowledgement of Receipt of Ma	terials								
T	Printed Name		Signature					Month	Day	Year
R										
	19. Certificate of Final Treatment/Disposal	-								
F	I certify, on behalf of the above listed treatment facilit	y, that	to the best of my knowle	edge, the a	bove-descril	bed waste v	vas managed	i in compliance	e with all	
C	applicable laws, regulations, permits and licenses on the									
L	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered-by this manifest.									
T	Printed Name		Signature //	11/				Month	Day	Year
	DATE			Y				9	9	10
	White-TREATMENT STORAGE DISPOSAL FACILITY CO	NOV.	Blue- GENERATOR	42 CODVI-		V	ollow CENE	RATOR #1 COP	V	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

ellow- GENERATOR #1 COPY

Page 1 of 2

		GENERATO	R SECTION	1
I.	Facility Name: RAVE	NNA ARMY AL	IMUNITION	DEPOT
1.	Address: 845 ST City: PAVENNA Owner's Name:	ATE ROUTE 5	State: Old	Zip Code: 44288
	Telephone: (330) 3	58-7311	Fax: ()	
II.	Operator's Name: To Address: 500 We City: Colon Telephone: (012) 63	oltest Inc UST Elnora Street	State: N Fax: (812) 63	Zip Code: 47562 6-1512
III.	Waste Disposal Site (WI	OS) Name: AMERICA	N LANDFIL	L
14		X Yes □ No		=
	Physical Location: Address: 79 City: WAYNES BL Telephone: (3.30) 80	16 CHAPEL ST URG 20-3265	REET, SE  State: OH  Fax: (330) 86	_ Zip Code: <u>44688</u> 6-3709
	Mailing Address: City: WAYNESBU Telephone: (330) 80		State: 0 H Fax: (336) E	zip Code: 44688 3666 - 3709
IV.	Responsible Agency (L. Name: NESHAP REC Address: 77 WEST City: CHICAGO		ce where notification was	s sent) Zip Code: 60604
V.	Description of	VI. Co	ontainers	VII. Total Quantity
ļ ' '	Materials	Number	Туре	(cubic yards)
FRI	ABLE ASBESTOS	001	C.M	20
VIII	. Special Handling Instru	nctions and Additional Inform	ation	
IX.	above by proper shipping	on: I hereby declare that the cog name and are classified, packe according to applicable internate	d, marked and labeled, ar	at are fully and accurately described and are in all respects in proper condition gulations.
	Mark /	the ala	110 M LD	Herson Facility Manager

Page 2 of 2

X. Transporter 1 (Acknowledgement of receipt of materials).  Name:   Q257 Cultic Poad		TRANSP	ORTER SECTION
XI. Transporter 2 (Acknowledgement of receipt of materials) Name: Address: City: Telephone: Signature Date Type or Print Name and Title  Rejected Materials (if any) Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  Signature  P-9-10 Date Type or Print Name and Title	Х.	Name: Wisternament   Address: 10237 Cultis Road City: Charden Telephone: ( 440350 1116	State: OH Zip Code: 44024
Name: Address: City: Telephone: Signature Date Type or Print Name and Title  Rejected Materials (if any) Destination  DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12		Rejected Materials (if any)	Destination
Rejected Materials (if any)  Disposal SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  9-9-10  Date  Type or Print Name and Title	XI.	Name:Address:	State: Zip Code:
DISPOSAL SITE SECTION  XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  9-9-10  Date  Type or Print Name and Title		Signature Date	Type or Print Name and Title
XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12    Part   Pa		Rejected Materials (if any)	Destination
XII. Discrepancy indication space  XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12  \[ \frac{9-9-10}{\text{Date}} \]  \[ \frac{\text{Date}}{\text{Type or Print Name and Title}} \]		DISPOS	SAL SITE SECTION
except as noted in item 12  9-9-10  Date  Type or Print Name and Title	XII.		
Signature Date Type or Print Name and Title	XIII	. Waste disposal site owner or operator: Certifi except as noted in item 12	ication of receipt of asbestos materials covered by this manifest







## Diamond Environmental

3624 State Route 303 • Ravenna, Ohio 44266 Phone: (330) 422-0799 • Fax: (330) 422-0798

#### DAILY REPORT

Technician Kerth Bickel, Client Toltest Project Ramsdell Quary Lo	_	8-31-10
Location RVAA-P- Workorder		asbestos
Hours Worked: Lunch Time on Job Site:	+ Travel Time off Job Site	= Total
Description of Events:		
Visua	1 Inspect	101
a visual inspection landfill excavation discernible transite asbestos containing r	, roofing or other	
Bignature: Your	ERBILL Hazard Evaluation	Specialist # '31476
Signature:		

# Visual Inspection

another staging area revealed no visiable discernible transite, roofing, or other suspect asbestos containing material

Signature: Kert R Bull
Certified asbertos Horard Evaluation Specialist
# 3,476

Appendix A-13. Technical Memorandum, Sampling Scheme, and Confirmation Sampling Results





### SAIC Engineering of Ohio, Inc. A subsidiary of Science Applications International Corporation

September 3, 2010

Mr. Thomas Chanda U.S. Army Corps of Engineers, Louisville District ATTN: CELRL-PM-P-E 600 Martin Luther King, Jr. Place P.O. Box 59 Louisville, Kentucky 40202-0059

Reference: Contract No. GS-10F-0076J, Delivery Order W912QR-05-F-0033, Performance-

Based Contract (PBC) for Six Environmental Areas of Concern (AOCs) at the

Ravenna Army Ammunition Plant (RVAAP), Ravenna, Ohio

Subject: Addendum to the Remedial Design for the RVAAP-01 Ramsdell Quarry Landfill ~

**REVISION 3** 

Dear Mr. Chanda:

(Please note that this is a revision to the memorandum issued on August 12, 2010. The purpose of this revision is to document the Confirmatory Sampling of Asbestos in the Excavation Footprint sampling scheme discussed during a August 31, 2010 teleconference. Many of the other activities discussed in this memorandum are either complete or ongoing.)

In June 2010, soil excavation of the quarry bottom at Ramsdell Quarry Landfill (RQL) commenced as required in the *Record of Decision for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill* and the *Revised Final Remedial Design for the RVAAP-01 Ramsdell Quarry Landfill* for the soil chemicals of concern (COCs) [benz(a)anthracene, benzo(a)pyrene, benzo(b)fluoranthene, dibenz(a,h)anthracene, and indeno(1,2,3-cd)pyrene]. The remedial subcontractor (Toltest, Inc.) encountered suspected asbestoscontaining waste material (ACWM) in multi-increment (MI) area RQL-043M and demobilized from RQL until the waste is re-characterized for offsite disposal.

Ohio EPA determined that soil containing ACWM must be handled and disposed as friable ACWM. The remedial design (RD) provided notifications, specifications, procedures, and requirements for the nonhazardous soil removal activities at RQL. This technical memorandum provides 1) appropriate changes that will take place with respect soil removal activities at RQL and 2) the confirmatory soil sampling scheme that must take place after excavation. Adjustments to the Site Safety and Health Plan and monitoring requirements will be presented in an Accident Prevention Plan and Asbestos Soil Abatement Plan developed by Toltest, Inc.

#### Asbestos Demolition and Renovation Notification

SAIC/Toltest will submit a Notification of Asbestos Demolition and Renovation in accordance with OAC 3745-20-03 and 40 CFR 61.145(b). This notification will be submitted a minimum of 10 working days before the removal action begins.



#### Mark Regulated Area

Exterior work areas will be segregated with caution tape at an adequate distance from the regulated areas to deter unauthorized personnel from approaching the regulated areas. Asbestos warning tape and appropriate signage will be used to demarcate the exterior regulated areas and prevent accidental intrusion into regulated areas by non-authorized personnel.

#### Loading and Labeling

The excavated material that is considered friable ACWM will be loaded into roll-off containers or haul trucks. The roll-off containers or haul trucks will be lined with two 6-mil polyethylene liners (12-mil total per Ohio EPA regulations). Once filled, the liner will be sealed. The container will either be immediately transported to a disposal facility approved for accepting friable ACWM or will be staged in the Equipment Storage Area (shown on Drawing C-4) awaiting transport to a disposal facility. A label will be applied to the roll-off container stating:

# DANGER CONTAINS ASBESTOS FIBERS AVOID CREATING DUST CANCER AND LUNG DISEASE HAZARD

#### Confirmatory Sampling of Asbestos in Excavation Footprint

Figure 1 presents the footprint of soil and ACWM removed at RQL. This footprint is approximately 0.23 acres in size.

At the completion of the soil removal, an inspection is required to visually determine if ACWM is present on the excavation walls or floor. If ACWM is present, removal activities continue. Once the excavation floor and sidewalls have no observed ACWM, the following sampling scheme is implemented as discussed during a teleconference with Tom Buchan and Todd Fisher of Ohio EPA:

- 1) One sample is collected from each of the six areas depicted in Figure 1. The sample areas are demarcated by the following:
  - a. "Soil and ACWM Excavated Material" polygon, and
  - b. blue lines separating the different sampling areas within the polygon.
- 2) Within each of these sample areas, soil aliquots are collected from four randomly selected locations within the sample area. These four aliquots are combined into one sample.
- 3) The samples will be submitted to an NVLAP-accredited laboratory for PLM asbestos analysis.

If any of the samples exceed 1% asbestos, that sample location will undergo further excavation until confirmed to be less than 1% asbestos. If the samples are below 1% asbestos, the area is confirmed to meet remedial goals and can be backfilled.

#### Technical Memorandum

At the completion of the activities focusing on removal of ACWM, SAIC will issue a memorandum documenting the field activities, findings, disposal quantities, and sample results. This memorandum will be submitted to all RVAAP Stakeholders.

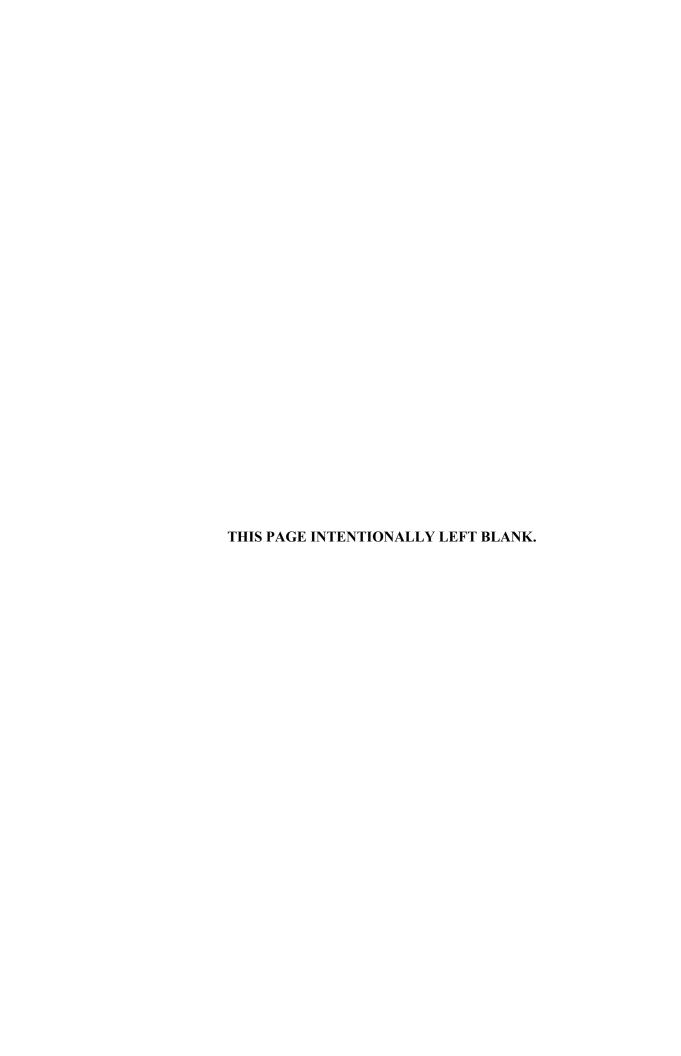


Please review this memorandum and provide comments or concurrence to the proposed changes to the RD and the sampling scheme for asbestos in soil. If you have any questions or comments, please feel free to contact me at (330) 405-5802.

Sincerely,

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

Jed Thomas, P.E. Project Manager





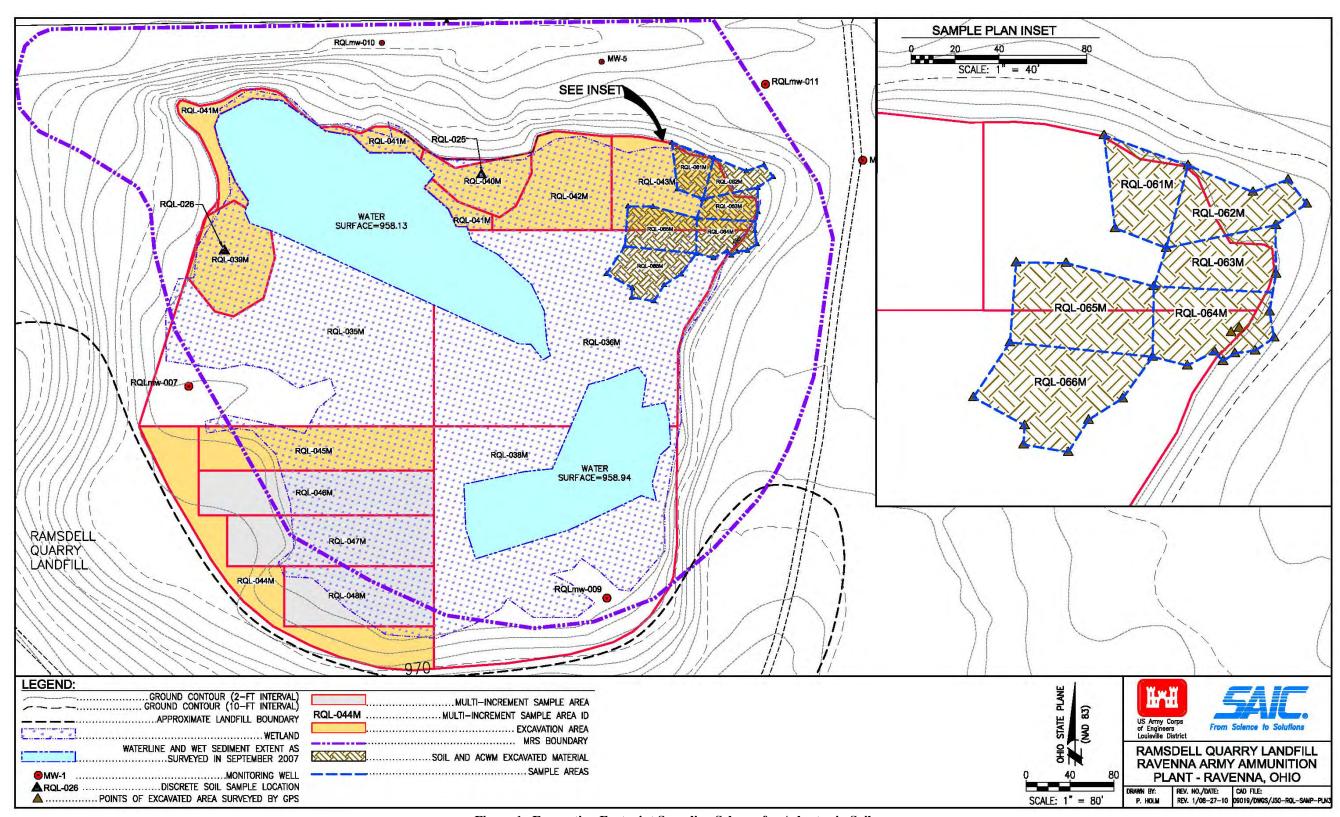


Figure 1. Excavation Footprint Sampling Scheme for Asbestos in Soil

THIS PAGE INTENTIONALLY LEFT BLANK.



Report for:

Mr. Mark Loeb TestAmerica: North Canton 4101 Shuffel Dr. NW North Canton, OH 44720

Regarding: Project: 6 Bulk Samples

EMĹ ID: 698436

Approved by:

Asbestos-EPÁ Method 600/R-93/116: 09-02-2010

Dates of Analysis:

Lab Manager Baluswamy Krishnan

Service SOPs: Asbestos-EPA Method 600/R-93/116 (EPA-600/M4-82-020 (SOP 01264))

For clarity, we report the number of significant digits as calculated; but, due to the nature of this type of biological data, the number of significant digits that is used for interpretation should generally be one or two. All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank corrections of results is not a standard practice. The results relate only to the items tested.

EMLab P&K ("the Company") shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Document Number: 200091 - Revision Number: 5

Lab ID-Version 1: 3095766-1

Lab ID-Version †: 3095767-1

Lab ID-Version 1: 3095769-1

6301 NW 5th Way, Suite 2850, Ft. Lauderdale, FL 33309 (877) 711-8400 Fax (954) 776-8485 www.emlab.com

Client: TestAmerica: North Canton

C/O: Mr. Mark Loeb Re: 6 Bulk Samples

Date of Sampling: 08-31-2010 Date of Receipt: 09-02-2010 Date of Report: 09-02-2010

#### ASBESTOS PLM REPORT: EPA-600/M4-82-020 & EPA METHOD 600/R-93-116

**Total Samples Submitted:** 6

**Total Samples Analysed:** 6

**Total Samples with Layer Asbestos Content > 1%:** 0

Location: ROL-061-1108-SO

Location: NQL 001 1100 50	240 12 ( 0151014. 0050 / 00 1
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	2% Cellulose < 1% Mineral wool
Sample Composite Homogeneity:	/ 0

Location: ROL-062-1109-SO

Location: NQL-002-1107-50	Eur 15 (1616)14. 30/3/6/11
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	2% Cellulose
	< 1% Mineral wool
Sample Composite Homogeneity:	Good

Location: ROL-063-1110-SO

Location: RQL-063-1110-SO	Lab ID-Version‡: 3095768-1
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	2% Cellulose
Sample Composite Homogeneity:	Good

Location: ROL-064-1111-SO

200000000000000000000000000000000000000	
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	
	< 1% Mineral wool
Sample Composite Homogeneity:	Good

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

Inhomogeneous samples are separated into homogeneous subsamples and analyzed individually. ND means no fibers were detected. When

detected, the minimum detection and reporting limit is less than 1% unless point counting is performed.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

EMLab P&K, LLC EMLab ID: 698436, Page 2 of 3 6301 NW 5th Way, Suite 2850, Ft. Lauderdale, FL 33309 (877) 711-8400 Fax (954) 776-8485 www.emlab.com

Client: TestAmerica: North Canton Date of Sampling: 08-31-2010 C/O: Mr. Mark Loeb Date of Receipt: 09-02-2010 Re: 6 Bulk Samples Date of Report: 09-02-2010

#### ASBESTOS PLM REPORT: EPA-600/M4-82-020 & EPA METHOD 600/R-93-116

**Location: ROL-065-1112-SO** Lab ID-Version :: 3095770-1

Sample Layers	Asbestos Content
Brown Soil	ND
<b>Composite Non-Asbestos Fibrous Content:</b>	2% Cellulose
Sample Composite Homogeneity:	Good

Location: ROL-066-1113-SO Lab ID-Version 1: 3095771-1

Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	5% Cellulose
	< 1% Mineral wool
Sample Composite Homogeneity:	Good

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

Inhomogeneous samples are separated into homogeneous subsamples and analyzed individually. ND means no fibers were detected. When

detected, the minimum detection and reporting limit is less than 1% unless point counting is performed.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

EMLab P&K, LLC EMLab ID: 698436, Page 3 of 3



Report for:

Mr. Mark Loeb TestAmerica: North Canton 4101 Shuffel Dr. NW North Canton, OH 44720

Regarding: Project: SR120977

EMĹ ID: 699548

Approved by:

Dates of Analysis: Asbestos-EPA Method 600/R-93/116: 09-08-2010

Lab Manager Baluswamy Krishnan

Service SOPs: Asbestos-EPA Method 600/R-93/116 (EPA-600/M4-82-020 (SOP 01264))

For clarity, we report the number of significant digits as calculated; but, due to the nature of this type of biological data, the number of significant digits that is used for interpretation should generally be one or two. All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank corrections of results is not a standard practice. The results relate only to the items tested.

EMLab P&K ("the Company") shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Document Number: 200091 - Revision Number: 5

Lab ID-Version\*: 3101004-1

Lab ID-Version†: 3101005-1

Lab ID-Version :: 3101006-1

6301 NW 5th Way, Suite 2850, Ft. Lauderdale, FL 33309 (877) 711-8400 Fax (954) 776-8485 www.emlab.com

Client: TestAmerica: North Canton

C/O: Mr. Mark Loeb Re: SR120977

Date of Sampling: 09-03-2010 Date of Receipt: 09-07-2010 Date of Report: 09-08-2010

#### ASBESTOS PLM REPORT: EPA-600/M4-82-020 & EPA METHOD 600/R-93-116

**Total Samples Submitted:** 6

**Total Samples Analysed:** 6

**Total Samples with Layer Asbestos Content > 1%:** 0

Location: ROL-067-1114-SO

Location: NQL-007-1114-50	Lab 15 Version <sub>4</sub> . 5101004 1
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	< 1% Cellulose
Sample Composite Homogeneity:	Good

Location: ROL-068-1115-SO

Location: NQL 000 1113 50	Zuo 15 (Giston 4. 6101006 1
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	2% Cellulose
Sample Composite Homogeneity:	Good

Location: ROL-069-1116-SO

Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	< 1% Cellulose
Sample Composite Homogeneity:	Good

Location: RQL-070-1117-SO	Lab ID-Version‡: 3101007-1
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	1% Cellulose
Sample Composite Homogeneity:	Good

Location: RQL-0/1-1118-50	Lab ID-Version‡: 3101008-1
Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	1% Cellulose
Sample Composite Homogeneity:	Good

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

Inhomogeneous samples are separated into homogeneous subsamples and analyzed individually. ND means no fibers were detected. When

detected, the minimum detection and reporting limit is less than 1% unless point counting is performed.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

EMLab P&K, LLC EMLab ID: 699548, Page 2 of 3 6301 NW 5th Way, Suite 2850, Ft. Lauderdale, FL 33309 (877) 711-8400 Fax (954) 776-8485 www.emlab.com

Client: TestAmerica: North Canton

C/O: Mr. Mark Loeb Re: SR120977

Date of Sampling: 09-03-2010 Date of Receipt: 09-07-2010 Date of Report: 09-08-2010

#### ASBESTOS PLM REPORT: EPA-600/M4-82-020 & EPA METHOD 600/R-93-116

Location: ROL-072-1119-SO Lab ID-Version‡: 3101009-1

Sample Layers	Asbestos Content
Brown Soil	ND
Composite Non-Asbestos Fibrous Content:	1% Cellulose
Sample Composite Homogeneity:	Good

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

Inhomogeneous samples are separated into homogeneous subsamples and analyzed individually. ND means no fibers were detected. When detected, the minimum detection and reporting limit is less than 1% unless point counting is performed.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

EMLab P&K, LLC EMLab ID: 699548, Page 3 of 3





## FIELD CHANGE REQUEST (FCR)

FCR NOFCR-RVAAPLL12-003 DATE INITIATED <u>06/04/10</u> PROJECT <u>Load Line 12 Remedial Action and Ramsdell Quarry Remedial Action</u> CONTRACT NO. <u>GSA Contract No. GS-10F-0076J Delivery Order No. W912QR-05-F-0033</u>				
REQUESTOR IDENTIFICATION NAME Jed Thomas ORGANIZATION SAIC PHONE 330-405-5802				
TITLE Project Manager SIGNATURE				
BASELINE IDENTIFICATION				
BASELINE(S) AFFECTED  Cost  Scope  Milestone  Method of Accomplishment AFFECTED DOCUMENT (TITLE, NUMBER AND SECTION) Remedial Design for the RVAAP-12 Load Line 12 Remedial Design for the RVAAP-01 Ramsdell Quarry Landfill DESCRIPTION OF CHANGE: The use of sawdust as a mixing agent to dry soil or sediment was approved in field change request FCR-				
RVAAPLL12-002. In addition to (or in place of) sawdust, SAIC and Toltest would also like to use Calciment® as a drying agent during the Load Line 12 and Ramsdell Quarry Landfill remedial actions. Calciment® will be mixed with excavated soil or sediment to ensure the material does not have free liquids when it is loaded to the haul trucks and ultimately disposed at the landfill.				
Attached to this FCR are lab sheets presenting typical chemical analysis and TCLP analysis of Calciment®.				
JUSTIFICATION:				
Justification for use of the Calciment® is to ensure haul trucks do not contain any free liquids during transport and the excavated material is dry enough to be accepted at the receiving landfill.				
IMPACT OF NOT IMPLEMENTING REQUEST:				
The use of the drying agent will ensure the truck loads will not leak during transportation to the landfill and will ensure the landfill will accept the disposed material. The use of the Calciment® will minimize disposal volumes, relative to volumes created from mixing sawdust. It is estimated that the amount of Calciment® used as each site would be ½ the amount of sawdust. Therefore, the amount of material being transported off RVAAP and placed into a landfill will be reduced.				
PARTICIPANTS AFFECTED BY IMPLEMENTING REQUEST: SAIC and Remedial Subcontractor				
COST ESTIMATE (\$) 0 ESTIMATOR SIGNATURE No cost impact to USACE PHONE NA DATE NA				
PREVIOUS FCR AFFECTED ☐ YES ☒ NO; IF YES, FCR NO				
USACE COTR Shift At a BATE 6-9-10				
OHIO EPA PROJECT MANAGER AND DATE 06/16/10				
SAIC H&S MANGER SIGNATURE (IF APPLICABLE) NA DATE NA				



### **CALCIMENT®**

### TCLP

### Grand River, OH

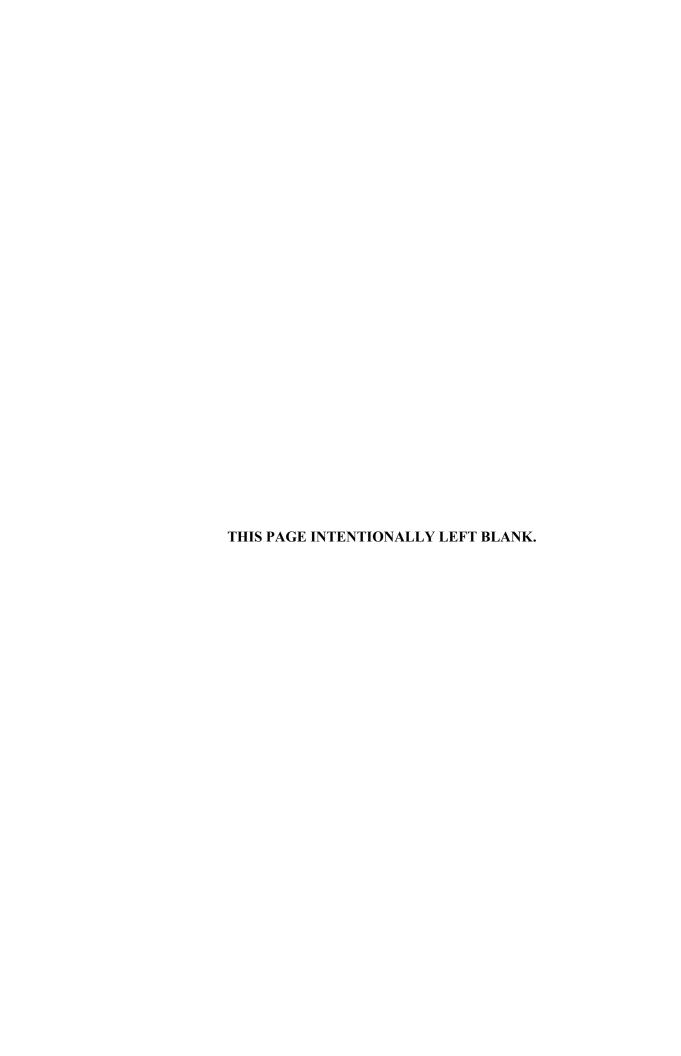
ELEMENT	FORMULA	RESULT mg/L	LIMIT
ARSENIC	As	< 2.500	5.00
BARIUM	Ba	0,300	100.00
CADMIUM	Сd	< 0.010	1.00
CHROMIUM	Cr	< 0.050	0.05
LEAD	Pb	< 0.10	5.00
MERCURY	Hg	< 0.005	0.20
SELENIUM	Se	< 0.50	1.00
SILVER	Ag	<0.01	5.00



### CALCIMENT®

### Typical Chemical Analysis Grand River

<u>Element</u>	<u>Formula</u>	<u>Percent</u>
Total Calcium Oxide	CaO	64.89
Magnesium Oxide	MgO	2.86
Silicon Dioxide	$SiO_2$	7.86
Aluminum Oxide	$Al_2O_3$	3.56
Iron Oxide	Fe2O <sub>3</sub>	0.89
Potassium Oxide	K <sub>2</sub> O <sub>3</sub>	0.46
Sulfur Trioxide	$SO_3$	4.34
Sodium Oxide	Na <sub>2</sub> O	.38
Titanium Dioxide	TiO₂	0.13
Manganese Dioxide	MnO <sub>2</sub>	0.04
Phosphorus Pentoxide	$P_2O_5$	0.20
Strontium Oxide	SrO	0.07
Barium Oxide	BaO	. 0.07
Carbon	C	14.25
Available\Free Calcium Oxide		40 - 45



#### APPENDIX B

### 2014 FENCE INSTALLATION AND ACM CLEANUP DOCUMENTATION

Appendix B-1. Ohio EPA Notification Appendix B-2. Utility Clearance

Appendix B-3. Field Change Request Form-

Appendix B-4. Certification of Visual Inspection

THIS PAGE INTENTIONALLY LEFT BLANK.







#### **NATIONAL GUARD BUREAU**

## 111 SOUTH GEORGE MASON DRIVE ARLINGTON VA 22204-1373

July 23, 2014

Ohio Environmental Protection Agency DERR-NEDO Attn: Mr. Andrew Kocher, Project Manager 2110 East Aurora Road Twinsburg, OH 44087-1924

Subject:

Ravenna Army Ammunition Plant (RVAAP) Restoration Program, Portage/Trumbull Counties, RVAAP-01 Ramsdell Quarry Landfill (Work Activity No. 267-000-859-130)

Dear Mr. Kocher:

As requested in your 5 June 2014 letter approving the Final Remedial Design for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill, Ravenna Army Ammunition Plant, Ravenna, Ohio, the Army is providing notification of the field activities associated with the Remedial Design. The Army is scheduled to being implementation of the remedial action the week of 4 August 2014, beginning with fence installation.

Please contact the undersigned at (703) 601-7785 or <u>brett.a.merkel.civ@mail.mil</u> if there are issues or concerns with this submission.

Sincerely,

Brett A. Merkel

Breeth Murdel

RVAAP Restoration Program Manager Army National Guard Directorate

cc:

Rod Beals, Ohio EPA, DERR-NEDO Nancy Zikmanis, Ohio EPA, DERR-NEDO Justin Burke, Ohio EPA, CO Kevin Sedlak, ARNG, Camp Ravenna Katie Tait, OHARNG, Camp Ravenna Greg Moore, USACE Louisville Thomas Chanda, USACE Louisville Kevin Jago, Leidos Jed Thomas, Leidos







## Thomas, Jed H.

Jed

From: Sent: To: Subject:	Sedlak, Kevin M CTR (US) <kevin.m.sedlak.ctr@mail.mil> Wednesday, July 30, 2014 7:07 AM Thomas, Jed H. RE: RQL RA - Utility Clearance (UNCLASSIFIED)</kevin.m.sedlak.ctr@mail.mil>
Classification: UNCLASSIFIE Caveats: NONE	D
There are no known subsur	face hazards that have been identified.
Kevin Sedlak Restoration Project Manage Camp Ravenna 1438 State Route 534 SW Newton Falls, OH 44444 ARNG-ILE Clean Up Office Phone 614-336-6000 mailto:kevin.m.sedlak.ctr@	Ex 2053
Original Message From: Thomas, Jed H. [mail Sent: Monday, July 28, 2014 To: Sedlak, Kevin M CTR (US Subject: RQL RA - Utility Cle Kevin -	5)
•	nirements, can you confirm to the best of your o known subsurface assets or hazards at or near going.
	ordance with the RD, we will have a UXO technician tallation and ACM cleanup activities to clear trusion.
Please let me know if you h	ave any questions.
Thank you,	

Jed Thomas | Leidos

Project Manager | Environmental Restoration Division

phone: 330.405.5802

fax: 330.405.9811

jed.h.thomas@leidos.com <mailto:john.t.doe@leidos.com> |
leidos.com/engineering <http://www.leidos.com/engineering>

This email and any attachments to it are intended only for the identified recipients. It may contain proprietary or otherwise legally protected information of Leidos. Any unauthorized use or disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and delete or otherwise destroy the email and all attachments immediately.

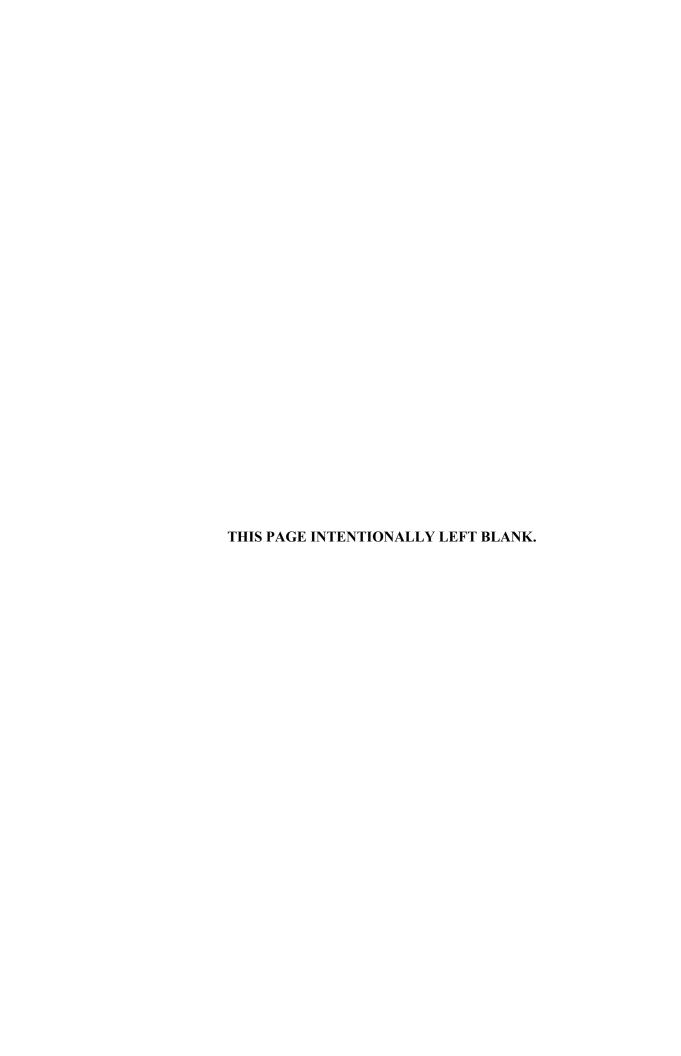
Classification: UNCLASSIFIED

Caveats: NONE





PCR NOFCR-RVAAP RQLRA-001 PROJECT <u>Ramsdell Quarry Site Closure</u> CONTRACT NO. <u>GSA Contract No. GS-10F-0076J, Delivery Orc</u>	DATE INITIATED <u>8/8/14</u> der No. W912QR-12-F-0020				
REQUESTOR IDENTIFICATION NAME <u>Jed Thomas</u> ORGANIZATION <u>Leidos</u>	PHONE <u>330-405-5802</u>				
TITLE <u>Leidos Project Manager</u> SIGNATURE					
BASELINE IDENTIFICATION BASELINE(S) AFFECTED ☐ Cost ☐ Scope ☐ Milestone ▷	Method of Accomplishment				
AFFECTED DOCUMENT (TITLE, NUMBER AND SECTION) Remedial Design for Soil and Dry Sediment at RVAAP-01 Ramso	dell Quarry Landfill				
DESCRIPTION OF CHANGE:					
Where needed, Tubular Post Anchors will be used to ensure the event that rock is encountered that prevents the high tensile post depth. This does not affect the terminal posts or posts used for the installed per specifications.  Reference the attachments http://www.hooverfence.com	s from being driven to the specified ne chain link fence, as those have been which also can be reviewed at:				
JUSTIFICATION:					
Rock has been encountered at some post locations during the installation of the high tensile wire fence that makes it impractical to drive the posts to the specified depth. The Tubular Post Anchors are designed to anchor posts to the ground. According to the fencing contractor, given the density of the high-tensile wire posts, the integrity of the fence line would be adequate without the anchors. However, use of the anchors will further ensure the long-term stability of the fence line and provide adequate compromise for the inability to drive the posts to the specified depth.					
IMPACT OF NOT IMPLEMENTING REQUEST:					
As noted above, given the density of the high-tensile wire posts, the integrity of the fence line would be adequate without the anchors; however, use of the anchors will further ensure the long-term stability of the fence line.					
PARTICIPANTS AFFECTED BY IMPLEMENTING REQUEST:					
Leidos and R&T Fence.					
COST ESTIMATE (\$) <u>0</u> ESTIMATOR SIGNATURE <u>PHONE NA</u> DATE <u>N</u>	No cost impact to USACE A				
PREVIOUS FCR AFFECTED $\square$ YES $\boxtimes$ NO; IF YES, FCR NO.					
USACE COTR POOLE.SHELTON.M.12305 Digitally signed by POOLE.SHE TON.M.1230535040 Discuss. Country Inch. pool. Country C	DATE:				
OHIO EPA PROJECT MANAGER AL ML	DATE: 8/13/14				









Phone 216.371.4737 Fax 216.371.4738

September 30, 2014

Jed Thomas, P.E. Leidos Engineering of Ohio, Inc 8866 Commons Boulevard, Suite 201 Twinsburg, OH 44087

Re: Certification of Visual Inspection for ACM Cleanup at

Ramsdell Quarry Landfill within Camp Ravenna, Ravenna, Ohio

Dear Mr. Thomas:

Eden Environmental, Inc. is pleased to present this Certification of Visual Inspection for ACM Cleanup at Ramsdell Quarry Landfill within Camp Ravenna, Ravenna, Ohio. Work was performed in accordance with Subcontract #p010162866 between Leidos and Eden Environmental, Inc. (Eden) dated August 16, 2014, and applicable AHERA, OSHA, & NESHAPS regulations.

Eden completed the identification & cleanup of surficial, suspected asbestos-containing material (ACM) at the Ramsdell Quarry Landfill located within Camp Ravenna, Ravenna, Ohio on September 15 & 16, 2014. The landfill was inspected for ACM by walking five-feet transects and marking with flagging tape the locations where ACM was observed. This work was performed by Mr. Eric Brown (Asbestos Hazard Evaluation Specialist #ES34113). The surficial ACM clean-up was conducted through nonintrusive measures by Mr. Randy Crawford (Asbestos Hazard Abatement Specialist #AS30652). After cleanup activities were performed in the designated work area, a visual inspection was performed in accordance with 40 CFR, Part 763.90(i) by Mr. Eric Brown.

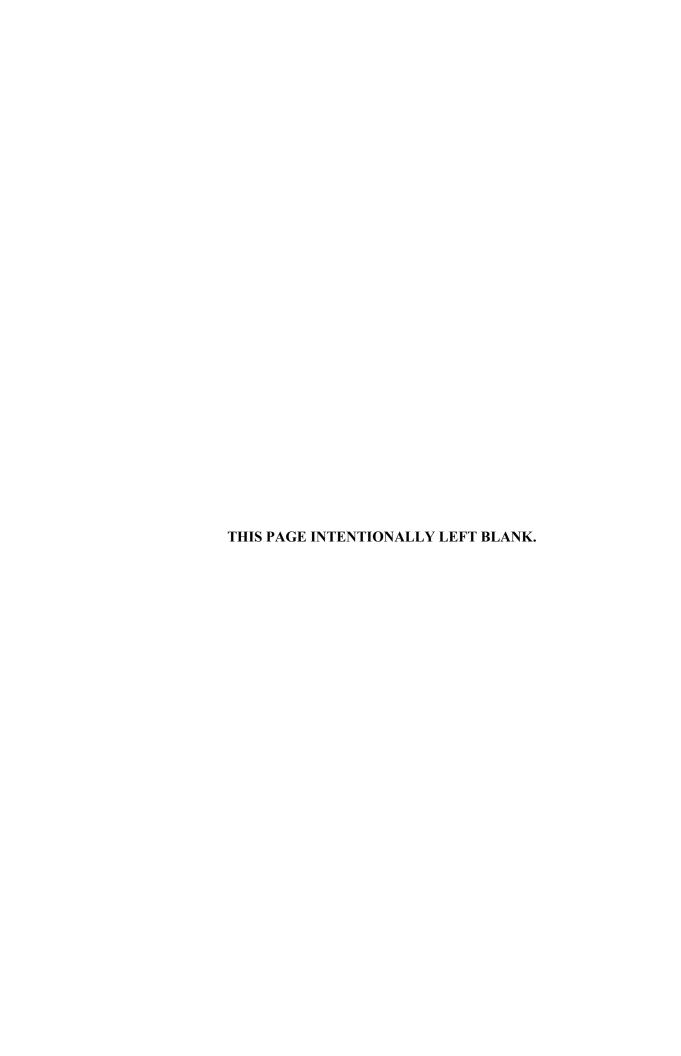
This letter is intended to verify that the regulated area is free of surficial ACM after the asbestos cleanup activities were completed.

Thank you for the opportunity to provide environmental consulting services for this project. If you have any questions regarding this verification letter, please contact us at 216-371-4737.

Sincerely,

EDEN ENVIRONMENTAL, INC.

Eric Brown President



#### APPENDIX C

#### LAND USE CONTROL DOCUMENTS

- Appendix C-1. Land Use Control Remedial Design
- Appendix C-2. Metes and Bounds Survey
- Appendix C-3. Land Use Control Inspection Form for RVAAP-01 Ramsdell Quarry Landfill Area of Concern
- Appendix C-4. RVAAP-01 Ramsdell Quarry Landfill Land Use Control Brief for Contractors Personnel
- Appendix C-5. Sign In-Out Sheet for Ramsdell Quarry Landfill

THIS PAGE INTENTIONALLY LEFT BLANK.





### LIST OF EACH AOC/MRS (WITH LUCS) IN APPENDIX A, SPECIFIC LUCS, AND REVISION DATES

AOC/MRS	Appendix Section	Land Use Controls	Date Section added to the PMP	Revision or Update	
RVAAP-01	A-2	The LUCs for the RQL AOC are as follows:			
Ramsdell		Maintenance of the 6 ft high chain-link security fence at the northern perimeter of			
Quarry		RQL and a five-strand, high tensile wire fence at the eastern, southern, and western			
Landfill		perimeters. Maintenance of the closed sanitary landfill.			
		All activities must be in compliance with established digging restrictions and			
		established exposure limits.			
		o All digging or excavation within the quarry bottom is prohibited due to the residual			
		asbestos and contamination.			
		Digging and excavation on the landfill cap is regulated by the post-closure care			
		plan and the Ohio solid waste regulations.			
	• Permanent warning signs will be installed and maintained around RQL on the gates				
		and on the chain-link and high tensile wire fence at 300 ft centers to warn of the ACM			
		hazard in the quarry bottom. The signs will meet the requirements of OAC 3745-20-			
		07(B)(1)(b).			
		As no soil disturbing activities are allowed within the quarry bottom, OSHA asbestos			
		awareness training set forth at 29 CFR 1926.1101(k)(9)(vii) is not required. Any			
		personnel entering the quarry bottom will be briefed of the asbestos hazards.			

THIS PAGE INTENTIONALLY LEFT BLANK.

#### APPENDIX A-2: RAMSDELL QUARRY LANDFILL - (RVAAP-01)

#### A-2.1. BACKGROUND

Ramsdell Quarry Landfill (RQL) was initially a stone quarry that operated until 1941. During operations, the quarry was excavated 30 to 40 ft below existing grade. The excavated sandstone and quartzite pebble conglomerate was used for road and construction ballast. From 1946 to the 1950s, the bottom of the quarry was used to burn waste explosives from Load Line 1. Reportedly, 18,000 500-lb (225-kg) incendiary or napalm bombs were burned and liquid residues from annealing operations were disposed of in the quarry.

Between 1941 and 1989, the western and southern sections of the abandoned quarry were used for landfill operations. No information is available regarding landfill disposal activities from 1941 to 1976, and no information is available on other activities at the quarry from the 1950s to 1976. Only nonhazardous solid waste was deposited in RQL from 1976 until it was closed in 1989. In 1978, a portion of the abandoned quarry was permitted as a sanitary landfill by the State of Ohio. The sanitary landfill was closed in 1990 under State of Ohio solid waste regulations. A clay cap was placed on the former permitted landfill area covering approximately 4 acres of the AOC.

#### A-2.2. PUBLICATIONS

The following publications can be located on www.rvaap.org or in established information repositories:

- Final Record of Decision Amendment for the RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. 24 May 2012.
- Revised Final Modified Proposed Plan for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC 2012. 6 June 2012.
- Final Engineering Evaluation for Soil and Dry Sediment at RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. 2 September 2011.
- Revised Final Remedial Design for RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. 17 June 2010.
- Final Record of Decision for the RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. 24 March 2009.
- Wetlands and Other Waters Delineation Report Remedial Action Areas at Ramsdell Quarry Landfill, Load Line 12, and Fuze and Booster Quarry Landfill/Ponds at the Ravenna Army

Ammunition Plant and Ravenna Training and Logistics Site, Ravenna, Ohio. EnviroScience. 29 December 2008.

- Final Proposed Plan for Soil and Dry Sediment at Ramsdell Quarry Landfill (RVAAP-01) at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. March 2007
- Revised Final Feasibility Study for Ramsdell Quarry Landfill (RVAAP-01) at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. October 2006.
- Final Sampling and Analysis Plan Addendum No. 2 for the Phase I Remedial Investigation of Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. June 2006
- Final Phase I Remedial Investigation Report for Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. September 2005
- Final Project Management Plan Performance-Based Contract for Six Environmental Areas of Concern at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. 14 July 2005
- Final Phase I Remedial Investigation December 2004 Follow-On Groundwater Sampling at RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. June 2005.
- Final Site Safety and Health Plan Addendum No. 1 for the Phase I Remedial Investigation of Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. October 2003.
- Final Sampling and Analysis Plan Addendum No. 1 for the Phase I Remedial Investigation of Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. October 2003.
- Final Report on the Groundwater Investigation of the Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. August 2000.
- April 1999 Quarterly Monitoring Report, Ramsdell Quarry Groundwater Investigation at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. 4 June 1999.
- Final February 1999 Quarterly Monitoring Report, Ramsdell Quarry Groundwater Investigation at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. 15 April 1999.
- Final Initial Phase Report, Groundwater Investigation, Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. January 1999.

- Final October 1998 Quarterly Monitoring Report, Ramsdell Quarry Groundwater
   Investigation at the Ravenna Army Ammunition Plant, Ravenna, Ohio. 30 December 1998.
- Final Sampling and Analysis Plan Addendum for the Groundwater Investigation of the Former Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. SAIC. June 1998.
- Final Closure Inspection of RVAAP-01 Ramsdell Quarry Landfill at the Ravenna Army Ammunition Plant, Ravenna, Ohio. Ohio EPA. September 1990.

#### A-2.3. SITE LOCATION AND DESCRIPTION

RQL encompasses approximately 14 acres in the northeastern portion of Camp Ravenna. RQL includes old-field communities with patches of forests and grasslands. The land surface in a large portion of the AOC slopes into a former quarry, which occupies most of the AOC. The quarry bottom is about 40 ft below the surrounding area. Former quarry operations resulted in the removal of much of the original soil.

Surface water runoff collects in an isolated wetland in the bottom of the former quarry. There is no surface water drainage outlet from the quarry. When water is present in the wetland, the water depth is usually less than 4 ft. The drainage ways and ditch lines outside of the quarry, located along access roads and the former rail line in the southern part of the AOC, only contain water during rain events.

#### A-2.4. LAND USE

RQL will be managed as restricted access due to residual asbestos and contamination and the closed landfill at the AOC.

#### A-2.5. REMEDY OBJECTIVES

Where applicable, the previously applied remedies at RQL consisted of excavation of contaminated soil and installation of the fence to preclude likely exposure through human contact. Following these remedies, hazardous substances, pollutants, or contaminants remained at levels greater than those that allow unlimited use and unrestricted exposure. Therefore a component of the remedial action includes Land Use Controls (LUCs) (see item A-2.6 below). Because LUCs will be used as part of the remedy, any property owner subsequent to the federal government will be required to enter into an environmental covenant meeting the requirements of ORC Section 5301.82.

#### A-2.6. LAND USE CONTROLS

The RQL AOC-specific LUCs were designed considering specific parameters developed for Restricted Access. The LUCs for RQL are as follows:

- All activities must be in compliance with established digging restrictions and established exposure limits.
  - o All digging or excavation within the quarry bottom is prohibited due to the residual asbestos and contamination.
  - O Digging and excavation on the landfill cap will be regulated by the post-closure care plan and the Ohio solid waste regulations.
- Permanent warning signs will be installed and maintained around RQL on the gates and on the chain-link and high tensile wire fence at 300 ft centers to warn of the ACM hazard in the quarry bottom. The signs will meet the requirements of OAC 3745-20-07(B)(1)(b).
- As no soil disturbing activities are allowed within the quarry bottom, OSHA asbestos awareness training set forth at 29 CFR 1926.1101(k)(9)(vii) is not required. Any personnel entering the quarry bottom will be briefed of the asbestos hazards.

#### A-2.7. MONITORING AND REPORTING

Periodic monitoring of LUCs, in the form of site inspections, will be conducted by the Army to confirm that the LUCs remain effective and still meet LUC objectives for continued remedy protectiveness. Site inspections will be conducted on an annual basis. Inspections of the solid waste landfill will be conducted in accordance with State of Ohio solid waste regulations and the Ohio Environmental Protection Agency (Ohio EPA) *Director's Final Findings and Orders* (Ohio EPA 2004).

The Annual RQL-LUC Inspection Reports will be submitted to the Ohio EPA for review and approval as they are completed. The RQL-LUC Inspection Forms for RQL and other AOCs/MRSs will be summarized in an Annual LUC Report for each year. The Annual LUC Report will be submitted to the Ohio EPA for review and approval.

The Annual LUC Report will evaluate the status and effectiveness of LUCs with a description of how any LUC deficiencies or inconsistent uses were addressed. The Annual LUC Reports will be used in part for the preparation of the CERCLA 121(c) Five-Year Review. As part of the Annual LUC Report, a written certification will be submitted stating whether or not the LUCs remain in place and are effective.





Grid coordinates are originating from a brass tablet found set in concrete stamped "RAV-8 US CORPS OF ENGINERS with published coordinates of X=2376450.821 Y=566867.007 NAD83 Ohio, North Zone 3401

Line L1 N89deg 07' 09" E 172.85'

Line L2 S00deg 29' 46"W 21.11' to true POB

Line L3 N88deg 59' 18"E 482.95'

Line L4 S74deg 38' 20"E 61.75'

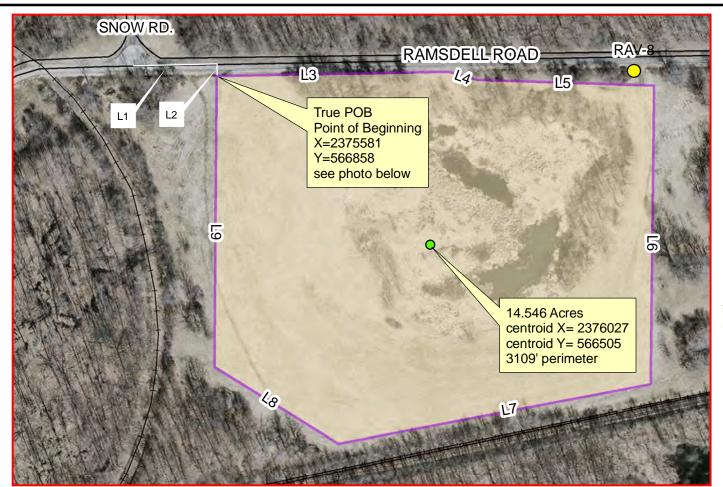
Line L5 S88deg 06' 25"E 368.70'

Line L6 S00deg 42' 08"W 622.69'

Line L7 S79deg 10' 38"W 662.10'

Line L8 N58deg 13' 29"W 303.74'

Line L9 N00deg 29' 46"E 607.05' back to true POB



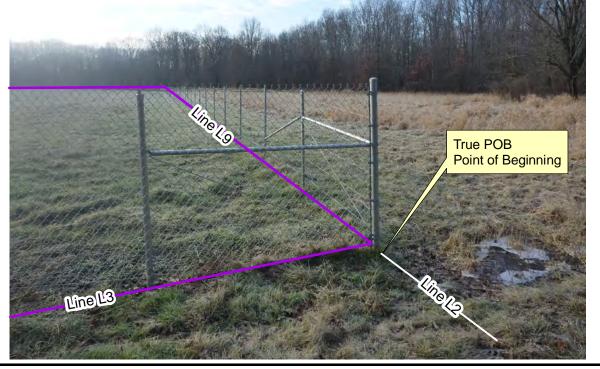
### BOUNDARY SURVEY OF THE FORMER RAMSDELL QUARRY LANDFILL (RVAAP-01)

CAMP RAVENNA JOINT MILITARY TRAINING CENTER FKA RAVENNA ARMY AMMUNITION PLANT (RVAAP)
SITUATED IN THE COUNTY OF PORTAGE AND STATE OF OHIO AND BEING PART OF ORIGINAL WINDHAM TOWNSHIP
TOWNSHIP 4 NORTH, RANGE 6 WEST IN THE CONNECTICUT WESTERN RESERVE

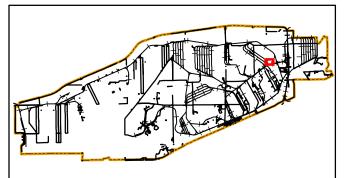
## Legend

== Existing "As-Constructed" Fence

= Ramsdell Quarry Landfill



# Camp Ravenna Joint Military Training Center



Portage & Trumbull County

## **LOCATOR MAP**



**Ohio Army National Guard** 







Produced in December 2014 for:



# US Army Corps of Engineers

600 Dr. Martin Luther King Jr. Place Louisville, KY 40202

#### **Louisville District**



Projection Datum is NAD83, Ohio State Plane Rectangular Grid, North Zone Bearings are Grid North

0 100 200

400

600

Bar Scale in Feet



Camp Ravenna JMTC 1438 State Route 534 SW Newton Falls, OH 44444 Don Trocchio, PS don.trocchio@us.army.mil

MGRS 17T NF01946150 (NAD83)

FIGURE '

## Metes and Bounds Legal Description of the Former Ramsdell Quarry Landfill (RVAAP-01)

Camp Ravenna Joint Military Training Center FKA Ravenna Army Ammunition Plant

Situated in the County of Portage and State of Ohio and known as being part of original Windham Township, Township 4 North, Range 6 West in the Connecticut Western Reserve;

Beginning at the approximate pavement centerline intersection of Snow Road and Ramsdell Road;

Line L1 Thence along the approximate Ramsdell Road centerline of pavement N89deg 07' 09"E a distance of 172.85 feet;

Line L2 Thence S00deg 29' 46"W a distance of 21.11 feet but to an existing corner fence post assembly and the true place of beginning for the following described parcel of land; said true place of beginning has observed NAD83 grid coordinates of X=2375581 Y=566858;

Thence the following seven (7) courses and distances intending to follow the as-constructed fence enclosing said parcel of land;

Line L3 Thence N88deg 59' 18"E a distance of 482.95 feet but to a fence post assembly at an angle in said fence line;

Line L4 Thence S74deg 38' 20"E a distance of 61.75 feet but to a fence post assembly at an angle in said fence line;

Line L5 Thence S88deg 06' 25"E a distance of 368.70' feet but to a corner fence post assembly at the northeast corner of the site;

Line L6 Thence S00deg 42' 08"W a distance of 622.69 feet but to a corner fence post assembly at the southeast corner of the site;

Line L7 Thence S79deg 10' 38"W a distance of 662.10' feet but to a fence post assembly at an angle in said fence line;

Line L8 Thence N58deg 13' 29"W a distance of 303.74' feet but to a fence post assembly at an angle in said fence line;

Line L9 Thence N00deg 29' 46"E a distance of 607.05' feet but to the true place of beginning and containing a total of 14.546 acres of land all be the same more or less as surveyed and described in December 2014 by Don Trocchio Registered Professional Ohio Surveyor No.6445 of Vista Sciences, Inc;

Note: Bearings used are Grid North; Grid coordinates are originating from a brass tablet found set in concrete stamped "RAV-8" US CORPS OF ENGINERS with published coordinates of X=2376450.821 Y=566867.007 NAD83, Ohio North Zone 3401; DONALD

ROCCHIO

24 Dec. 2014

Appendix C-3. Land Use Control Inspection Form for RVAAP-01 Ramsdell Quarry Landfill Area of Concern



# Camp Ravenna Joint Military Training Center (Camp Ravenna)/ Former Ravenna Army Ammunition Plant (RVAAP) Land Use Control (LUC) Inspection Form for RVAAP-01 Ramsdell Quarry Landfill Area of Concern (AOC)

In accordance with the Camp Ravenna/former RVAAP Property Management Plan (PMP) dated
August 2012 and Appendix A-2 and the Final Remedial Design for Soil and Dry Sediment at
RVAAP-01 Ramsdell Quarry Landfill (RQL), a LUC inspection of RQL was conducted by
on .

According to LUCs set forth in the *Final Remedial Design for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill*, dated 9 April 2014, and memorialized in the PMP, periodic monitoring of LUCs, in the form of site inspections, is required to be conducted by the Army to confirm that the LUCs remain effective and still meet LUC objectives for continued remedy protectiveness. Site inspections are required to be conducted on an annual basis and inspections of the solid waste landfill are conducted in accordance with State of Ohio solid waste regulations and the Ohio Environmental Protection Agency (Ohio EPA) Director's Final Findings and Orders (Ohio EPA 2004). Additional LUC inspections may be conducted when landfill inspections are conducted as needed. The required Annual LUC Report is to be submitted to the Ohio EPA for review and approval.

The inspections shall include the following:

- Review of LUC training/inbriefs/maintenance and access logs and other documentation as applicable to RQL.
- Evaluation of activities at RQL to ensure that all activities executed within RQL are in compliance with the established digging restrictions and established exposure limits (Security Guard/Maintenance Worker one (1) hour/day for 250 days/year for 25 years).
  - All digging or excavation within the quarry bottom is prohibited due to residual asbestos and contamination.
  - o Digging and excavation on the landfill cap will be regulated by the post closure care plan and the Ohio solid waste regulations.
  - O Due to not meeting the industrial/commercial standard, exposure monitoring for the full-time facility employee must be conducted to ensure and document that exposure at the AOC is not above the established exposure limit set for the Security Guard/Maintenance worker of one (1) hour/day for 250 days/year for 25 years.
- Inspection of warning signs on gates and fencing.
- Inspection of RQL fencing and gates.

LUC deficiencies or inconsistent land uses that are identified must be reported and identified on the inspection form/report and must also be reported to the Army National Guard (ARNG)/Ohio Army National Guard (OHARNG).

#### Review of LUCs - Management/Effectiveness/Corrective Action

		• , •		T 1	TT
Δ	ctiv	VITIES	and	Land	CO.

- a.) This AOC is to be managed as Restricted Access and is restricted from residential land use. Has residential use occurred? Have other land uses or land use changes occurred?
- b.) What activities have occurred at RQL since the last inspection? Has any maintenance been performed at the AOC?
- c.) Are activities at RQL being conducted in compliance with established digging restrictions and established exposure limits (exposure for full-time employees who access RQL must be tracked)?
- d.) Are the warning signs in place and functional? Please note condition and any deficiencies.
- e.) Is the RQL fencing and gates intact and in good condition? Please note condition and any deficiencies.

#### **Inspections and Reporting:**

Inspections are required on an annual basis. Periodic monitoring inspections may be conducted as needed. Are annual inspections being conducted as required? Have any additional inspections been completed?

An Annual Report is required. Has the annual report been completed and submitted to the Ohio EPA?

Training/Inbriefs (as applicable to RQL): Are RQL LUC training and/or inbriefs (for those who need to access RQL) being conducted as applicable? Describe the training (content/who attended/who provided/documentation of training).
If training was not provided, explain why and what corrective actions were initiated.
Is access to RQL for full-time employees of the facility being logged in order to track exposure? Please review access logs to ensure exposure is within the established exposure limits.
LUC Violations (if any): Description of any observed/noted LUC violation(s) as identified:
Date of Notification of LUC violations (if applicable) to ARNG/OHARNG:
Description of any corrective actions taken to remedy observed LUC violations or recommended corrective actions:
Additional Notes/Comments:

Original Inspection Completed by:	
Signature:	
D.:4-1 N	
Printed Name:	
Title:	
Organization:	
Date.	

Appendix C-4. RVAAP-01 Ramsdell Quarry Landfill – Land Use Control Brief for Contractors Personnel



## RVAAP-01 Ramsdell Quarry Landfill (RQL) – Land Use Control (LUC) Brief for Contractors/Personnel

The Army National Guard (ARNG)/Ohio Army National Guard (OHARNG) are required to conduct Long Term Monitoring (LTM)/LUC monitoring at RVAAP-01 RQL at Camp Ravenna/former Ravenna Army Ammunition Plant (RVAAP). LUCs include any type of physical, legal, or administrative mechanisms that restrict use of or limit access to real property to prevent or reduce risks to human health and the environment. Established LUCs are set forth in the *Final Remedial Design for Soil and Dry Sediment at the RVAAP-01 Ramsdell Quarry Landfill*, dated 9 April 2014, and formalized in Appendix A-2 of the Property Management Plan (PMP).

The RQL Area of Concern (AOC) consists of approximately 14 acres and was initially a stone quarry that operated until 1941. During operations, the quarry was excavated 30 to 40 feet below existing grade. The excavated sandstone and quartzite pebble conglomerate was used for road and construction ballast. From 1946 to the 1950s, the bottom of the quarry was used to burn explosives from Load Line 1. Between 1941 and 1989, the western and southern sections of the abandoned quarry were used for landfill operations. No information is available regarding landfill disposal activities from 1941 to 1976, and no information is available on other activities at the quarry from the 1950s to 1976. Only nonhazardous solid waste was deposited in RQL from 1976 until it was closed in 1989. In 1978, a portion of the abandoned quarry was permitted as a sanitary landfill by the State of Ohio. The sanitary landfill was closed in 1990 under State of Ohio solid waste regulations. A clay cap was placed on the former permitted landfill area covering approximately four (4) acres of the AOC. RQL is to be managed as Restricted Access due to residual asbestos and contamination and the closed landfill at the AOC.

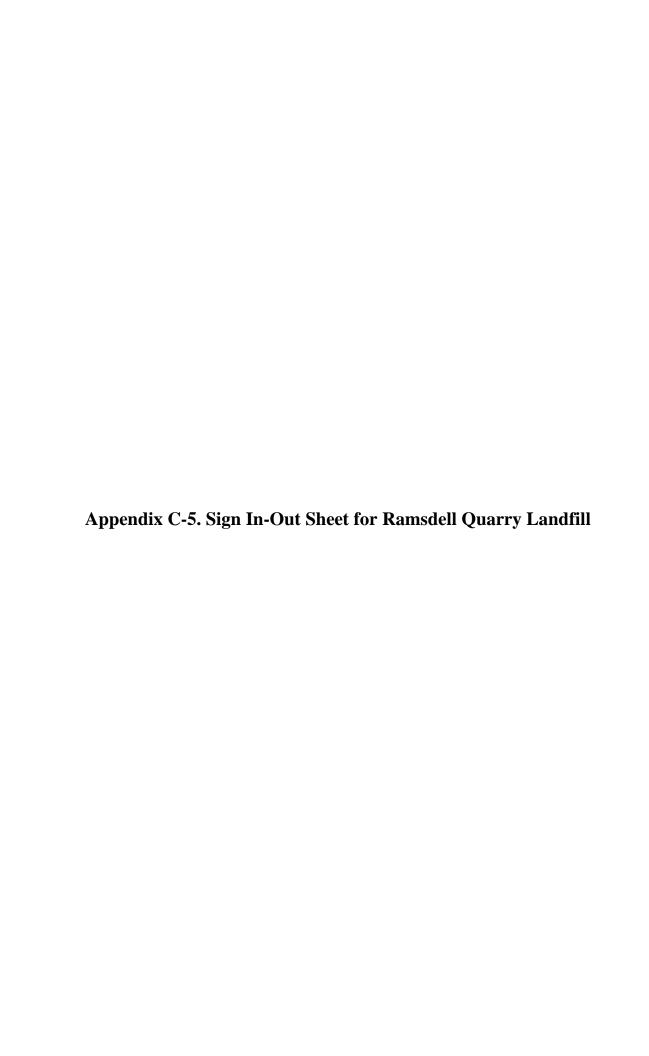
The following LUCs have been developed for RQL considering specific parameters established for Restricted Access and must be adhered to:

- All activities must be in compliance with established digging restrictions and established exposure limits (Security Guard/Maintenance Worker one (1) hour/day for 250 days/year for 25 years).
  - All digging or excavation within the quarry bottom is prohibited due to residual asbestos and contamination.
  - O Digging and excavation on the landfill cap will be regulated by the post closure care plan and the State of Ohio solid waste regulations.
  - Oue to not meeting the industrial/commercial standard, exposure monitoring for the full-time facility employee must be conducted to ensure and document that exposure at the AOC is not above the established exposure limit set for the Security Guard/Maintenance worker of one (1) hour/day for 250 days/year for 25 years.
- Permanent warning signs will be installed and maintained around RQL on the gates and on the chain link and high tensile wire fence at 300 feet centers to warn of the asbestos hazard in the quarry bottom. The signs will meet the requirements of OAC 3745-20-07 (B)(1)(b).
- As no soil disturbing activities are allowed within the quarry bottom, OSHA asbestos awareness training set forth in 29 CFR 1926.1101(k)(9)(vii) is not required. Any personnel entering the quarry bottom will be briefed of the asbestos hazards.
- Periodic monitoring of LUCs, in the form of site inspections, is required to be conducted by the ARNG/OHARNG to confirm that the LUCs remain effective and still meet LUC objectives for continued remedy protectiveness. Site inspections are required to be conducted on an annual basis and inspections of the solid waste landfill are conducted in accordance with State of Ohio solid waste regulations and the Ohio Environmental Protection Agency (Ohio EPA) Director's Final Findings and Orders (Ohio EPA 2004). The required annual inspection is to be submitted to the Ohio EPA for review and approval.

If a LUC violation is identified, please contact Range Control at (614)336-6041 to report.

I have been briefed and understand the requirements and LUCs/restrictions at Ramsdell Quarry Landfill. I will comply with all requirements. I will complete the access log for RQL when obtaining the key and accessing the AOC.

Name	Company	Date





Sign In/Out Sheet for Ramsdell Quarry Landfill – Please sign in and out when entering and exiting the Ramsdell Quarry Landfill. Please also note what activities were performed and what areas of the AOC were accessed.

Name/Company	Date	Time In	Time Out	<b>Description of Activities Performed</b>	Areas Accessed (please choose
				(i.e., mowing, gw sampling, etc)	and check)
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap
					□ Quarry bottom
					☐ Groundwater monitoring wells
					□ Landfill cap