



Weston Solutions, Inc.
1435 Garrison Street, Suite 100
Lakewood, Colorado 80215
303-729-6100 • Fax: 303-729-6101
www.westonsolutions.com

January 30, 2015

Mr. Steven Merritt
On-Scene Coordinator
United States Environmental Protection Agency, Region 8
Mail Code: 8EPR-ER
1595 Wynkoop Street
Denver, CO 80202

Re: Time-Critical Removal Action Draft Report
Stone Castle Recycling Assessment
Parowan, Iron County, Utah
TDD: 0001/1410-01
DCN: W0201.1A.00378
WO#: 20408.012.001.0201.00

Dear Mr. Merritt:

The United States Environmental Protection Agency (U.S. EPA) tasked the Weston Solutions, Inc., (WESTON®) Superfund Technical Assessment and Response Team (START) under Technical Direction Document (TDD) 0001/1411-06 to support U.S. EPA at the Stone Castle Recycling Removal Site (Site) in Parowan, Iron County, Utah. A Time-Critical Removal Action was conducted to address the threat to human health due to waste exposure based on the results from a Removal Site Evaluation performed by EPA and START in 2014. This report describes tasks performed on December 1 to 29, 2014 to complete the Time-Critical Removal Action, including waste management and disposal, air and noise monitoring, air sampling and analysis, waste sampling and analysis, and soil sampling and analysis. The results of the Removal Site Evaluation, previously provided to EPA in a letter report dated December 19, 2014, are summarized to provide context for the removal action. **Attachment A** provides the figures for this report. **Attachment B** provides the tables for this report. **Attachment C** provides the approved Sampling and Analysis Plan (SAP) for the removal. **Attachment D** provides photographic documentation of Site conditions. **Attachment E** provides the Health and Safety Plan. **Attachment F** provides the analytical data. **Attachment G** provides the VIPER data. **Attachment H** provides a copy of the Site Logbook.

SITE DESCRIPTION

The Site address is 1338 West 200 South, Parowan, Iron County, Utah. The site is located at latitude 37.8393198 and longitude -112.8572735 (Attachment A, Figures 1 and 2). This site was referred to EPA by the Utah Department of Environmental Quality's (UTDEQ) Division of Solid and Hazardous Waste following a series of mysterious and well-publicized fires at electronics waste (e-waste) recycling facilities operated by Stone Castle, LLC throughout the state. This



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commercial property is currently owned by both the Wheeler Family Trust and the Carr Family Trust.

SITE HISTORY

From the document *U.S. EPA Action Memorandum* dated 11/24/14:

The Site was discovered by the Solid and Hazardous Waste Division in the Utah Department of Environmental Quality (UTDEQ) during the course of an investigation into three electronics waste recycling facilities operated by Stone Castle, LLC (Stone Castle) in Clearfield, Cedar City, and Parowan, Utah. Stone Castle was in the business of scrapping used and donated cathode-ray tube (CRT) television sets on behalf non-profit organizations and municipalities along the Interstate 15 corridor in Utah. Stone Castle operated at the Site from approximately August 2013 to March 2014, when there was a fire at the Site. After the fire, the electronic waste materials at the Site were abandoned. When it functioned as an operating entity, Stone Castle dismantled electronics, sold the component parts, and recovered raw materials. During this dismantling procedure, Stone Castle removed the cathode-ray from the leaded-glass vacuum tube inside CRT televisions. Stone Castle segregated, crushed, and sent this glass to other leaded glass makers to melt down and create new leaded-glass CRTs. Following the move from analog to digital broadcasting, and the corresponding shift from CRT televisions to plasma and liquid-crystal display (LCD) high-definition televisions, the market for leaded glass collapsed. Stone Castle had large volumes of nearly worthless CRTs and recovered raw materials without sufficient revenue to properly process electronic waste, to pay employees and facility leases, and to dispose of the electronic wastes. These wastes were placed into corrugated cardboard "Gaylord boxes" and frequently stored outside of already full warehouse storage areas, where they rapidly deteriorated and failed, spilling their contents onto the ground, subjecting the contents to further weathering. The storage of these materials outside led to multiple fires at Stone Castle facilities, potentially caused by projection television lenses concentrating heat from solar radiation onto flammable materials. The CRT stockpile left outside at the Site caught fire on March 2, 2014. During the fire at the Site, the Parowan Fire Department used heavy equipment to push containerized CRTs and electronic wastes away from the waste materials engulfed in the fire to create a fire break. As a result, there are three discrete piles of material at the Site: burned electronic waste debris containing approximately 340 cubic yards of material, mixed electronic waste debris containing approximately 830 cubic yards of material, and 640 cubic yards of intact CRT televisions in deteriorating corrugated cardboard boxes (Attachment A, Figure 3).

On August 13, 2014, acting on information provided by both the EPA Region 8 Resource Conservation and Recovery Act (RCRA) Program and the Solid and Hazardous Waste Division of the Utah Department of Environmental Quality



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(UTDEQ), the OSC conducted a preliminary assessment of the Site to determine whether a Removal Site Evaluation was warranted. At the time of this visit, UTDEQ was pursuing all available enforcement remedies available under the Utah Solid and Hazardous Waste Act and RCRA to have the Stone Castle complete a clean-up of the Site by September 28, 2014. Because of that, and other factors, the EPA agreed to postpone activities until after the September 28, 2014 deadline.

On September 29, 2014, after Stone Castle failed to comply with the UTDEQ enforcement order deadline for removing wastes, the property owner contacted the OSC and agreed to provide access to the EPA. The OSC immediately tasked the START contractor to perform an assessment and treatability study on the wastes at the Site to determine if a removal was warranted and feasible.

REMOVAL SITE EVALUATION

EPA tasked START with documenting and inventorying waste at the Site to determine if it posed a threat to human health or the environment. On October 14, 2013 START mobilized to the Site and conducted field work. The stockpiles of waste on Site were found to be in three distinct matrices: burned debris, general electronic waste and intact CRT televisions. START estimated waste volumes for the burned debris, general electronic debris, and intact CRT televisions at 317.75, 831.11, and 512.78 cubic yards (yd³), respectively. The total waste volume at the Site was estimated to be 1,661.64 yd³.

Soil was collected from eleven locations to determine possible impacts from the metals present in the waste as well as the presence of toxic thermal decomposition byproducts from the fire at the Site. Each soil sample was collected using a hand auger at a depth of 0-6 inches below ground surface. Field screening results collected at each sampling location with x-ray fluorescence (XRF) instrumentation confirmed that surface soils contained lead concentrations ranging from 6.0 to 78.0 parts per million (ppm), well below the typical EPA screening level of 400 ppm. START also collected composite samples of each of the waste matrices present at the Site for the purpose of documenting the toxicity characteristics and determining whether the lead from the CRT glass was prone to migrate if the material was left to weather and degrade on Site. All samples were submitted to Accutest Laboratories in Wheat Ridge, Colorado. All soil samples were analyzed for target analysis list (TAL) Metals. Two of the soil samples were analyzed for dioxins. Each of the waste samples were analyzed for Toxic Characteristic Leaching Procedure (TCLP) metals and semivolatile organic compounds (SVOCs) to determine if they exhibited toxicity or other hazardous waste characteristics.

While conducting the Removal Site Evaluation, START also completed additional assessment activities with an eye toward CRT recycling and waste disposal options. Included in these activities was documenting the quantity, volume, and mass of leaded-glass present in the intact televisions at the Site and determining the typical labor necessary to disassemble the television sets to recover the CRT and segregate all other components. From visual inspection, the average



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intact CRT television had a 27 inch screen and weighted approximately 40 pounds (lb). The particular unit that START disassembled weighed 36 lb. Following disassembly and segregation, the leaded-glass weighed 33 lb, or roughly 92% of the total mass, the circuit board and electronic components weighed two pounds, or roughly 5% of the total mass, and the plastic enclosure weighed the remaining one pound, or roughly 3% of the total mass. The methodical disassembly of an average sized CRT television set took approximately five minutes to complete.

START also collected in bulk approximately 4 gallons each of broken CRT glass, burned debris, mixed electronic waste, and impacted soil for use in a Treatability Study (see following section). As treatment products, START purchased a 40 lb bag of a monoammonium phosphate (MAP) fertilizer and Portland cement.

Analytical results from the Removal Site Evaluation indicated that hazardous substances, as defined by CERCLA Part 101(14), were present at the Site and represent actual or potential threat to nearby human populations. The lead in the CRT glass was found to be the primary contaminant present at the Site. Lead is listed as a hazardous substance per 40 CFR §302.4. Lead is prone to leaching from the surfaces of broken CRT glass once the cathode ray tube is ruptured and exposed to weathering in the environment. Both the TCLP testing and soil sampling results demonstrated that lead, present in the debris at the Site, is being released into soils. Four waste samples from the Site were analyzed for TCLP metals. All but one of the four samples, SCOU1W04 (mixed debris), significantly exceeded the RCRA regulatory levels for leachable lead via TCLP metals analysis. The likely reason the mixed debris sample did not also exceed the regulatory limits for lead is because of dilution and adsorption of leachable lead onto non-hazardous packaging materials present in the sample.

All data collected during the Removal Site Evaluation was uploaded to a geospatial map viewer and linked to the website at <http://www.epaosc.org/stonecastlerecyclingparowan>. The data displayed in the viewer included sample locations, waste pile volumes and areal extents, photographs, XRF soil screening data, and validated analytical laboratory sample results.

TREATABILITY STUDY

In order to evaluate the effectiveness of on-site waste treatment, START conducted a bench-scale treatability study. After disposal research and the corresponding determination that the electronic wastes present at the site were ineligible for recycling under RCRA, START began evaluating the use of proven solidification/stabilization techniques. The plan for the Treatability Study was based around binding the lead present in the CRTs with phosphate to create insoluble pyromorphite minerals on the hazardous debris surfaces in the waste present at the Site. Based on research of previous studies and the availability of phosphate fertilizers near the Site, the first treatment product tested was agricultural grade MAP fertilizer, which contained 11% nitrogen and 52% phosphate, by weight.

In order to meet the size standard for TCLP Metals analysis specified in EPA Method 1311, all sample volume needs to pass through a 3/8 inch sieve, the bulk waste needed to be crushed.



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START had all composite samples of the waste matrices taken from the Site processed by Hazen Research in Golden, Colorado using industrial grinding equipment. The size reduction ensured that the phosphate would have better interaction with more surface area in the ground waste. The elements of the mixed waste study sample were determined by estimating the ratio of each waste matrix likely to be found at the Site. This resulted in a mixture composed of roughly 30% intact television parts and non-hazardous debris, 30% broken leaded-glass, 30% burned debris, and 10% impacted soil.

Study samples were treated with both 1% and 3% MAP phosphate. The treatment ratios were determined by weighing dry samples and MAP prior to the addition of 10% water, by weight, to all of the samples. In all samples except SCOU1T07, START used a mortar and pestle to pulverize the pelletized MAP into a powder. This step helped to increase the reagent surface area for more immediate reaction with the lead in the waste during mixing. Each sample was mixed in a separate, clean container and allowed to react for 24 hours. The total weight of each sample submitted for TCLP metals analysis was controlled at 1,000 grams, which contained sufficient volume for the analysis.

Laboratory analysis of these treatability study samples indicated that two treatment ratios, SCOU1T02 (glass) and SCOU1T05 (mixed waste) were unsuccessful in binding the lead below the EPA regulatory limit of 5.0 milligrams per liter (mg/L) via TCLP. Further research and discussions with other resources at EPA led to the identification of a second treatment agent, Portland cement. This agent was thought to provide physical binding of the mobile metals in the hazardous debris.

EPA tasked START with continuing the treatability study with both Portland cement and MAP. For this second set of samples, only the broken glass matrix was used since the initial analytical results indicated that this material contained the highest concentrations of leachable lead requiring treatment. For the appropriate treatment ratio of Portland cement to hazardous debris, START consulted similar EPA removal projects and pertinent technical literature, which indicated effective ratios of up to 30%, by weight.

As in the first round, the treatment ratios were determined by weighing dry samples and the treatment reagents prior to the addition of 10% water, by weight, into all of the samples. The pelletized MAP was pulverized into powder by START using a mortar and pestle. Each sample was mixed in a separate, clean container and allowed to react for 24 hours. The total weight of each sample was controlled at 1,000 grams, which contained sufficient volume for the analysis. All samples were submitted to Accutest Laboratories in Wheat Ridge, Colorado for TCLP Metals analysis.



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Treatability Study	Sample ID (SCOU1__)											
	T01	T02	T03	T04	T05	T06	T07	T08	T09	T10	T11	T12
Size (in)	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3 **
Portland (% w/w)	0	0	0	0	0	0	0	0	3	10	3	0
MAP (% w/w)	1	3	1	3	1	3	3 *	0	0	0	3	3
Waste Matrix	Glass	Glass	Burned Debris	Burned Debris	Mixed Waste	Mixed Waste	Mixed Waste	Glass	Glass	Glass	Glass	Glass
TCLP Lead Concentration (mg/L) ***	3.9	<u>8.5</u>	3.2	1.8	<u>8.1</u>	0.6	0.7	<u>16.8</u>	<u>6.4</u>	1.7	0.1	<u>10.9</u>

* MAP agent was added in pellet form, without grinding in mortar and pestle

** Batch was mixed prior to size reduction

*** Italicized underlined red values exceed and green values are below RCRA regulatory limit (5.0 mg/L) for TCLP Metals

As presented in the table above, the treatability study showed the best reduction in TCLP leachable lead in sample SCOU1T11, which dropped the TCLP lead concentration from 16.8 to 0.1 mg/L. As compared to sample SCOU1T08, which was the study control, this resulted in a roughly 99% reduction in leachable lead. Sample SCOU1T11 was also the only sample with a measurable amount of arsenic (0.058 mg/L), cadmium (0.025 mg/L), chromium (0.019 mg/L), and mercury (0.0014 mg/L), but all of these results remain below the RCRA regulatory limits for TCLP metals. Sample SCOU1T11 was crushed glass that was mechanically ground down to pass through a 3/8 inch sieve before being wet with 10% water, treated and mixed with 3% powdered MAP, allowed to react briefly, and finally treated and mixed with 3% Portland cement, and allowed to react for 24 hours. The mixture of the more expensive MAP, which has been proven to bind lead from the CRT substrates, with a similar amount of the heavier and less expensive Portland cement, proved that the bench-scale results could likely be implemented in the field on a larger scale with locally available reagents.

Based upon these results and discussions with both ERRS and START, EPA made the decision to process the hazardous debris at the Site and add the MAP using an industrial-scale horizontal grinder, followed by mixing the Portland cement into the partially treated stockpiles with a pug mill, and then packaging the entire mixture into roll-off dumpsters for disposal.

Wastes treated in the field using this treatment process are expected to achieve TCLP metals results similar to those measured during the Treatability Study. This treatment methodology will allow the wastes to be disposed of in a RCRA Subtitle D solid waste landfill, rather than a RCRA Subtitle C hazardous waste landfill. Based upon initial pricing from landfills closest to the site, using treatment could reduce waste disposal costs by about 85%, from roughly \$270/ton for hazardous waste to just under \$40/ton. Once the treatment reagents, processing equipment rental, and labor involved in treating the wastes have been factored in, the overall costs savings may drop to around 60% less than simply disposing of the Site wastes in a RCRA Subtitle C facility.



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SCOPE OF WORK

START was tasked by EPA with the following scope of work as part of the Time-Critical Removal Action.

- Provide assistance during the on-site treatment of waste to ensure the process yields a sufficient reduction in TCLP lead. This includes delivering all treatability study data and reports to the OSC and ERRS Removal Manager to aid in planning and decision making.
- Develop a site-specific Sampling and Analysis Plan (SAP) detailing sampling and data to be collected at the Site during the Removal. The plan shall detail sampling and monitoring of dust, airborne metals, and noise created on-site and document the absence of off-site migration (Attachment C).
- Collect additional field screening data in the footprint of the waste staging area. This data shall be used to determine the extent of soil impact using XRF screening equipment.
- Compile additional Site data including photographs, videos, geospatial data, and general site documentation sufficient to document Site work during the removal action. This shall include waste volume estimates and final disposal volumes. Data shall be uploaded to the website and/or viewer for this Site on EPAOSC.net promptly, in accordance with the EPA Region 8 Response Unit Data Management Plan.

REMOVAL ACTION ACTIVITIES

Treatment Process

In order to treat electronic waste at the Site, EPA worked with Emergency and Rapid Response Services (ERRS) Contractor and START to develop a treatment process to reduce TCLP lead prior to offsite disposal (Figure 5). The methodology of the waste treatment process was developed during the previously completed treatability study. Approximately one third of the waste found on Site was packaged in cubic yard cardboard boxes resting on wooden pallets. To reduce the volume of waste needing treatment and the associated volume of treatment agents required for treatment, the pallets and boxes were first segregated. ERRS used a skid-steer and excavator to sort the waste. Large pieces of scrap metal were also separated and staged for recycling. The electronic waste was then size reduced mechanically using a large horizontal grinder. A three to four inch cutting screen was first used to size reduce waste and water was added to control dust coming off the unit. All site electronic waste was first size reduced in this manner.

The electronic waste was then treated with MAP fertilizer and water. Initially, a ratio of 3% MAP fertilizer was selected for treatment of the waste. After discussions amongst EPA, ERRS, and START, the decision was made to increase the ratio to approximately 4.5% MAP. ERRS used an excavator and front-loader to mix the MAP and water into the waste. The partially treated waste was then size reduced a second time using the same horizontal grinder and a two inch cutting screen. Similar to the first grinding process, water was added to control dust coming off the grinder and the waste was staged in piles.



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The second treatment process employed the use of a pug mill and Portland cement as the treatment agent. Similar to the MAP fertilizer, initially a ratio of 3% Portland cement was selected for treatment of the waste. After discussions amongst EPA, ERRS, and START, the decision was made to increase the ratio to approximately 4.5% cement. The Portland cement was raised and loaded into the pug mill's silo with a tele-handler or sky jack rented by ERRS. After filling the water tank, the pug mill was calibrated and tested by the operating technician. The partially treated waste was loaded into the hopper by ERRS using an excavator. The pug mill then amalgamated the waste with cement and additional water for final treatment. The mill technician controlled the unit's mixing speed to maintain a uniform batch. The final treated waste was then staged on the east side of the Site for analysis prior to disposal.

Air Monitoring & Sampling

START conducted air monitoring and sampling to determine and prevent off-site transport of contaminants during the Removal Action. Data Ram IV monitors were used to monitor and sample particulates in air at the site boundaries and within the work zone (Figure 4). A VIPER system was used to transmit the data to the support zone. On December 9, 2014 air samples were collected using the Data Ram III internal pumps, set at 2 liters per minute. The units were positioned at site boundaries, within the work zone, and a field blank was also collected (SCOU1A04). Analysis of the air samples showed metal concentrations less than the method detection limit for arsenic (0.0026 mg/m³) and lead (0.0013 mg/m³) (Table 3).

Noise Monitoring

During grinding operations, START monitored noise levels both in the work zone and at the Site boundary. Using a 3M Quest SoundPro SE/DL Handheld Sound Level Meter, START recorded noise levels of 85-97 decibels (dB) near the grinder. A work zone perimeter of 85 dB was demarcated beyond which hearing protection was required for Site personnel. Noise levels were recorded at all the Site boundaries and these levels did not exceed 58 dB.

VIPER Data

The VIPER system consisted of three instrument LINC's (Lifeline Interoperable Network Communicators), a Lifeline Gateway, and a wireless capable laptop computer. Each LINC was plugged into a Data Ram III particulate monitor and transmitted its data wirelessly to the Gateway. The Gateway received the monitoring data and sent it to both a laptop computer in the support zone, and to a remote file server. The laptop computer, programmed with the VIPER Survey Controller interface, displayed real time monitoring data and flashed alerts if levels exceeded the action level. The remote data server is maintained by the EPA Environmental Response Team (ERT) for achieving and publishing. The air monitoring data and air sampling results were added to the geospatial map viewer and linked to the website. An electronic backup file was secured from ERT (Attachment G) which contains the particulate air monitoring data.



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Waste Sampling and Analysis

START collected waste samples throughout the treatment process to quantify the reduction of TCLP lead. In addition, a pre-treatment sample, SCOU1W05, was collected to establish waste background levels. Sample SCOU1W06 was collected from the waste pile after the addition of MAP to determine the reduction of TCLP lead based solely on the first treatment process. Two samples, SCOU1W07 and SCOU1W08, were collected from the waste after the final treatment to confirm disposal values. All waste samples were submitted for TCLP metals analysis and SCOU1W05 was also submitted for total metals analysis. The results (Table 4) indicated that the addition of MAP reduced the TCLP lead concentration from 7.88 to 1.33 mg/L, or a 17% reduction. Results from samples SCOU1W07 and SCOU1W08 showed a further reduction in TCLP lead values down to non-detectable levels.

Soil Screening and Treatment

As part of the treatment process, waste was sorted and moved from its original staging location (Figure 4). ERRS then searched the underlying soil manually and removed any remaining large pieces of glass. The impacted soil was then excavated from the surface down approximately two inches throughout sorting area and in the waste treatment area. This soil was treated with Portland cement prior to disposal. Approximately 42 yd³ of treated soil was estimated to have been removed from the Site for disposal.

START utilized a NITON XRF Analyzer made by Thermo Scientific to field screen the excavated area (Table 5). The screening concentrations for lead were all under 500 ppm so no additional excavation was performed. Clean backfill was delivered and used for final grading of the Site.

Final Waste Disposal

A total of 14 (one) ton bags of MAP fertilizer or 28,000 lb and a total of 26 (one) ton bags or 52,000 lb of Portland cement was used during on Site treatment. After verifying analytical results from the final treated waste, ERRS loaded the waste into 30 yd³ roll-off boxes for off-site disposal. Each partly filled roll-off box was estimated to contain 21 yd³ or 25,515 lb (12.8 tons) of waste. This estimate was based on a final treated waste density of 7 pounds per gallon, which was measured on Site by START. The roll-off boxes were not completely filled in order to comply with state highway weight limitations.

A total of 17 roll-off boxes or 218 tons of non-RCRA, non-hazardous treated waste was transport by truck to the ECDC Environmental facility in East Carbon, Utah. In addition, 42 yd³ of non-hazardous treated soil and 42 yd³ of non-hazardous wood and cardboard were also transported to the same facility. The scrap metal, totaling 865 lb, was sent to a scrap metal facility in Cedar City, Utah for recycling.

This removal action addressed the threat to human health posed by Site waste and no further action is required for this Site. If there are any questions or comments regarding this report, please do not hesitate to contact me at jeff.bryniarski@westonsolutions.com or (303) 729-6106.



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Sincerely,

WESTON SOLUTIONS, INC.

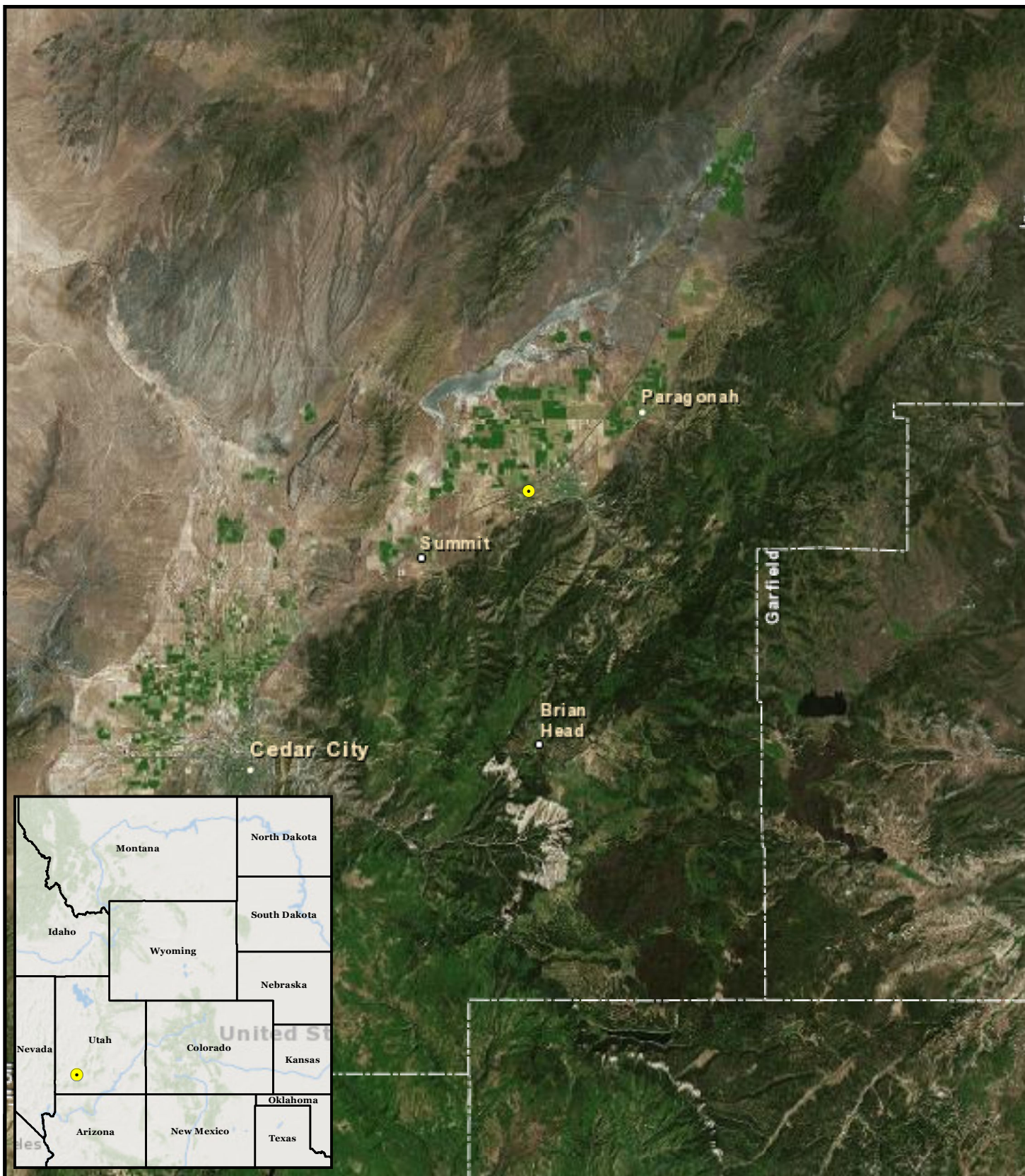
Jeff Bryniarski
Project Team Lead

Attachment:

A – Figures
B – Tables
C – Sampling and Analysis Plan
D – Photographic Log
E – Health and Safety Plan
F – Laboratory Analytical Data
G – VIPER Data
H – Site Logbook

cc: Dave Robinson, Project Manager
START DCN File

Attachment A



Legend

● Site Location

0 2.5 5 10 Miles



Prepared for:
U.S. EPA Region 8

Contract No.:
EP-S8-13-01

TDD:
1411-06

TO:
0001

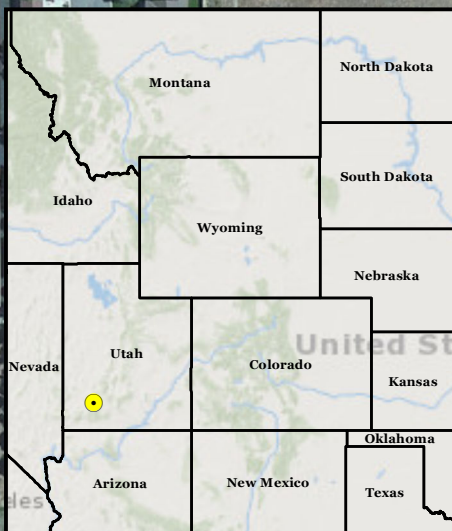
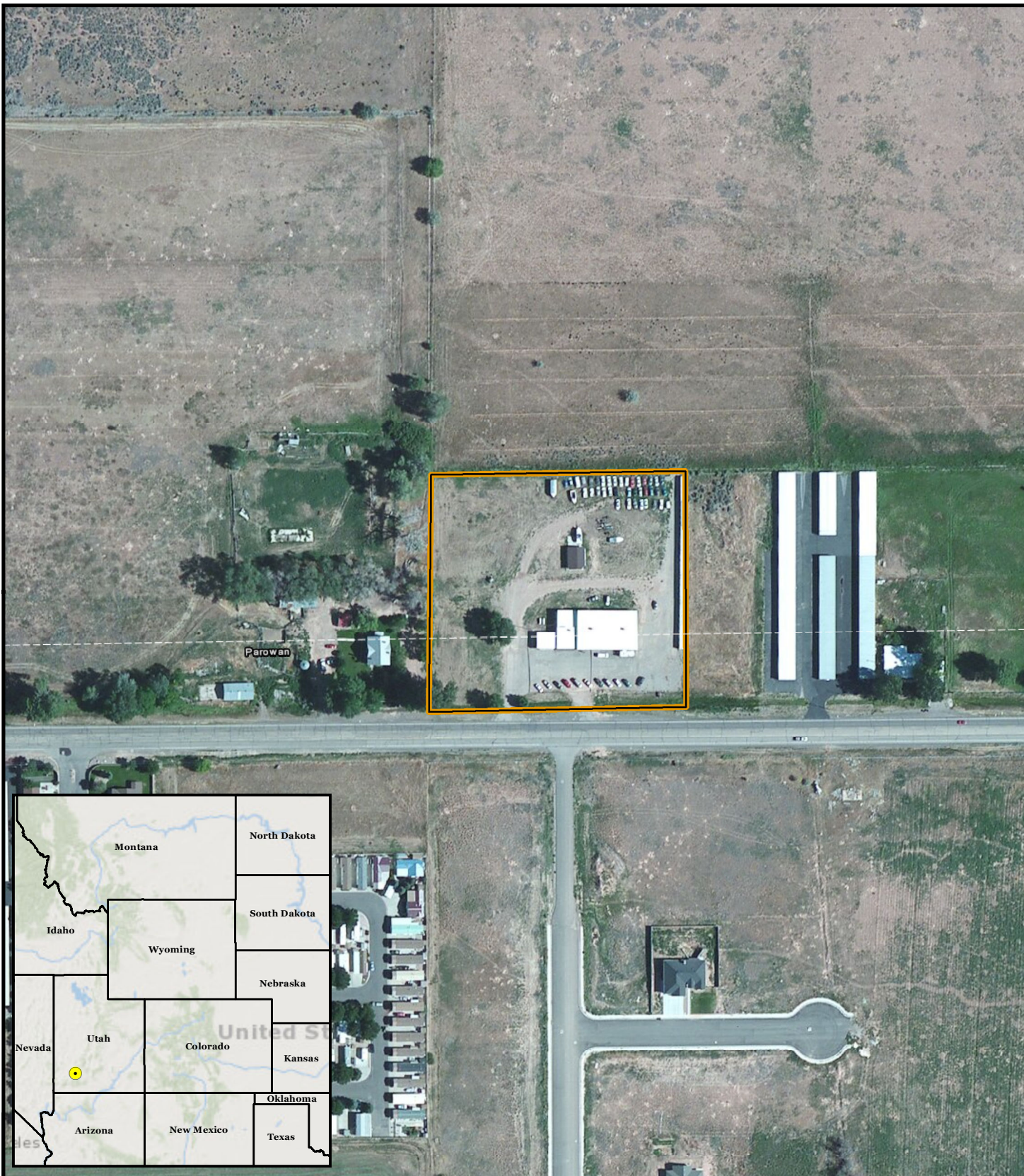


Prepared By:
Weston Solutions, Inc.
START IV

Suite 100
1435 Garrison Street
Lakewood, CO 80215

FIGURE 1
SITE LOCATION MAP
STONE CASTLE RECYCLING
CITY OF PAROWAN
IRON COUNTY, UTAH

Date: 1/30/2015



Legend

 Site Boundary

0 105 210 420 Feet



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TDD:
1411-06

TO:
0001









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FIGURE 2
SITE VICINITY MAP
STONE CASTLE RECYCLING
CITY OF PAROWAN
IRON COUNTY, UTAH







Date:1/30/2015



<p>Legend</p> <p> Burnt Material</p> <p> Debris</p> <p> TV's</p> <p>0 20 40 80 Feet</p> <p></p>	<p>Prepared for: U.S. EPA Region 8</p> <p>Contract No.: EP-S8-13-01</p> <p>TDD: 1411-06</p> <p>TO: 0001</p> <p></p>	<p></p> <p>Prepared By: Weston Solutions, Inc. START IV</p> <p>Suite 100 1435 Garrison Street Lakewood, CO 80215</p>	<p>FIGURE 3 WASTE LOCATION MAP STONE CASTLE RECYCLING CITY OF PAROWAN IRON COUNTY, UTAH</p> <p>Date:1/30/2015</p>
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Legend

-  Air Monitoring Unit
-  Grinder
-  Pugmill
-  Waste Staging Area
-  Waste Treatment Area
-  Waste Sorting Area

0 45 90 180 Feet



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EP-S8-13-01

TDD:
1411-06

TO:
0001

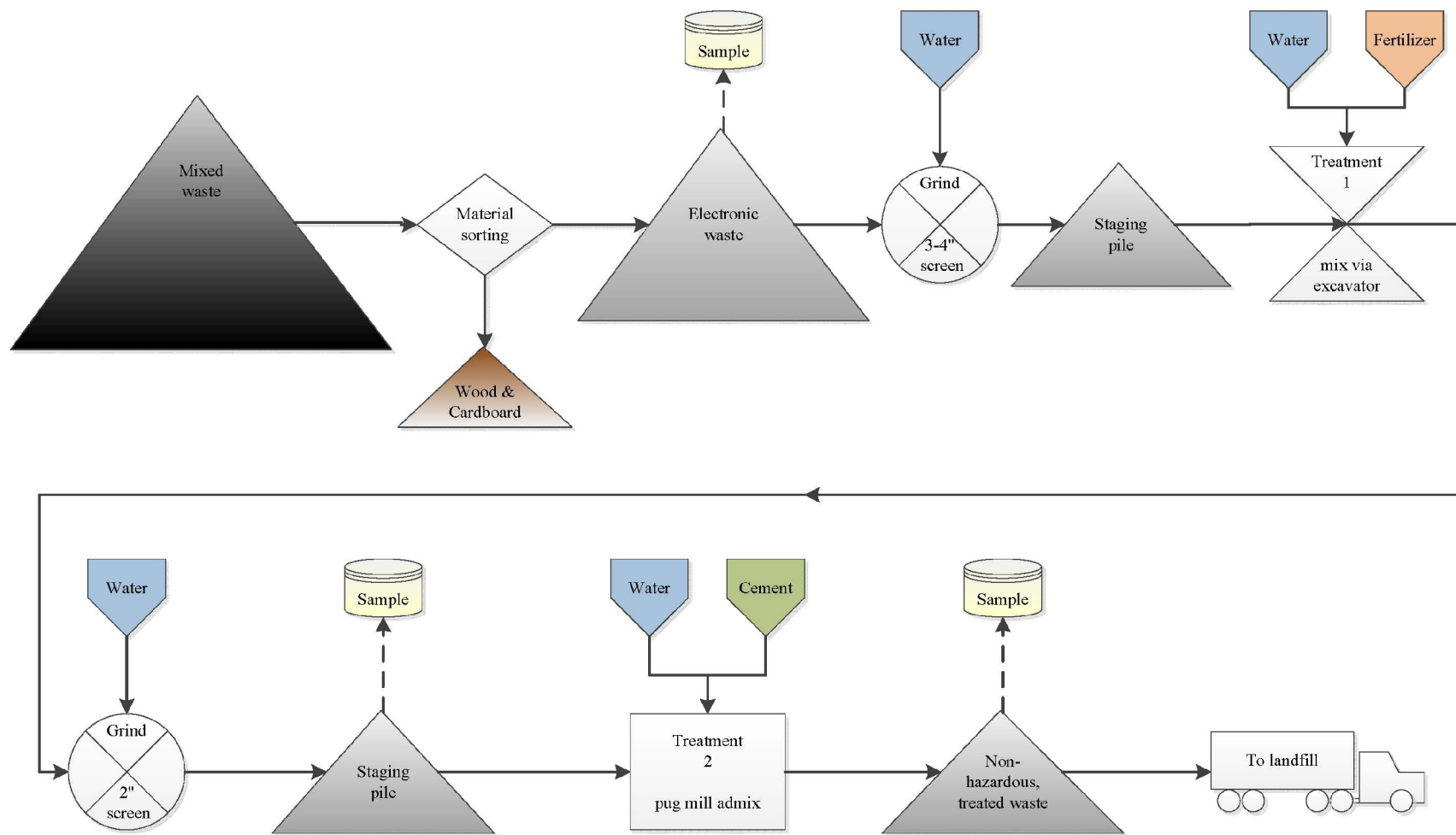


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Weston Solutions, Inc.
START IV

Suite 100
1435 Garrison Street
Lakewood, CO 80215

FIGURE 4
SITE WASTE
TREATMENT MAP
STONE CASTLE RECYCLING
CITY OF PAROWAN
IRON COUNTY, UTAH

Date:1/30/2015



Prepared for:
U.S. EPA Region 8

Contract No.:
EP-S8-13-01

TDD:
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**FIGURE 5
SITE TREATMENT
PROCESS OVERVIEW
STONE CASTLE RECYCLING
CITY OF PAROWAN
IRON COUNTY, UTAH**

Date:1/30/2015

Figure 6: Air Monitoring Data LINC229 12/3/14

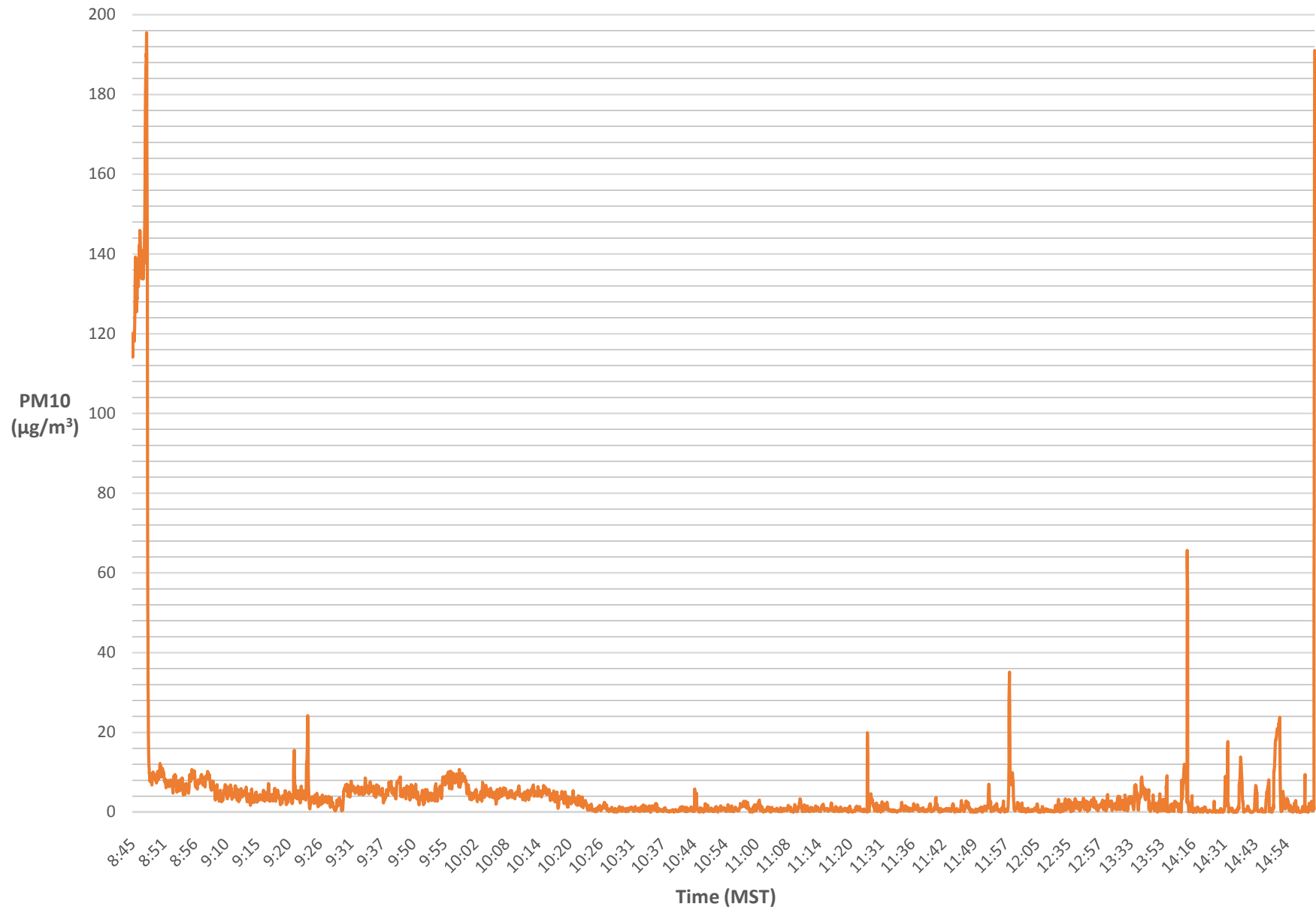


Figure 7: Air Monitoring Data LINC230 12/3/14

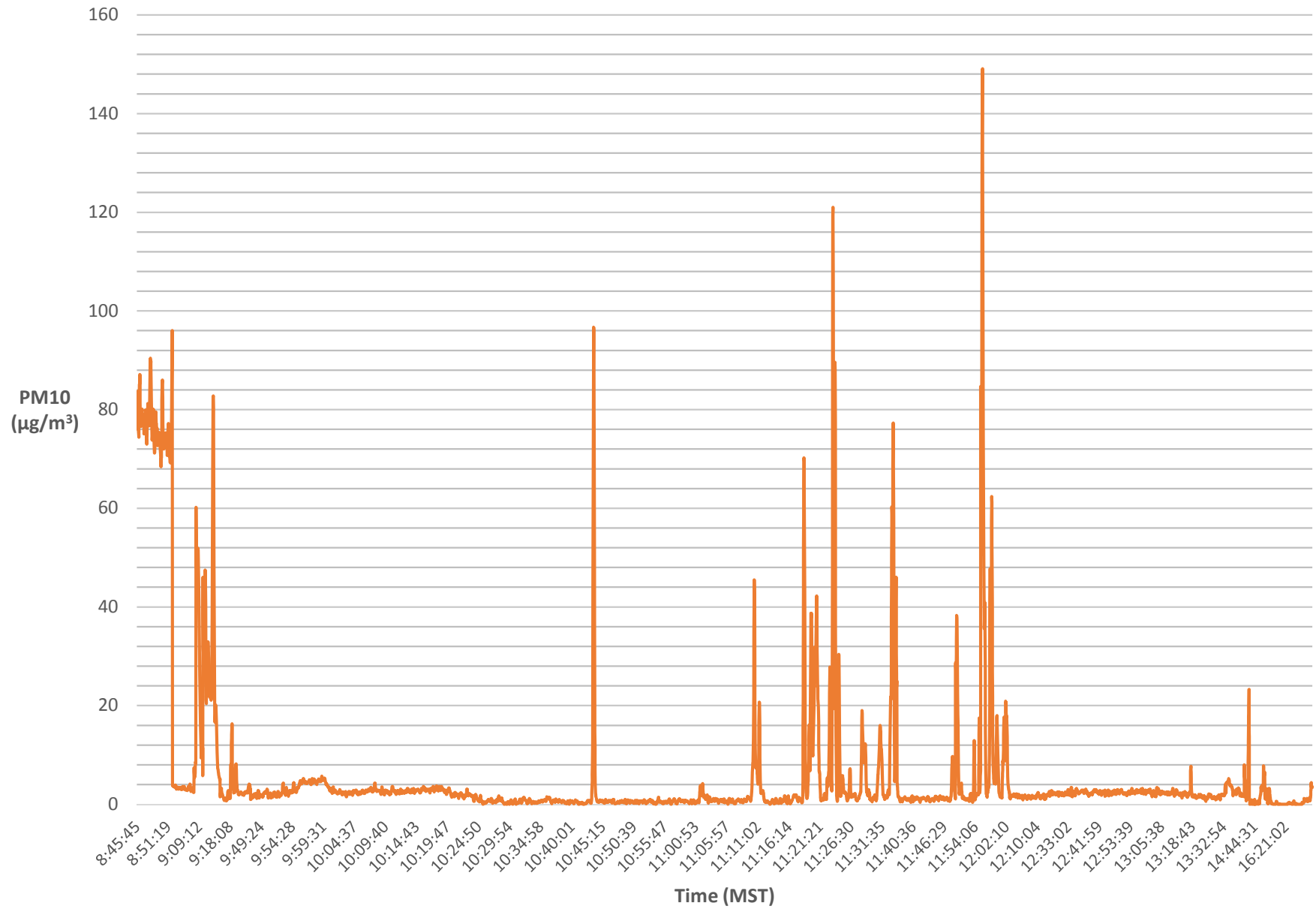


Figure 8: Air Monitoring Data LINC233 12/3/14

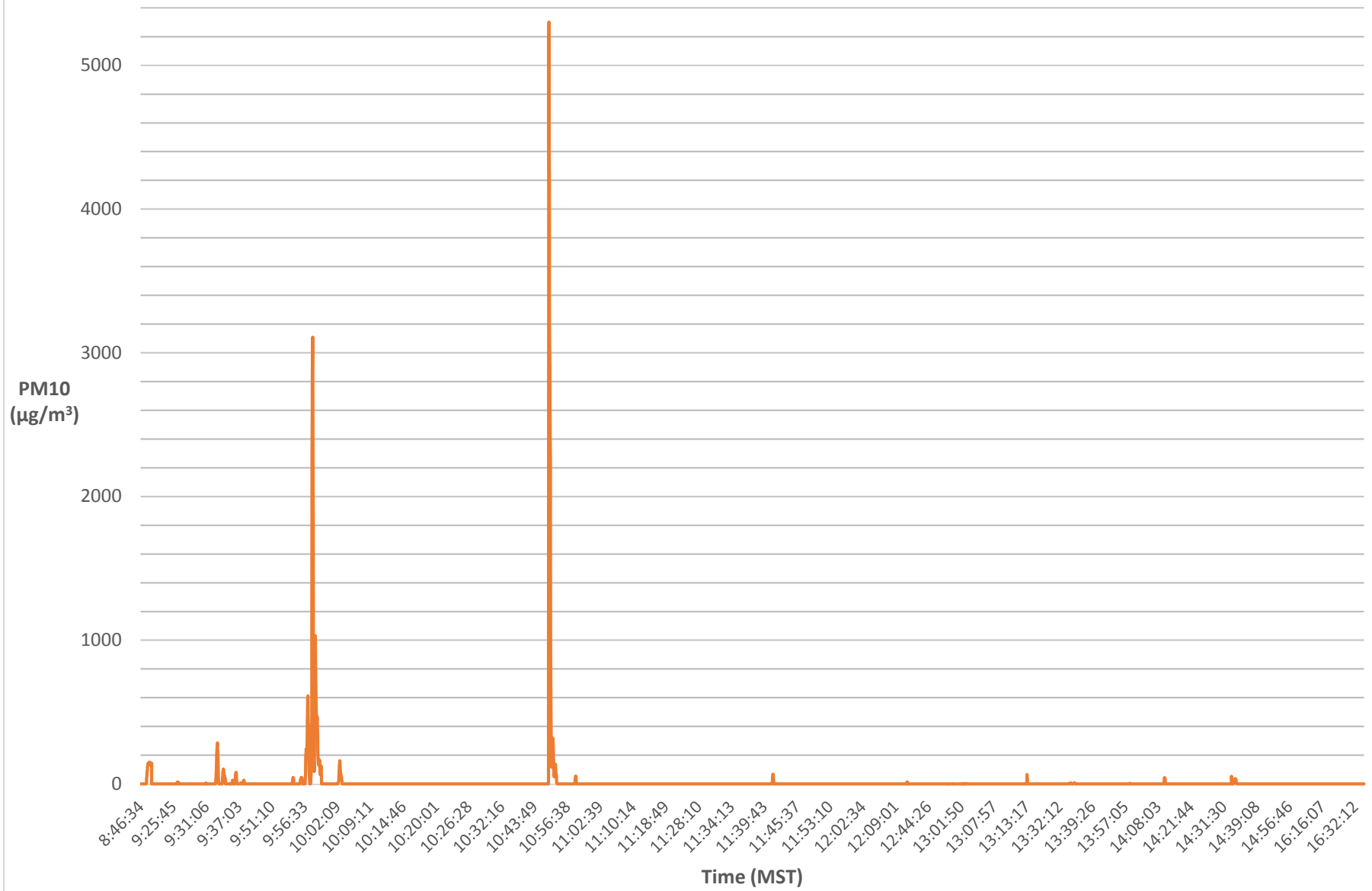


Figure 9: Air Monitoring Data LINC229 12/4/14

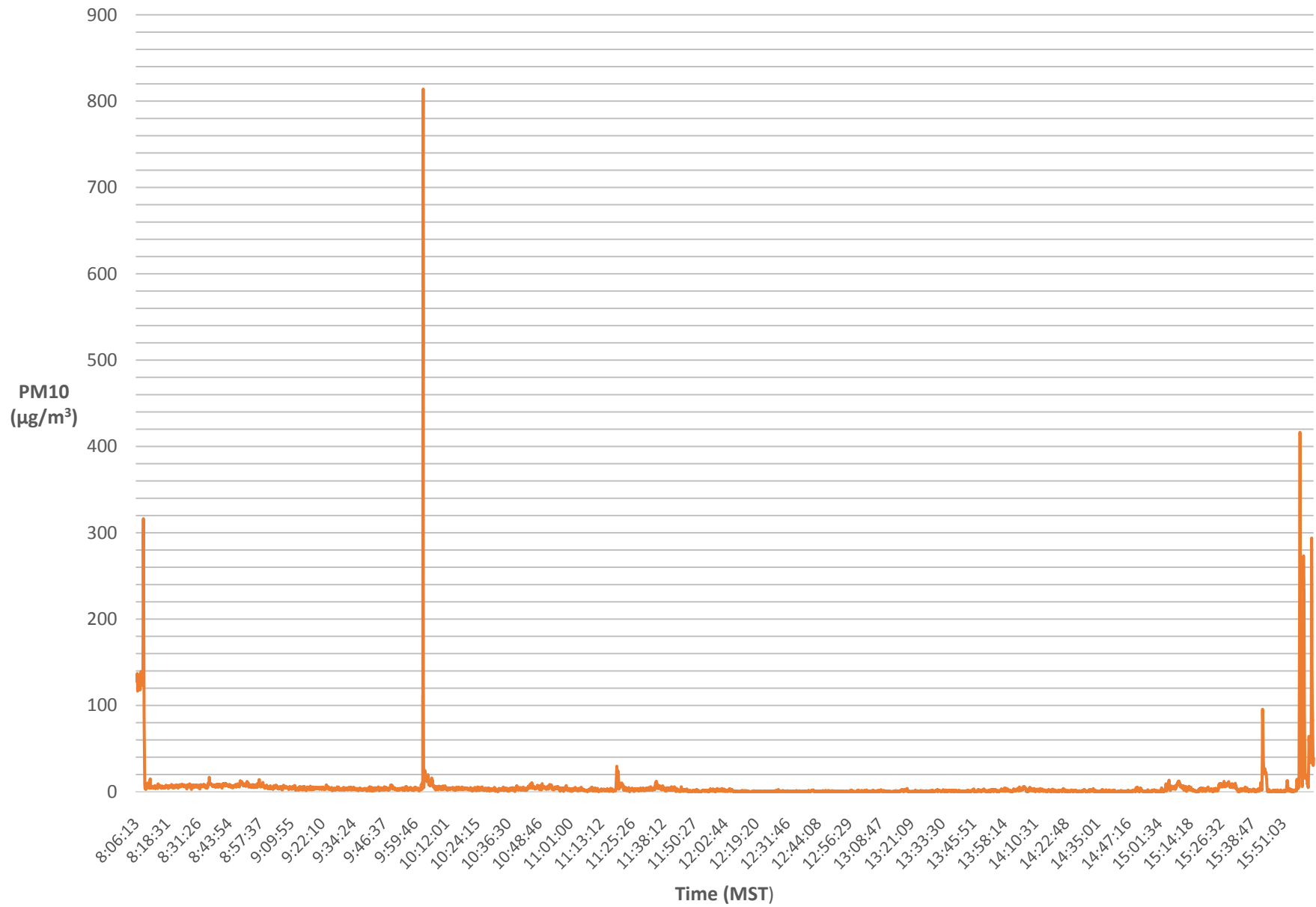


Figure 10: Air Monitoring Data LINC230 12/4/14

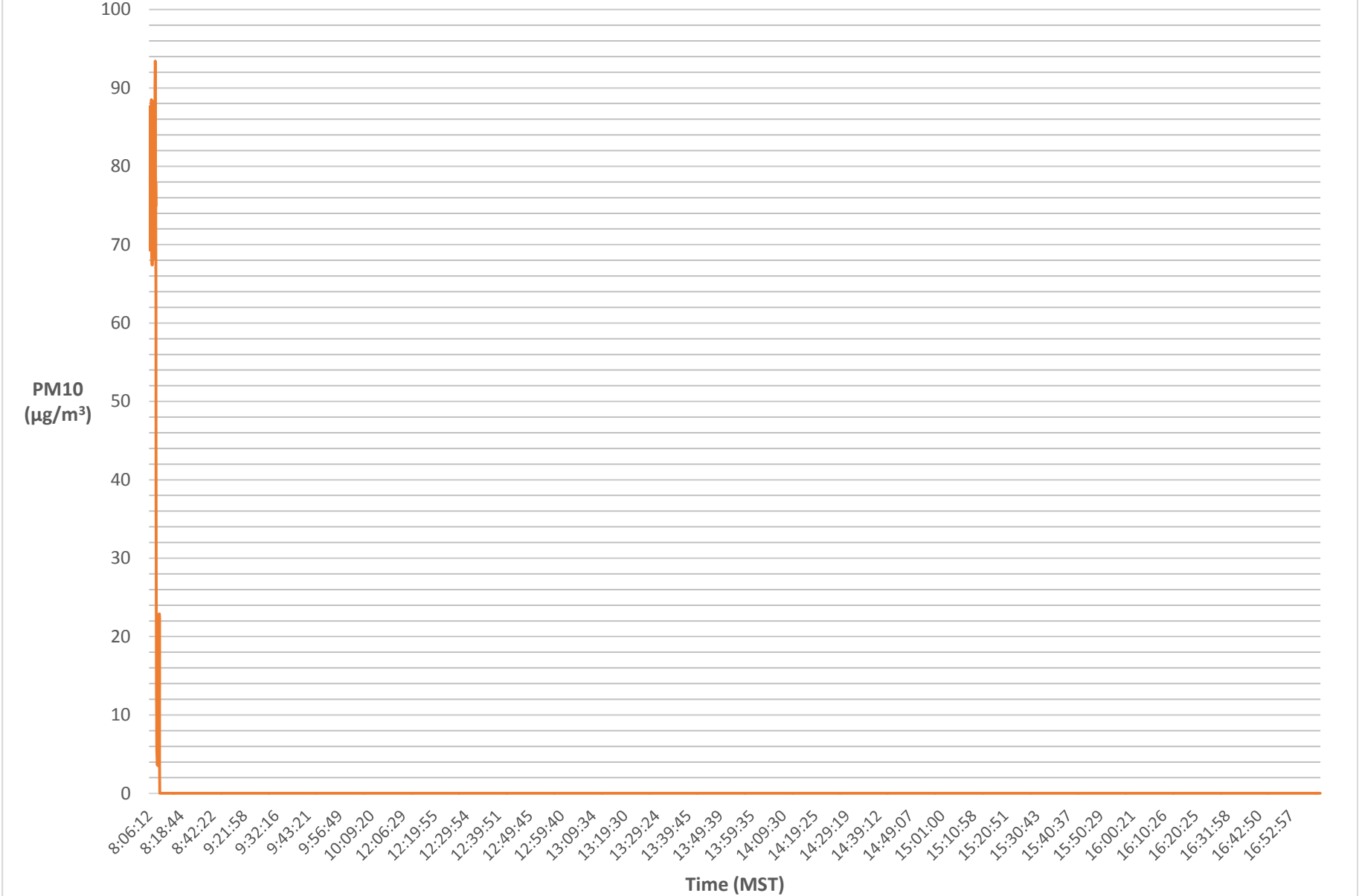


Figure 11: Air Monitoring Data LINC233 12/4/14

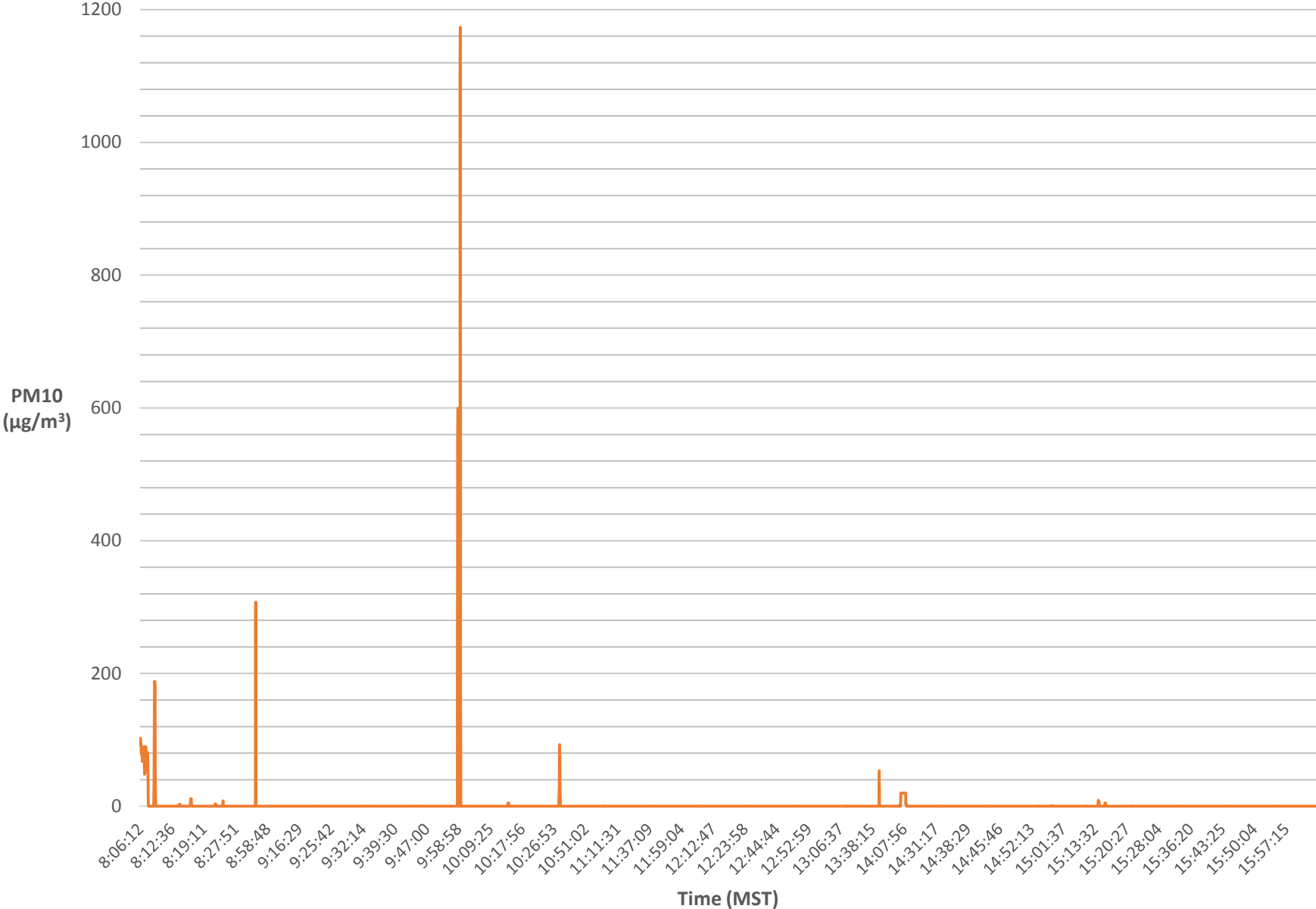


Figure 12: Air Monitoring Data LINC229 12/5/14

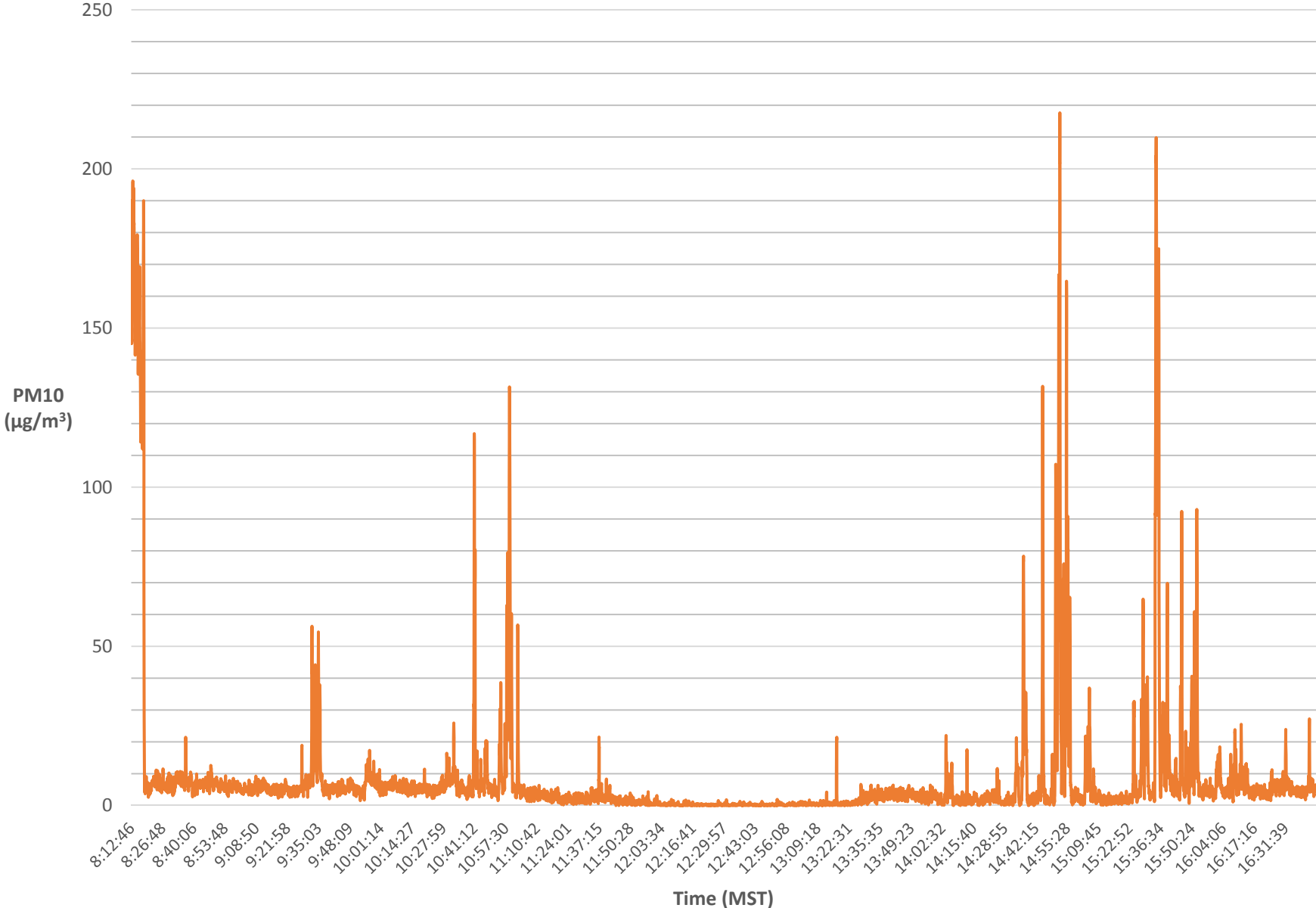


Figure 13: Air Monitoring Data LINC230 12/5/14

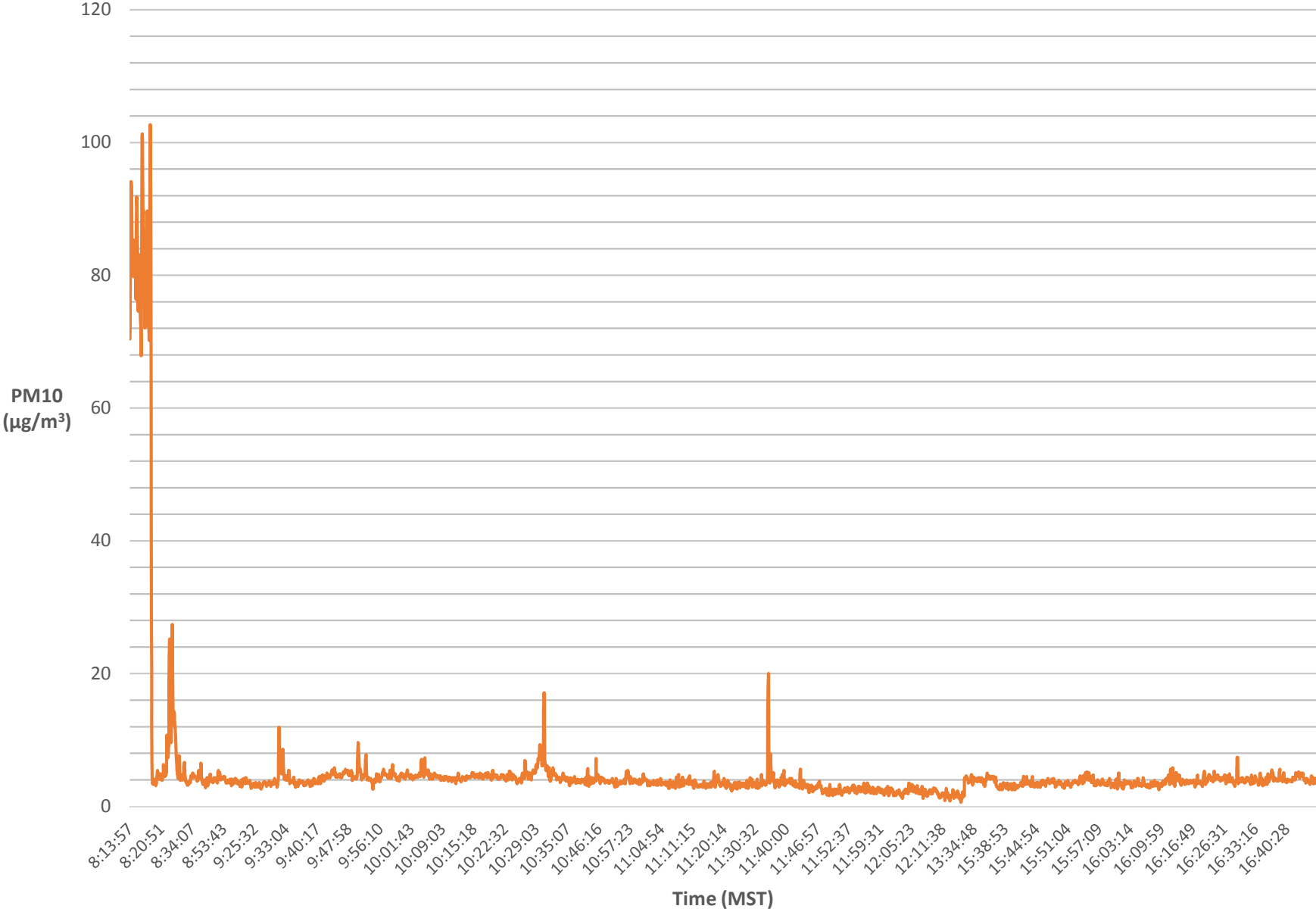


Figure 14: Air Monitoring Data LINC233 12/5/14

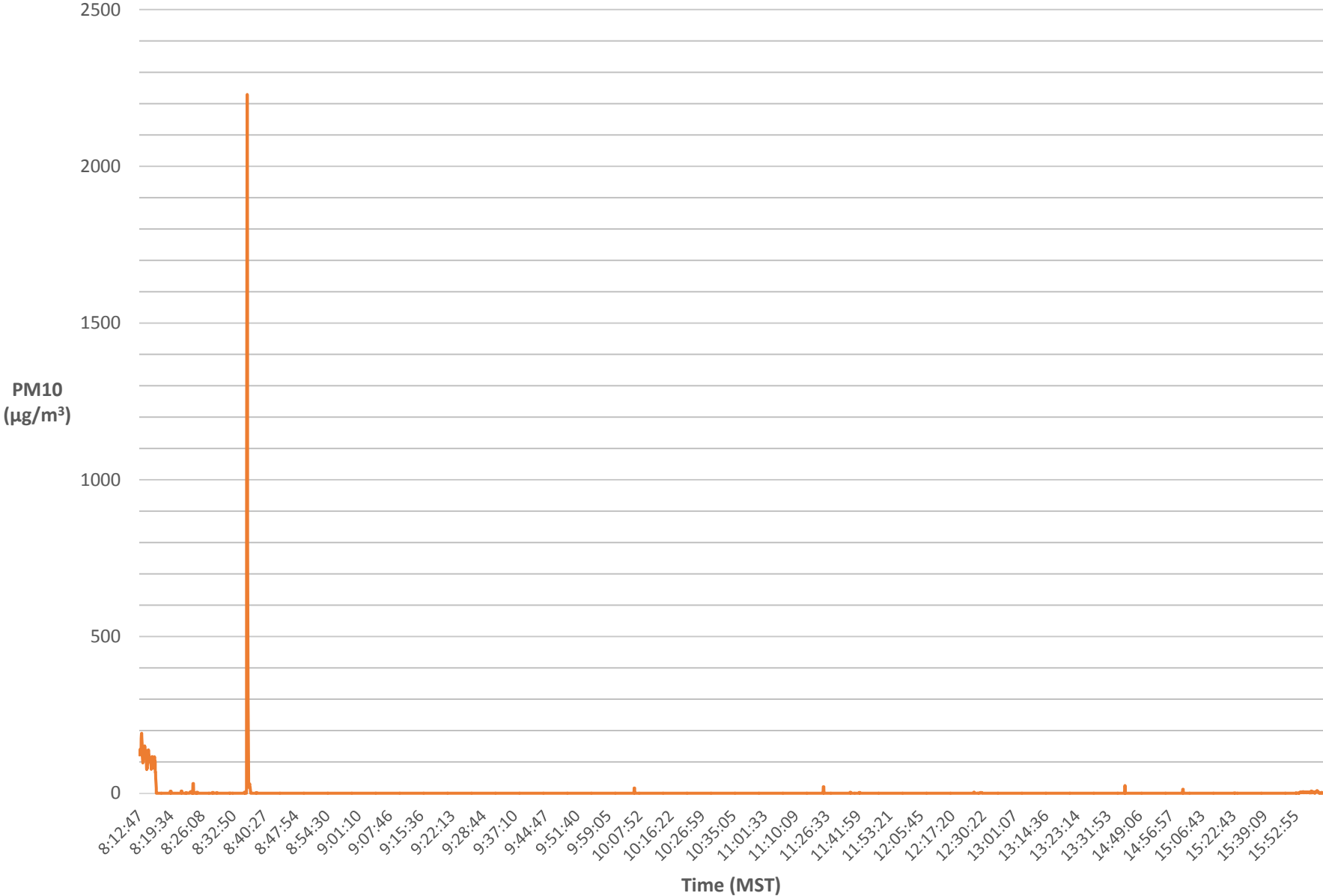


Figure 15: Air Monitoring Data LINC229 12/6/14

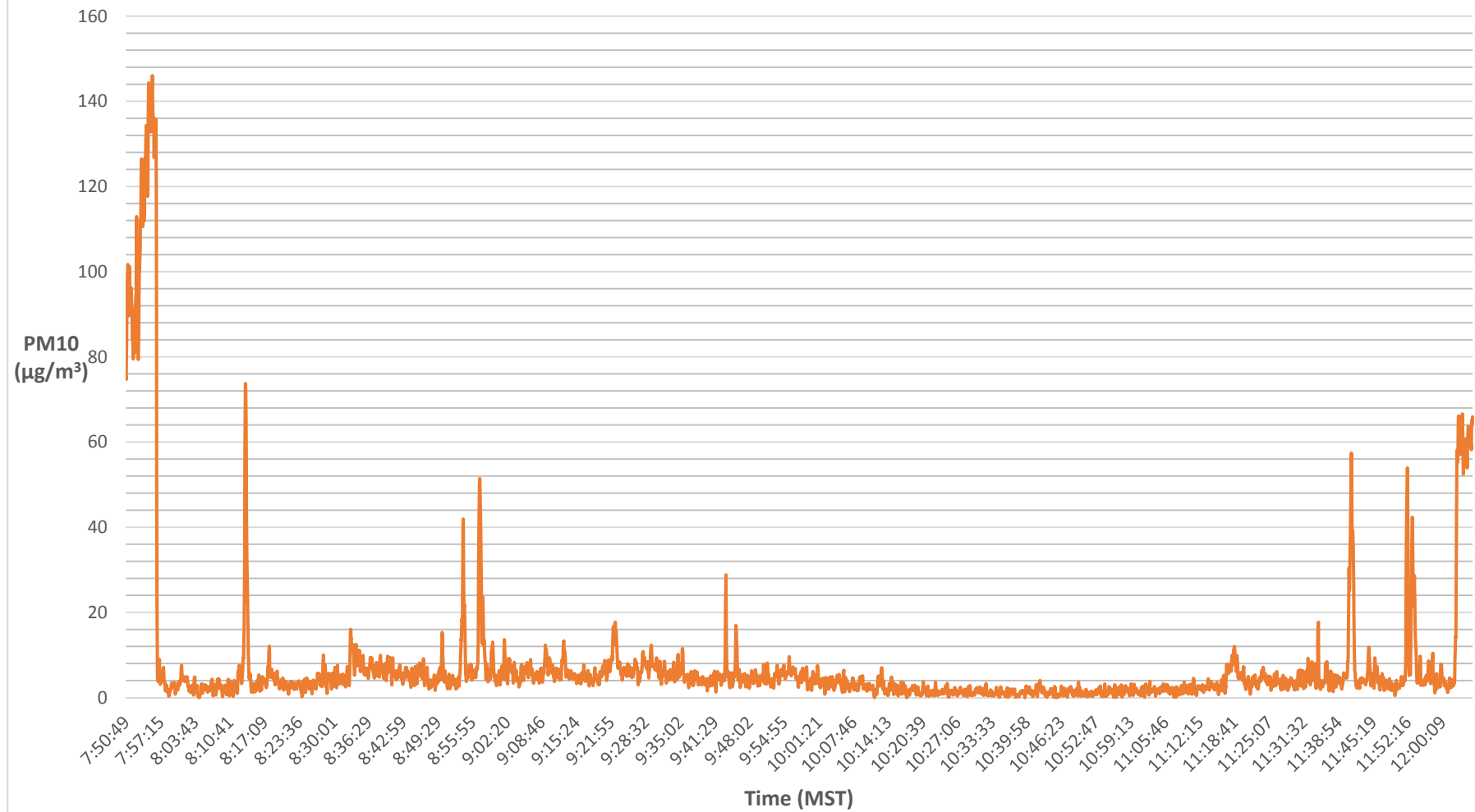


Figure 16: Air Monitoring Data LINC230 12/6/14

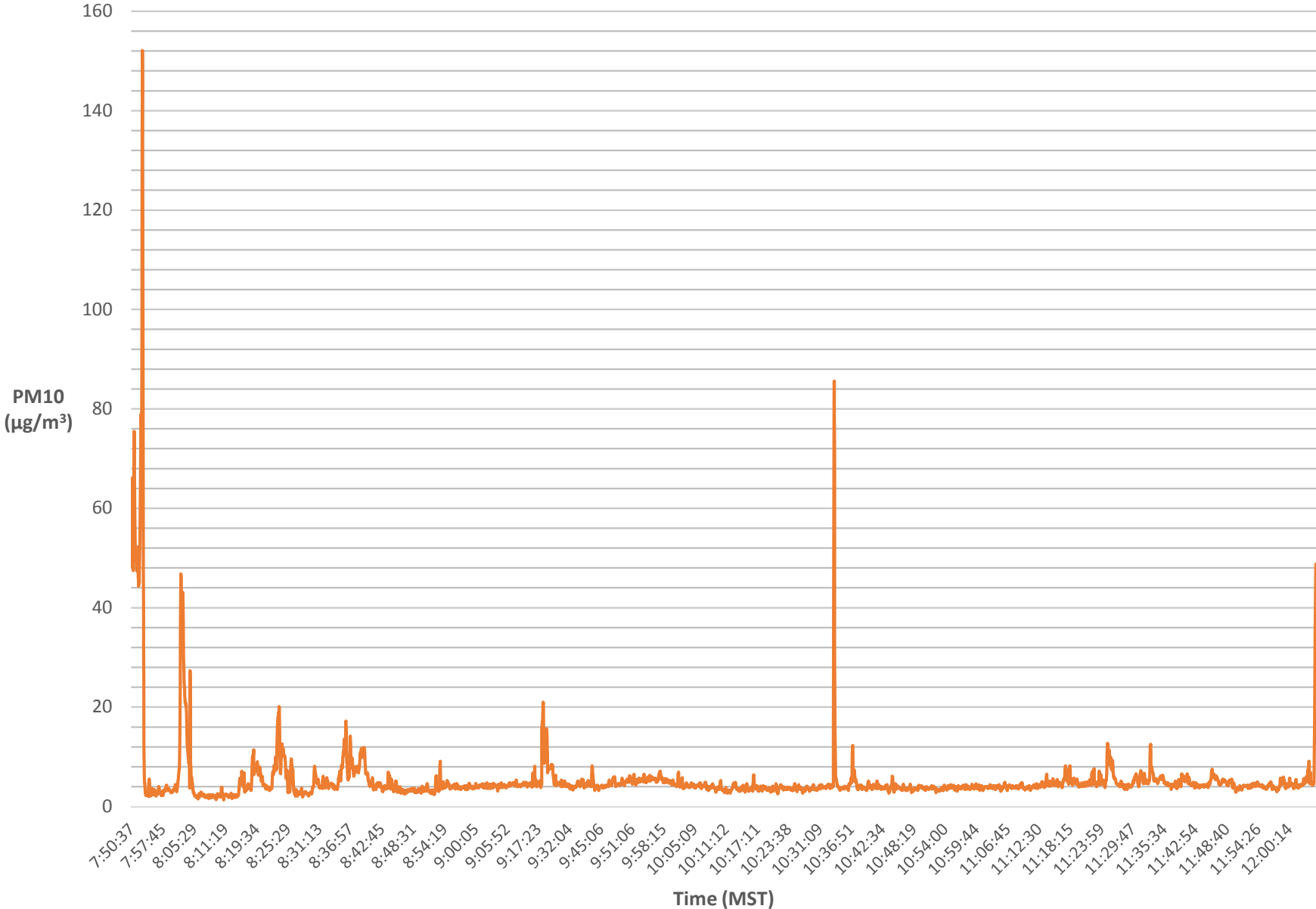


Figure 17: Air Monitoring Data LINC233 12/6/14

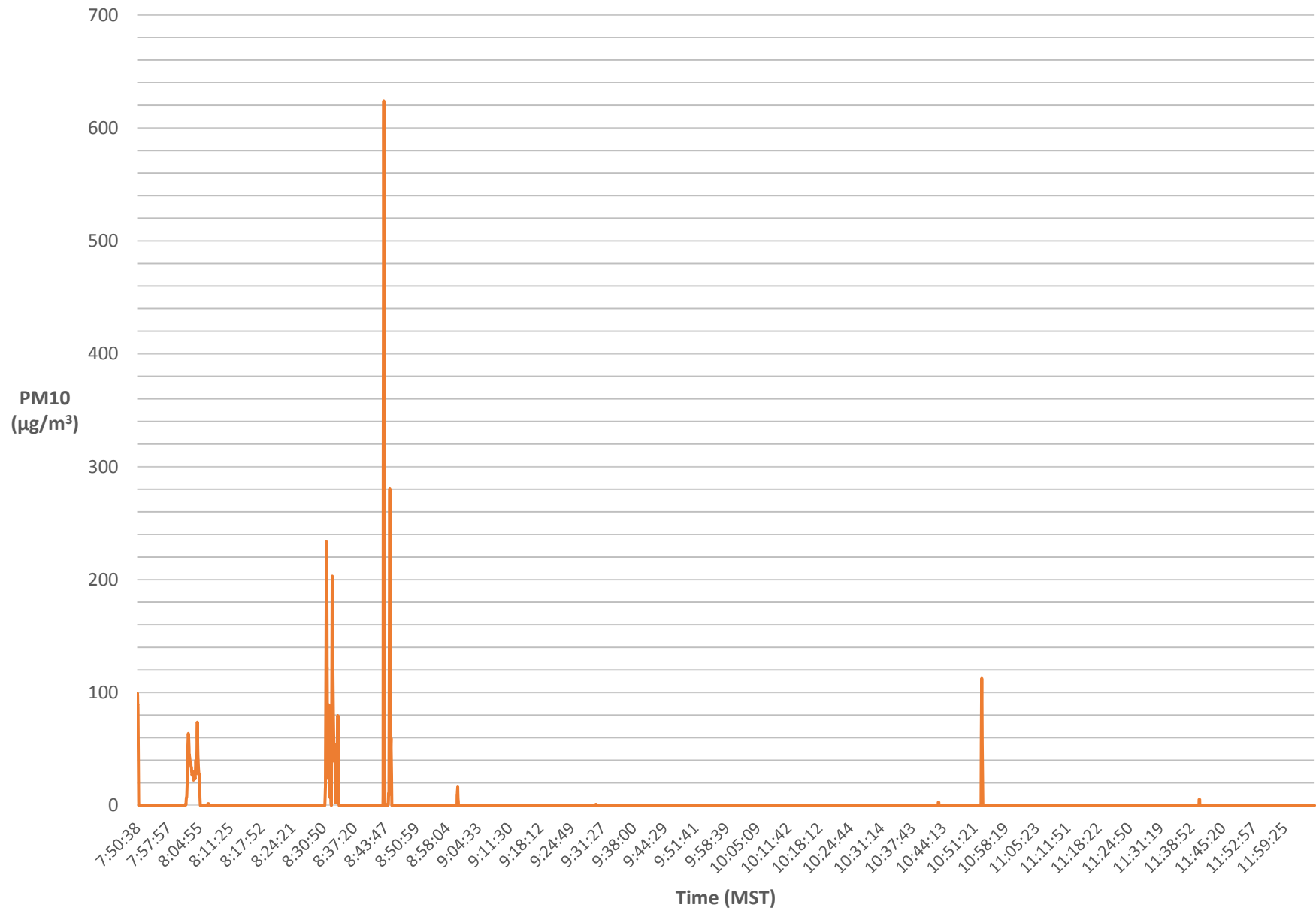


Figure18: Air Monitoring Data LINC229 12/9/14

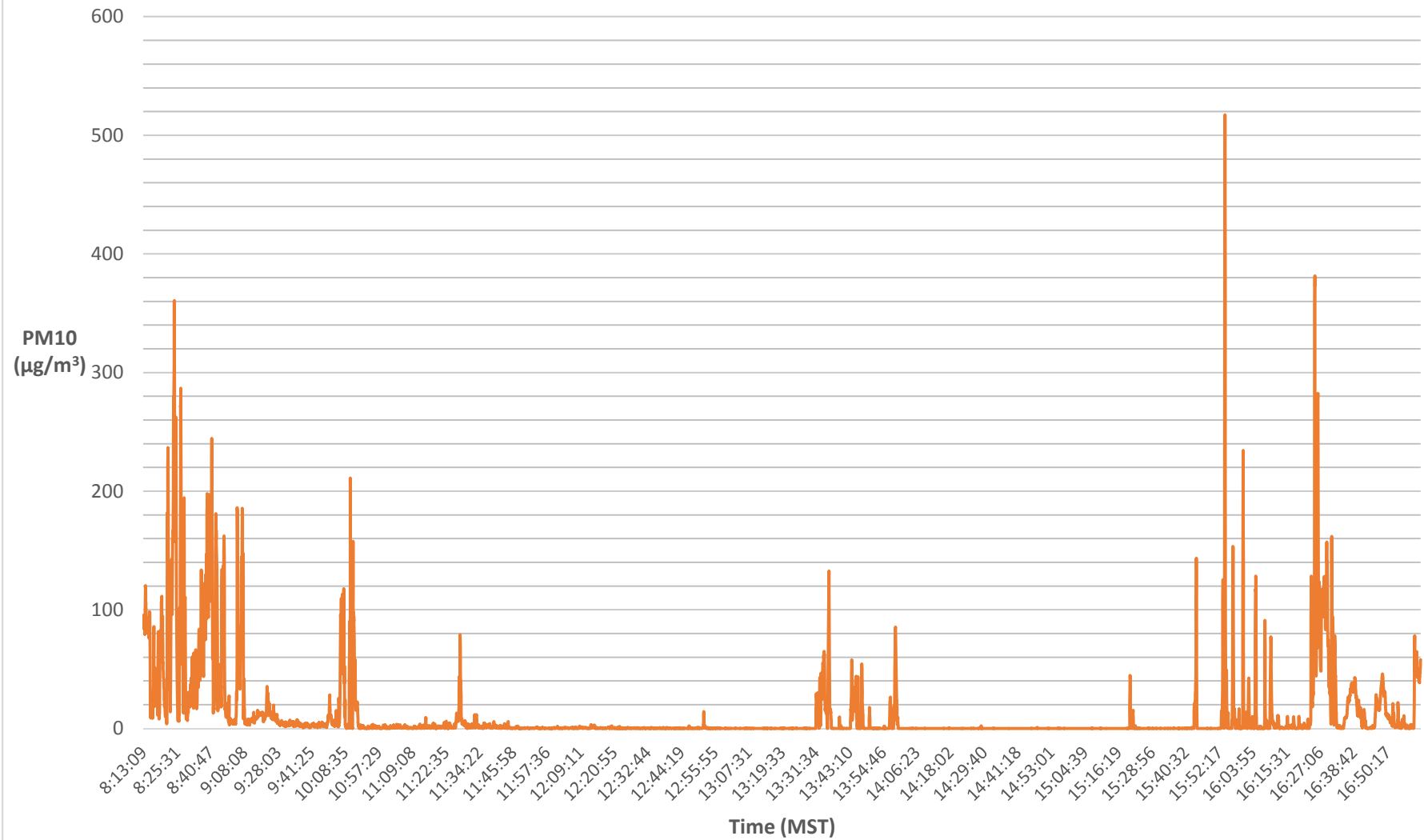


Figure 19: Air Monitoring Data LINC230 12/9/14

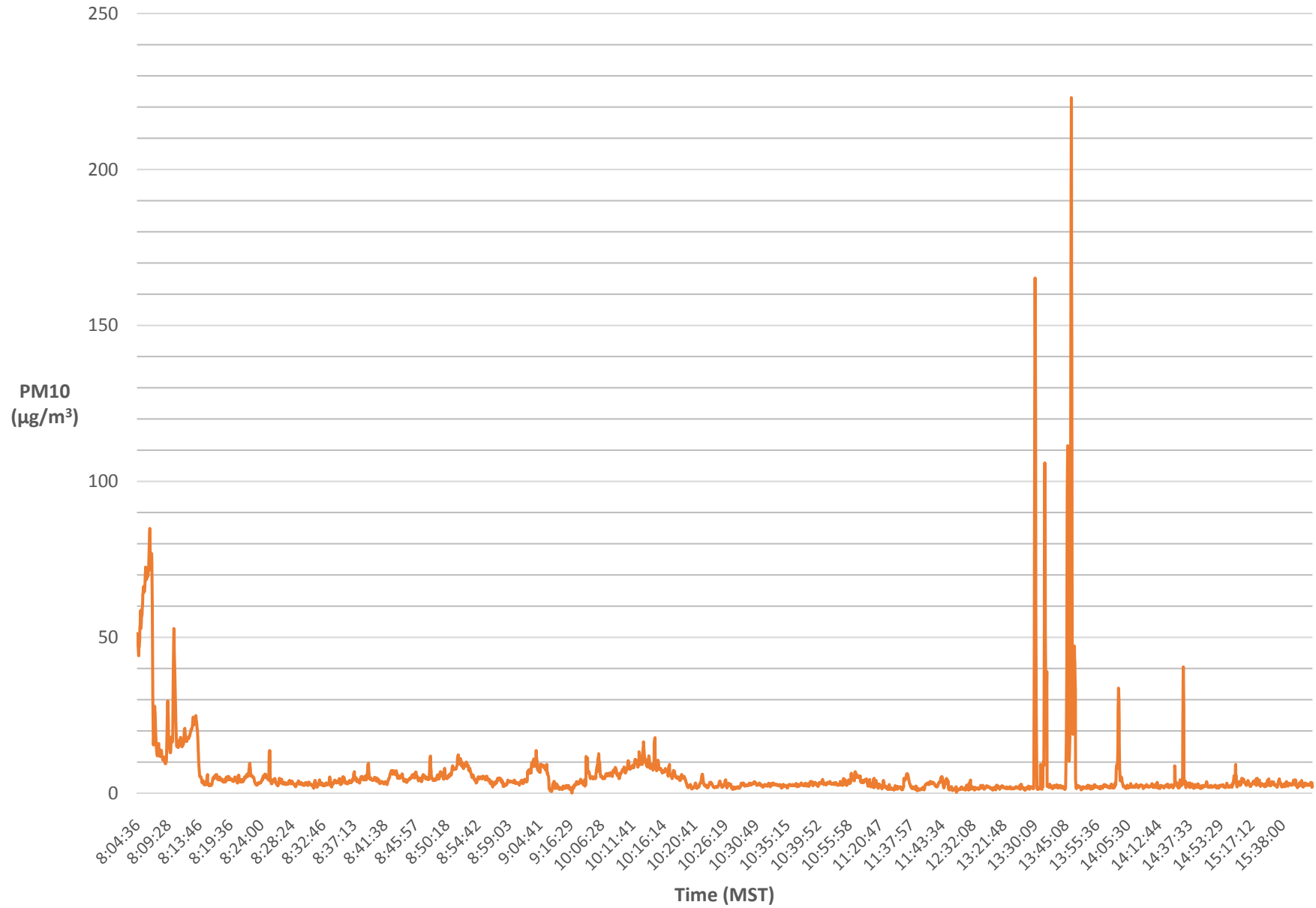


Figure 20: Air Monitoring Data LINC233 12/9/14

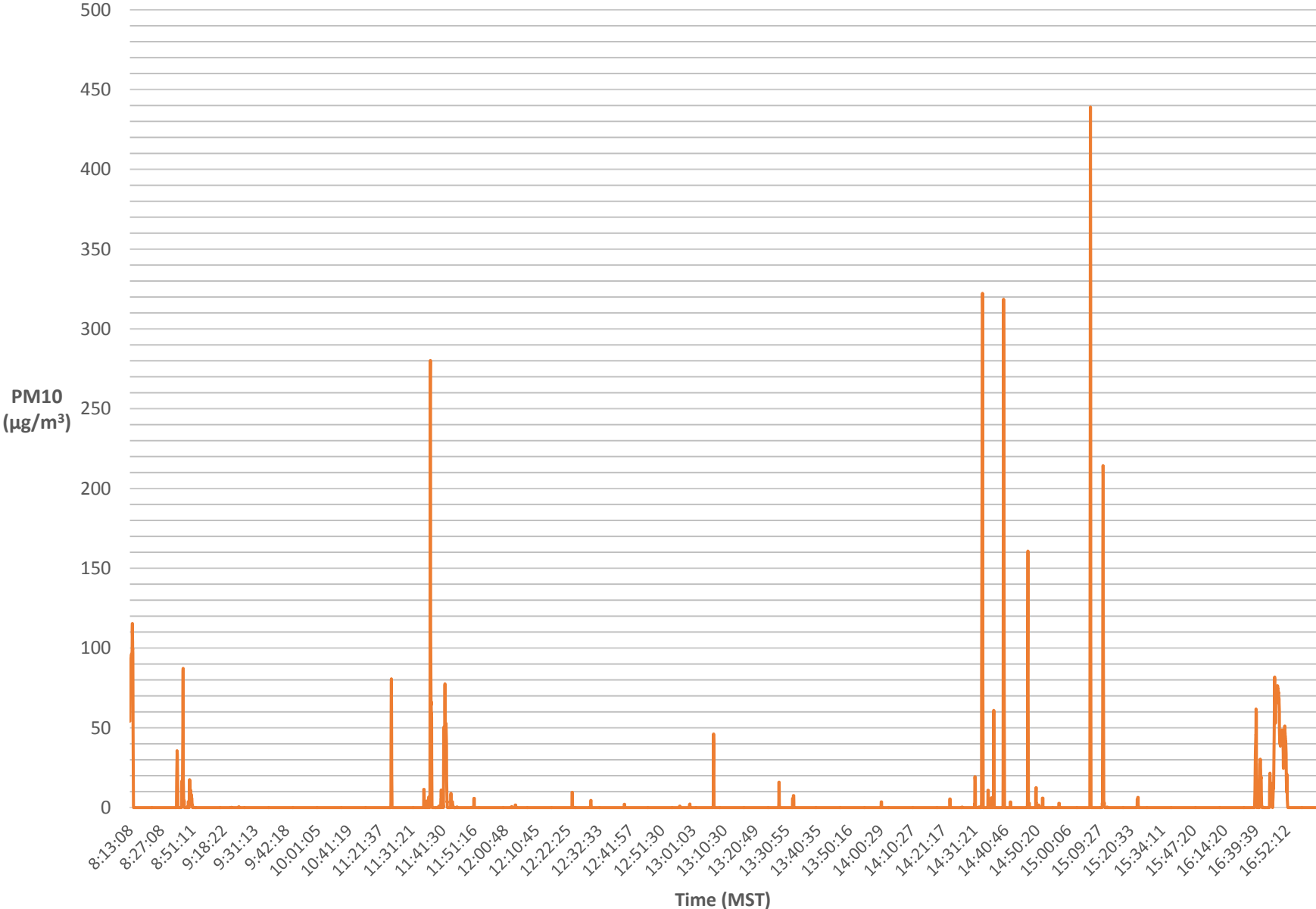


Figure 21: Air Monitoring Data LINC229 12/10/14

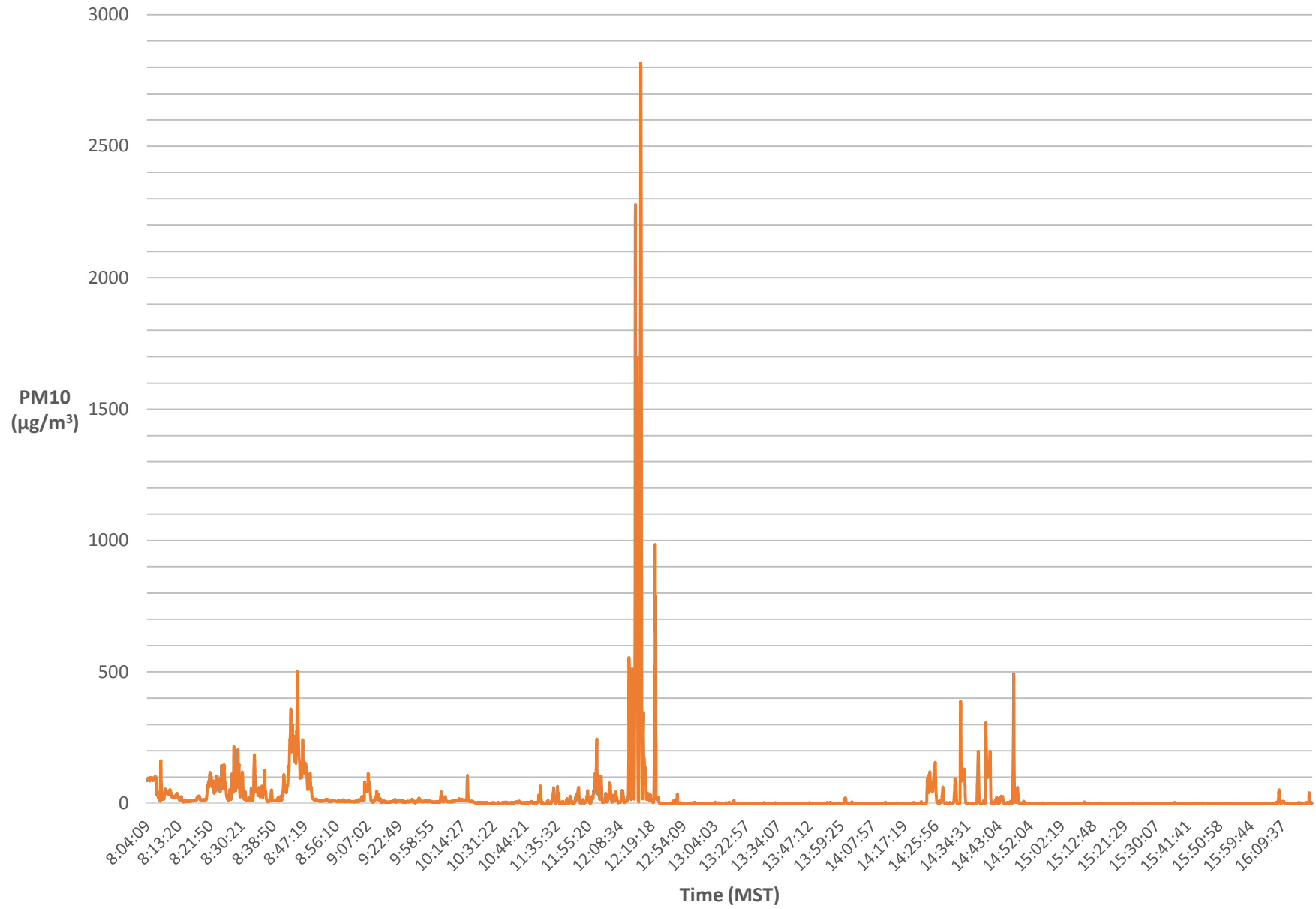


Figure 22: Air Monitoring Data LINC230 12/10/14

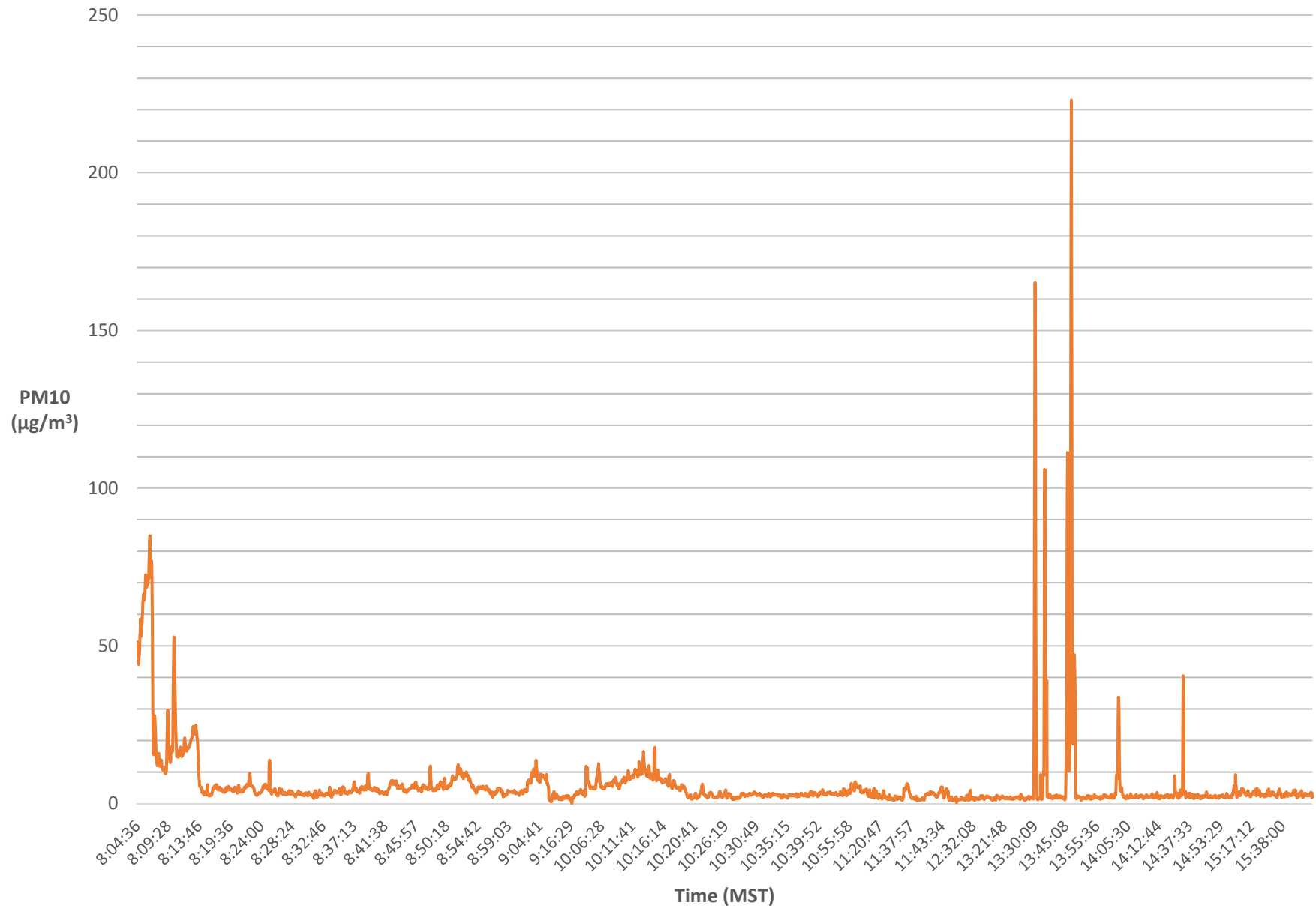


Figure 23: Air Monitoring Data LINC233 12/10/14

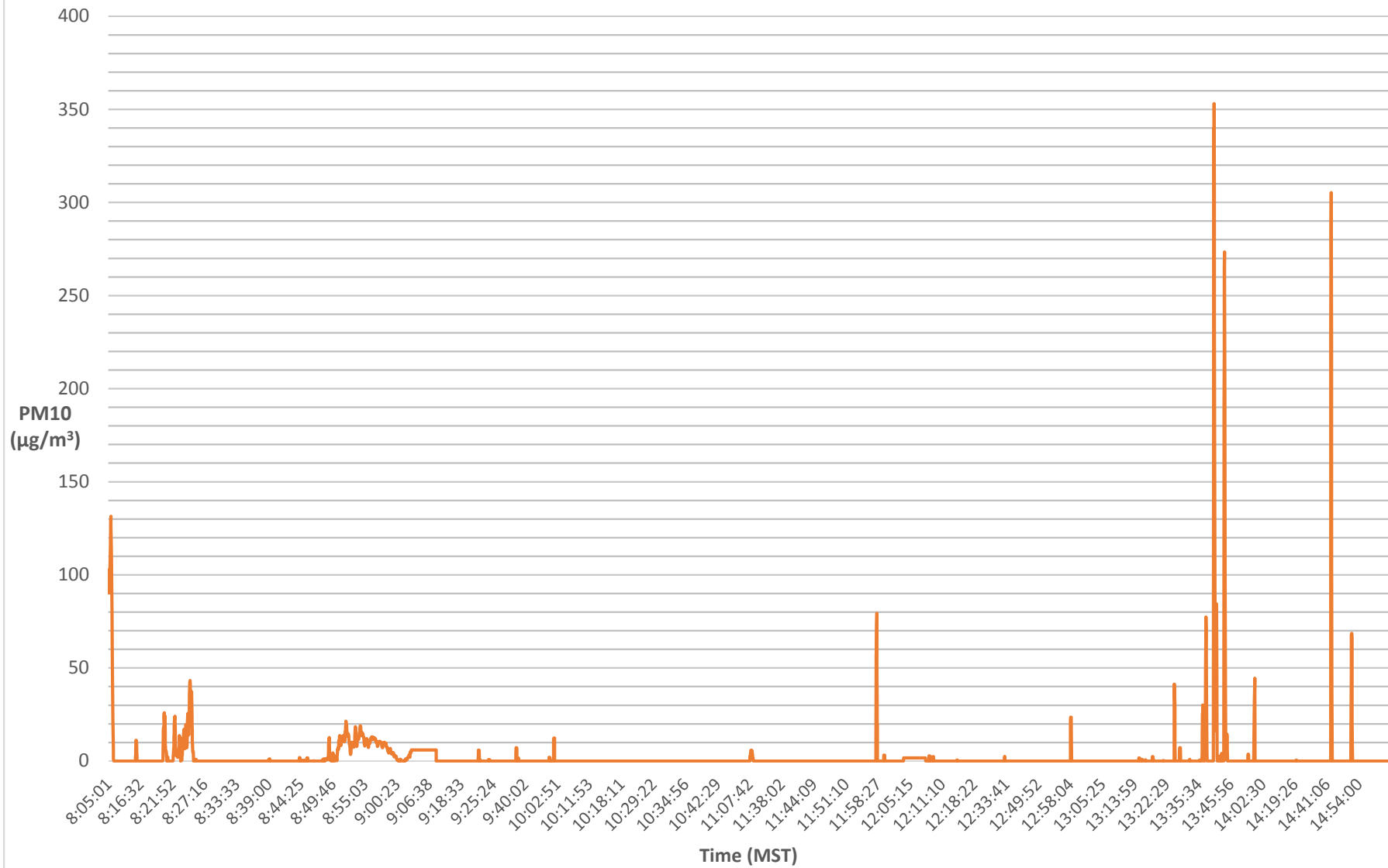


Figure 24: Air Monitoring Data LINC229 12/11/14

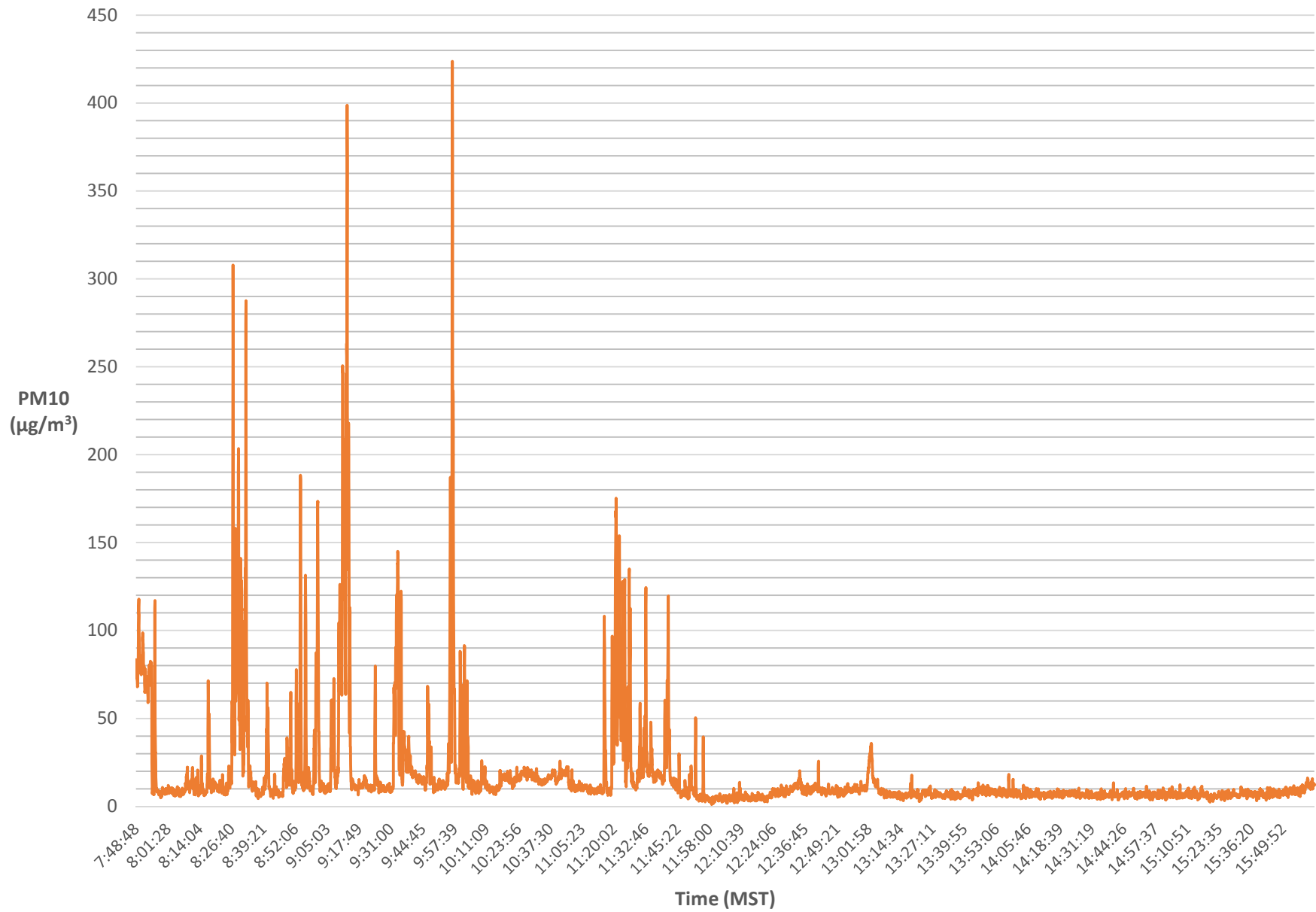


Figure 25: Air Monitoring Data LINC230 12/11/14

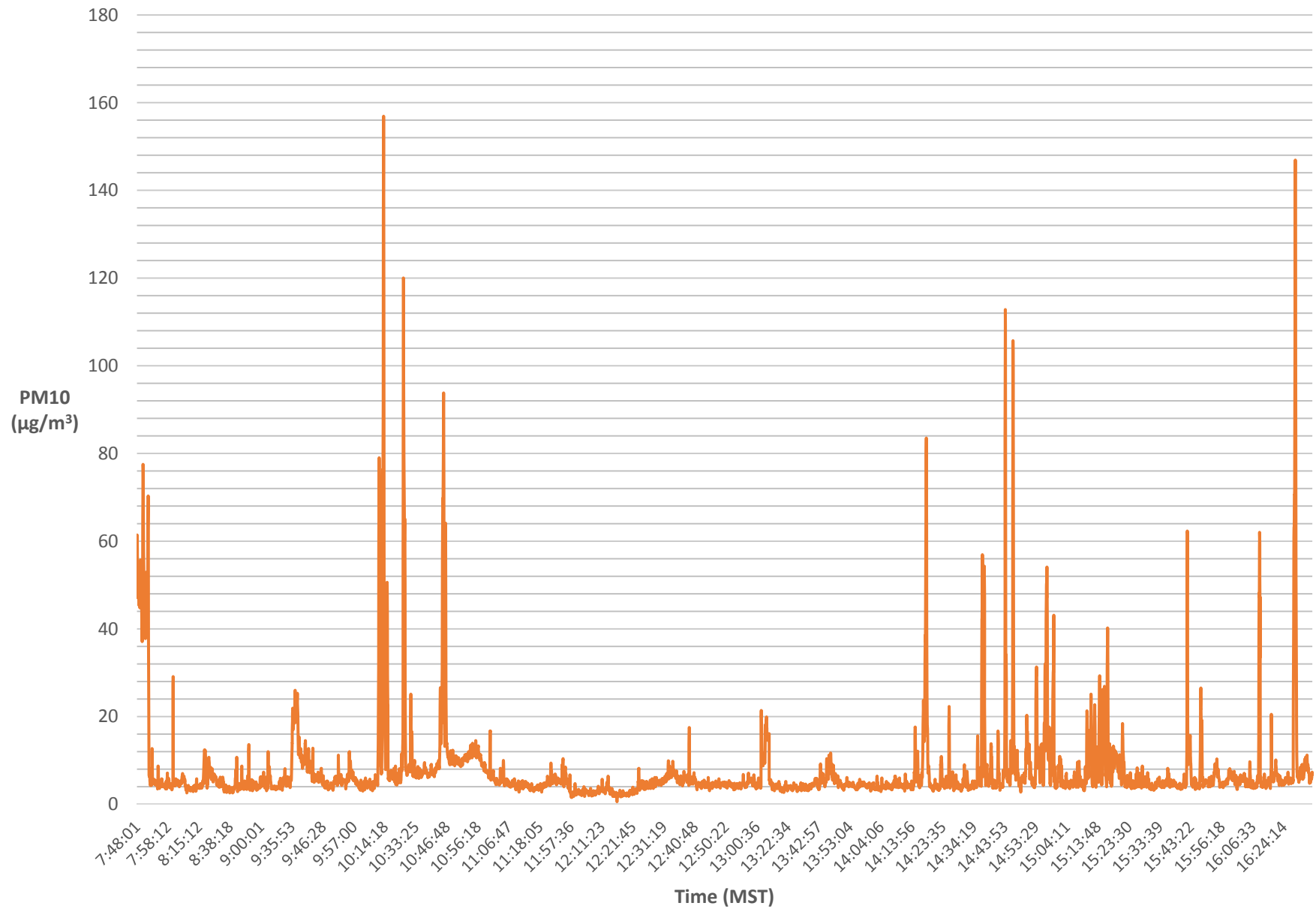
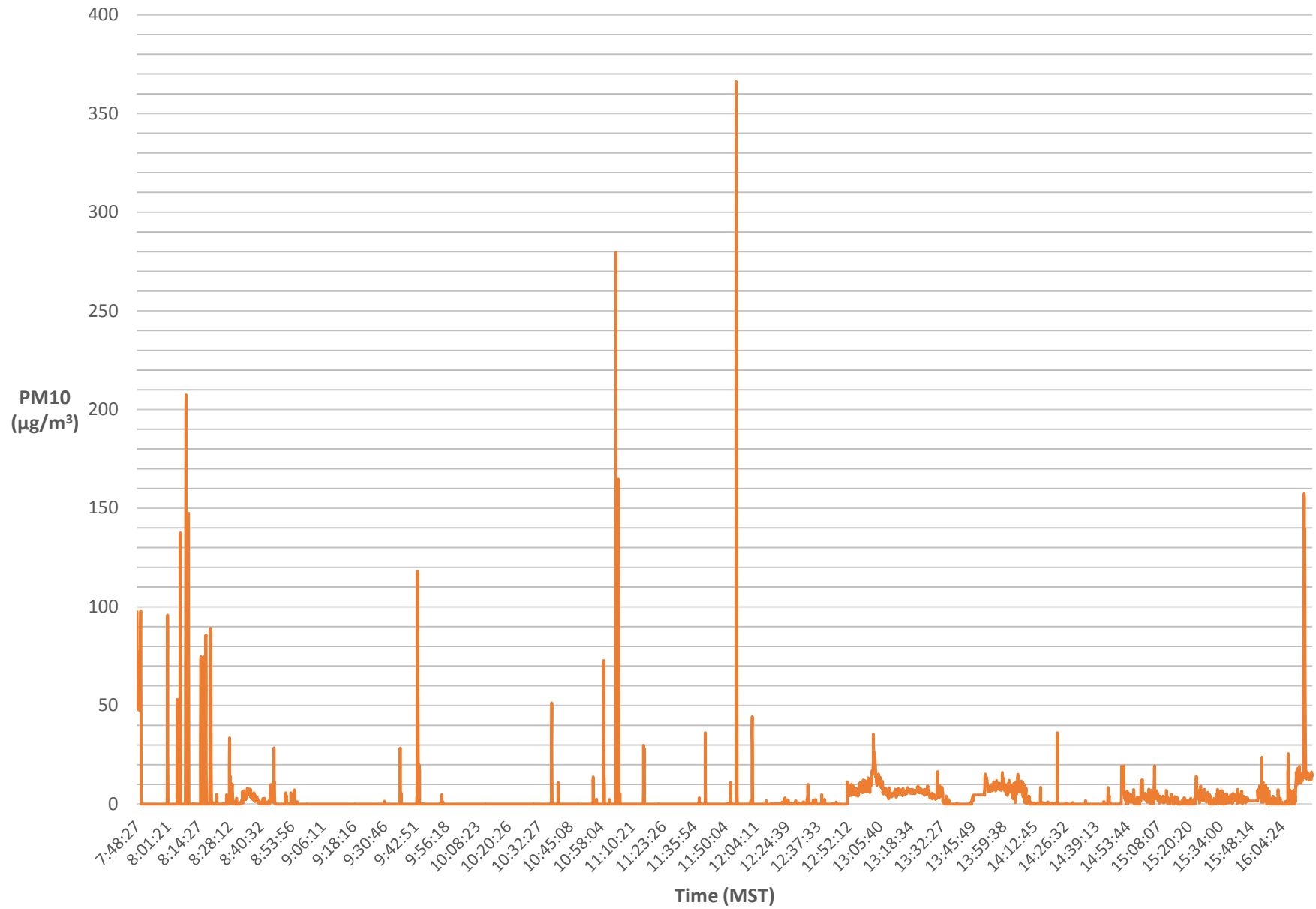


Figure 26: Air Monitoring Data LINC233 12/11/14



Attachment B

Table 1
Organization of the Response
Stone Castle Recycling Removal Site
Parowan, Iron County, Utah

Agencies or Parties Involved	Contact	Description of Participation
U.S. EPA – Region VIII Division of Superfund Emergency Response Branch 1595 Wynkoop Street Denver, CO 80202 (303) 312-6146	Steven Merritt	Federal OSC responsible for overall project oversight and success.
Weston Solutions, Inc. 1435 Garrison St Suite 100 Lakewood, CO 80215 (303) 729-6106	Jeff Bryniarski	WESTON START project team lead responsible for site removal assessment, removal oversight support, documentation, air monitoring, sampling, and START-related cost-tracking.
Environmental Restoration, LLC 2140 N. Redwood Road Salt Lake City, UT 84116 (801) 746-6136	Byron Hartman	Response manager responsible for direction of daily ERRS activity. Provided personnel and equipment necessary for removal and coordinated transportation and disposal of waste streams. Also tracked ERRS-related costs.
State of Utah Department of Environmental Quality Division of Solid & Hazardous Waste 195 N. 1950 West P.O. Box 144880 Salt Lake City, UT 84114 (801) 536-0248	Patrick Sheehan	UDEQ project manager who participated in initial assessment of the Site and reporting of the removal progress.

ERRS – Emergency and Rapid Response Services

OSC – On-Scene Coordinator

START – Superfund Technical Assessment and Response Team

UDEQ – State of Utah Department of Environmental Quality

U.S. EPA – United States Environmental Protection Agency

Table 2
Stone Castle OU1 Removal
Air Monitoring Data
12/3/14 to 12/11/14

Date	LINC ⁽¹⁾ ID	Predominant Wind Direction ⁽²⁾	Location	PM10 Data, $\mu\text{g}/\text{m}^3$ ⁽³⁾		
				Minimum	Maximum	Average ⁽⁴⁾
12/3/2014	229	Southwest	Northwest Corner	0.0	196	1.6
	230	Southwest	West Perimeter	0.0	149	1.9
	233	Southwest	South Perimeter	0.0	5,301	1.2
12/4/2014	229	Southwest	Northwest Corner	0.0	814	1.8
	230	Southwest	West Perimeter	0.0	93	1.0
	233	Southwest	South Perimeter	0.0	1,173	1.1
12/5/2014	229	Southwest	Northeast Corner	0.0	218	2.9
	230	Southwest	West Perimeter	0.6	103	3.9
	233	Southwest	South Perimeter	0.0	2,229	1.3
12/6/2014	229	Northwest	Northeast Corner	0.0	146	3.7
	230	Northwest	West Perimeter	1.3	152	4.5
	233	Northwest	South Perimeter	0.0	624	1.1
12/9/2014	229	North	Northeast Corner	0.0	517	1.7
	230	North	West Perimeter	0.1	223	3.7
	233	North	South Perimeter	0.0	439	1.2
12/10/2014	229	South	Northeast Corner	0.0	2,817	2.3
	230	South	West Perimeter	0.1	223	3.7
	233	South	South Perimeter	0.0	353	1.3
12/11/2014	229	South	Northeast Corner	1.1	424	10.9
	230	South	West Perimeter	0.6	157	5.8
	233	South	South Perimeter	0.0	366	1.6

⁽¹⁾ Lifeline Interoperable Network Communicator

⁽²⁾ From daily NOAA data at Cedar City, UT Airport

⁽³⁾ Micrograms per Cubic Meter of Air

⁽⁴⁾ Geometric Mean of the set of results

Table 3
Stone Castle OU1 Removal
Air Sampling Results
12/09/14

Sample ID	Data Ram ID	LINC ⁽¹⁾ ID	Site Location ⁽²⁾	Air Volume (Liters)	Analyte	Result	
						$\mu\text{g/sample}^{(3)}$	$\text{mg/m}^3^{(4)}$
SCOU1A01	DR 662	233	South Perimeter	960	Arsenic	<2.5	<0.0026
					Lead	<1.3	<0.0013
SCOU1A02	DR 661	229	Northeast Corner	960	Arsenic	<2.5	<0.0026
					Lead	<1.3	<0.0013
SCOU1A03	DR 495	230	West Perimeter	960	Arsenic	<2.5	<0.0026
					Lead	<1.3	<0.0013
SCOU1A04	NA ⁽⁵⁾	NA	Field Blank	NA	Arsenic	<2.5	<0.0026
					Lead	<1.3	<0.0013

Table 4
Stone Castle OU1 Removal
Waste Sampling Results
12/10/14 and 12/12/14

Analysis Method - SW 6010C						
Analyte	Units	EPA Limit	Sample ID			
			SCOU1W05	SCOU1W06	SCOU1W07	SCOU1W08
Arsenic	mg/L	5.0	ND	ND	ND	ND
Barium	mg/L	100.0	2.37	0.516	0.0542	0.145
Cadmium	mg/L	1.0	0.0514	0.422	ND	0.0134
Chromium	mg/L	5.0	ND	0.0442	ND	ND
Lead	mg/L	5.0	7.88	1.33	ND	ND
Mercury	mg/L	0.2	ND	0.00033	ND	ND
Selenium	mg/L	1.0	ND	ND	ND	ND
Silver	mg/L	5.0	ND	ND	ND	ND
Percent Moisture	%	--	8.2	12.7	20.1	17.9

Notes:

mg/L- milligram per liter

µg/g - microgram per gram

ND - Not detected at the method detection limit

Analyte exceeds U.S. EPA regulatory action levels

Analysis Method - SW 6020		
Analyte	Units	Sample ID
		SCOU1W05
Aluminum	µg/g	1,900
Antimony	µg/g	69
Arsenic	µg/g	2.7
Barium	µg/g	130
Beryllium	µg/g	0.22
Cadmium	µg/g	13
Calcium	µg/g	37,000
Chromium	µg/g	8.3
Cobalt	µg/g	4.9
Copper	µg/g	180
Iron	µg/g	7,700
Lead	µg/g	820
Magnesium	µg/g	7,300
Manganese	µg/g	290
Nickel	µg/g	47
Potassium	µg/g	820
Selenium	µg/g	ND
Silver	µg/g	0.98
Sodium	µg/g	240
Thallium	µg/g	ND

Table 5
Stone Castle OU1 Removal
Soil XRF Field Screening Data
12/12/14

Field ID	Time	Lead (ppm) ⁽¹⁾	Latitude	Longitude
SCOU1SX01	9:04	45	37.839649	-112.857682
SCOU1SX02	9:05	16	37.83961	-112.857679
SCOU1SX03	9:07	26	37.839581	-112.857669
SCOU1SX04	9:08	47	37.839547	-112.857662
SCOU1SX05	9:10	40	37.839492	-112.857658
SCOU1SX06	9:11	306	37.839464	-112.857614
SCOU1SX07	9:14	51	37.839499	-112.857592
SCOU1SX08	9:16	21	37.839552	-112.857572
SCOU1SX09	9:19	198	37.839603	-112.857498
SCOU1SX10	9:23	476	37.839635	-112.857565
SCOU1SX11	9:26	45	37.839656	-112.857507
SCOU1SX12	9:30	450	37.839596	-112.857482
SCOU1SX13	9:33	29	37.839555	-112.857486
SCOU1SX14	9:37	31	37.839622	-112.857467
SCOU1SX15	9:39	208	37.839582	-112.857435
SCOU1SX16	9:41	43	37.839543	-112.857435
SCOU1SX17	9:43	252	37.839515	-112.857417
SCOU1SX18	9:45	187	37.839483	-112.857435
SCOU1SX19	9:47	253	37.839449	-112.857454
SCOU1SX20	9:49	99	37.839417	-112.857494
SCOU1SX21	9:51	169	37.839393	-112.857519
SCOU1SX22	9:52	91	37.839395	-112.857427
SCOU1SX23	9:54	49	37.839434	-112.857392
SCOU1SX24	9:57	199	37.839502	-112.85737

⁽¹⁾ Parts per Million

Table 6
Waste Materials Disposition Summary
Stone Castle Recycling (OU1) Site
Parowan, Iron County, Utah

Description	Waste Stream	Container Total	Date	Manifest Number	Transporter Name	Disposal Method	Disposal Facility
Non-RCRA, Non-Hazardous, Discarded Televisions and Cathode Ray Tube Monitors	Non-hazardous Wood & Cardboard	(1) 21-yd ³⁽¹⁾ roll-off box	12/16/2014	868-01	MP Environmental Services, Inc. 1043 N. Industrial Park Circle Grantsville, UT 84029 877-800-5111	Landfill	ECDC Environmental 1111 West Highway 123 PO Box 69 East Carbon, UT 84520 708-596-7042
		(1) 21-yd ³ roll-off box	12/16/2014	868-02			
Non-RCRA, Non-Hazardous, Discarded Televisions and Cathode Ray Tube Monitors (Treated)	Treated Electronic Waste	(1) 21-yd ³ roll-off box	12/17/2014	868-03	MP Environmental Services, Inc. 1043 N. Industrial Park Circle Grantsville, UT 84029 877-800-5111	Treatment and Disposal at Landfill	ECDC Environmental 1111 West Highway 123 PO Box 69 East Carbon, UT 84520 708-596-7042
		(1) 21-yd ³ roll-off box	12/17/2014	868-04			
		(1) 21-yd ³ roll-off box	12/17/2014	868-05			
		(1) 21-yd ³ roll-off box	12/17/2014	868-06			
		(1) 21-yd ³ roll-off box	12/26/2014	868-07			
		(1) 21-yd ³ roll-off box	12/19/2014	868-08			
		(1) 21-yd ³ roll-off box	12/26/2014	868-09			
		(1) 21-yd ³ roll-off box	12/23/2014	868-12			
		(1) 21-yd ³ roll-off box	12/24/2014	868-13			
		(1) 21-yd ³ roll-off box	12/23/2014	868-14			
		(1) 21-yd ³ roll-off box	12/24/2014	868-15			
		(1) 21-yd ³ roll-off box	12/23/2014	868-16			
		(1) 21-yd ³ roll-off box	12/24/2014	868-17			
		(1) 21-yd ³ roll-off box	12/29/2014	868-18			
		(1) 21-yd ³ roll-off box	12/30/2014	868-19			
		(1) 21-yd ³ roll-off box	12/29/2014	868-21			
		(1) 21-yd ³ roll-off box	12/29/2014	868-22			

⁽¹⁾ Cubic yard

Attachment C

**SAMPLING AND ANALYSIS PLAN -
QUALITY ASSURANCE PROJECT PLAN
FOR THE
STONE CASTLE RECYCLING (OU1) SITE
PAROWAN, IRON COUNTY, UTAH**

Prepared for
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region VIII

Prepared by
WESTON SOLUTIONS, INC.
Region VIII Superfund Technical Assessment and Response Team

Original Document Date: December 1, 2014
Document Revision Number/Date: NA

For approval signatures, see Worksheet 1 & 2.

Project Dates of Removal:	December 2014
CERCLA ID / Site Spill Identifier No.:	A8F5
Contract Name:	START IV
Contract No.:	EP-S8-13-01
Technical Direction Document No.:	0001/1411-06
Document Control No.:	W0201.1E.00389

SAP Revision Log

Site: Stone Castle Recycling (OU1)

OSC: Steve Merritt

TDD: 0001/1411-06

Date	Revision Number	Reason for Change of Scope/Procedures	SAP Section Superseded	Requested By	Approved By

LIST OF ACRONYMS

°C	degrees Celsius
AES	Atomic Emission Spectrometry
CA	Corrective Action
CCV	continuing calibration verification
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CLP	Contract Laboratory Program
CO	Contracting Officer
COC	Chain-of-Custody
COR	Contracting Officer Representative
CRQL	Contract Required Quantitation Limits
CVAA	Cold Vapor Atomic Absorption
DQO	Data Quality Objective
EDD	electronic data deliverable
ERM	Emergency Response Manager
ERRS	Emergency and Rapid Response Services (Contractor)
ERT	Environmental Response Team
GIS	Geographic Information System
HASP	Health and Safety Plan
HRS	Hazard Ranking System
ICP	inductively coupled plasma
IDW	investigation-derived waste
MCE	mixed cellulose ester
MDL	method detection limit
mg/kg	milligrams per kilogram
mg/L	milligrams per liter
MPC	Measurement Performance Criteria
MS	matrix spike
MSD	matrix spike duplicate
NA	not applicable
ND	non-detect
NIOSH	National Institute of Safety and Health
PAL	Project Action Limit
PQL	Project Quantitation Limit
PPE	Personal Protective Equipment
PTL	Project Team Lead
QA	quality assurance
QAPP	Quality Assurance Project Plan
QC	quality control
RCRA	Resource Conservation and Recovery Act
RSL	regional screening levels
SAP	Sampling and Analysis Plan
SI	Site Inspection
SOP	Standard Operating Procedure
START IV	Superfund Technical Assessment and Response Team 4
TAL	Target Analyte List
TBD	to-be-determined

LIST OF ACRONYMS

TCL	Target Compound List
TDD	Technical Direction Document
UFP-QAPP	Uniform Federal Policy–Quality Assurance Project Plan
U.S. EPA	United States Environmental Protection Agency
VOC	Volatile Organic Compounds
WAM	Work Assignment Manager
WESTON	Weston Solutions, Inc.
XRF	X-Ray Florescence.

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1.0 INTRODUCTION

This Sampling Activities Plan (SAP)-Quality Assurance Project Plan (QAPP) is designed to guide field operations at the Stone Castle Recycling (OU1) Site in Parowan, Iron County, Utah. All data will be generated in accordance with the quality requirements described in the Quality Assurance Project Plan for Region 8 CERCLA Removal and Emergency Response Activities in Colorado, Utah, Wyoming, Montana, North Dakota, and South Dakota (Weston 2013). The purpose of this SAP-QAPP is to describe site-specific tasks that will be performed in support of the stated objectives. This SAP-QAPP references the QAPP for generic tasks common to all data collection activities including routine procedures for sampling and analysis, sample documentation, equipment decontamination, sample handling, data management, assessment, and data review. Additional site-specific procedures and/or modifications to procedures described in the QAPP are described in the following SAP-QAPP elements.

This SAP-QAPP is prepared, reviewed, and approved in accordance with the procedures detailed in the *START IV Programmatic QAPP*. Any deviations or modifications to the approved SAP will be documented using the SAP Revision Form.

Project Organization and Team

Refer to the QAPP Worksheet 3 & 5, and 4, 7, & 8 for the program organizational chart, communication pathways, personnel responsibilities and qualifications, and special personnel training requirements. Project-specific information is provided below.

The following are key individuals identified for this project:

Name	Title/Role	Organization	Receive Copy of SAP-QAPP?
Jeff Bryniarski	Project Team Lead	Weston	Yes
Dave Robinson	Project Manager	Weston	Yes
Steve Merritt	OSC	EPA	Yes

The individuals who will receive a copy of the Program QAPP are specified on QAPP Worksheet 3 & 5 (Project Organization and QAPP Distribution) as noted by the asterisk symbol adjacent to their names. The program QA Manager (QAPP Worksheet 4, 7 & 8) and the Project Manager will maintain the approved QA project plan consisting of the Program QAPP, Project SAP and SAP Document Review Crosswalk. The PTL will distribute the most current copy of the project QA documents via electronic or hard copy, as directed by the OSC. Files for this project will be kept in accordance with Section H.20 of Contract No.: EP-S8-13-01, stating a length of 10 years from close of the project or end of litigation.

QAPP Reference

Weston Solutions, Inc. 2013. Quality Assurance Project Plan for Region 8 CERCLA Removal and Emergency Response Activities in Colorado, Utah, Wyoming, Montana, North Dakota, and South Dakota. Prepared for the START IV Contract. July 2013.

Worksheet 1 & 2 — Title and Approval Page

(UFP-QAPP Manual Section 2.1)
(EPA 2106-G-05 Section 2.2.1)

1. Project Identifying Information

- a) **Site Name/Project Name:** Stone Castle Recycling (OU1) Site / Stone Castle Recycling Parowan RV
- b) **Site Location/Number:** Parowan, Iron County, Utah / A8F5
- c) **Contract/Work Assignment Number:** EP-S8-13-01 / 0001/1411-06

2) List Plans and reports from previous investigation relevant to this project.

**Lead Investigative Organization's Report
Author:**

Jeff Bryniarski/WESTON
Printed Name/Title


Signature/Date 12/1/14

**Lead Investigative Organization's Program
Leader:**

Printed Name/Title

Signature/Date

**Lead Investigative Organization's Technical
Manager:**

Dave Robinson/WESTON
Printed Name/Title

Signature/Date

**Federal Regulatory Agency Emergency Response
Team Leader:**

Steve Merritt/EPA
Printed Name/Title

Signature/ Date

**Federal Regulatory Agency Delegated Approval
Officer:**

Printed Name/Title

Signature/Date

Document Control Numbering System: W0201.1E.00389

Worksheet 9 — Project Planning Session Summary

(UFP-QAPP Manual Section 2.5.1 and Figures 9-12)

(EPA 2106-G-05 Section 2.2.5)

Date of Planning Session: November 6 & 17, 2014				
Location: Conference Call/Meeting				
Purpose: Scoping meeting for Removal Activities				
Name	Title/Role	Organization	Phone No.	E-mail Address
Jeff Bryniarski	Project Team Lead	Weston	303-729-6106	jeff.bryniarski@westonsolutions.com
Dave Robinson	Project Manager	Weston	303-729-6181	david.robinson@westonsolutions.com
Steve Merritt	OSC	EPA	303-312-6146	merritt.steven@epa.gov
Byron Hartman	ERRS RM	Environmental Restoration	801-746-6136	b.hartman@erllc.com

Notes/Comments:

A conference call took place on November 6 & 17 after the EPA tasked START with quality assurance project planning for the Stone Castle Recycling (OU1) Site, Parowan, Iron County, Utah. WESTON staff later discussed the best way to proceed with the project.

Action Items:

Action	Responsible Party	Due Date
Develop a SAP-QAPP	Jeff Bryniarski	November 25, 2014
Amend Health and Safety Plan	Jeff Bryniarski	November 25, 2014
Develop Equipment List	Jeff Bryniarski	November 25, 2014
Staff Project	Dave Robinson	November 25, 2014

Worksheet 10 — Conceptual Site Model

(UFP-QAPP Manual Section 2.5.2)
(EPA 2106-G-05 Section 2.2.5)

- **Problem Definition**

The EPA has tasked START with removal work oversight, confirmation sampling, monitoring, and documenting during removal activities at the Stone Castle Recycling (OU1) Site, Parowan, Iron County, Utah. START will collect samples of treated waste for analysis to provide quality assurance data for disposal. START will collect confirmation soil samples to document soil impact after removal of site waste. START will perform air sampling and monitoring activities during removal action to ensure human health is protected.

- **Background Information/Site History;**

This site was referred to EPA by the Solid and Hazardous Waste Program in the Utah Department of Environmental Quality following a series of mysterious and well-publicized fires at electronics waste (e-waste) recycling facilities operated by Stone Castle Recycling throughout the state.

On October 15, 2014, START conducted a removal assessment to document current site conditions and estimate waste volumes. Soil and waste samples were collected which confirmed the presence of uncontained characteristic hazardous waste at the site.

- **Contaminants of Concern/Target Analytes**

The site contains large quantities of e-waste in containers of various sizes and conditions. The specific contaminants of concern are lead and arsenic, with other heavy metals also present.

Worksheet 11 — Project/Data Quality Objectives

(UFP-QAPP Manual Section 2.6.1)

(EPA 2106-G-05 Section 2.2.6)

1. State the Problem

E-waste in containers of various sizes and conditions are present on site. EPA has issued an action memo for a removal action at the site. This time-critical removal action is being conducted to mitigate endangerment posed to human health, human welfare, and the environment by Site conditions.

2. Identify the Goals of the Study

- Protect human health by removing heavy metal contaminated e-waste from the site.
- Protect human health from inhalation hazards by performing air monitoring and air sampling during e-waste processing and treatment.
- Confirm the efficacy of the waste treatment process by collecting waste samples prior to, during, and after the treatment process.
- Ensure that treated e-waste meets the established Department of Transportation (DOT) shipping classification and classifications acceptable for disposal in an approved landfill by collecting waste samples for laboratory analysis.
- Document that ERRS is treating waste in accordance with the site specific plan.
- Protect human health by performing noise monitoring during removal activities.
- Protect human health by performing in-situ screening of soil after all waste has been removed to determine if additional soil remediation is required at the site.

3. Identify Information Inputs

- Air monitoring for particulates will be performed using Data RAM IV units during waste processing and treatment. Samples will be laboratory analyzed.
- Air sampling for arsenic and lead will be performed using a Data RAM IV unit's internal pumps during waste processing and treatment.
- In-situ screening of soil for metals will be performed using the x-ray fluorescence analyzer (XRF).
- Waste samples will be collected and analyzed for metals and TCLP metals.
- Data collected from air monitoring instruments on site will be logged and transmitted

for display in a site Viewer. The position of air monitoring and sampling stations will be located with GPS data loggers.

- Photographs will be taken and will be loaded to the site-specific EPAOSC.net website.

4. Define the Boundaries of the Study

The site is located at 1338 West 200 South, Parowan, Iron County, UT (Figure 1). It is estimated that there are roughly 330 cubic yards of burned debris, 830 cubic yards of hazardous debris, and 640 cubic yards of intact televisions present at the site. All site work is expected to take place within the site boundary (Figure 2). EPA has received approval from the property owner to utilize the warehouse building on site for storage of equipment during the removal activities.

5. Develop the Analytic Approach

- Waste (untreated, partially treated, and treated) samples will be submitted to an independent laboratory for metals and TCLP metals analysis.
- Air samples will be submitted to an independent laboratory for lead and arsenic analysis.
- Soil will be screened in-situ for metals using the XRF.
- Analytical sample results will be reviewed and verified by a WESTON START chemist to determine data usability.

6. Specify Performance or Acceptance Criteria

If uncertainty is identified during field screening, additional field tools will be employed to address the uncertainty. Performance and Acceptance criteria are addressed in Worksheet 17.

7. Develop the Detailed Plan for Obtaining Data

Data will be collected per the sampling design and rationale provided in Worksheet 17. Sample nomenclature is described in Worksheet 17, Identification and Handling. Sample descriptions will be logged in the field logbook. Documentation of removal activities will be collected using a site logbook. In addition, a FileMaker Pro form loaded onto an iPad may be used. Sampling data will be collected using the Scribe Mobile Application loaded onto an iPad. Data will be entered into Scribe for data management and reporting purposes. Chain of custody forms will be generated from the Scribe database. A Scribe compatible EDD will be requested from the laboratory for importing analytical results into the database. Geospatial data will be collected using the iPad loaded with the ESRI mobile application and a Bluetooth connected GPS.

Worksheet 14 & 16 —Project Tasks & Schedule

(UFP-QAPP Manual Section 2.8.2)

(EPA 2106-G-05 Section 2.2.4)

Activity	Responsible Party	Planned Start Date	Planned Completion Date	Deliverable(s)	Deliverable Due Date
Develop a SAP-QAPP	WESTON	November 17, 2014	November 25, 2014	SAP-QAPP	November 25, 2014
Amend Health and Safety Plan	WESTON	November 17, 2014	November 25, 2014	HASP Amendment	November 25, 2014
Develop equipment list	WESTON	November 17, 2014	November 25, 2014	Equipment list to OSC and EPA warehouse	November 25, 2014
Mobilize to site	WESTON	December 1, 2014	December 1, 2014	N/A	N/A
Site Work	WESTON	December 1, 2014	December 20, 2014	EPA Response Manager Database	TBD
Project-Specific Document Examination	WESTON	November 17, 2014	December 20, 2014	Relevant information included in Project-Specific report	December 20, 2014
Address EPA comments on Draft Project-Specific Report	WESTON	Upon receiving	January 16, 2014	After Action Report	January 16, 2014
Project Closeout	WESTON	January 16, 2014	TBD	Contract Closeout Report	TBD

Worksheet 15 — Project Action Limits and Laboratory-Specific Detection/Quantitation Limits

(UFP-QAPP Manual Sections 2.6.2.3 and Figure 15)
 (EPA 2106-G-05 Section 2.2.6)

Matrix: Soil

Analytical Method: XRF

Analyte ¹	Project Action Limit (PAL) ²	PAL Reference ²	Project Quantitation Limit (PQL) Goal	Laboratory Quantitation Limit ³	Laboratory Detection Limit ³
Lead	800 ppm	Industrial RSL	800 ppm	13 ppm	13 ppm

Matrix: Waste

Analytical Method: SW 6010C (TCLP Metals)

Analyte ¹	Project Action Limit (PAL) ²	PAL Reference ²	Project Quantitation Limit (PQL) Goal	Laboratory Quantitation Limit ³	Laboratory Detection Limit ³
Lead	5.0 mg/L	TCLP	5.0 mg/L	0.1 mg/L	--
Arsenic	5.0 mg/L	TCLP	5.0 mg/L	0.3 mg/L	--

Matrix: Air

Analytical Method: NIOSH 7300

Analyte ¹	Project Action Limit (PAL) ²	PAL Reference ²	Project Quantitation Limit (PQL) Goal	Laboratory Quantitation Limit ³	Laboratory Detection Limit ³
Lead	0.025 mg/m ³	Respiratory Protection	0.025 mg/m ³	0.0013 mg/m ³	--
Arsenic	0.005 mg/m ³	Respiratory Protection	0.005 mg/m ³	0.0026 mg/m ³	--

¹ CLP laboratories use accepted analytical methods for the isolation, detection, and quantitation of specific target compounds and analytes. The CLP Target Compound List (TCL), Target Analyte List (TAL), and their corresponding Contract Required Quantitation Limits (CRQL) are listed in Appendix B and Appendix C, respectively.

² Links to State regulatory cleanup standards are provided in Appendix D.

³ Terminology is project/laboratory-specific.

Worksheet 17 — Sampling Design and Rationale

(UFP-QAPP Manual Section 3.1.1)

(EPA 2106-G-05 Section 2.3.1)

Samples will be managed in accordance with SAP Worksheet 26 & 27.

Safety

All field activities will be conducted in strict accordance with an approved and amended Health and Safety Plan (HASP), which will be developed before the start of removal activities. It is anticipated that all field work can be accomplished in modified Level D Personal Protective Equipment (PPE) equipment. START personnel performing sampling will wear PPE appropriate to the hazard presented. At a minimum, the following guidelines should be followed: when on site steel toed-boots shall be worn; sampling gloves and eye protection should be worn. In addition, hearing protection will be required during the operation of heavy equipment.

Sample Collection

Soil Screening

Surface soil samples will be screened in-situ using an XRF to determine if metal concentrations in site soils exceed the action levels. Loose material will be removed from the ground surface prior to screening. Soil will be screened using the XRF and if the action level is exceeded, ERRS will scrape two to four inches of soil for disposal and then the remaining soil will be screened again; continuing until the site soil has concentration of arsenic and lead below action limits. Confirmation soil samples will be collected and submitted for laboratory analysis on an as needed basis.

Waste Sampling

Waste samples will be collected using a decontaminated stainless steel shovel and decontaminated buckets. The waste will be run through a 3/8 inch sieve to ensure that the sized material meets the standard for TCLP Metals analysis. (This will eliminate the need for additional laboratory pre-processing of the waste samples.)

Air Sampling

Air samples will be collected using Data RAM IV internal pumps and cassette air cartridges with mixed cellulose ester (MCE) media. The collected air samples will be analyzed for airborne arsenic and lead particulates. These samples may be collected at the site perimeter or within the work zone in accordance with ASTM E1370 - 14.

Sample Analysis and Handling

Samples will be analyzed for the parameters listed in SAP-QAPP Table 1. Requirements for the sample container, volume, preservation, and QC samples are included in Table 1.

Sample analysis will be performed by an independent commercial laboratory. Samples will be analyzed for the parameters listed on Worksheet 15. In addition, requirements for the sample container, volume, preservation, and QC samples are listed on Worksheet 19 & 30 of the QAPP. Table 1 summarizes the information from Worksheet 15 and Worksheet 19 & 30.

Sampling Logistics and Contingencies

Access to the property and warehouse building will be obtained and managed by the EPA before beginning removal activities.

Weather may be cold. Excessive precipitation may necessitate delay of work. Cold weather should not delay work but will require health and safety breaks in warm buildings or vehicles.

Samples will be tested and sent to the laboratory to meet the deadlines outlined in SAP.

The purpose of this sampling is outlined in SAP Worksheet 11.

Any changes from the planned equipment or methods will be documented in the field logbook.

Worksheet 18 — Sampling Locations and Methods

(UFP-QAPP Manual Section 3.1.1 and 3.1.2)
(EPA 2106-G-05 Sections 2.3.1 and 2.3.2)

Sample locations will be determined in the field.

All samples for analysis, including QC samples, will be given a unique sample number. The sample numbers will be recorded in the field logbook and on the chain-of-custody paperwork.

Sample nomenclature will include identifiers to allow for unique identification of all containers on site. Sample names will include:

- The first two characters will be “SC” for Stone Castle Recycling.
- The second two characters will denote the Operable Unit, for this site “OU1”
- The third field will be one character to denote the sample sub-matrix, “W” for waste, “SX” for soil, and “A” for air.
- The fourth field will be a two-digit number that represents the sequential number of the sample location.

An example of a waste sample collected from the third location on site would be SCOU1W03.

All sample information will be managed in SCRIBE so that waste, waste volumes, and waste streams can be managed.

Sample cross contamination will be reduced by using disposable plastic scoops for each sample. If a stainless steel scoop is used, it will be decontaminated between samples with a brush to remove gross particulate and a nitric acid rinse, followed by a distilled water rinse. The scoop will then be allowed to gravity drain.

Sampling Location / ID	Matrix	Type	Analyte/Analytical Group
SCOU1W##	Waste	Grab	SW 6010C TCLP Metals
SCOU1W##	Waste	Grab	SW 6020 Metals
SCOU1W##	Waste	Grab	SW 7470 TCLP Mercury
SCOU1A##	Air	Composite	NIOSH 7300 MCE Arsenic & Lead

Sampling SOPs references will be provided in Worksheet 21.

Worksheet 19 & 30 — Sample Containers, Preservation, and Hold Times

(UFP-QAPP Manual Section 3.1.2.2)

(EPA 2106-G-05 Section 2.3.2)

Matrix	Analyte/ Analyte Group	Method/ SOP ¹	Container(s) (number, size & type per sample) ²	Preservation	Preparation Holding Time	Analytical Holding Time	Data Package Turnaround
Waste	Metals	EPA 6020	One 8-oz glass jar	Store @ < 4°C	N/A	180 days	2 days
Waste	TCLP Metals (no mercury)	EPA 6010C	One 8-oz glass jar	Store @ < 4°C	N/A	180 days	2 days
Waste	TCLP Mercury	EPA 7470	No additional volume	Store @ < 4°C	N/A	28 days	2 days
Air	Arsenic & Lead	NIOSH 7300	MCE filter	None	None	N/A	1 week

Worksheet 20 — Field Quality Control Sample Summary

(UFP-QAPP Manual Sections 3.1.1 and 3.1.2.)
 (EPA 2106-G-05 Section 2.3.5)

Matrix	Analyte/Analytical Group	No. of Field Samples ¹	No. of Field Duplicates	No. of MS/MSD	No. of Field Blanks	No. of Equip. Blanks	No. of Trip Blanks	No. of Other	Total No. of Samples to Laboratory
Waste	Metals	1	0	0	0	0	0	0	1
Waste	TCLP Metals (no mercury)	4	0	0	0	0	0	0	4
Waste	TCLP Mercury	4	0	0	0	0	0	0	4
Air	Arsenic & Lead	3	0	0	1	0	0	0	4

- 1 Samples that are collected at different depths at the same location, and analyzed separately, will be counted as separate field samples. Even if they are taken from the same container as the parent field sample, MS/MSDs are counted separately, because they are analyzed separately. If composite samples or incremental samples are collected, only the sample that will be analyzed will be included; subsamples and increments will not be listed separately.
- 2 TBD – To be determined

Sample numbers may be updated based on project needs.

Worksheet 21 — Field SOPs

(UFP-QAPP Manual Section 3.1.2)
 (EPA 2106-G-05 Section 2.3.2)

SOP Number or Reference	Title, Revision, Date, and URL (if available)	Originating Organization	SOP Option or Equipment Type (if SOP provides different options)	Modified for Project? Y/N	Comments
2001	General Field Sampling Guidelines, 6/2011	U.S. EPA, ERT	Project-specific	Project-specific	SOPs are available in the Programmatic QAPP, Appendix I
2006	Sampling Equipment Decontamination, 6/2011	U.S. EPA, ERT	Project-specific	Project-specific	SOPs are available in the Programmatic QAPP, Appendix I
2008	General Air Sampling, 6/2011	U.S. EPA, ERT	Project-specific	Project-specific	SOPs are available in the Programmatic QAPP, Appendix I
2049	Investigation-Derived Waste (IDW) Management, 6/2011	U.S. EPA, ERT	Project-specific	Project-specific	SOPs are available in the Programmatic QAPP, Appendix I
2017	Waste Pile Sampling, 6/2011	U.S. EPA, ERT	Project-specific	Project-specific	SOPs are available in the Programmatic QAPP, Appendix I
G-12	Specifications and Guidance for Contaminant-Free Sample Containers, 12/1992	U.S. EPA, Office of Solid Waste and Emergency Response	Project-specific	Project-specific	SOPs are available in Programmatic QAPP, Appendix I
2012	Soil Sampling, 6/2011	U.S. EPA, ERT	Project-specific	Project-specific	SOPs are available in the Programmatic QAPP, Appendix I

During sampling and categorizing activities, IDW may be generated. IDW may consist of decontamination fluids, excess sampled media (e.g., soil, sediment, water, etc.), disposable sampling supplies, and personal protective equipment (e.g., Tyvek/Saranex coveralls, gloves, booties, etc.). Handling of IDW will be performed according with SOP 2049 as listed above as well as procedures described in *Management of Investigation Derived Wastes during Site Inspections (May 1991)*. Waste disposal for IDW will be dependent upon classification of the waste as either RCRA hazardous or RCRA nonhazardous waste.

IDW will be managed in accordance with EPA ERT Standard Operating Procedure (SOP) #2049. Spent sampling supplies and expendable PPE will be containerized and disposed of into the appropriate waste stream. It is anticipated that IDW will be stored on the Site and managed by the EPA ERRS contractor as part of the disposal operations.

Decontamination

General decontamination procedures are described in EPA ERT SOP #2006 Sampling Equipment Decontamination.

Worksheet 22 — Field Equipment Calibration, Maintenance, Testing, and Inspection

(UFP-QAPP Manual Section 3.1.2.4)

(EPA 2106-G-05 Section 2.3.6)

Field Equipment	Calibration Activity	Maintenance Activity	Testing Activity	Inspection Activity	Frequency	Acceptance Criteria	Corrective Action	Title or Position of Responsible Person	SOP Reference ¹
X-Ray Florescence (XRF)	Check factory calibration with known standards	Check battery	Calibration check	Visually inspect for external damage (e.g., perforated lens, etc.)	Refer to instrument SOP	Refer to instrument SOP	Refer to instrument SOP	Field personnel	1707
Sampling Tools (Disposable Scoops)	NA	NA	NA	Visually inspect for obvious defects or broken parts	Prior to use	NA	Replace	Field personnel	NA
Disposable, inert sample mixing containers	NA	NA	NA	Visually inspect for cleanliness	Prior to use	NA	Replace	Field personnel	NA
Thermo Scientific DataRAM 4 Particulate Monitor	Check factory calibration with known standards	Replace cassettes/filters Check battery	Calibration check	Visually inspect for external damage	Refer to instrument SOP	Refer to instrument SOP	Refer to instrument SOP	Field personnel	2084
Metal sampling equipment as necessary (trowels)	NA	Clean prior and after each use	NA	Visually inspect for cleanliness	Prior to use	Should be covered from previous decontamination procedure	Perform decontamination procedure again as needed	Field personnel	NA

¹ Refer to Field SOPs (Worksheet 21) and Analytical SOPs (Worksheet 23).

Air monitoring data collected by the DataRAM 4 Particulate Monitors will be transmitted via VIPER to a remote server maintained by EPA ERT.

Worksheet 23 — Analytical SOPs

(UFP-QAPP Manual Section 3.2.1)
 (EPA 2106-G-05 Section 2.3.4)

Relevant SOPs based on currently known contaminants are listed below. All Analytical SOPs are listed in the *Programmatic QAPP*.

Lab SOP Number ¹	Title, Revision Date, and/or Number and URL (if available)	Screening or Definitive Data	Matrix/Analytical Group	SOP Option or Equipment Type	Modified for Project? (Y/N)
TBD	METHOD 6020A INDUCTIVELY COUPLED PLASMA-MASS SPECTROMETRY (ICP-MS), 2/2007, http://www.epa.gov/osw/hazard/testmethods/sw846/pdfs/6020a.pdf	Definitive	Water and air/metals (no mercury)	ICP-MS	TBD
1700	NITON XL722S FIELD PORTABLE X-RAY FLUORESCENCE INSTRUMENT, 1/2006, https://clu-in.org/download/ert/1700-r10.pdf	Screening	Solids and liquids/Metals	XRF	TBD
TBD	NIOSH METHOD 7300 ELEMENTS BY ICP, 3/2003 http://www.cdc.gov/niosh/docs/2003-154/pdfs/7300.pdf	Definitive	Air/metals	ICP-AES	TBD
TBD	METHOD 6010C INDUCTIVELY COUPLED PLASMA-ATOMIC EMISSION SPECTROMETRY, 2/2007 http://www.epa.gov/solidwaste/hazard/testmethods/sw846/pdfs/6010c.pdf	Definitive	Soil, sediment, debris, aquatic animal tissue, air/metals (no mercury)	ICP-AES	TBD
TBD	METHOD 7470A MERCURY IN LIQUID WASTE (MANUAL COLD-VAPOR TECHNIQUE), 9/1994, http://www.epa.gov/osw/hazard/testmethods/sw846/pdfs/7470a.pdf	Definitive	Water/Mercury	CVAA	TBD

1 Lab SOP numbers are lab-specific and will be identified in the site-specific SAP, and/or QAPP.

2

Worksheet 24 — Analytical Instrument Calibration

(UFP-QAPP Manual Section 3.2.2)
 (EPA 2106-G-05 Section 2.3.6)

As stated in Worksheet 22, WESTON field personnel are responsible for the calibration of WESTON and sub-contractor provided analytical field equipment. Documented and approved procedures will be used for calibrating measuring and testing equipment. Widely accepted procedures, such as those published by U.S. EPA and ASTM, or procedures provided by manufacturers in equipment manuals will be adopted.

The responsibility for the calibration of laboratory equipment rests with the selected laboratories. Each type of instrumentation and each U.S. EPA-approved method have specific requirements for the calibration procedures, depending on the analytes of interest and the sample medium. The calibration procedures and frequencies of the equipment used to perform the analyses will be in accordance with requirements established by the U.S. EPA. The laboratory QA manager will be responsible for ensuring that the laboratory instrumentation is maintained in accordance with specifications. Individual laboratory SOPs will be followed for corrective actions and preventative maintenance frequencies. Laboratory quality control, calibration procedures, corrective action procedures, and instrument preventative maintenance will be included in an addendum to this QAPP once the laboratories have been selected for each of the TBA sites. Items may include, but are not limited to those identified in the table below.

Instrument	Calibration Procedure	Frequency of Calibration	Acceptance Criteria	Corrective Action (CA)	Title/Position Responsible for CA	SOP Reference ¹
Portable XRF Analyzer	Refer to Worksheet 22	Refer to Worksheet 22	Refer to Worksheet 22	Refer to Worksheet 22	Refer to Worksheet 22	TBD
CVAA	See 7470A, 7471B, ISM01.3	Daily initial calibration prior to sample analysis. Perform instrument re-calibration once per year minimum.	$R^2 \geq 0.995$ for linear regression	Correct problem then repeat initial calibration. If calibration fails again, re-digest the entire digestion batch.	Lab Manager/Analyst	7470A, 7471B, ISM01.3

Instrument	Calibration Procedure	Frequency of Calibration	Acceptance Criteria	Corrective Action (CA)	Title/Position Responsible for CA	SOP Reference ¹
ICP-AES	See 6010C	Calibration and initial calibration verification after instrument set up, then daily; continuing calibration verifications. Upper range within 10%. New upper range limits should be determined whenever a significant change in instrument response or every six months. Low-level continuing calibration verification (LLCCV) standard with 30%.	Initial and continuing calibration verification within $\pm 10\%$ of upper range true values and $\pm 30\%$ LLCCV true values.	Inspect system; correct problem; re-run calibration and affected samples	Lab Manager/Analyst	6010C
ICP/ ICP-MS	See 6010C, 6020A, ISM01.3	Calibration and initial calibration verification after instrument set up, then daily; continuing calibration verification 10% or every 2 hours, whichever is more frequent	Calibration $r^2 > 0.995$; initial and continuing calibration verification within $\pm 20\%$ of true values	Inspect system; correct problem; re-run calibration and affected samples	Lab Manager/Analyst	6010C, 6020A, ISM01.3

- 1 Refer to the Analytical SOPs table (Worksheet 23). A laboratory-specific QA Manual may be referenced on a project-specific basis and will be identified in the site specific SAP, and/or QAPP.

Worksheet 26 & 27 — Sample Handling, Custody, and Disposal

(UFP-QAPP Manual Section 3.3)
 (EPA 2106-G-05 Manual Section 2.3.3)

Sampling Organization: WESTON

Laboratory: ALS Environmental
 960 W. LeVoy Drive
 Salt Lake City, UT 84123, USA
 Phone: 801-266-7700

Method of sample delivery (shipper/carrier): Hand delivery

Number of days from reporting until sample disposal: 1 month

Activity	Organization and Title or Position of Person Responsible for the Activity	SOP Reference
Sample Labeling	START Field Personnel	QAPP Appendix I, SOP G-1 & G-3
Chain-of-Custody Form Completion	START Field Personnel	QAPP Appendix I, SOP G-8
Sample Packaging	START Field Personnel	QAPP Appendix I, SOP G-9
Shipping Coordination	N/A	QAPP, Appendix I, SOP G-9
Sample Receipt, Inspection, & Log-in	Laboratory Sample Custodian	Laboratory SOP
Sample Custody and Storage	Laboratory Sample Custodian /Laboratory Analytical Personnel	Laboratory SOP
Sample Disposal	Laboratory Sample Custodian /Laboratory Analytical Personnel	QAPP Appendix I, SOP G-1 & G-3 Laboratory SOP

Worksheet 36 — Data Validation Procedures

(UFP-QAPP Manual Section 5.2.2)

(EPA 2106-G-05 Section 2.5.1)

Data Validator: WESTON

Analytical Group/ Method	Data Deliverable Requirements	Analytical Specifications	MPC	Percent of Data Packages to be Validated	Percent of Raw Data Reviewed	Percent of Results to be Recalculated	Validation Procedure	Validation Code ¹	Electronic Validation Program/ Version
All	Level 2 Scribe EDD	QAPP Worksheet 28	Worksheets 11, 12, 19 & 30	100	0	0	U.S. EPA Stage 2A unless client requests a greater degree of validation	S2AVEM	N/A

¹ Validation Codes are provided in QAPP Appendix M.

Validation will be performed on all laboratory analytical data unless a defined quantity or percentage of samples is identified by the U.S. EPA in the Technical Direction Document or during the project scoping meeting on a project-specific basis. Project validation criteria as per QAPP Worksheets 12, 15, 19 & 30, 28, and 36, and cited EPA SW-846 methodology will be used. WESTON-contracted laboratory data packages will be verified and validated using a Stage 2A validation, as described in the EPA *Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use* (January 2009) (QAPP Appendix J) unless otherwise specified by the U.S. EPA WAM/COR during the development of the DQOs. Validation Qualifiers will be applied using the following hierarchy: Region 8 UFP-QAPP for Removal Actions and Emergency Responses; the site-specific SAP, and/or QAPP; *EPA National Functional Guidelines for Organic Data Review* (QAPP Appendix K); *EPA National Functional Guidelines for Inorganic Data Review* (QAPP Appendix L); EPA Publication SW-846; and the laboratory-specific SOP. Methods for which no data validation guidelines exist will be validated following the guidance deemed most appropriate by the data validator.

The data validator will receive all laboratory packages and analytical results electronically. Additionally, the validator will be required to submit final validation reports via PDF format and must provide an annotated laboratory analytical result EDD with applicable data validation qualifiers (QAPP Appendix M) identified in the site-specific SAP, and/or QAPP, and/or result value modifications. The

Delegated QA Manager will use EPA document *Using Qualified Data to Document an Observed Release and Observed Contamination* (July 1996) to aid in determining the use of qualified data to document all observed release and observed contamination by chemical analysis under U.S. EPA's HRS. Approved data will be released by the Delegated QA Manager for reporting.

QAPP Worksheet 35 describes the issue resolution process and the individual responsible for conveying results to data users. For issues internal to the laboratory, the laboratory PM will be the responsible party for data resolution issues and will be responsible for conveying this information to the Delegate QA Manager or delegated authority. For external laboratory data and quality issues, the Delegated QA Manager or delegated authority will provide issue resolution information and will be the responsible party for conveying this information to data users. For quality documents, reports, and field information, the Delegated QA Manager, delegated authority, or other persons identified in the table in QAPP Worksheet 35 will be responsible for issue resolutions of such items and will be the responsible party for conveying that information to data users.

TABLE

Table 1
Sampling and Analysis Summary

Site: Stone Castle Recycling (OU1) Site

OSC: Steve Merritt

TDD: 0001/1411-06

Matrix	Analytical Parameter	Analytical Method	Containers (Numbers, Size, and Type)	Preservation Requirements	Number of Sampling Locations	Number of Field Duplicates	Number of MS/MSDs ²	Number of Blanks (Trip, Field, Equipment, Rinsate) ¹	Total Number of Samples to Lab ³	Holding Time
Waste	Metals	EPA 6020	One 8-oz glass jar	Store @ < 4°C	1	0	0	0	1	180 days
Waste	TCLP Metals (no mercury)	EPA 6010C	One 8-oz glass jar	Store @ < 4°C	4	0	0	0	4	180 days
Waste	TCLP Mercury	EPA 7470	No additional volume	Store @ < 4°C	4	0	0	0	4	28 days
Air	Arsenic & Lead	NIOSH 7300	MCE filter	None	3	0	0	1	4	NA

Notes:

¹ Trip blanks are only required for VOCs in water samples.

² For the samples designated for MS/MSDs, triple volume is required for VOCs and double volume for other water parameters.

³ Total number of samples to the laboratory does not include MS/MSD samples.

FIGURES

Attachment D



Photo Number: IMG_A06.JPG **Date:** 12/2/14 **Direction:** Northwest **Photographer:** Bryniarski
Subject: Electronic waste stock piled at the Site



Photo Number: IMG_A05.JPG **Date:** 12/2/14 **Direction:** Southeast **Photographer:** Bryniarski
Subject: Electronic waste stock piled at the Site



Photo Number: IMG_1335.JPG **Date:** 12/2/14 **Direction:** North **Photographer:** Merritt
Subject: ERRS contractor sorts electronic waste and sprays water to suppress airborne dust



Photo Number: IMG_B10.JPG **Date:** 12/3/14 **Direction:** North **Photographer:** Bryniarski
Subject: Electronic waste stock piled at the Site



Photo Number: IMG_B13.JPG **Date:** 12/3/14 **Direction:** North **Photographer:** Bryniarski
Subject: ERRS contractor sorts electronic waste prior to grinding and treatment



Photo Number: IMG_B14.JPG **Date:** 12/3/14 **Direction:** West **Photographer:** Bryniarski
Subject: ERRS contractor sort electronic waste and segregate cardboard and wooden pallets



Photo Number: IMG_B03.JPG **Date:** 12/3/14 **Direction:** West **Photographer:** Bryniarski
Subject: START contractor collects air monitoring data with Data Ram and VIPER Linc



Photo Number: IMG_C01.JPG **Date:** 12/4/14 **Direction:** Northwest **Photographer:** Bryniarski
Subject: ERRS contractor prepares grinder for use at the Site



Photo Number: IMG_C04.JPG **Date:** 12/4/14 **Direction:** Northwest **Photographer:** Bryniarski
Subject: ERRS contractor begins electronic waste grinding operations



Photo Number: IMG_C02.JPG **Date:** 12/4/14 **Direction:** Northwest **Photographer:** Bryniarski
Subject: START contractor collects noise level readings during grinding operations



Photo Number: IMG_C18.JPG **Date:** 12/4/14 **Direction:** North **Photographer:** Bryniarski
Subject: ERRS contractor sprays water for dust control and stock pile waste



Photo Number: IMG_C22.JPG **Date:** 12/4/14 **Direction:** Northeast **Photographer:** Bryniarski
Subject: ERRS contractor sorts and loads waste



Photo Number: IMG_D02.JPG **Date:** 12/5/14 **Direction:** Overhead **Photographer:** Bryniarski
Subject: Electronic waste inside grinder feed chamber



Photo Number: IMG_D03.JPG **Date:** 12/5/14 **Direction:** Overhead **Photographer:** Bryniarski
Subject: Damaged grinder cutting screen (3-4 inch size)



Photo Number: IMG_1416.JPG **Date:** 12/5/14 **Direction:** West **Photographer:** Merritt
Subject: Electronic waste and stock piled ground waste



Photo Number: IMG_E02.JPG **Date:** 12/6/14 **Direction:** North **Photographer:** Bryniarski
Subject: ERRS contractor removes impacted soil in waste stock pile footprint



Photo Number: 9-20141208_125354.jpg **Date:** 12/8/14 **Direction:** West **Photographer:** Way
Subject: ERRS contractor removes large pieces of leaded glass



Photo Number: IMG_F04.JPG **Date:** 12/9/14 **Direction:** Northwest **Photographer:** Bryniarski
Subject: ERRS contractor treats waste with fertilizer prior to second grinding process



Photo Number: IMG_F09.JPG **Date:** 12/9/14 **Direction:** North **Photographer:** Bryniarski
Subject: ERRS contractor loads waste for second grinding process



Photo Number: IMG_G03.JPG **Date:** 12/10/14 **Direction:** Northeast **Photographer:** Bryniarski
Subject: ERRS contractor loads cement into silo of pug mill prior to second waste treatment process



Photo Number: 19-20141210_122103.jpg **Date:** 12/10/14 **Direction:** West **Photographer:** Way
Subject: ERRS contractor loading pug mill with ground waste

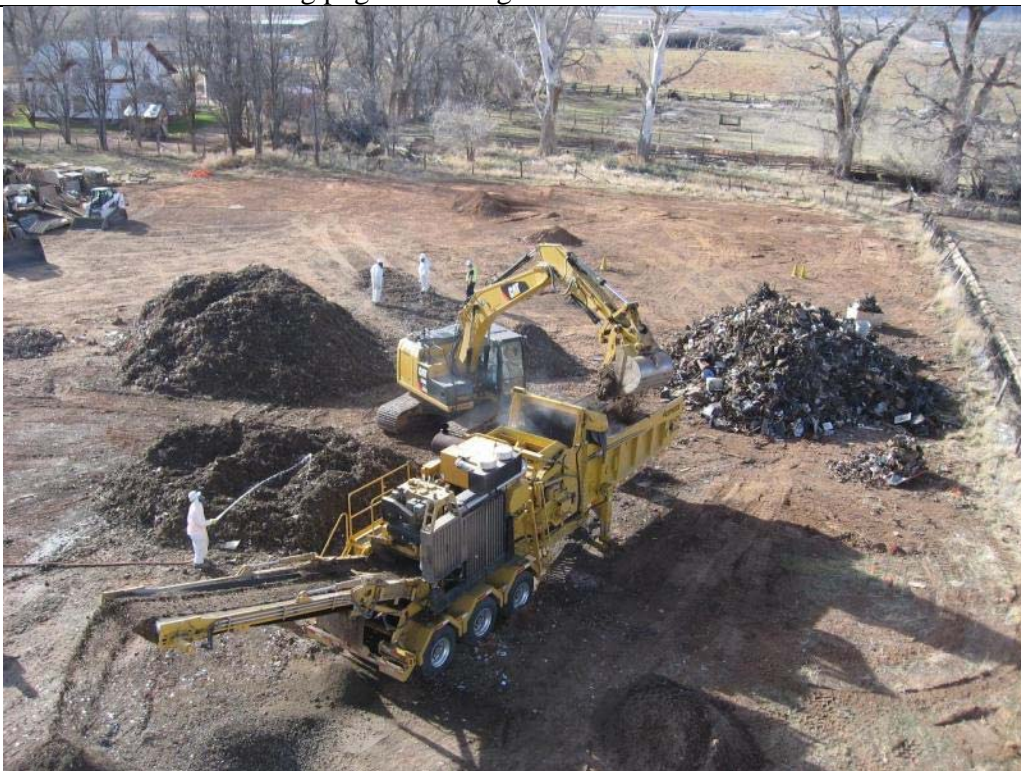


Photo Number: IMG_2392.JPG **Date:** 12/10/14 **Direction:** West **Photographer:** Way
Subject: Grinding operations from atop the pug mill



Photo Number: IMG_H04.JPG **Date:** 12/11/14 **Direction:** North **Photographer:** Bryniarski
Subject: ERRS contractor loads remaining waste for second grinding process



Photo Number: IMG_I05.JPG **Date:** 12/12/14 **Direction:** North **Photographer:** Bryniarski
Subject: ERRS contractor loads waste into pug mill for second waste treatment process



Photo Number: IMG_I07.JPG **Date:** 12/12/14 **Direction:** North **Photographer:** Bryniarski
Subject: Original waste stock pile area after remove and soil grading



Photo Number: 36-20141212_144539.jpg **Date:** 12/12/14 **Direction:** East **Photographer:** Way
Subject: Treated waste stock piled for final disposal



Photo Number: IMG_1459.JPG **Date:** 12/15/14 **Direction:** East **Photographer:** Merritt
Subject: Roll off box loading for transport and final disposal



Photo Number: IMG_1463.JPG **Date:** 12/15/14 **Direction:** South **Photographer:** Merritt
Subject: ERRS contractor excavating impacted soil in former waste staging footprint



Photo Number: IMG_1475.JPG **Date:** 12/16/14 **Direction:** Northwest **Photographer:** Merritt
Subject: ERRS contractor treating remaining impacted soil with Portland cement



Photo Number: IMG_1483.JPG **Date:** 12/16/14 **Direction:** North **Photographer:** Merritt
Subject: Size and volume reduction of non-hazardous debris prior to disposal



Photo Number: IMG_1489.JPG **Date:** 12/16/14 **Direction:** North **Photographer:** Merritt
Subject: Site view after waste removal

Attachment E

SITE HEALTH AND SAFETY PLAN (HASP)

Office: Denver, CO
Site Name: Stone Castle Recycling Site
Client: U.S. EPA Region 8
Work Location: Parowan, Iron, UT
WO#: 20408.012.001.0183.00



SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by: Jeff Bryniarski **W.O. Number:** 20408.012.001.0183.00 **Date:** 10/8/14

Project Identification

Office: DEN
 Site Name: Stone Castle Recycling
 Client: U.S. EPA Region 8
 Work Location Address: Parowan, Iron, UT

Site History: See next page

Scope of Work: Site Assessment to include sampling of site waste and documentation

- ☐ **Site visit only;** site HASP not necessary. List personnel here and sign off below:
- ☐ **Utility notification required.** If required, provide utility notification agency, authorization number, and valid dates:

Regulatory Status:

Site regulatory status:

CERCLA/SARA RCRA Other Federal Agency

- ☒ U.S. EPA ☐ U.S. EPA ☐ DOE
☐ State ☐ State ☐ USACE
☐ NPL Site **NRC** ☐ Air Force
☐ OSHA ☐ 10 CFR 20 ☐ _____
 Hazard Communication (Req'd See Attachment D)
☐ 1910 ☐ 1926 ☐ State

Safety Officer Manual (Required to be On-Site)

Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.


- ☐ Stack Test ☐ _____
☐ Air Emissions ☐ _____
☐ Asbestos ☐ _____
☐ Industrial Hygiene ☐ _____
☐ _____ ☐ _____

Review and Approval Documentation:

Reviewed by:
 SO/DEHSM/CEHS Dave Robinson  Date: 9-Oct-14
 Name (Print) Signature
 Environmental Compliance Advisor
_____ Date: _____
 Name (Print) Signature
 Approved by:
 Project Manager Dave Robinson _____ Date: _____
 Name (Print) Signature

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the FSO and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to CEHS Program Manual Section 5, Personal Protection Program, for guidance.)

☒ **FSO** Jeff Bryniarski  Date: 10/9/14
 Name Signature
☐ **Site Manager** _____ _____ Date: _____
 Name Signature

☐ **Project Environmental Compliance Officer** _____ Date: _____
 Name
☐ **Dangerous Goods Shipping Coordinator** _____ Date: _____
 Name

Project start date: 10/13/14
 End date: 10/31/14
 This site HASP **must** be **reissued/reapproved** for any activities conducted after:
 Date: 10/1/15
 Amendment date(s)
 1.
 2.
 3.
 By: _____

Site History:

This site was referred to EPA by the Solid and Hazardous Waste Program in the Utah Department of Environmental Quality, following a series of mysterious and well-publicized fires at electronics waste (e-waste) recycling facilities throughout the state operated by Stone Castle Recycling. The PRP, Stone Castle Recycling, LLC, was in the business of scrapping used and donated cathode-ray tube (CRT) television sets on behalf non-profit organizations and municipalities along the I-15 corridor in UT and selling component parts as raw materials. Included in this dismantling procedure, Stone Castle Recycling, LLC, was removing the cathode-ray from the leaded-glass vacuum tube inside the sets. This glass could be segregated, crushed, and sent to other leaded glass makers to melt down and create new leaded-glass CRTs. Following the move from analog to digital broadcasting, and the corresponding shift from CRT televisions to plasma and LCD high-definition televisions, the market for leaded glass evaporated almost overnight and Stone Castle Recycling had large volumes of a now-worthless raw material without sufficient revenue to properly dispose of, pay rent in warehouses, or pay employees. As a result, a tremendous volume of accumulated televisions, in various states of disassembly, are located at sites throughout UT.



BEHAVIOR-BASED SAFETY (BBS) – Pledge

I Accept and Understand 100% Safe Work Is an Achievable Goal

- ★ I will work to develop strong connections and team with my co-workers to establish a culture of working safely 100% of the time.
- ★ I will actively care about all Weston employees, our families, team contractors and clients.
- ★ I will help to keep our projects safe and will meet and exceed compliance requirements.
- ★ I will understand and comply with the Health and Safety Plan, Accident Prevention Plan, and Environmental Compliance Plan for each field project. They guide my actions.
- ★ I will stop any work that presents an imminent hazard to people or the environment or is not adequately addressed in the Health and Safety Plan, Accident Prevention Plan, or Environmental Compliance Plan.
- ★ I will identify changing conditions to address safety implications. No surprises!
- ★ I will identify unsafe working conditions and be proactive in correcting them.
- ★ I will coach and mentor and will accept coaching from others to encourage safe work behaviors.
- ★ I am empowered to share lessons-learned and foster continuous improvement.

I will Learn where I can get Assistance

- ★ I will develop high quality relationships with my Division Environmental, Health, and Safety (EHS) Manager; Profit Center Safety Officer; and Field Safety Officer.
- ★ I will learn how and when to contact our Environmental Advisors.
- ★ I will get to know our Corporate EHS staff and become familiar with the Corporate EHS Portal Site.

I will Report All Incidents

- ★ If a safety incident occurs, even if there is no injury or damage but there could have been, I will report the incident immediately.
- ★ I will conduct safety reviews of all incidents with my supervisor, if requested. The review will focus on cause and lessons-learned so that we can be proactive in preventing it from happening again.

PROJECT QUALITY PLEDGE GUIDE

Living by our core value of “Exceptional Quality” means we deliver products and services that meet the highest standards. In doing so, we strive to identify, understand, and execute the project scope of work according to our clients’ exceptional performance expectations. The Project Quality Pledge is the process we use to ensure our clients’ exceptional performance expectations are met – every time.

This document provides guidance and links to examples for developing and executing a successful Project Quality Pledge. All Pledges will not be the same; what is important is that **your** Pledge makes sense to **your client and your team**. Project Quality Pledges can be very detailed ([PENREN](#)), or streamlined ([IAS](#)), depending on what works for your client and team. It can be a stand-alone document or incorporated into the Project Execution Plan or Project Instructions ([Fort Sam](#)).

The three most important aspects of the Project Quality Pledge are:

- Talk to your client frequently
- Understand your client’s exceptional performance expectations
- Communicate client expectations to your team

[Talk to Your Client](#)

You cannot know your clients’ exceptional performance expectations without talking to them. We must initiate and sustain a dialog with our clients. The ‘client’ may include several stakeholders, so communication is essential.

- Focus on exceptional performance expectations in all project phases (proposal to completion).
- Hold regularly-scheduled discussions with the client to ask about Weston performance.
- Schedule client-Weston meetings if any key client contacts change.
- Review/revise quality goals if client expectations change.
- Document and address client issues or suggestions and share with your team.

[Understand Your Clients’ Exceptional Performance Expectations](#)

At its very basic level, the Pledge should identify our overall commitment to the client, including a statement describing that commitment ([Surf City](#)). Ask yourself, what is the shared vision?

- Define the clients’ exceptional performance expectations. These expectations translate into one or more goals included in the Pledge ([EcoTourism](#)). Inquire about any sustainability goals the client may have and discuss how our project could incorporate these goals.
- Develop the Project Quality Pledge. The lead for this effort is typically the CSM or PM.
- Identify and link WESTON and client contacts to ensure zippered communication. These contacts can be recorded in the Pledge or elsewhere; the important point is to link Weston and client contacts ([Sherwin Williams](#)).

[Communicate Client Expectations to Your Team](#)

In order to meet our client’s exceptional performance expectations, we must secure the project team’s commitment to those expectations. Each team member should not only understand the Project Quality Pledge, but should also be able to articulate it to others and identify his/her specific role in achieving it.

- Discuss the Pledge at the kickoff meeting & regularly scheduled project meetings.
- Ensure each team member understands the Pledge, and his/her specific role.
- Have team members sign the Pledge. The Pledge can define each person’s specific role along with their signature ([IAS](#)), or provide a signature page for the overall pledge ([EcoTourism](#)).

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ATTACHMENT B	Safety Data Sheets
ATTACHMENT C	Safety Procedures/Field Operating Procedures (FLD Ops)
ATTACHMENT D	Hazard Communication Program
ATTACHMENT E	Air Sampling Data Sheets
ATTACHMENT F	Incident Reporting
ATTACHMENT G	Traffic Control Plan
ATTACHMENT H	Environmental Health & Safety Inspection Checklist
ATTACHMENT I	Hazard Checklist (Single Page)
ATTACHMENT J	Audit and Other Forms

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES			
Organization/Branch	Name/Title	Address	Telephone
START 4/Denver	Eric Sandusky	1435 Garrison St. Lakewood, CO	678-516-7299 (cell) 303-729-6132 (office)
START 4/Denver	Ellie Kastner	1435 Garrison St. Lakewood, CO	302-540-0099 (cell) 303-729-6158 (office)
START 4/Denver	Jeff Bryniarski	1435 Garrison St. Lakewood, CO	708-284-2490 (cell) 303-729-6106 (office)
START 4/Denver	John Lucotch	1435 Garrison St. Lakewood, CO	970-301-1416 (cell)
START 4/Denver	Jen Patureau	1435 Garrison St. Lakewood, CO	303-968-0361 (cell)
START 4/Denver	Dave Robinson	1435 Garrison St. Lakewood, CO	937-572-3630 (cell) 303-729-6181 (office)
Roles and Responsibilities: Dave Robinson- Project Manager; Jeff Bryniarski- Project Team Lead; Ellie Kastner- Project Scientist; Eric Sandusky- Project Scientist; John Lucotch- GIS Management; Jen Patureau - Project Scientist / Treatability Study Support			
1.2 WESTON SUBCONTRACTORS			
Organization/Branch	Name/Title	Address	Telephone
	Name: Title:	Street: City: State, Zip:	
	Name: Title:	Street: City: State, Zip:	
Roles and Responsibilities:			
SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL			
The Site Field Safety Officer (FSO) for activities to be conducted at this site is: Jeff Bryniarski The Site Manager has ultimate responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field. Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs must be experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.			
Qualifications: 40 Hazwoper certification, 8hr SHSC/FSO Course, 8-hr refresher, First Aid / CPR, Bloodborne Pathogens			
Designated alternates include: Ellie Kastner, Eric Sandusky			

1.3 SITE PERSONNEL AND CERTIFICATION STATUS

1.3.1 WESTON Employee Certification

Name: Eric Sandusky Title: Field Operations Task(s): All Certification Level or Description: 40 Hour Hazwoper <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)	Name: Ellie Kastner Title: Field Operations Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)
Name: Jeff Bryniarski Title: PTL / Field Operations Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
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Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any tight-fitting respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, tight-fitting, air-purifying respirator for protection from asbestos or lead, employees must have had a quantitative fit test, administered according to OSHA 29 CFR 1910.1001 or .1025 or 29 CFR 1926.1101 or .62, within the last 12 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and able to wear a respirator, if appropriate, in accordance with 29 CFR 1910 or 29 CFR 1926 (substance-specific), or 29 CFR 1910.120 (HAZWOPER).

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

SITE PERSONNEL AND CERTIFICATION STATUS

1.3.2 Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor:

Address:

Activities To Be Conducted by Subcontractor:

Evaluation Criteria

Medical Program meets OSHA/WESTON criteria

- ☐ Acceptable
☐ Unacceptable

Comments:

Personal Protective Equipment available

- ☐ Acceptable
☐ Unacceptable

Comments:

On-site monitoring equipment available, calibrated, and operated properly

- ☐ Acceptable
☐ Unacceptable

Comments:

Safe Working Procedures clearly specified

- ☐ Acceptable
☐ Unacceptable

Comments:

Training meets OSHA/WESTON criteria

- ☐ Acceptable
☐ Unacceptable

Comments:

Emergency Procedures

- ☐ Acceptable
☐ Unacceptable

Comments:

Decontamination Procedures

- ☐ Acceptable
☐ Unacceptable

Comments:

General Health and Safety Program evaluation

- ☐ Acceptable
☐ Unacceptable

Comments:

Additional comments:

- ☐ Subcontractor has agreed to and will conform to the WESTON HASP for this project.

☐ Subcontractor will work under its own HASP, which has been accepted by Project PM.

Evaluation Conducted by:

Date:

Evaluation Source (SubTrack, etc.):

Subcontractor

Certifications for all subcontractor personnel will be added to the HASP prior to beginning work.

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

- ☐ Medical Current ☐ Training Current
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: ☐ Complete ☒ Partial If partial why? **Additional sites from same PRP being reviewed by OSC Merritt**

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1		Collect site waste samples (including mobilization/demobilization)	10/13/14-10/16/14
2		XRF site soil and waste	10/13/14-10/16/14

Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1

- ☐ Flammable
- ☐ Explosive
- ☐ Corrosive
- ☐ Reactive
- ☐ O₂ Rich
- ☐ O₂ Deficient

Chemically Toxic 1

- ☐ Inhalation ☐ Carcinogen
- ☒ Ingestion ☐ Mutagen
- ☐ Contact ☐ Teratogen
- ☐ Absorption
- ☐ OSHA 1910.1000 Substance (Air Contaminants)
- ☐ OSHA Specific Hazard Substance Standard (Refer to following page for listing)

Radiation 3

- Ionizing:
 - ☐ Internal exposure
 - ☐ External exposure
- Non-ionizing:
 - ☒ UV ☐ IR
 - ☐ RF ☐ MicroW
 - ☐ Laser

Biological 2

- ☐ Etiological Agent
- ☒ Other (plant, insect, animal)

Physical Hazards 4

- ☐ Construction Activities

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks

- ☐ Air
- ☐ Other Surface
- ☐ Groundwater
- ☒ Soil
- ☐ Surface Water
- ☐ Sanitary Wastewater
- ☐ Process Wastewater
- ☒ Other **Site Waste**

Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

- ☐ Client Facility/WESTON Work Location
- ☐ Nearby Non-Client Facility

Describe:

- ☒ Have activities (task[s]) been coordinated with facility?

Comments:

OSC Merritt has secured site access

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

☐ N/A

Chemical Contaminants of Concern

Attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, Hazardous Substances Data base (HSDB), etc. List chemicals and concentrations below and locate data sheets in Attachment A of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Safety Data Sheets (SDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the SDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the SDSs here. List chemicals and quantities below and locate SDSs in Attachment B of this HASP.

Chemical Name	Concentration ()	Chemical Name	Quantity
Lead	Unknown	Nitric Acid (10% v/v)	0.5 L
Other heavy metals	Unknown	Alconox	0.5 L

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

<input type="checkbox"/> 1910.1001 Asbestos	<input type="checkbox"/> 1910.1002 Coal tar pitch volatiles	<input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc.	<input type="checkbox"/> 1910.1004 alpha-Naphthylamine
<input type="checkbox"/> 1910.1005 [Reserved]	<input type="checkbox"/> 1910.1006 Methyl chloromethyl ether	<input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts)	<input type="checkbox"/> 1910.1008 bis-Chloromethyl ether
<input type="checkbox"/> 1910.1009 beta-Naphthylamine	<input type="checkbox"/> 1910.1010 Benzidine	<input type="checkbox"/> 1910.1011 4-Aminodiphenyl	<input type="checkbox"/> 1910.1012 Ethyleneimine
<input type="checkbox"/> 1910.1013 beta-Propiolactone	<input type="checkbox"/> 1910.1014 2-Acetylaminofluorene	<input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene	<input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine
<input type="checkbox"/> 1910.1017 Vinyl chloride	<input type="checkbox"/> 1910.1018 Inorganic arsenic	<input checked="" type="checkbox"/> 1910.1025 Lead (Att. FLD# 46)	<input type="checkbox"/> 1910.1026 Chromium VI (att. FLD 53)
<input checked="" type="checkbox"/> 1910.1027 Cadmium (Att. 50 FLD)	<input type="checkbox"/> 1910.1028 Benzene (Att. FLD# 54 or 61)	<input type="checkbox"/> 1910.1029 Coke oven emissions	<input type="checkbox"/> 1910.1043 Cotton dust
<input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane	<input type="checkbox"/> 1910.1045 Acrylonitrile	<input type="checkbox"/> 1910.1047 Ethylene oxide	<input type="checkbox"/> 1910.1048 Formaldehyde
<input type="checkbox"/> 1910.1050 Methylenedianiline	<input type="checkbox"/> 1910.1051 1,3 Butadiene	<input type="checkbox"/> 1910.1052 Methylene chloride	<input type="checkbox"/> 1926.60 Methylenedianiline
<input checked="" type="checkbox"/> 1926.62 Lead	<input type="checkbox"/> 1926.1101 Asbestos (Att. FLD 52)	<input checked="" type="checkbox"/> 1926.1127 Cadmium	

HEALTH AND SAFETY EVALUATION

2.1.3 Biological Hazards of Concern

☒ **Poisonous Plants** (FLD 43-D)

Location/Task No(s) **All**

Source: ☐ Known ☒ Suspect
 Route of Exposure: ☐ Inhalation ☐ Ingestion
☒ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No
 Immunization required: ☐ Yes ☒ No

☒ **Insects** (FLD 43-B)

Location/Task No(s) **All**

Source: ☐ Known ☒ Suspect
 Route of Exposure: ☐ Inhalation ☐ Ingestion
☒ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No
 Immunization required: ☐ Yes ☒ No

☒ **Snakes, Reptiles** (FLD 43-A)

Location/Task No(s) **All**

Source: ☐ Known ☒ Suspect
 Route of Exposure: ☐ Inhalation ☐ Ingestion
☒ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No
 Immunization required: ☐ Yes ☒ No

☒ **Animals** (FLD 43-A)

Location/Task No(s) **All**

Source: ☐ Known ☒ Suspect
 Route of Exposure: ☐ Inhalation ☐ Ingestion
☒ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No
 Immunization required: ☐ Yes ☒ No

FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP ☐

☐ **Sewage**

Location/Task No.(s):

Source: ☐ Known ☐ Suspect
 Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No
 Immunization required: ☐ Yes ☐ No

Tetanus Vaccination within Past 10 yrs: ☐ Yes ☐ No

☐ **Etiologic Agents** (FLD -C)(List)

Location/Task No.(s):

Source: ☐ Known ☐ Suspect
 Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No
 Immunization required: ☐ Yes ☐ No

FLD 43-C — Mold and Fungus. Att. OP ☐

FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP ☐

FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP ☐

HEALTH AND SAFETY EVALUATION								
2.1.4 Radiation Hazards of Concern								
NONIONIZING RADIATION								
Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument		
All	Ultraviolet	Solar			Appropriate clothing/sunscreen	None		
	Infrared							
	Radio Frequency							
	Microwave							
	Laser							
IONIZING RADIATION								
Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC ($\mu\text{Ci}/\text{mL}$)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		
2	N/A	X-rays (XRF Inst).						

HEALTH AND SAFETY EVALUATION

2.1.5 Physical Hazards of Concern (Note: Check related RAVS-FLDs for Oil & Gas Clients)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	<input type="checkbox"/>	Section 7.0 - ECH&S Program Manual Occupational Noise & HC Program
Inclement weather	Rain/humidity/cold/ice/snow/lightning	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input type="checkbox"/>	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	<input checked="" type="checkbox"/>	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input checked="" type="checkbox"/>	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 - Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	<input type="checkbox"/>	FLD09 - Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input checked="" type="checkbox"/>	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	<input checked="" type="checkbox"/>	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input checked="" type="checkbox"/>	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	<input type="checkbox"/>	FLD13 - Structural Integrity
Improper cylinder. handling	Mechanical injury/fire/explosion/suffocation	<input type="checkbox"/>	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	<input type="checkbox"/>	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input checked="" type="checkbox"/>	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD22 - Earth Moving Equipment
Moving mech. parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes, Rigging, and Slings
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input type="checkbox"/>	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 - Excavating/Trenching
Physiochemical	Explosions/fires from oxidizing, flam./corr. material	<input type="checkbox"/>	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	<input type="checkbox"/>	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	<input type="checkbox"/>	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	<input type="checkbox"/>	FLD36 - Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impaction/heat stress	<input type="checkbox"/>	FLD37 - Pressure Washers/Sand Blasting
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	<input checked="" type="checkbox"/>	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	<input type="checkbox"/>	FLD39 - Illumination
Fire/explosion	Burns/impaction	<input type="checkbox"/>	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input type="checkbox"/>	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input type="checkbox"/>	FLD42 - Lockout/Tag-out
Biological Hazards	Biological Hazards at site	<input type="checkbox"/>	FLD43 - Biological Hazards
Animals	Animals	<input checked="" type="checkbox"/>	FLD43A - Animals
Insects	Stinging and Biting Insects	<input checked="" type="checkbox"/>	FLD43B - Stinging and Biting Insects
Molds/Fungi	Molds and Fungi	<input type="checkbox"/>	FLD43C - Molds and Fungi
Hazardous Plants	Hazardous Plants	<input checked="" type="checkbox"/>	FLD43D - Hazardous Plants
Etiologic Agents	Etiologic Agents	<input type="checkbox"/>	FLD43E - Etiologic Agents

2.1.5 Physical Hazards of Concern (Continued)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Biological Hazards/BBP	Biological Hazards/BBP at site/First Aid Providers	<input type="checkbox"/>	FLD44 - Biological Hazards – Bloodborne Pathogens Exposure Control Plan – First Aid Providers
Infectious Waste	Infectious Waste at site/BBP/ at site/Infectious Waste	<input type="checkbox"/>	FLD45 – Biological Hazards – Bloodborne Pathogens Exposure Control Plan – Work With Infectious Waste
Lead Contaminated sites	Lead poisoning	<input checked="" type="checkbox"/>	FLD46 - Control of Exposure to Lead
Puncture/cuts	Cuts/ dismemberment/gouges	<input type="checkbox"/>	FLD47 - Clearing, Grubbing and Logging Operations
Government Inspector	Disruption of Operations	<input type="checkbox"/>	FLD48 – Federal, State, Local Regulatory Agency Inspections
Unknown Chemicals	Exposure to hazardous materials/waste	<input type="checkbox"/>	FLD49 – Safe Storage of Samples
Cadmium	Exposure Control	<input checked="" type="checkbox"/>	FLD50 – Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	<input type="checkbox"/>	FLD51 – Process Safety Procedure
Asbestos	Asbestos Exposure	<input type="checkbox"/>	FLD52 – Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	<input type="checkbox"/>	FLD53 – Hexavalent Chromium Exposure Control Plan
Benzene	Exposure Control Plan	<input type="checkbox"/>	FLD54 - <u>Benzene Exposure Control Plan</u>
Hydrofluoric acid	Working with HF	<input type="checkbox"/>	FLD55 – Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD56 – Drilling Safety
Vehicles/driving	Accidents,/fatigue/cell phone use	<input checked="" type="checkbox"/>	FLD 57 – Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	<input type="checkbox"/>	FLD 58 – Drum Handling Operations
COC decontamination	COCs/slip, trip, and falls/waste generation/environmental compliance/PPE	<input checked="" type="checkbox"/>	FLD59 - Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	<input type="checkbox"/>	Environmental Remediation Drilling Safety Guideline - 2005
Fatigue	Long work hours	<input checked="" type="checkbox"/>	FLD60 – Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	<input type="checkbox"/>	FLD61 – Gasoline Contaminant Exposure
Cardiac Arrest	Accident/Heart Attack	<input type="checkbox"/>	FLD62 – 2009 Automatic External Defibrillator (AED) Program Guidelines
Ionizing Radiation	Ionizing Radiation	<input checked="" type="checkbox"/>	FLD63 – Using Handheld X-Ray Fluorescence (XRF) Analyzers
Working Alone	Isolated Working Conditions	<input type="checkbox"/>	FLD64 – Employees Working Alone

3. SITE SECURITY

3.1 SITE SECURITY ASSESSMENT FORM

DESCRIPTION	
Site Name and Location: Stone Castle Recycling Parowan, UT	Number of Employees and Subcontractors on Site: 3 STARTs
Type of Work: Sample collection and site documentation	
Projected Start Date: TBD	Projected Completion Date: TBD
Are Chemicals Used or Stored That Meet DHS/CFATS Requirements? http://www.dhs.gov/files/programs/gc_1185909570187.shtm	
If Yes, Attach Plan and DHS Approvals to HASP. http://www.dhs.gov/files/programs/gc_1169501486197.shtm	
SURROUNDING AREA (<i>urban/suburban/rural; residential/commercial/industrial; traffic volume, population density, etc</i>) Rural; residential	
THREAT INDICATORS (<i>apparent social, economic, political, ethnic, criminal, gang related, and other risk factors</i>) none	
COUNTERMEASURES (<i>Current and projected risk mitigation factors</i>)	
Security Systems (Reference Site Security Checklist): NA	
Security Procedures (Reference Site Security Checklist): NA	
Closest police station location and contact information: Parowan City Police Department 5 S Main St Parowan, UT 84761 (435) 477-3331	
Other relevant observations or information to factor into the Site Security Plan: NA	
OVERALL SECURITY ASSESSMENT (<i>Submit "Medium" and "High" risk assessments to Corporate Security for review</i>)	
Risk Level: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Date: 10/8/14
Site Safety Officer: Jeff Bryniarski	Office Safety Manager: Dave Robinson
USE ATTACHMENTS FOR ADDITIONAL COMMENTS, MAPS AND DIAGRAMS	

3.2 WESTON SITE SECURITY CHECKLIST

*To be used for completing the Site Security Assessment Form required on all WESTON projects.
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".*

CONTROL MEASURES:	In-Place / Not In-Place	Needed / Not Needed
1. Fencing, lockable gates, no holes (enter details below): a. Chain Link material b. Other material (describe) c. Height (in feet and inches) d. Top cover (e.g., razor wire) e. Signage (e.g., No Trespassing)	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>
2. Guard service: a. During working hours? b. During non-working hours? c. As a stationary post? d. As a roving patrol? e. Do they have written instructions? f. Do they have adequate training? g. Do they have adequate supervision? h. Do they have daily reports? i. Do they have daily inspections?	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>
3. ID badges displayed by: a. Employees? b. Contractors? c. Visitors?	<input checked="" type="checkbox"/> / <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	<input checked="" type="checkbox"/> / <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>
4. Log books for: a. Employee sign-in? b. Visitor sign-in? c. Vehicle sign-in? d. Incident reports? e. Property removal? f. Keys and access cards?	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>
5. Electronics and hardware options (enter details below): a. Access card readers b. Adequate lighting c. Closed circuit TV d. Alarm system e. Other (describe)	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>
6. Procedures documented for: a. Security training? b. Security instructions? c. Contingency plans? d. Opening and closing protocols? e. Other (describe)?	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>
7. Law enforcement liaison documented for: a. Municipal police? b. County sheriff? c. State police? d. Federal agencies (specify)?	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input checked="" type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>

WESTON SITE SECURITY CHECKLIST (CONTINUED)

*To be used for completing the Site Security Assessment Form required on all WESTON projects.
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".*

CHAIN OF COMMAND:	Name	24/7 Contact Information
a. Site Security Coordinator	Jeff Bryniarski	708-284-2490
b. Site Supervisor	Jeff Bryniarski	708-284-2490
c. Project Manager	Dave Robinson	937-572-3630
d. PC Manager	John Glabach	303-885-1027

REMARKS (use this section and supplemental pages to comment on details, exceptions or additional observations):

4. TASK BY TASK ASSESSMENT

4.1 TASK-BY-TASK RISK ASSESSMENT

4.1.1 Task 1 Description

TASK 1: Collection of site waste samples and documentation- including site mobilization/demobilization
(Driving is inherently dangerous. A team of three people will drive to the site and will communicate, take turns driving, and take breaks in order to reduce risks. The team will assess current weather conditions along the route and will allow extra time and take appropriate precautions if adverse weather is anticipated. All drivers and passengers will adhere to traffic laws, drive defensively, and wear seatbelts at all times vehicles are operated. Safe lifting practices will be utilized when loading and unloading equipment from vehicles.)

EQUIPMENT REQUIRED/USED

Hard Hat	Coolers	Alconox	Sledge Hammer	iPAD
Steel-toe boots	Sample Jars	Spray Bottles	5-gal Buckets	GPS
Leather Gloves	Scoops	DeCon Water	Zip-loc Bags	
Nitrile Gloves	Shovels	Nitric Acid		
Safety Glasses	Hang Auger			

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Site soils may be contaminated with heavy metals, primarily lead. Decontamination of the sampling equipment will be conducted outside or other locations where there is adequate ventilation. All handling of nitric acid solutions will be conducted with adequate hand and eye protection.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Walking on uneven terrain. Hazard will be mitigated by being cautious and refraining from documenting while walking. Use of hand auger for shallow soil sampling presents hazards from the sharp auger bucket edges and from overexertion. Team will utilize appropriate sturdy gloves for hand protection and will trade off augering duties to avoid overexertion.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

There is a chance of encountering bees, bugs, aggressive pets, and poisonous plants. Hazard will be mitigated by taking caution and being observant.

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

No radiological hazards involved with sampling and documentation.

LEVELS OF PROTECTION/JUSTIFICATION

Level D is acceptable since risks are primarily physical.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

TASK-BY-TASK RISK ASSESSMENT (Continued)

4.1.2 Task 2 Description

TASK 2: XRF analysis of site soil and waste

EQUIPMENT REQUIRED/USED

Hard Hat	Coolers	Alconox	Sledge Hammer	iPAD
Steel-toe boots	Sample Jars	Spray Bottles	5-gal Buckets	GPS
Leather Gloves	Scoops	DeCon Water	Zip-loc Bags	
Nitrile Gloves	Shovels	Nitric Acid		
Safety Glasses	Hang Auger	InnovX XRF		

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Site soils may be contaminated with heavy metals, primarily lead. Team will utilize basic dust control during soil sampling – minimize dust creation by using hand augering. Soil concentrations are not expected to exceed that where observance of a visible airborne dust limit would be insufficient for respiratory protection. (1/2 of current TLV, or 1.5 mg/m³, during sampling, containerizing and decontamination procedures). Decontamination of the sampling equipment will be conducted outside or other locations where there is adequate ventilation. All handling of nitric acid solutions will be conducted with adequate hand and eye protection. All sample drying, sieving and analysis preparations will be conducted in an area with adequate ventilation.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Walking on uneven terrain. Hazard will be mitigated by being cautious and refraining from documenting while walking. Use of hand auger for shallow soil sampling presents hazards from the sharp auger bucket edges and from overexertion. Team will utilize appropriate sturdy gloves for hand protection and will trade off augering duties to avoid overexertion.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

There is a chance of encountering bees, bugs, aggressive pets, and poisonous plants. Hazard will be mitigated by taking caution and being observant.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

The x-ray fluorescence analyzer poses a radiation risk. Operator has experience and training using the instrument and will operate it with caution. Team will utilize all appropriate manufacturer's safety procedures and equipment to minimize the risk of exposure to side scatter radiation (xrays).

LEVELS OF PROTECTION/JUSTIFICATION

Level D

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)

4.1.3 Task 3 Description

TASK 3:

EQUIPMENT REQUIRED/USED

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

Physical

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

Biological

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

RADIOLOGICAL

☐ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

LEVELS OF PROTECTION/JUSTIFICATION

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)

4.1.4 Task 4 Description

TASK 4:

EQUIPMENT REQUIRED/USED

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

Physical

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

Biological

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)

4.1.5 Task 5 Description

TASK 5:

EQUIPMENT REQUIRED/USED

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

Physical

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

Biological

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

4.2 PERSONNEL PROTECTION PLAN

Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

- 1 Seatbelts
- 2 Ventilation for sample preparation and analyses.

Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

- All Level D PPE

Description of Levels of Protection

Level D	Level D Modified
<p><u>Task(s): All</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Head <input checked="" type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Appropriate Work Uniform <input checked="" type="checkbox"/> Hand – Gloves <input checked="" type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other </div> <div style="width: 60%;"> Hard Hat Safety Glasses Leather & Nitrile Steel-toe, steel shank for work on/in debris field with glass shards </div> </div>	<p><u>Task(s):</u> _____</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input type="checkbox"/> Hand - Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Over Boots </div> </div>

4.3 DESCRIPTION OF LEVELS OF PROTECTION

Level C	Level B () or Level A ()
Task(s): <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input type="checkbox"/> Hand – Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Outer Boots <input type="checkbox"/> Boots (Other) <input type="checkbox"/> Half Face <input type="checkbox"/> Cart./Canister <input type="checkbox"/> Full Face <input type="checkbox"/> Cart./Canister <input type="checkbox"/> PAPR <input type="checkbox"/> Cart./Canister <input type="checkbox"/> Type C <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other	Task(s): <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input type="checkbox"/> Hand - Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Outer Boots <input type="checkbox"/> Boots (Other) <input type="checkbox"/> SAR - Airline <input type="checkbox"/> SCBA <input type="checkbox"/> Comb. Airline/SCBA <input type="checkbox"/> Cascade System <input type="checkbox"/> Compressor <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other

5. MONITORING PROGRAM

5.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

5.1.1 Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: ☐ Field Notebook ☐ Field Data Sheets* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
<input type="checkbox"/> RAD				<input type="checkbox"/>		
<input type="checkbox"/> GM (Pancake)				<input type="checkbox"/>		
<input type="checkbox"/> NaI (Micro R)				<input type="checkbox"/>		
<input type="checkbox"/> ZnS (Alpha Scintillator)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> PID				<input type="checkbox"/>		
<input type="checkbox"/> MiniRAE				<input type="checkbox"/>		
<input type="checkbox"/> MultiRAE (LEL/O2/H2S/CO/PID)				<input type="checkbox"/>		
<input type="checkbox"/> TVA 1000 (PID/FID)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> FID						
<input type="checkbox"/> TVA 1000 (FID/PID)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> PDR 1000 (Particulate)				<input type="checkbox"/>		
<input type="checkbox"/> Single Gas Meter (SGM)				<input type="checkbox"/>		
Specify Chemical:				<input type="checkbox"/>		
<input type="checkbox"/> Personal Sampling Pump				<input type="checkbox"/>		
Specify Media:				<input type="checkbox"/>		
<input type="checkbox"/> Bio-Aerosol Monitor				<input type="checkbox"/>		
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						

5.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

5.1.1 Air Monitoring Instruments Calibration Record

[illegible]

5.2 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
<input type="checkbox"/> Explosive or Flammable Atmosphere		Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Oxygen		Ambient Air Concentration	Confined Space Concentration	
		<19.5% O ₂	<19.5% O ₂	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O ₂	19.5% to 23.5% O ₂	Work may continue. Investigate changes from 21%.
		>25% O ₂	>23.5% O ₂	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Radiation		< 3 times background 3 times background to < 1 mR/hour		Continue work. Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
<input type="checkbox"/> Organic Gases and Vapors				
<input checked="" type="checkbox"/> Inorganic Gases, Vapors, and Particulates	All	Visual dust action level of <1.5 mg/m ³ for protection against anticipated concentrations of metals in site soils.		Level D

5.3 ACTION LEVELS

NA

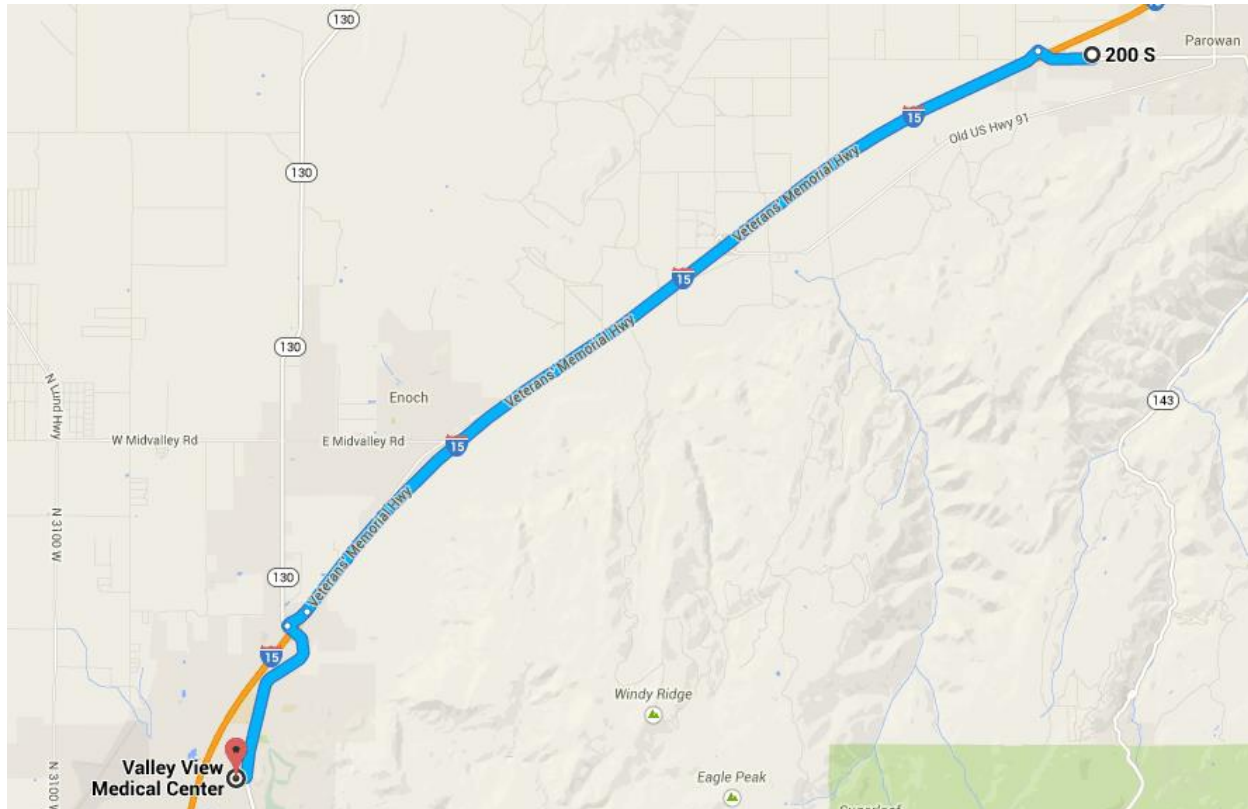
6. HOSPITAL INFORMATION

6.1 CONTINGENCIES

6.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
WorkCare WESTON Medical Director WorkCare WESTON Program Administrator	Dr. Peter Greaney Heather Lind	From 6 am to 4:30 pm Pacific Time call 800-455-6155 and dial 0 for the Operator or ext. 475 for Heather Lind to request the on-call clinician.
After-Business Hours Contact (In Case of Emergency Only)		4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday, and Holidays call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes.
WESTON Corporate EHS Director	Jim Davis	334-319-0380 (office), 261-633-7536 *(mobile)
WESTON Medical Programs Manager	Jim Davis	334-319-0380 (office), 261-633-7536 *(mobile)
WESTON Health & Safety Division Safety Manager	Dave Robinson	937-572-3630 (mobile)
WESTON Health & Safety Local Safety Officer	Dave Robinson	937-572-3630 (mobile)
Parowan Fire Department	911	435-477-3331
Parowan City Police Department	911	435-477-3331
WESTON FSO Cell Phone	Jeff Bryniarski	708-284-2490
WESTON PM Cell Phone	Dave Robinson	937-572-3630
Client Site Phone	NA	--
Site Telephone	NA	--
Nearest Telephone	NA	--
Poison Control		(800) 222-1222
Local Medical Emergency Facility(s) - LMF		
Name of Hospital: Valley View Medical Center		
Address: 1303 North Main Street Cedar City, UT 84721		Phone No.: 435-868-5000
Name of Contact: ER		Phone No.: 911
Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital: (See Attached)	Travel time from site: 16 min Distance to hospital: 15.9 miles Name/no. of 24-hr ambulance service: 911

6.1.2 Hospital Map



Begin: Parowan, UT 84761

Head west on UT-143 N/200 S toward Roni	Continue to follow UT-143 N	0.8 mi
Turn left to merge onto I-15 S toward Cedar City		12.4 mi
Take exit 62 for UT-130 toward Cedar City/Enoch		0.3 mi
Turn left onto UT-130 S		
Destination will be on the right		2.4 mi

Arrive: Valley View Medical Center
1303 N Main St, Cedar City, UT 84721

***This map is subject to Google's Terms of Service, and Google is the owner of rights therein.
Portions of this image may have been removed for clarity.***

6.1 CONTINGENCIES				
6.1.3 Response Plans				
Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination. LMF = Local Medical Facility	First Aid Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Blood Borne Pathogens Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type Appropriate sized ANSI-approved Type III Kit, plus BBP	Location In Vehicle	Special First-Aid Procedures: Cyanides on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Eyewash required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	HF on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
	Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	
Plan for Response to Spill/Release		Plan for Response to Fire/Explosion		Fire Extinguishers
In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per SDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher <u>only if safe and trained</u> in its use e. Stand by to inform emergency responders of materials and conditions	Type/Location _____ / _____ / _____ / _____ / _____ /
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)		Location
Plan to Respond to Security Problems				
Avoid confrontation, call 911; notify PM, SO and USEPA OSC				

7. DECONTAMINATION PLAN

7.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐ Level B

☐ Level C

☒ Level D

Modifications include:

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Contaminated gloves will be placed in the trash.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

NA

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

Sampling equipment will be brushed and then washed withalconox and rinsed with deionized or distilled water.

7.2 LEVEL D DECONTAMINATION PLAN	
Check indicated functions or add steps, as necessary:	
Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input checked="" type="checkbox"/> Outer glove removal	Place in trash bag
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input checked="" type="checkbox"/> Inner glove removal	Place in trash bag
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
Disposal Plan, End of Day: Discard trash bag as solid waste.	
Disposal Plan, End of Week: Discard trash bag as solid waste.	
Disposal Plan, End of Project: Discard trash bag as solid waste.	

7.3 LEVEL C DECONTAMINATION PLAN	
Check indicated functions or add steps, as necessary:	
Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input type="checkbox"/> Outer glove removal	
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> Facepiece removal	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
Disposal Plan, End of Day:	
Disposal Plan, End of Week:	
Disposal Plan, End of Project:	

7.4 LEVEL B () or Level A () DECONTAMINATION PLAN	
Check indicated functions or add steps, as necessary:	
Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input type="checkbox"/> Outer glove removal	
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/SCBA/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Remove SCBA backpack without disconnecting	
<input type="checkbox"/> Splash suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> SCBA disconnect and facepiece removal	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
Disposal Plan, End of Day: 	
Disposal Plan, End of Week: 	
Disposal Plan, End of Project: 	

8. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

8.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

<input checked="" type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 I	<input type="checkbox"/> Level A
<input checked="" type="checkbox"/> Physical hazards	<input type="checkbox"/> Level B
<input checked="" type="checkbox"/> Chemical hazards	<input type="checkbox"/> Level C
<input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants	<input checked="" type="checkbox"/> Level D
<input type="checkbox"/> Etiologic (infectious) agents	<input type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)
<input type="checkbox"/> Site control, 29 CFR 1910.120 d	<input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)
<input type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)	<input type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Heavy machinery	<input type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Forklift	<input type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Equipment	<input type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)
<input checked="" type="checkbox"/> Tools	<input type="checkbox"/> Opening drums and containers
<input type="checkbox"/> Ladder, 29 CFR 1910.25.26.26 + 29 CFR 1926.1053	<input type="checkbox"/> Electrical material handling equipment
<input type="checkbox"/> Overhead and underground utilities	<input type="checkbox"/> Radioactive waste
<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Shock-sensitive waste
<input type="checkbox"/> Structural integrity	<input type="checkbox"/> Laboratory waste packs
<input type="checkbox"/> Unguarded openings - wall, floor, ceilings	<input type="checkbox"/> Sampling drums and containers
<input type="checkbox"/> Pressurized air cylinders	<input checked="" type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA
<input type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	<input type="checkbox"/> Tank and vault procedures
<input type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	<input type="checkbox"/> Illumination, 29 CFR 1926.26
<input type="checkbox"/> Working over water FLD-19 <input type="checkbox"/>	<input type="checkbox"/> Sanitation, 29 CFR 1926.27
<input type="checkbox"/> Boating safety FLD-18	<input checked="" type="checkbox"/> Proper lifting techniques
<input checked="" type="checkbox"/> Heat Stress / Cold Stress	<input checked="" type="checkbox"/> Handling glass waste

8.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM	
Site Name: Stone Castle Recycling	WO#: 20408.012.001.0183.00
Address: 1338 West 200 South, Parowan, UT 84761	
I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).	

WO#: 20408.012.001.0183.00

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Date _____

[illegible]

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

Insert sheets on following page.

July 2013

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NIOSH Pocket Guide to Chemical Hazards

Lead			CAS 7439-92-1
Pb			RTECS OF7525000
Synonyms & Trade Names: Lead metal, Plumbum			DOT ID & Guide
Exposure Limits	NIOSH REL*: TWA 0.050 mg/m ³ See Appendix C [*Note: The REL also applies to other lead compounds (as Pb) -- see Appendix C.]		
	OSHA PEL*: [1910.1025] TWA 0.050 mg/m ³ See Appendix C [*Note: The PEL also applies to other lead compounds (as Pb) -- see Appendix C.]		
IDLH 100 mg/m ³ (as Pb) See: 7439921		Conversion	
Physical Description A heavy, ductile, soft, gray solid.			
MW: 207.2	BP: 3164°F	MLT: 621°F	Sol: Insoluble
VP: 0 mmHg (approx)	IP: NA		Sp.Gr: 11.34
Fl.P: NA	UEL: NA	LEL: NA	
Noncombustible Solid in bulk form.			
Incompatibilities & Reactivities: Strong oxidizers, hydrogen peroxide, acids			
Measurement Methods NIOSH 7082 , 7105 , 7300 , 7301 , 7303 , 7700 , 7701 , 7702 , 9100 , 9102 , 9105 ; OSHA ID121 , ID125G , ID206 ; See: NMAM or OSHA Methods			
Personal Protection & Sanitation (See protection) Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: Daily Remove: When wet or contaminated Change: Daily		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap flush promptly Breathing: Respiratory support Swallow: Medical attention immediately	
Important additional information about respirator selection			
Respirator Recommendations (See Appendix E) NIOSH/OSHA			
Up to 0.5 mg/m ³ : (APF = 10) Any air-purifying respirator with an N100, R100, or P100 filter (including N100, R100, and P100 filtering facepieces) except quarter-mask respirators. Click here for information on selection of N, R, or P filters. (APF = 10) Any supplied-air respirator			
Up to 1.25 mg/m ³ : (APF = 25) Any supplied-air respirator operated in a continuous-flow mode (APF = 25) Any powered, air-purifying respirator with a high-efficiency particulate filter			
Up to 2.5 mg/m ³ : (APF = 50) Any air-purifying, full-facepiece respirator with an N100, R100, or P100 filter. Click here for information on selection of N, R, or P filters. (APF = 50) Any supplied-air respirator that has a tight-fitting facepiece and is operated in a continuous-flow mode (APF = 50) Any powered, air-purifying respirator with a tight-fitting facepiece and a high-efficiency particulate filter (APF = 50) Any self-contained breathing apparatus with a full facepiece (APF = 50) Any supplied-air respirator with a full facepiece			
Up to 50 mg/m ³ : (APF = 1000) Any supplied-air respirator operated in a pressure-demand or other positive-pressure mode			
Up to 100 mg/m ³ : (APF = 2000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode			
Emergency or planned entry into unknown concentrations or IDLH conditions: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode (APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus			
Escape: (APF = 50) Any air-purifying, full-facepiece respirator with an N100, R100, or P100 filter. Click here for information on selection of N, R, or P filters./Any appropriate escape-type, self-contained breathing apparatus			
Exposure Routes inhalation, ingestion, skin and/or eye contact			
Symptoms Lassitude (weakness, exhaustion), insomnia; facial pallor; anorexia, weight loss, malnutrition; constipation, abdominal pain, colic; anemia; gingival lead line; tremor; paralysis wrist, ankles; encephalopathy; kidney disease; irritation eyes; hypotension			
Target Organs Eyes, gastrointestinal tract, central nervous system, kidneys, blood, gingival tissue			

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ATTACHMENT B
SAFETY DATA SHEETS
(ATTACH SDS)

Insert documents on following page.

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Attach SDS Sheets for:

Nitric Acid Solution
Alconox

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ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)

Insert documents on following page.

In lieu of attaching individual copies of FLDs, the site safety officer or his designee may elect to maintain an electronic copy of the WESTON Corporate Environmental Compliance, Health, and Safety Program Manual (including all FLDs) on site in an electronic format. The most recent version of the CEHS Program Manual and supporting documents are located at:

<http://portal/services/EHS/SitePages/CEHSProgramElements.aspx>

July 2013

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ATTACHMENT D
HAZARD COMMUNICATION PROGRAM

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SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to ensure compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON is known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☐ Site or other location name/address: Stone Castle Recycling- Parowan, UT
- ☐ Site/Project/Location Manager: Jeff Bryniarski / Dave Robinson / Bryniarski
- ☐ Site/Location Safety Officer: Jeff Bryniarski
- ☐ List of chemicals compiled, format: ☒ HASP ☐ Other: _____
- ☐ Location of SDS files: w/ HASP
- ☐ Training conducted by: Name: _____ Date: _____
- ☐ Indicate format of training documentation: ☐ Field Log: ☐ Other: _____
- ☐ Client briefing conducted regarding hazard communication: _____
- ☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies: _____
- ☐ Other employer(s) notified of chemicals, labeling, and SDS information: _____
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the SDSs. Further information on each chemical may be obtained by reviewing the appropriate SDS. The list will be arranged to enable cross-reference with the SDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing SDSs and other information with label information to ensure correctness.

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Safety Data Sheets (SDSs)

The SO is responsible for establishing and monitoring WESTON's SDS program for the location. The SO will ensure that procedures are developed to obtain the necessary SDSs and will review incoming SDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an SDS is not received at the time of initial shipment, the SO will call the manufacturer and have an SDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, SDSs for all hazardous chemicals in use will be kept in the SDS folder at a location known to all site workers. SDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised SDS is received, the SO will immediately replace the old SDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the SDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review SDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, non-routine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Non-routine Tasks

When employees are required to perform hazardous non-routine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. SDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing SDS information must be relayed to affected employees.

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ATTACHMENT E
AIR SAMPLING DATA SHEETS

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SITE AIR MONITORING PROGRAM								
Field Data Sheets								
Location:								
% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)	Illumination	pH	Other	Other	Other	Other	Other	Other
Location:								
% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)	Illumination	pH	Other	Other	Other	Other	Other	Other

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AIR MONITORING/SAMPLING DATA LOG					
Client:		W.O. No.:		Sample No.:	
Address:		Sampled By:		Date:	
Employee and Location Information					
Employee Name:		Employee No.:		Job Title:	
Respirator <input type="checkbox"/> APR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> PAPR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SAR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SCBA		Manufacturer:		Cartridge Type:	
PPE: <input type="checkbox"/> Hard Hat <input type="checkbox"/> HPD <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Coveralls <input type="checkbox"/> Other:					
Sampling Data					
Sampling Type: <input type="checkbox"/> Personal <input type="checkbox"/> TWA <input type="checkbox"/> STEL <input type="checkbox"/> Area <input type="checkbox"/> Source <input type="checkbox"/> Full Shift <input type="checkbox"/> Partial Shift <input type="checkbox"/> Grab		Media:		Pump Type/Serial No.:	
Calibrator/Serial No.:		Pre-Calibration: 1. 2. 3. avg-pre:		Post-Calibration: 1. 2. 3. avg-post:	
Start Time:	Restart Time:	Restart Time:	Avg. Flow rate:	% Change:	
1 st Stop Time:	2 nd Stop Time:	3 rd Stop Time:	Total Time:	Volume:	
Multiple Samples for this TWA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Multiple Chemical Exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exposure Time: <input type="checkbox"/> Normal <input type="checkbox"/> Worst Case	
Sampling Conditions					
Weather Conditions: Temp: R.H.: B.P.: Other:					
Engineering Controls:					
Substances Evaluated					
Substance	Result	Substance	Result	Substance	Result
Observations and Comments					

QA by: _____

Date: _____

July 2013

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ATTACHMENT F INCIDENT REPORTING

July 2013

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NOITrack

Open NOI's Search Add New Incident Reports Admin Help Blog

Incident Info Individual Data Investigation File Attachment

☐ Near Incident Fields marked with * are required

Security	Safety	Computer	Other
<input type="checkbox"/> Threat or Intimidation	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Computer/Technology	<input type="checkbox"/> Environmental
<input type="checkbox"/> Act of Violence	<input type="checkbox"/> Injury	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Property/Equipment Damage
<input type="checkbox"/> Theft	<input type="checkbox"/> Illness		<input type="checkbox"/> Regulatory Agency
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Exposure		<input type="checkbox"/> Other
<input type="checkbox"/> Violation of Company or Government Security Requirements	<input type="checkbox"/> Other Safety		
<input type="checkbox"/> Other Security			

Was this a single event or the latest in a series(describe)?

Note: This description is limited to 255 characters. If more information is required, add the information in the submitted description.

Date of Incident * ☐ Unknown Date

Time of Incident * Hrs min AM PM ☐ Unknown Time

Please go to NOITrack using the following link to complete incident reporting. If you are in the field and do not have access to NOITrack, please contact someone in your office to do the reporting for you.

<http://asweb/noitrack/IncidentInfo.aspx>

Questions can be directed to Susan Hipp-Ludwick at 610.701.3046.

July 2013

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ATTACHMENT G

TRAFFIC CONTROL PLAN

Insert documents on following page.

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ATTACHMENT H

ENVIRONMENTAL HEALTH & SAFETY INSPECTION CHECKLIST

July 2013

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ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

Project Name: _____

Inspector: _____

Submit to: _____

Date: _____

July 2013

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THE WESTON SITE APPEARANCE

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is the site secured to prevent inadvertent, unnecessary, or unauthorized access? Are gates closed and locked at any time that the access point is not occupied or visible to site workers?	
<input type="checkbox"/>	<input type="checkbox"/>	Are access points posted with signs to indicate client and end-user client name, WESTON's name and logo, names of other contractors and sub-contractors, project name and location, and appropriate safety messages?	
<input type="checkbox"/>	<input type="checkbox"/>	Are required postings in place (e.g., Labor Poster, Emergency Phone Numbers, Site Map, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Are site trailers tied down per local code and provided with stairs that have a landing platform with guard and stair railings?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a Site Safety file system established in the office to maintain records required by applicable safety regulations	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Health and Safety Plan (HASP) or Accident Prevention Plan (APP) amended as scope of work changes, hazards are discovered or eliminated or if risk change?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Site Safety Plan and the Safety Officers Field Manual on site?	
<input type="checkbox"/>	<input type="checkbox"/>	Is new employee indoctrination provided?	
<input type="checkbox"/>	<input type="checkbox"/>	Have site Rules been provided, discussed and signed off on by all employees	
<input type="checkbox"/>	<input type="checkbox"/>	Incident Reporting procedure explained to all?	
<input type="checkbox"/>	<input type="checkbox"/>	Is site management trained in the WESTON (and client as applicable) Incident Reporting system?	
<input type="checkbox"/>	<input type="checkbox"/>	Are NOI and Supplemental Report forms and OSHA 300 Log available on site?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Site Management aware of the Case Management and Incident Investigation Procedures?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a list of preferred provider medical facilities available?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the "Inspection By A Regulatory Agency" procedure been reviewed by all site management?	
<input type="checkbox"/>	<input type="checkbox"/>	Will Competent Persons be required because of activities to be performed, equipment to be used or hazards to be encountered?	

POLICIES

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Each individual employee is aware that he or she responsible for complying with applicable safety requirements, wearing prescribed safety equipment and preventing avoidable accidents.	
<input type="checkbox"/>	<input type="checkbox"/>	Do employees understand that they will wear clothing suitable for existing weather and work conditions and the minimum work uniform will include long pants, sleeved work shirts, protective footwear, hard hat, and safety glasses unless otherwise specified via the HASP.	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees provided safety and health training to enable them to perform their work safely? Is all training documented to indicate the date of the session, topics covered, and names of participants?	
<input type="checkbox"/>	<input type="checkbox"/>	Safety meetings are conducted daily. The purpose of the meetings are to review past activities, review pertinent tailgate safety topics and establish safe working procedures for anticipated hazards encountered during the day.	
<input type="checkbox"/>	<input type="checkbox"/>	Training has been provided to all personnel regarding handling of emergency situations that may arise from the activity or use of equipment on the project.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees/contractors are informed and understand that they may not be under the influence of alcohol, narcotics, intoxicants, or similar mind-altering substances at any time. Employees found under the influence of or consuming such substances will be immediately removed from the job site.	
<input type="checkbox"/>	<input type="checkbox"/>	Site workers and operators of any equipment or vehicles are able to read and understand the signs, signals, and operating instructions of their use.	
<input type="checkbox"/>	<input type="checkbox"/>	Have contractors performing work provided copies of relevant documentation (such as medical fit-for-duty, training certificates, fit-tests, etc.) prior to initiation of the project?	

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SANITATION
29 CFR 1926 Subparts C, D. EM 385-1-1, Section 2

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is an adequate supply of drinking water provided? Is potable/drinking water labeled as such? Are there sufficient drinking cups provided?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there a sufficient number of toilets?	
<input type="checkbox"/>	<input type="checkbox"/>	Are washing facilities readily available and appropriate for the cleaning needs?	
<input type="checkbox"/>	<input type="checkbox"/>	Are washing facilities kept sanitary with adequate cleansing and drying materials?	
<input type="checkbox"/>	<input type="checkbox"/>	Waste is secured so as not to attract rodents, insects, or other vermin?	
<input type="checkbox"/>	<input type="checkbox"/>	Is an effective housekeeping program established and implemented?	

ACCIDENT PREVENTION SIGNS, TAGS, LABELS, SIGNALS, AND PIPING SYSTEM IDENTIFICATION
29 CFR 1926 Subpart G. EM 385-1-1, Section 8

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are signs, tags, and labels provided to give adequate warning and caution of hazards and instruction/directions to workers and the public?	
<input type="checkbox"/>	<input type="checkbox"/>	Are all employees informed as to the meaning of the various signs, tags, and labels used in the workplace and what special precautions are required?	
<input type="checkbox"/>	<input type="checkbox"/>	Are construction areas posted with legible traffic signs at points of hazard?	
<input type="checkbox"/>	<input type="checkbox"/>	Are signs required to be seen at night lighted or reflectorized?	
<input type="checkbox"/>	<input type="checkbox"/>	Tags contain a signal word ("danger" or "caution") and a major message to indicate the specific hazardous condition or the instruction to be communicated to the employee. Tags follow requirements as outlined in 29 CFR 1926.200.	

MEDICAL SERVICES AND FIRST AID
29 CFR 1926 Subparts C, D. EM 385-1-1, Section 3

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is a local medical emergency facility (LMEF) identified in the HASP or APP?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the LMEF been visited to verify the directions and establish contacts?	
<input type="checkbox"/>	<input type="checkbox"/>	Has site management reviewed WESTON's incident management procedures?	
<input type="checkbox"/>	<input type="checkbox"/>	Have clinics and specialists that will help WESTON manage injuries and illnesses been identified?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there at least two (2) people certified in First Aid and CPR?	
<input type="checkbox"/>	<input type="checkbox"/>	Are first aid kits available at the command post and appropriate remote locations?	
<input type="checkbox"/>	<input type="checkbox"/>	Are first Aid Kits and Eyewash/Safety Showers inspected weekly?	
<input type="checkbox"/>	<input type="checkbox"/>	Are 15 minute eyewash/safety showers in place if required?	

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FIRE PREVENTION AND PROTECTION
29 CFR 1926 Subpart F. EM 385-1-1, Section 9

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is an Emergency Response and Contingency Plan in place?	
<input type="checkbox"/>	<input type="checkbox"/>	Are emergency phone numbers posted?	
<input type="checkbox"/>	<input type="checkbox"/>	Are fire extinguishers selected and provided based on the types of materials and potential fire classes in each area?	
<input type="checkbox"/>	<input type="checkbox"/>	Are fire extinguishers provided in each administrative and storage trailer, within 50 ft but no closer than 25 ft of any fuel or flammable liquids storage, on welding and cutting equipment, on mechanical equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	Are fire extinguishers checked daily and inspected monthly?	
<input type="checkbox"/>	<input type="checkbox"/>	Do site personnel know the location of fire extinguishers and how to use them?	
<input type="checkbox"/>	<input type="checkbox"/>	Are flammable and combustible liquids stored in approved containers?	
<input type="checkbox"/>	<input type="checkbox"/>	Safety cans are used for dispensing flammable or combustible liquids in 5 gallon or less volumes.	
<input type="checkbox"/>	<input type="checkbox"/>	Are flammable and combustible liquids stored in flammable storage cabinets or appropriate storage areas?	
<input type="checkbox"/>	<input type="checkbox"/>	Are flammable materials separated from oxidizers by at least 20 feet (or 5 foot tall, ½ -hour rated fire wall) when in storage?	
<input type="checkbox"/>	<input type="checkbox"/>	Are fuel storage tanks double walled or placed in a lined berm?	
<input type="checkbox"/>	<input type="checkbox"/>	Spills are cleaned up immediately and wastes are disposed of properly.	
<input type="checkbox"/>	<input type="checkbox"/>	Combustible scrap, debris, and waste material (oily rags) are stored in closed metal containers and disposed of promptly.	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle fueling tanks are grounded and bonding between the tank and vehicle being fueled is provided?	
<input type="checkbox"/>	<input type="checkbox"/>	LPG is stored, handled, and used according to OSHA regulations 29 CFR 1926.	
<input type="checkbox"/>	<input type="checkbox"/>	LPG cylinders are not stored indoors.	
<input type="checkbox"/>	<input type="checkbox"/>	Is a hot work permit program in place? See WESTON FLD-36	
<input type="checkbox"/>	<input type="checkbox"/>	Is smoking limited to specific areas, prohibited in flammable storage areas and are signs posted to this effect?	

HAZARDOUS SUBSTANCES, AGENTS, AND ENVIRONMENTS
29 CFR 1926 Subparts D, Z. EM 385-1-1, Sections 6, 28

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are operations, materials and equipment evaluated to determine the presence of hazardous contaminants or if hazardous agents could be released in the work environment?	
<input type="checkbox"/>	<input type="checkbox"/>	Are SDS for substances made available at the work-site when any hazardous substance is procured, used, or stored?	
<input type="checkbox"/>	<input type="checkbox"/>	Are all containers and piping containing hazardous substances labeled appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there an inventory of hazardous substances?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a site Specific Hazard Communication Program?	
<input type="checkbox"/>	<input type="checkbox"/>	Spill kits appropriate for the hazardous materials present are on site and their location is known to spill responders.	
<input type="checkbox"/>	<input type="checkbox"/>	Is disposal of excess hazardous chemicals performed according to WESTON's guidelines and RCRA regulations?	
<input type="checkbox"/>	<input type="checkbox"/>	Before initiation of activities where there is an identified asbestos or lead hazard, is there a written plan detailing compliance with OSHA and EPA asbestos or lead abatement requirements? Does the plan comply with state and local authority, and USACE requirements, as applicable?	
<input type="checkbox"/>	<input type="checkbox"/>	Are personnel trained and provided with protection against hazards from animals, poisonous plants, and insects?	

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PERSONAL PROTECTIVE AND SAFETY EQUIPMENT, RESPIRATORY AND FALL PROTECTION
29 CFR 1926 Subparts D, E, M. EM 385-1-1, Section 5

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Do employees understand that the minimum PPE is hard hat, safety glasses with side shields and safety shoes or boots and that long pants and a sleeved shirt are required?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the SSHC reviewed the PPE requirements in the HASP against actual site conditions and certified that the PPE is appropriate? (see Field Manual, PPE Program)	
<input type="checkbox"/>	<input type="checkbox"/>	PPE is inspected, tested and maintained in serviceable and sanitary condition as recommended by the manufacturer. Is defective or damaged equipment taken out of service and repaired or replaced?	
<input type="checkbox"/>	<input type="checkbox"/>	Are workers trained in the use of the PPE required?	
<input type="checkbox"/>	<input type="checkbox"/>	Are personnel exposed to vehicular or equipment traffic, including signal persons, spotters or inspectors required to vests or apparel marked with a reflective or high visibility material?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a noise hazard? If yes, hearing protection will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a splash or splatter hazard? Face shields or goggles will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Will personnel be working in or over water? Personnel Floatation devices will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a welding hazard? Welding helmet and leathers will be required. Is there a cutting torch hazard? Goggles and protective clothing will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Is each person on a walking/working surface with an unprotected side or edge which is 6 feet (1.8 m) or more above a lower level protected from falling by the use of guardrail systems, safety net systems or personal fall arrest systems? See WESTON FLD 25 (Note General Industry standard is four feet).	
<input type="checkbox"/>	<input type="checkbox"/>	Guardrail systems are used as primary protection whenever feasible. Guardrail construction meets criteria in 29 CFR 1926.502(b).	
<input type="checkbox"/>	<input type="checkbox"/>	Personal fall arrest systems (PFAS) are inspected and appropriate for use.	
<input type="checkbox"/>	<input type="checkbox"/>	Ropes and straps (webbing) used in lanyards, lifelines, and strength components of body belts and body harnesses are from synthetic fibers.	
<input type="checkbox"/>	<input type="checkbox"/>	Safety nets and safety net installations are constructed, tested and used according to 29 CFR 1926.502.c	
<input type="checkbox"/>	<input type="checkbox"/>	Is respirator use required? See WESTON Respiratory Protection Program	
<input type="checkbox"/>	<input type="checkbox"/>	Persons using respiratory protection have been successfully medically cleared, trained, and fit tested.	
<input type="checkbox"/>	<input type="checkbox"/>	Respirators are used according to the manufacturer's instructions, regulatory requirements, selection criteria, and health and safety plan provisions.	
<input type="checkbox"/>	<input type="checkbox"/>	For Level C operations with organic vapor contamination, is the cartridge change-out schedule documented?	
<input type="checkbox"/>	<input type="checkbox"/>	Is breathing certified as Grade D, or better, and certification available on-site?	

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MACHINERY AND MECHANIZED EQUIPMENT
29 CFR 1926 Subparts N, O, CC and DD. EM 385-1-1, Sections 16, 17, 18

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are inspections of machinery by a competent person established?	
<input type="checkbox"/>	<input type="checkbox"/>	Is equipment inspected daily before its next use?	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment inspection reports are reviewed, followed-up on negative findings and records of inspections are maintained?	
<input type="checkbox"/>	<input type="checkbox"/>	Machinery or equipment found to be unsafe is taken out of service until the unsafe condition has been corrected.	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a preventive maintenance program established?	
<input type="checkbox"/>	<input type="checkbox"/>	Are operators of equipment qualified and authorized to operate?	
<input type="checkbox"/>	<input type="checkbox"/>	Is all self-propelled construction and industrial equipment equipped with a reverse signal alarm?	
<input type="checkbox"/>	<input type="checkbox"/>	Are seats or equal protection provided for each person required to ride on equipment. Are seatbelts installed and worn on motor vehicles, as appropriate.	
<input type="checkbox"/>	<input type="checkbox"/>	All equipment with windshields is equipped with powered wipers. If fogging or frosting is possible, operable defogging or defrosting devices are required.	
<input type="checkbox"/>	<input type="checkbox"/>	Internal combustion engines are not operated in enclosed areas unless adequate ventilation is made. Air monitoring is conducted to assure safe working conditions.	
<input type="checkbox"/>	<input type="checkbox"/>	Is each bulldozer, scraper, dragline, crane, motor grader, front-end loader, mechanical shovel, backhoe, or similar equipment equipped with at least one dry chemical or carbon dioxide fire extinguisher with a minimum rating of 5-B:C?	
<input type="checkbox"/>	<input type="checkbox"/>	Will cranes or other lifting devices be used? If so, are the following documents available on site: 1) a copy of the operating manual, 2) load rating chart, 3) log book, 4) a copy of the last annual inspection and 5) the initial on-site inspection?	
<input type="checkbox"/>	<input type="checkbox"/>	Do operators have certificates of training to operate the type of crane(s) to be used?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a signal person provided when the point of operation is not in full view of the vehicle, machine, or equipment operator? When manual (hand) signals are used, is only one person designated to give signals to the operator?	
<input type="checkbox"/>	<input type="checkbox"/>	Signal persons back one vehicle at a time. While under the control of a signal person, drivers do not back or maneuver until directed. Drivers stop if contact with the signal person is lost.	
<input type="checkbox"/>	<input type="checkbox"/>	Is a critical lift plan prepared by a competent person whenever: a lift is not routine, or a lift exceeds 75% of a crane's capacity, a lift results in the load being out of the operator's line of sight, or a lift involves more than one crane, a man basket is used, or the operator believes there is a need for a critical lift plan.	
<input type="checkbox"/>	<input type="checkbox"/>	Fork Lifts (Powered Industrial Trucks) - Will forklifts be used on site?	
<input type="checkbox"/>	<input type="checkbox"/>	All forklifts meet the requirements of design, construction, stability, inspection, testing, maintenance, and operation as indicated in ANSI/ASME B56.1 Safety Standards for Low Lift and High Lift Trucks.	
<input type="checkbox"/>	<input type="checkbox"/>	Do forklift operators have certificates of training?	
<input type="checkbox"/>	<input type="checkbox"/>	Are pile driving operations conducted according to EM 385-1-1, Section 16.L?	
<input type="checkbox"/>	<input type="checkbox"/>	Is drilling equipment operated, inspected, and maintained as specified in the manufacturer's operating manual? Is a copy of the manual available at the work-site? See also the Drilling Safety Guide in the Safety Officers Field Manual.	
<input type="checkbox"/>	<input type="checkbox"/>	Are flag persons provided when operations or equipment on or near a highway expose workers to traffic hazards? Do flag persons and persons working in proximity to a road wear high visibility vests? Are persons exposed to highway vehicle traffic protected by signs in all directions warning of the presence of the flag persons and the work? Do signs and distances from the work zone conform to federal and local regulations?	

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MOTOR VEHICLES
29 CFR 1926 Subpart O. EM 385-1-1, Section 18

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Motor vehicle operators have a valid permit, license, or certification of ability for the equipment being operated.	
<input type="checkbox"/>	<input type="checkbox"/>	Inspection, maintenance, and repair is according to manufacturer's requirements by qualified persons.	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicles are inspected on a scheduled maintenance program.	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicles not in safe operating condition are removed from service until defects are corrected.	
<input type="checkbox"/>	<input type="checkbox"/>	Glass in windshields, windows, and doors is safety glass. Any cracked or broken glass is replaced.	
<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts are installed and worn.	
<input type="checkbox"/>	<input type="checkbox"/>	The number of passengers in passenger-type vehicles does not exceed the number which can be seated.	
<input type="checkbox"/>	<input type="checkbox"/>	Trucks used to transport personnel have securely anchored seating, a rear end gate, and a guardrail.	
<input type="checkbox"/>	<input type="checkbox"/>	No person is permitted to ride with arms or legs outside of a vehicle body; in a standing position on the body; on running boards; seated on side fenders, cabs, cab shields, rear of the truck or on the load.	
<input type="checkbox"/>	<input type="checkbox"/>	ATV operators possess a valid state driver's license, have completed an ATV training course prior to operation of the vehicle, and wear appropriate protective equipment such as helmets, boots, and gloves.	

EXCAVATING AND TRENCHING
29 CFR 1926 Subpart P. EM 385-1-1, Section 25

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Has the known or estimated location of utility installations such as sewer, telephone, fuel, electric, water lines, or any other underground installations that may be expected to be encountered during excavation been determined before excavation? Have utility locations been verified by designated state services according to state regulations? Has the client provided clearance where state jurisdiction doesn't apply?	
<input type="checkbox"/>	<input type="checkbox"/>	Have overhead utilities in excavation areas been identified and either de-energized, shielded or barricaded so excavating equipment will not come within 10 feet?	
<input type="checkbox"/>	<input type="checkbox"/>	Are inspections of the excavation, the adjacent areas, and protective systems made daily and as necessary by a competent person?	
<input type="checkbox"/>	<input type="checkbox"/>	Are Protective systems in place as prescribed by the competent person?	
<input type="checkbox"/>	<input type="checkbox"/>	Is material removed from excavations managed so it will not overwhelm the protective systems?	
<input type="checkbox"/>	<input type="checkbox"/>	Are barriers provided between excavations and walkways?	
<input type="checkbox"/>	<input type="checkbox"/>	Are excavations by roadways barricaded to warn vehicles of presence or to prevent them from falling in?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a means of exit from the excavation every 25 feet?	
<input type="checkbox"/>	<input type="checkbox"/>	Is air monitoring required? If yes, Is it performed?	

CONFINED SPACES
29 CFR 1910 Subpart J. EM 385-1-1, Section 6

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is there a Confined Space Entry Program in place?	
<input type="checkbox"/>	<input type="checkbox"/>	Are the confined Spaces identified and labeled?	
<input type="checkbox"/>	<input type="checkbox"/>	Will the Confined Spaces be entered?	
<input type="checkbox"/>	<input type="checkbox"/>	Is appropriate entry documentation used and on-file?	

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ELECTRICAL
29 CFR 1926 Subpart K. EM 385-1-1, Section 11

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are electrical installations made according to the National Electrical Code and applicable local codes?	
<input type="checkbox"/>	<input type="checkbox"/>	Qualified electricians make all connections and perform all work within 10 feet of live electric equipment.	
<input type="checkbox"/>	<input type="checkbox"/>	Location of underground, overhead, under floor, behind wall electrical lines is known and communicated. Lines are documented by qualified person as de-energized where necessary.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers understand they must not work near live parts of electric circuits, unless they are qualified as required by OSHA or are protected by de-energizing and grounding the parts, guarding the parts by insulation, or other effective means?	
<input type="checkbox"/>	<input type="checkbox"/>	Employees who regularly work on or around energized electrical equipment or lines are instructed in the cardiopulmonary resuscitation (CPR) methods.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers are prohibited from working alone on energized lines or equipment over 600 volts.	
<input type="checkbox"/>	<input type="checkbox"/>	Are Ground-fault circuit interrupters (GFCI's) or is ground fault circuit protection provided to protect employees from ground-fault hazards for all 115 – 120 Volt, 15 and 20 amp receptacle outlets which are not a part of the permanent wiring of a building or structure at construction sites?	
<input type="checkbox"/>	<input type="checkbox"/>	Circuit breakers are labeled.	
<input type="checkbox"/>	<input type="checkbox"/>	Circuit breaker and all cabinets with exposed electric conductors are kept tightly closed.	
<input type="checkbox"/>	<input type="checkbox"/>	Unused openings (including conduit knockouts) in electrical enclosures and fittings are closed with appropriate covers, plugs, or plates.	
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient access and working space is provided and maintained about all electrical equipment to permit ready and safe operations and maintenance.	
<input type="checkbox"/>	<input type="checkbox"/>	Motors are located within sight of their controllers or controller disconnecting means are capable of being locked in the pen position or is a separate disconnecting means installed in the circuit within sight of the motor.	
<input type="checkbox"/>	<input type="checkbox"/>	Are visual inspections of extension cords and cord-and plug-connected equipment conducted daily? Is equipment found damaged or defective tagged and removed from service, and not used until repaired?	
<input type="checkbox"/>	<input type="checkbox"/>	Wet Areas - Is portable lighting used in wet or conductive locations, such as tanks or boilers operated at no more than 12 volts and protected by GFCIs.	
<input type="checkbox"/>	<input type="checkbox"/>	Are electrical installations in hazardous areas to NEC?	
<input type="checkbox"/>	<input type="checkbox"/>	Metal ladders and tools including tape measures or fabric with metal thread are prohibited where contact with energized electrically parts is possible.	
<input type="checkbox"/>	<input type="checkbox"/>	All extension cords are the three-wire type, designed and rated for hard or extra hard usage?	
<input type="checkbox"/>	<input type="checkbox"/>	Worn or frayed electrical cords or cables are taken out of service. Fastening with staples, hanging from nails or suspending extension cords by wire is prohibited.	
<input type="checkbox"/>	<input type="checkbox"/>	Electric wire/flexible cord passing through work areas is protected from damage such as foot traffic, vehicles, sharp corners, projections and pinching? Flexible cords and cables passing through holes are protected by bushings or fittings?	
<input type="checkbox"/>	<input type="checkbox"/>	Before an employee or contractor performs any service or maintenance on a system where the unexpected energizing, start up, or release of kinetic or stored energy could occur and cause injury or damage, the system is to be isolated. Only authorized persons may apply and remove lockouts and tags.	
<input type="checkbox"/>	<input type="checkbox"/>	Contractors planning to use hazardous energy control procedures submit their hazardous energy control plan to the WESTON site safety officer or designee before implementing lockout/tagout procedures.	
<input type="checkbox"/>	<input type="checkbox"/>	There is a site specific hazardous energy control plan that clearly and specifically outlines the scope, purpose, authorization, rules and techniques to be used for the control of hazardous energy.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers possess the knowledge and skills required for the safe application, usage, and removal of energy controls.	

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WELDING AND CUTTING
29 CFR 1926 Subpart J. EM 385-1-1, Section 10

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Prior to performing welding, cutting or any other heat or spark producing activity, an assessment of the area is made by a competent person to identify combustible materials and potential sources of flammable atmospheres.	
<input type="checkbox"/>	<input type="checkbox"/>	Welders, cutters and their supervisors are trained in the safe operation of their equipment, safe welding and cutting practices, hot work permit requirements, and fire protection.	
<input type="checkbox"/>	<input type="checkbox"/>	Welding and cutting equipment is inspected daily before use. Unsafe equipment is taken out of use, replaced, or repaired.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers and the public are shielded from welding rays, flashes, sparks, molten metal, and slag.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees performing welding, cutting, or heating are protected by PPE appropriate for the hazards (e.g., respiratory, vision and skin protection).	
<input type="checkbox"/>	<input type="checkbox"/>	Compatible fire extinguishing equipment is provided in the immediate vicinity of welding or cutting operations.	
<input type="checkbox"/>	<input type="checkbox"/>	Drums, tanks, or other containers and equipment which have contained hazardous materials shall be thoroughly cleaned before welding or cutting. Cleaning shall be performed in accordance with NFPA 327, <u>Cleaning or Safeguarding Small Tanks and Containers</u> , ANSI/AWS F4.1, <u>Recommended Safe Practices for the Preparation for Welding and Cutting of Containers That Have Held Hazardous Substances</u> , and applicable health and safety plan requirements.	

HAND AND POWER TOOL SAFETY
29 CFR 1926 Subpart I. EM 385-1-1, Section 13

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Power tools are from a manufacturer listed by a nationally recognized testing laboratory for the specific application for which they are to be used.	
<input type="checkbox"/>	<input type="checkbox"/>	Hand & power tools are inspected, maintained, tested, and determined to be in safe operating condition before use.	
<input type="checkbox"/>	<input type="checkbox"/>	Tools found to be unsafe are not used, tagged and repaired or destroyed.	
<input type="checkbox"/>	<input type="checkbox"/>	Users of tools are trained in safe use.	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical tools have cords and plug connections in good repair.	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical tools are effectively grounded or approved double insulated.	
<input type="checkbox"/>	<input type="checkbox"/>	Reciprocating, rotating, and moving parts of equipment are guarded if they may be accessed by employees or they otherwise create a hazard.	
<input type="checkbox"/>	<input type="checkbox"/>	Safety clips/retainers are installed and maintained on pneumatic impact tool connections.	
<input type="checkbox"/>	<input type="checkbox"/>	Chain saws have an automatic chain brake or anti-kickback device.	
<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic and hydraulic hoses and fittings are inspected regularly.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees who operate powder actuated tools are trained and carry valid operator's cards.	
<input type="checkbox"/>	<input type="checkbox"/>	Powder activated tools are stored in individual locked containers, when not in use and are not loaded until ready to use.	
<input type="checkbox"/>	<input type="checkbox"/>	Powder actuated tools are inspected for obstructions or defects daily before use.	
<input type="checkbox"/>	<input type="checkbox"/>	Powder actuated tool operators have appropriate PPE.	

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RIGGING
29 CFR 1926 Subpart H. EM 385-1-1, Section 15

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Rigging equipment is inspected as specified by the manufacturer, by a qualified person, before use on each shift and as necessary to assure that it is safe.	
<input type="checkbox"/>	<input type="checkbox"/>	Defective equipment is removed from service.	
<input type="checkbox"/>	<input type="checkbox"/>	Rigging not in use is removed from the work area, properly stored, and maintained in good condition.	
<input type="checkbox"/>	<input type="checkbox"/>	Wire rope removed from service for defects is cut up or plainly marked as unfit for use as rigging.	
<input type="checkbox"/>	<input type="checkbox"/>	The number of saddle clips used to form eyes in wire rope conforms with Table H-20, are spaced evenly and the saddles are on the live side.	
<input type="checkbox"/>	<input type="checkbox"/>	Chain rigging has a tag clearly indicating load limits, is inspected before initial use, then weekly, and is of alloyed metal.	
<input type="checkbox"/>	<input type="checkbox"/>	Fiber rope rigging is not used if it is frozen or has been subject to acids or excessive heat.	
<input type="checkbox"/>	<input type="checkbox"/>	Slings and their fittings and fastenings are inspected before use on each shift and as needed during use.	
<input type="checkbox"/>	<input type="checkbox"/>	Drums, sheaves, and pulleys on rigging hardware are smooth and free of surface defects that can damage rigging.	

MATERIAL HANDLING, STORAGE, AND DISPOSAL
29 CFR 1926 Subpart H. EM 385-1-1, Section 14

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Employees are trained in and use safe lifting techniques.	
<input type="checkbox"/>	<input type="checkbox"/>	Materials are not moved or suspended over workers unless positive precautions have been taken to protect workers.	
<input type="checkbox"/>	<input type="checkbox"/>	Conveyors are constructed, inspected, & maintained by qualified persons according to manufacturer's recommendations.	
<input type="checkbox"/>	<input type="checkbox"/>	All conveyors are to be equipped with emergency stopping devices.	
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous exposed moving machine parts are guarded mechanically, electrically or by location.	
<input type="checkbox"/>	<input type="checkbox"/>	Controls are clearly marked and/or labeled to indicate the function controlled.	
<input type="checkbox"/>	<input type="checkbox"/>	Taglines are used for suspended loads where the movement may be hazardous to persons.	
<input type="checkbox"/>	<input type="checkbox"/>	Material in storage is protected from falling or collapse by effective stacking, blocking, cribbing, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	Walkways and aisles are to be kept clear.	
<input type="checkbox"/>	<input type="checkbox"/>	Materials are not stored on scaffolds or runways in excess of normal placement or in excess of safe load limits.	
<input type="checkbox"/>	<input type="checkbox"/>	Work areas and means of access are maintained safe and orderly.	
<input type="checkbox"/>	<input type="checkbox"/>	Tools, materials, extension cords, hoses or debris do not cause tripping or other hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	Storage and construction sites are kept free from the accumulation of combustible materials.	
<input type="checkbox"/>	<input type="checkbox"/>	Waste materials and rubbish are placed in containers or, if appropriate, in piles. Waste materials are disposed of in accord with applicable local, state, or federal requirements.	

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FLOATING PLANT AND MARINE ACTIVITIES
29 CFR 1926 Subpart O. EM 385-1-1 Section 19

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Floating plants that are regulated by the USCG have current inspections and certificates.	
<input type="checkbox"/>	<input type="checkbox"/>	Before any floating plant is brought to the job site and placed in service it is inspected and determined to be in safe operating condition	
<input type="checkbox"/>	<input type="checkbox"/>	Periodic inspections are made such that safe operating conditions are maintained. Strict compliance with EM 385-1-1, Section 19 is expected.	
<input type="checkbox"/>	<input type="checkbox"/>	Plans are in place for removing or securing the plant and evacuation of personnel endangered by severe weather and other marine emergencies such as; fire, flooding, man overboard, hazardous materials incidents, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	Means of access are properly secured, guarded, and maintained free of slipping and tripping hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	Dredging operations follow guidelines as established in EM 385-1-1, Section 19.D.	

PRESSURIZED EQUIPMENT AND SYSTEMS
29 CFR 1926 Subparts I, F. EM 385-1-1, Section 20

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Pressurized equipment and systems are inspected before being placed into service.	
<input type="checkbox"/>	<input type="checkbox"/>	Pressurized equipment or systems found to be unsafe are tagged "Out of Service-Do Not Use".	
<input type="checkbox"/>	<input type="checkbox"/>	Systems and equipment are operated, inspected, and maintained by qualified, designated personnel.	
<input type="checkbox"/>	<input type="checkbox"/>	Safe clearance, lockout/tagout procedures are followed as appropriate during maintenance or repair.	
<input type="checkbox"/>	<input type="checkbox"/>	Air hose, pipes, fittings are pressure-rated for the activity. Defective hoses are removed from service.	
<input type="checkbox"/>	<input type="checkbox"/>	Hoses aren't laid over ladders, steps, scaffolds, or walkways in a manner that creates a tripping hazard.	
<input type="checkbox"/>	<input type="checkbox"/>	The use of compressed air for personal cleaning is prohibited. The use of compressed air for other cleaning is restricted to less than 30 psig.	
<input type="checkbox"/>	<input type="checkbox"/>	Compressed gas cylinders are stored in well-ventilated locations.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinders in storage are separated from flammable or combustible liquids and from easily ignitable materials by at least 40 feet or by a minimum five feet tall, ½ -hour fire resistive partition.	
<input type="checkbox"/>	<input type="checkbox"/>	Stored cylinders containing oxidizing gases are separated from fuel gas cylinders by at least 20 feet or by a minimum five feet tall, ½ -hour fire resistive partition.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinder valve caps are in place when cylinders are in storage, in transit, or a regulator is not in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Compressed gas cylinders in service are secured in substantial fixed or portable racks or hand trucks.	
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen cylinders and fittings are kept away from, and free from oil and grease.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinder Storage areas are posted with the names of the gases in storage and with signs indicating "No Smoking or Open Flame".	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinders are to be stored such that mechanical and corrosion damage is avoided. Cylinders are not to be stored in areas required as an egress path.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinders may be stored in the open outdoors, however, they must be protected from the ground to prevent corrosion and must be protected from temperatures that may exceed 125 degrees F.	

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WORK PLATFORMS/SCAFFOLDS
29 CFR 1926 Subparts L, M, N. EM 385-1-1 Sections 21, 22

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Work platforms are erected, used, inspected, tested, maintained and repaired according to manufacturer's requirements.	
<input type="checkbox"/>	<input type="checkbox"/>	Construction, inspection, and disassembly of scaffolds is under the direction of a competent person.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers on scaffolding have been trained by a qualified person.	
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolds are erected on a firm and level surface and are square and plumb.	
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolds are not loaded in excess of rated capacity.	
<input type="checkbox"/>	<input type="checkbox"/>	Working levels of work platforms are fully planked or decked.	
<input type="checkbox"/>	<input type="checkbox"/>	Planks are in good condition and free from obvious defects.	
<input type="checkbox"/>	<input type="checkbox"/>	Fabricated frame scaffolding four times higher than the base width is secured to building/structure according to manufacturer's instruction and/or OSHA requirements.	
<input type="checkbox"/>	<input type="checkbox"/>	Working platforms of scaffolding over ten feet in height have guard rails meeting OSHA specifications. Fall protection is suggested at four feet or greater.	
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding/work platforms are accessed by means of a properly secured ladder or equivalent. Built on ladders conform to scaffold ladder requirements. Climbing of braces is not allowed.	
<input type="checkbox"/>	<input type="checkbox"/>	Crane supported work platforms are designed and used in accordance with OSHA standards.	
<input type="checkbox"/>	<input type="checkbox"/>	Elevating work platforms are operated, inspected, and maintained according to the equipment operations manual.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees working in aerial lifts remain firmly on the floor of the basket. Employees use fall protection while in an aerial lift basket.	

WALKING AND WORKING SURFACES AND STAIRS
29 CFR 1926 Subparts L, M, X. EM 385-1-1, Sections 21, 22, 24

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Work areas are clean, sanitary, and orderly	
<input type="checkbox"/>	<input type="checkbox"/>	Work surfaces are kept dry or appropriate means are taken to assure the surfaces are slip-resistant	
<input type="checkbox"/>	<input type="checkbox"/>	Accumulations of combustible dust are routinely removed.	
<input type="checkbox"/>	<input type="checkbox"/>	Aisles and passageways are kept clear and marked as appropriate.	
<input type="checkbox"/>	<input type="checkbox"/>	There is safe clearance for walking in aisles where motorized or mechanical handling equipment is operating.	
<input type="checkbox"/>	<input type="checkbox"/>	Materials or equipment is stored in such a way that sharp projections will not interfere with the walkway.	
<input type="checkbox"/>	<input type="checkbox"/>	Changes of direction or elevation are readily identifiable.	
<input type="checkbox"/>	<input type="checkbox"/>	Aisles or walkways that pass near moving or operating machinery, welding operations or similar operations are arranged so employees will not be subjected to potential hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	Standard guardrails are provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground and bridges provided where workers must cross over conveyors and similar hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	There are standard stair rails or handrails on all stairways having four or more risers or with an elevation of 30 or more inches.	
<input type="checkbox"/>	<input type="checkbox"/>	Stairways are at least 22 inches wide. (General Industry Standard)	
<input type="checkbox"/>	<input type="checkbox"/>	Stairs angle no more than 50 and no less than 30 degrees, risers are uniform from top to bottom (plus or minus 1/4 inch) and are provided with a surface that renders them slip resistant.	

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<input type="checkbox"/>	<input type="checkbox"/>	Stairway handrails are not less than 36 inches above the leading edge of stair treads and have at least 3 inches of clearance between the handrails and the wall or surface they are mounted on.	
<input type="checkbox"/>	<input type="checkbox"/>	Where doors or gates open directly on a stairway, there is a platform provided so the swing of the door does not reduce the width of the platform to less than 20 inches.	
<input type="checkbox"/>	<input type="checkbox"/>	Where stairs or stairways exit directly into any area where vehicles may be operated, there are adequate barriers and warnings provided to prevent employees stepping into the path of traffic.	
<input type="checkbox"/>	<input type="checkbox"/>	Signs are posted showing the load capacity of elevated storage areas.	
<input type="checkbox"/>	<input type="checkbox"/>	An appropriate means of access and egress is provided for surfaces with 19 or more inches of elevation change.	
		Material on elevated surfaces is minimized, with that necessary for immediate work requirements piled, stacked, or racked in a manner to prevent it from tipping, falling, collapsing, rolling, or spreading.	

FLOOR AND WALL HOLES AND OPENINGS
29 CFR 1926 Subpart M. EM 385-1-1, Section 24

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Floor and roof openings that persons can walk into or fall through are guarded by a physical barrier or covered.	
<input type="checkbox"/>	<input type="checkbox"/>	Holes (defined as equal to or greater than 2 inches in least dimension) where person could trip must be covered/protected.	
<input type="checkbox"/>	<input type="checkbox"/>	Unprotected sides and edges on a walking/working surface six feet or more (note four feet in General Industry) are protected by guardrail system, safety net, or Personal Fall Arrest System (PFAS).	
<input type="checkbox"/>	<input type="checkbox"/>	Unused portions of service pits and pits not actually in use are either covered or protected by guardrails or equivalent.	
<input type="checkbox"/>	<input type="checkbox"/>	Coverings for holes or other openings must be constructed of sufficient strength to support any anticipated load, must be secured in place to prevent accidental removal or displacement, and must be marked indicating purpose (e.g., stenciled "Hole" or painted contrasting color to surroundings).	

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LADDERS
29 CFR 1926 Subpart X. EM 385-1-1, Section 21

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Portable ladders are used for their designed purpose only.	
<input type="checkbox"/>	<input type="checkbox"/>	Portable ladders are examined for defects prior to, and after use.	
<input type="checkbox"/>	<input type="checkbox"/>	Ladders found to be defective are clearly tagged to indicate "DO NOT USE" if repairable, or destroyed immediately if no repair is possible.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers are trained in hazards associated with ladder use and how to inspect ladders.	
<input type="checkbox"/>	<input type="checkbox"/>	Ladders have secure footing provided by a combination of safety feet, top of ladder tie-offs and mud cills or a person holding the ladder to prevent slipping.	
<input type="checkbox"/>	<input type="checkbox"/>	The handrails of a straight ladder used to get from one level to another extend at least 36 inches above the landing.	
<input type="checkbox"/>	<input type="checkbox"/>	Ladders conform to construction criteria of ANSI Standards A-14.1 and A-14.2.	
<input type="checkbox"/>	<input type="checkbox"/>	Wooden ladders are not painted with an opaque covering such that signs of flaws, cracks, or drying are obscured.	
<input type="checkbox"/>	<input type="checkbox"/>	Fixed ladders are constructed and used according to OSHA Standards, 29 CFR 1910.27 and ANSI A-14.3.	
<input type="checkbox"/>	<input type="checkbox"/>	Rungs, cleats or steps, and side rails that may be used for handholds when climbing, offer adequate gripping surface and are free of splinters, splivers or burrs, and substances that could cause slipping.	
<input type="checkbox"/>	<input type="checkbox"/>	Fixed ladders of greater than 24 feet have cages or other approved fall protection devices. (Note General Industry is 20 feet).	
<input type="checkbox"/>	<input type="checkbox"/>	Where fall protection is provided by ladder safety systems (body belts or harnesses, lanyards and braking devices with safety lines or rails), systems meet the requirements of and are used in accordance with WESTON Fall Protection Standard Practices and are compatible with construction of the ladder system.	

DEMOLITION
29 CFR 1926 Subpart T. EM 385-1-1, Section 23

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Prior to initiating demolition activities an engineering survey (by a competent person) and a demolition plan (by a competent person) is completed.	
<input type="checkbox"/>	<input type="checkbox"/>	All employees engaged in demolition activities are instructed in the demolition plan.	
<input type="checkbox"/>	<input type="checkbox"/>	It has been determined through the engineering survey and outlined in the plan, if any hazardous materials or conditions (e.g., asbestos, lead, utility connections, etc.) exist. Such hazards are controlled or eliminated before demolition is started.	
<input type="checkbox"/>	<input type="checkbox"/>	Continued inspections, by a competent person, are conducted to ensure safe employee working conditions.	

TREE MAINTENANCE AND REMOVAL
29 CFR 1910 Subpart R. EM 385-1-1, Section 31

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Tree maintenance or removal is done is under the direction of a qualified person.	
<input type="checkbox"/>	<input type="checkbox"/>	Tree work, in the vicinity of charged electric lines, is by trained persons qualified to work with electricity and tree work. Appropriate distances are maintained for all workers who are not qualified.	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment is inspected, maintained, repaired, and used in accordance with the manufacturer's directions.	
<input type="checkbox"/>	<input type="checkbox"/>	Prior to felling actions are planned to include clearing of the area to permit safe working conditions and escape.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees must be trained in the safe operation of all equipment.	
<input type="checkbox"/>	<input type="checkbox"/>	All equipment and machinery is inspected and determined safe prior to use.	

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<input type="checkbox"/>	<input type="checkbox"/>	Work is performed under requirements of FLD 43.	
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BLASTING

29 CFR 1926 Subpart U. EM 385-1-1, Section 29

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	A blasting safety plan is developed prior to bringing explosives on-site.	
<input type="checkbox"/>	<input type="checkbox"/>	The transportation, handling, storage, and use of explosives, blasting agents, and blasting equipment must be directed and supervised by a person with proven experience and ability in blasting operations. Licensing of person is verified.	
<input type="checkbox"/>	<input type="checkbox"/>	Blasting operations in or adjacent to cofferdams, piers, underwater structures, buildings, structures, or other facilities must be carefully planned with full consideration to potential vibration and damage.	

HAZARDOUS, TOXIC, AND RADIOACTIVE WASTE AND UNDERGROUND STORAGE TANK (UST) ACTIVITIES

29 CFR 1926 Subpart D. EM 385-1-1, Section 28

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	All construction activities performed with known or potential exposure to hazardous waste are conducted in accordance with Hazardous Waste Operations and Emergency Response requirements.	

CONCRETE and MASONRY CONSTRUCTION

29 CFR 1926 Subpart Q. EM 385-1-1, Section 27

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Construction loads are not placed on a concrete or masonry structure or portion of a concrete or masonry structure unless the employer determines, based on information from a person who is qualified in structural design, that the structure or portion of the structure is capable of supporting the loads.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees are not permitted to work above or in positions exposed to protruding reinforcing steel or other impalement hazards unless provisions have been made to control the hazard.	
<input type="checkbox"/>	<input type="checkbox"/>	Sections of concrete conveyances and airlines under pressure are secured with wire rope (or equivalent material) in addition to the regular couplings or connections.	
<input type="checkbox"/>	<input type="checkbox"/>	Structural and reinforcing steel for walls, piers, columns, and similar vertical structures is supported and/or guyed to prevent overturning or collapse	
<input type="checkbox"/>	<input type="checkbox"/>	All form-work, shoring, and bracing is designed, fabricated, erected, supported, braced, and maintained so it will safely support all vertical and lateral loads that may be applied until the loads can be supported by the structure.	
<input type="checkbox"/>	<input type="checkbox"/>	Shoring equipment is inspected prior to erection to determine that it is specified in the shoring design. Any equipment found to be damaged is not used.	
<input type="checkbox"/>	<input type="checkbox"/>	Erected shoring equipment is inspected immediately prior to, during, and immediately after the placement of concrete. Any shoring equipment that is found to be damaged, displaced, or weakened is immediately reinforced or re-shored.	
<input type="checkbox"/>	<input type="checkbox"/>	Shoring, vertical slip forms and jacks conform with requirements of Section 27.B.08-13 of USACE EM 385-1-1.	
<input type="checkbox"/>	<input type="checkbox"/>	Forms and shores (except those on slab or grade and slip forms) are not removed until the individual responsible for forming and/or shoring determines that the concrete has gained sufficient strength to support its weight and all superimposed loads.	
<input type="checkbox"/>	<input type="checkbox"/>	Precast concrete members are adequately supported to prevent overturning or collapse until permanent connections are complete	
<input type="checkbox"/>	<input type="checkbox"/>	No one is permitted under pre-cast concrete members being lifted or tilted into position except employees required for the erection of those members.	
<input type="checkbox"/>	<input type="checkbox"/>	Lift slab operations are planned and designed by a registered engineer or architect.	
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic jacks used in lift slab construction have a safety device that causes the jacks to support the load in any position if the jack malfunctions	
<input type="checkbox"/>	<input type="checkbox"/>	No one is permitted under the slab during jacking operations.	

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<input type="checkbox"/>	<input type="checkbox"/>	A limited access zone is established whenever a masonry wall is being constructed.	
<input type="checkbox"/>	<input type="checkbox"/>	Fall protection is provided to masonry workers exposed to falls of 6 feet or more.	

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STEEL ERECTION
29 CFR 1926 Subpart R. EM 385-1-1, Section 27

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Impact wrenches have a locking device for retaining the socket. Containers shall be provided for storing or carrying rivets, bolts, and drift pins, and secured against accidental displacement when aloft.	
<input type="checkbox"/>	<input type="checkbox"/>	Structural and reinforcing steel for walls, piers, columns, and similar vertical structures shall be guyed and supported to prevent collapse	
<input type="checkbox"/>	<input type="checkbox"/>	No loading is placed upon steel joists until all bridging is completely and permanently installed.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers are provided fall protection whenever they are exposed to falls of 1.8 m (6 ft) or more (EM 385-1-1).	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary flooring in skeleton steel erection conforms with Section 27.F of USACE 385-1-1	

ROOFING
29 CFR 1926 Subpart M. EM 385-1-1, Sections 21, 22, 24, 27

Yes	No		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	In the construction, maintenance, repair, and demolition, of roofs, fall protection systems is provided that will prevent personnel from slipping and falling from the roof and prevent personnel on lower levels from being struck by falling objects	
<input type="checkbox"/>	<input type="checkbox"/>	On all roofs greater than 4.8 m (16 ft) in height, a hoisting device, stairways, or progressive platforms are furnished for supplying materials and equipment.	
<input type="checkbox"/>	<input type="checkbox"/>	Roofing materials and accessories that could be moved by the wind, including metal roofing panels, that are on the roof and unattached are secured when wind speeds are greater than, or are anticipated to exceed, 10 mph.	
<input type="checkbox"/>	<input type="checkbox"/>	Level, guarded platforms are provided at the landing area on the roof.	
<input type="checkbox"/>	<input type="checkbox"/>	When their use is permitted, warning line systems comply with USACE Section 27.07 of EM 385-1-1.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers involved in roof-edge materials handling or working in a storage area located on a roof with a slope \geq to four vertical to twelve horizontal and with <u>edges 6 ft or more above</u> lower levels are protected by the use of a guardrail, safety net, or personal fall arrest system along all unprotected roof sides and edges of the area.	

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ENVIRONMENTAL COMPLIANCE

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Environmental Compliance and Waste Management Plan on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Waste Determination Made.	
<input type="checkbox"/>	<input type="checkbox"/>	Manifest and/or Shipping Papers prepared and filed.	
<input type="checkbox"/>	<input type="checkbox"/>	Manifest Exception Reports Prepared, as necessary. Procedures to track manifests in place.	
<input type="checkbox"/>	<input type="checkbox"/>	State Annual and EPA Biennial Reporting Information Available.	
<input type="checkbox"/>	<input type="checkbox"/>	RCRA Personnel Training Records on file.	
<input type="checkbox"/>	<input type="checkbox"/>	CAA Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	CWA Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	RCRA Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	State and/or Local Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	RCRA Inspections conducted and Documentation on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Transporter and TSD compliance information on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Waste Accumulation Areas Managed Properly.	
<input type="checkbox"/>	<input type="checkbox"/>	Wetlands Areas Identified and Protected.	
<input type="checkbox"/>	<input type="checkbox"/>	Endangered, Threatened, or Special Concern Species or Areas Identified and Protective Methods Determined.	
<input type="checkbox"/>	<input type="checkbox"/>	Run-on and Runoff Concerns Identified and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	Adjacent Land Areas Protected as Necessary.	
<input type="checkbox"/>	<input type="checkbox"/>	Non-Hazardous Solid Wastes Managed Properly.	

MISCELLANEOUS REGULATORY and POLICY COMPLIANCE

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Personnel Training Records for DOT Materials Handling on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Noise Control Issues Addressed and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	Site Security Issues Identified and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	Known Historical, Archeological, and Cultural Resources Identified and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	WESTON EHS Analysis Checklist In Use.	
<input type="checkbox"/>	<input type="checkbox"/>	Safety Observation and Recognition Program in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Weekly EHS Report Card System in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Federal, State, and Local Required Postings in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Site specific Lockout/Tagout Program is in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Site-specific Confined Space Program is in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Site Safety Officer filing system is in place and up to date.	

July 2013

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ATTACHMENT I HAZARD CHECKLIST

July 2013

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EHS REVIEW CHECKLIST-WESTON FIELD OPERATIONS

This form is to be completed prior to performing an EHS review of a Field Project to what hazards have been anticipated and determine which elements of the BBS EHS Field Review Checklist apply and capture positive observations and Corrective Action items. The BBS EHS Field Review Checklist elements will serve as a guide for the review.

Site Manager/EHS Officer: Date: Location:				SOW:				Team (name or reference via daily sign-in sheet) Weston Team Contractors											
HAZARDS IDENTIFIED (check those applicable)				I am confident hazard is identified and controls identified in HASP				Y = Under control +; N = needs work -											
<input type="checkbox"/>	<input type="checkbox"/>	<u>Chemical</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<u>Radiological</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Const. Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- Permits needed
<input type="checkbox"/>	<input type="checkbox"/>	Flammable/combustible			<input type="checkbox"/>	<input type="checkbox"/>	Ultra-Violet			<input type="checkbox"/>	<input type="checkbox"/>	Materials handling/Conveyors			<input type="checkbox"/>	Falls at same level			
<input type="checkbox"/>	<input type="checkbox"/>	Corrosive			<input type="checkbox"/>	<input type="checkbox"/>	Sunlight			<input type="checkbox"/>	<input type="checkbox"/>	Cranes/ Pile Driving/Dredge			<input type="checkbox"/>	Slippery surface Wet/Ice/Snow			Water - CWA
<input type="checkbox"/>	<input type="checkbox"/>	Oxidizer			<input type="checkbox"/>	<input type="checkbox"/>	Infrared			<input type="checkbox"/>	<input type="checkbox"/>	Compressed Gases			<input type="checkbox"/>	Ergonomic			Storm Water
<input type="checkbox"/>	<input type="checkbox"/>	Reactive			<input type="checkbox"/>	<input type="checkbox"/>	Lasers			<input type="checkbox"/>	<input type="checkbox"/>	Traffic			<input type="checkbox"/>	Manual Lifting			SDA
<input type="checkbox"/>	<input type="checkbox"/>	Toxic			<input type="checkbox"/>	<input type="checkbox"/>	XRF			<input type="checkbox"/>	<input type="checkbox"/>	High Pressure Washers			<input type="checkbox"/>	Pushing/pulling			NPDES
<input type="checkbox"/>	<input type="checkbox"/>	OSHA Specific Std			<input type="checkbox"/>	<input type="checkbox"/>	Density Gauges			<input type="checkbox"/>	<input type="checkbox"/>	Hand and Power Tools			<input type="checkbox"/>	Repetitive motion			Waste - RCRA/TSCA
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos			<input type="checkbox"/>	<input type="checkbox"/>	Isotopes			<input type="checkbox"/>	<input type="checkbox"/>	Drilling & Boring			<input type="checkbox"/>	Rough Terrain			Other Solid
<input type="checkbox"/>	<input type="checkbox"/>	Lead			<input type="checkbox"/>	<input type="checkbox"/>	<u>Physical</u>			<input type="checkbox"/>	<input type="checkbox"/>	Low Illumination			<input type="checkbox"/>	Other Hazards			
<input type="checkbox"/>	<input type="checkbox"/>	Welding/Cutting/Burning			<input type="checkbox"/>	<input type="checkbox"/>	Motor Vehicle Operation			<input type="checkbox"/>	<input type="checkbox"/>	Caught-in/Caught between			<input type="checkbox"/>	Heat			Land - CERCLA
<input type="checkbox"/>	<input type="checkbox"/>	UXO/OE/ CWM			<input type="checkbox"/>	<input type="checkbox"/>	Highway - Passenger			<input type="checkbox"/>	<input type="checkbox"/>	Excavation			<input type="checkbox"/>	Cold			
<input type="checkbox"/>	<input type="checkbox"/>	Process Safety			<input type="checkbox"/>	<input type="checkbox"/>	Highway – Pickup			<input type="checkbox"/>	<input type="checkbox"/>	Confined Spaces			<input type="checkbox"/>	Inclement Weather			Other Environmental
<input type="checkbox"/>	<input type="checkbox"/>	Other			<input type="checkbox"/>	<input type="checkbox"/>	Special – ATV/Utility			<input type="checkbox"/>	<input type="checkbox"/>	Machinery			<input type="checkbox"/>	Hot Surfaces/Materials			
<input type="checkbox"/>	<input type="checkbox"/>	Other:			<input type="checkbox"/>	<input type="checkbox"/>	Working at elevation			<input type="checkbox"/>	<input type="checkbox"/>	Operation/Use of Boats			<input type="checkbox"/>	Fire - Hot Work			Client/Stakeholder
<input type="checkbox"/>	<input type="checkbox"/>	<u>Biological</u>			<input type="checkbox"/>	<input type="checkbox"/>	Falls from elevation			<input type="checkbox"/>	<input type="checkbox"/>	Working Over Water			<input type="checkbox"/>	Noise			
<input type="checkbox"/>	<input type="checkbox"/>	Insects			<input type="checkbox"/>	<input type="checkbox"/>	Ladders			<input type="checkbox"/>	<input type="checkbox"/>	Electrical			<input type="checkbox"/>	Diving			Team Contractor
<input type="checkbox"/>	<input type="checkbox"/>	Animals			<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding			<input type="checkbox"/>	<input type="checkbox"/>	Electricity (>600V)			<input type="checkbox"/>	Site Security			
<input type="checkbox"/>	<input type="checkbox"/>	Plants			<input type="checkbox"/>	<input type="checkbox"/>	Aerial lifts			<input type="checkbox"/>	<input type="checkbox"/>	Electricity (> 50V)			<input type="checkbox"/>	Remote Areas			DG Shipping
<input type="checkbox"/>	<input type="checkbox"/>	Mold/Fungus			<input type="checkbox"/>	<input type="checkbox"/>	Striking against/Struck-by			<input type="checkbox"/>	<input type="checkbox"/>	Electricity (50V or less)			<input type="checkbox"/>	Environmental Risk			Air Ship
<input type="checkbox"/>	<input type="checkbox"/>	Viral/Bacterial			<input type="checkbox"/>	<input type="checkbox"/>	Demolition			<input type="checkbox"/>	<input type="checkbox"/>	Stored Hazardous Energy			<input type="checkbox"/>	Air - Emission Source			Bulk surface ship
REQUIRED CONTROLS/PROTECTION (check as applicable)							I am confident hazard is identified Protection/controls are implemented and effective							Y = Under control +; N = needs work -					
<input type="checkbox"/>	<input type="checkbox"/>	BBS			<input type="checkbox"/>	<input type="checkbox"/>	Engineering Controls			<input type="checkbox"/>	<input type="checkbox"/>	Work Permit			<input type="checkbox"/>	Welding Mask			Welding Leathers
<input type="checkbox"/>	<input type="checkbox"/>	BBS orientation			<input type="checkbox"/>	<input type="checkbox"/>	Guard Rails			<input type="checkbox"/>	<input type="checkbox"/>	Dig Safe Permit			<input type="checkbox"/>	Cutting Glasses			Diving/SCUBA
<input type="checkbox"/>	<input type="checkbox"/>	Safety Vision Comm.			<input type="checkbox"/>	<input type="checkbox"/>	Machine Guards			<input type="checkbox"/>	<input type="checkbox"/>	Contingency Plan			<input type="checkbox"/>	Cotton Coverall			Diving/Surface Supplied
<input type="checkbox"/>	<input type="checkbox"/>	Client has BBS			<input type="checkbox"/>	<input type="checkbox"/>	Sound Barriers			<input type="checkbox"/>	<input type="checkbox"/>	Critical Lift Plans			<input type="checkbox"/>	Tyvek Coveralls			Contingency
<input type="checkbox"/>	<input type="checkbox"/>	HASP Posted			<input type="checkbox"/>	<input type="checkbox"/>	Enclosure			<input type="checkbox"/>	<input type="checkbox"/>	Equip. Inspection Sheets			<input type="checkbox"/>	Coated Coveralls			Emergency Plan Known
<input type="checkbox"/>	<input type="checkbox"/>	HASP Indoctrination			<input type="checkbox"/>	<input type="checkbox"/>	Elevation			<input type="checkbox"/>	<input type="checkbox"/>	PPE			<input type="checkbox"/>	Fire Resistant clothing			Eye wash/shower Location
<input type="checkbox"/>	<input type="checkbox"/>	Daily EHS Meetings			<input type="checkbox"/>	<input type="checkbox"/>	Isolation			<input type="checkbox"/>	<input type="checkbox"/>	Air Supplying Respirator			<input type="checkbox"/>	Arc flash			First Aid Kit Location
<input type="checkbox"/>	<input type="checkbox"/>	Meetings Interactive			<input type="checkbox"/>	<input type="checkbox"/>	GFCI			<input type="checkbox"/>	<input type="checkbox"/>	SCBA			<input type="checkbox"/>	Level A			Fire Extinguisher Location

July 2013

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EHS REVIEW CHECKLIST-WESTON FIELD OPERATIONS

This form is to be completed prior to performing an EHS review of a Field Project to what hazards have been anticipated and determine which elements of the BBS EHS Field Review Checklist apply and capture positive observations and Corrective Action items. The BBS EHS Field Review Checklist elements will serve as a guide for the review.

		EHS Observations used			Assured Ground Program			Air Purifying Respirator			CWM			Spill Kit Location
		Recognition/Celebration			Apply Anti-slip/skid Mat			Hard Hat			Safety Shoes/Boots			Severe weather shelter
		Feedback welcome			Administrative Control			Ear Plugs			Rubber Boots			Evacuation Routes
		Coaching is positive			Competent Person Use			Ear Muffs			Gloves			
		Coaching is accepted			Qualified for task			Safety Glasses			Cooling Suits/ Ice Vests			ERMP
		Buddy system for SSE			Trained/Certified			Goggles			Radiant heat Suits			ERM Tool Relevant
		Actively caring evident			Hot Work Permit			Chemical Goggles			Fall Arrest			ERM Plan Exists
		Hierarchy of Controls			CSE Permit			Face Shield			PFD			ERM Plan Communicated
		Elimination/substitution			Lockout/Tag Out			Thermal Shield			Electrical insulation			ERM Plan Implementation

ADDITIONAL HAZARDS IDENTIFIED (List)					I am confident hazard is identified and controls identified in HASP					Y = Under control +; N = needs work -				
		<u>Chemical</u>			<u>Biological/Radiological</u>			<u>Physical</u>			<u>Physical</u>			<u>Environmental</u>

ADDITIONAL REQUIRED CONTROLS/PROTECTION IDENTIFIED					I am confident protection/controls are implemented and effective					Y = Under control +; N = needs work -				
		<u>BBS</u>			<u>Hierarchy</u>			<u>Engineering</u>			<u>Administrative</u>			<u>PPE</u>

Transfer Items needing work to this section														
Items needing work			Regulatory or FLD Reference			Corrective Action					Correct by		Corrected	Person Responsible for Correction

July 2013

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EHS REVIEW CHECKLIST-WESTON FIELD OPERATIONS

This form is to be completed prior to performing an EHS review of a Field Project to what hazards have been anticipated and determine which elements of the BBS EHS Field Review Checklist apply and capture positive observations and Corrective Action items. The BBS EHS Field Review Checklist elements will serve as a guide for the review.

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ATTACHMENT J
AUDIT AND OTHER FORMS

July 2013

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Attachment F



ANALYTICAL REPORT

Report Date: December 12, 2014

Megan Adamczyk
Weston Solutions
1435 Garrison Street
Suite 100
Denver, CO 80215

Phone: (914) 204-1044

E-mail: megan.adamczyk@westonsolutions.com

Workorder: **34-1434502**

Project ID: Weston Solutions

Purchase Order: NA

Client Sample ID	Lab ID	Collect Date	Receive Date	Sampling Site
SCOU1W05	1434502001	12/10/14	12/10/14	
SCOU1W06	1434502002	12/10/14	12/10/14	
SCOU1W07	1434502003	12/10/14	12/10/14	
SCOU1W06	1434502004	12/10/14	12/10/14	
SCOU1W07	1434502005	12/10/14	12/10/14	



ANALYTICAL REPORT

Workorder: **34-1434502**

Client: Weston Solutions

Project Manager: Kevin W. Griffiths

Analytical Results

Sample ID: SCOU1W05	Sampling Site: NA	Collected: 12/10/2014
Lab ID: 1434502001	Media: 8 oz Amber Glass Jar	Received: 12/10/2014
Matrix: Soil/Solid/Sediment	Sampling Parameter: NA	

Analysis Method - SW 6010C

Preparation: EPA 3015 SPLP/TCLP, Prep	<u>Weight/Volume</u>	Analysis: SW 6010C SPLP/TCLP, Water	Instrument ID: ICP08
Batch: EIPX/5230 (HBN: 140311)	Initial: 45 mL	Batch: EICP/4830 (HBN: 140338)	Percent Solid: 91.8
Prepared: 12/12/2014	Final: 50 mL	Analyzed: 12/12/2014 12:02	Report Basis: Wet

Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Arsenic	ND	5.0	0.30	1	
Barium	2.37	100	0.020	1	
Cadmium	0.0514	1.0	0.010	1	
Chromium	ND	5.0	0.020	1	
Lead	7.88	5.0	0.10	1	
Selenium	ND	1.0	0.30	1	
Silver	ND	5.0	0.020	1	

Analysis Method - SW 6020

Preparation: EPA 3050, ICP-MS Soil Prep	<u>Weight/Volume</u>	Analysis: SW 6020A, Soil	Instrument ID: ICPM02
Batch: EMS/3949 (HBN: 140301)	Initial: 0.5045 grams	Batch: EMS/3950 (HBN: 140313)	Percent Solid: 91.8
Prepared: 12/11/2014	Final: 0.05 L	Analyzed: 12/11/2014 21:42	Report Basis: Dry

Analyte	ug/g	MDL (ug/g)	RL (ug/g)	Dilution	Qual.
Aluminum	1900	3.2	11	1	
Arsenic	2.7	0.17	0.54	1	
Beryllium	0.22	0.16	0.54	1	J
Calcium	37000	16	54	1	
Cadmium	13	0.16	0.54	1	
Cobalt	4.9	0.16	0.54	1	
Chromium	8.3	0.32	1.1	1	
Copper	180	0.32	1.1	1	
Iron	7700	8.1	27	1	
Magnesium	7300	0.81	13	1	
Manganese	290	0.16	0.54	1	
Nickel	47	0.16	0.54	1	
Lead	820	0.16	0.54	1	
Selenium	ND	0.81	2.7	1	U
Silver	0.98	0.16	0.54	1	
Sodium	240	16	54	1	
Thallium	ND	0.16	0.54	1	U
Vanadium	5.3	0.32	1.1	1	
Zinc	410	0.38	1.1	1	
Antimony	69	0.32	1.1	1	
Potassium	820	16	54	1	
Barium	130	0.81	2.7	1	

Results Continued on Next Page



ANALYTICAL REPORT

Workorder: **34-1434502**

Client: Weston Solutions

Project Manager: Kevin W. Griffiths

Analytical Results

Sample ID: <u>SCOU1W05</u>		Sampling Site: NA		Collected: 12/10/2014	
Lab ID: 1434502001		Media: 8 oz Amber Glass Jar		Received: 12/10/2014	
Matrix: Soil/Solid/Sediment		Sampling Parameter: NA			
Analysis Method - SW 7470					
Preparation: SW 7470A SPLP/TCLP, Water Prep		<u>Weight/Volume</u>	Analysis: SW 7470A SPLP/TCLP, Water		Instrument ID: AACV02
Batch: EHG/5646 (HBN: 140316)		Initial: 25 mL	Batch: EHG/5647 (HBN: 140352)		Percent Solid: 91.8
Prepared: 12/12/2014		Final: 50 mL	Analyzed: 12/12/2014 14:44		Report Basis: Wet
Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Mercury	ND	0.20	0.00020	1	

Sample ID: SCOU1W06		Sampling Site: NA		Collected: 12/10/2014	
Lab ID: 1434502002		Media: 8 oz Amber Glass Jar		Received: 12/10/2014	
Matrix: Soil/Solid/Sediment		Sampling Parameter: NA			
Analysis Method - SW 6010C					
Preparation: EPA 3015 SPLP/TCLP, Prep Batch: EIPX/5230 (HBN: 140311) Prepared: 12/12/2014		Weight/Volume Initial: 22.5 mL Final: 50 mL	Analysis: SW 6010C SPLP/TCLP, Water Batch: EICP/4830 (HBN: 140338) Analyzed: 12/12/2014 12:27		Instrument ID: ICP08 Percent Solid: 87.3 Report Basis: Wet
Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Arsenic	ND	5.0	0.60	1	
Barium	0.516	100	0.040	1	
Cadmium	0.422	1.0	0.020	1	
Chromium	0.0442	5.0	0.040	1	
Lead	1.33	5.0	0.20	1	
Selenium	ND	1.0	0.60	1	
Silver	ND	5.0	0.040	1	
Analysis Method - SW 7470					
Preparation: SW 7470A SPLP/TCLP, Water Prep Batch: EHG/5646 (HBN: 140316) Prepared: 12/12/2014		Weight/Volume Initial: 25 mL Final: 50 mL	Analysis: SW 7470A SPLP/TCLP, Water Batch: EHG/5647 (HBN: 140352) Analyzed: 12/12/2014 14:49		Instrument ID: AACV02 Percent Solid: 87.3 Report Basis: Wet
Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Mercury	0.00033	0.20	0.00020	1	

Sample ID: <u>SCOU1W07</u>	Sampling Site: NA	Collected: 12/10/2014			
Lab ID: 1434502003	Media: 8 oz Amber Glass Jar	Received: 12/10/2014			
Matrix: Soil/Solid/Sediment	Sampling Parameter: NA				
Analysis Method - SW 6010C					
Preparation: EPA 3015 SPLP/TCLP, Prep Batch: EIPX/5230 (HBN: 140311) Prepared: 12/12/2014	Weight/Volume Initial: 45 mL Final: 50 mL	Analysis: SW 6010C SPLP/TCLP, Water Batch: EICP/4830 (HBN: 140338) Analyzed: 12/12/2014 12:30			
		Instrument ID: ICP08 Percent Solid: 79.9 Report Basis: Wet			
Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Arsenic	ND	5.0	0.30	1	

Results Continued on Next Page



ANALYTICAL REPORT

Workorder: **34-1434502**

Client: Weston Solutions

Project Manager: Kevin W. Griffiths

Analytical Results

Sample ID: <u>SCOU1W07</u>		Sampling Site: NA		Collected: 12/10/2014	
Lab ID: 1434502003		Media: 8 oz Amber Glass Jar		Received: 12/10/2014	
Matrix: Soil/Solid/Sediment		Sampling Parameter: NA			
Analysis Method - SW 6010C					
Preparation: EPA 3015 SPLP/TCLP, Prep Batch: EIPX/5230 (HBN: 140311) Prepared: 12/12/2014		<u>Weight/Volume</u> Initial: 45 mL Final: 50 mL	Analysis: SW 6010C SPLP/TCLP, Water Batch: EICP/4830 (HBN: 140338) Analyzed: 12/12/2014 12:30		Instrument ID: ICP08 Percent Solid: 79.9 Report Basis: Wet
Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Barium	0.0542	100	0.020	1	
Cadmium	ND	1.0	0.010	1	
Chromium	ND	5.0	0.020	1	
Lead	ND	5.0	0.10	1	
Selenium	ND	1.0	0.30	1	
Silver	ND	5.0	0.020	1	
Analysis Method - SW 7470					
Preparation: SW 7470A SPLP/TCLP, Water Prep Batch: EHG/5646 (HBN: 140316) Prepared: 12/12/2014		<u>Weight/Volume</u> Initial: 25 mL Final: 50 mL	Analysis: SW 7470A SPLP/TCLP, Water Batch: EHG/5647 (HBN: 140352) Analyzed: 12/12/2014 14:50		Instrument ID: AACV02 Percent Solid: 79.9 Report Basis: Wet
Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Mercury	ND	0.20	0.00020	1	

Comments

Quality Control: SW 6020 - (HBN: 140313)

ICP-MS: Matrix spike not within control limits for cadmium, copper, nickel, antimony and barium. Matrix duplicate within control limits for aluminum, cadmium, cobalt, copper, iron, manganese, nickel, lead, zinc, potassium and barium. Suspect matrix not homogeneous.

Quality Control: SW 7470 - (HBN: 140316)

TCLP extracts for mercury analysis were diluted 2-fold prior to sample digestion by taking 25mL initial sample volume to 50mL final volume with ASTM Type II water. This was done in order to reduce potential matrix effects. The mercury reporting limit was also raised by the dilution factor.

Report Authorization (/S/ is an electronic signature that complies with 21 CFR Part 11)

Method	Analyst	Peer Review
SW 6010C	/S/ Neil A. Edwards 12/12/2014 13:12	/S/ John T Kershnik 12/12/2014 14:12
SW 6020	/S/ John T Kershnik 12/12/2014 08:12	/S/ Kristie F. Bitner 12/12/2014 10:12
SW 7470	/S/ Christopher R. Hansen 12/12/2014 15:12	/S/ Kristie F. Bitner 12/12/2014 15:12
Solids/Moisture Determination	/S/ Ilse J. Ovalle 12/11/2014 14:12	/S/ Joseph Gress 12/11/2014 15:12



ANALYTICAL REPORT

Workorder: **34-1434502**

Client: Weston Solutions

Project Manager: Kevin W. Griffiths

Laboratory Contact Information

ALS Environmental
960 W Levoe Drive
Salt Lake City, Utah 84123

Phone: (801) 266-7700
Email: alslt.lab@ALSGlobal.com
Web: www.alssl.com

General Lab Comments

The results provided in this report relate only to the items tested.
Samples were received in acceptable condition unless otherwise noted.
Samples have not been blank corrected unless otherwise noted.
This test report shall not be reproduced, except in full, without written approval of ALS.

ALS provides professional analytical services for all samples submitted. ALS is not in a position to interpret the data and assumes no responsibility for the quality of the samples submitted.

All quality control samples processed with the samples in this report yielded acceptable results unless otherwise noted.

ALS is accredited for specific fields of testing (scopes) in the following testing sectors. The quality system implemented at ALS conforms to accreditation requirements and is applied to all analytical testing performed by ALS. The following table lists testing sector, accreditation body, accreditation number and website. Please contact these accrediting bodies or your ALS project manager for the current scope of accreditation that applies to your analytical testing.

Testing Sector	Accreditation Body (Standard)	Certificate Number	Website
Environmental	ACCLASS (DoD ELAP)	ADE-1420	http://www.aiclasscorp.com
	Utah (NELAC)	DATA1	http://health.utah.gov/lab/labimp/
	Nevada	UT00009	http://ndep.nv.gov/bsdwlabservice.htm
	Oklahoma	UT00009	http://www.deq.state.ok.us/CSDnew/
	Iowa	IA# 376	http://www.iowadnr.gov/InsideDNR/RegulatoryWater.aspx
	Florida (TNI)	E871067	http://www.dep.state.fl.us/labs/bars/sas/qa/
	Texas (TNI)	T104704456-11-1	http://www.tceq.texas.gov/field/qa/lab_accred_certif.html
Industrial Hygiene	AIHA (ISO 17025 & AIHA IHLAP/ELLAP)	101574	http://www.aihaaccreditedlabs.org
Lead Testing:			
CPSC	ACCLASS (ISO 17025, CPSC)	ADE-1420	http://www.aiclasscorp.com
Soil, Dust, Paint ,Air	AIHA (ISO 17025, AIHA ELLAP and NLLAP)	101574	http://www.aihaaccreditedlabs.org
Dietary Supplements	ACCLASS (ISO 17025)	ADE-1420	http://www.aiclasscorp.com



ANALYTICAL REPORT

Workorder: 34-1434502

Client: Weston Solutions

Project Manager: Kevin W. Griffiths

Result Symbol Definitions

MDL = Method Detection Limit, a statistical estimate of method/media/instrument sensitivity.

RL = Reporting Limit, a verified value of method/media/instrument sensitivity.

CRDL = Contract Required Detection Limit

Reg. Limit = Regulatory Limit.

ND = Not Detected, testing result not detected above the MDL or RL.

< This testing result is less than the numerical value.

** No result could be reported, see sample comments for details.

Qualifier Symbol Definitions

U = Qualifier indicates that the analyte was not detected above the MDL.

J = Qualifier Indicates that the analyte value is between the MDL and the RL. It is also used to indicate an estimated value for tentatively identified compounds in mass spectrometry where a 1:1 response is assumed.

B = Qualifier indicates that the analyte was detected in the blank.

E = Qualifier indicates that the analyte result exceeds calibration range.

P = Qualifier indicates that the RPD between the two columns is greater than 40%.



ANALYTICAL REPORT

Report Date: December 16, 2014

Megan Adamczyk
Weston Solutions
1435 Garrison Street
Suite 100
Denver, CO 80215

Phone: (914) 204-1044

E-mail: megan.adamczyk@westonsolutions.com

Workorder: **34-1434506**

Client Project ID: Weston Solutions

Purchase Order: NA

Project Manager: Kevin Griffiths

Analytical Results

Sample ID: SCOU1A01		Collected: 12/09/2014	
Lab ID: 1434506001		Received: 12/10/2014	
Method: NIOSH 7300 Mod.		Media: MCE Filter	Prepared: 12/11/2014
		Sampling Parameter: Air Volume 960 L	Analyzed: 12/12/2014
Analyte	ug/sample	mg/m ³	RL (ug/sample)
Arsenic	<2.5	<0.0026	2.5
Lead	<1.3	<0.0013	1.3

Sample ID: SCOU1A02		Collected: 12/09/2014	
Lab ID: 1434506002		Received: 12/10/2014	
Method: NIOSH 7300 Mod.		Media: MCE Filter	Prepared: 12/11/2014
		Sampling Parameter: Air Volume 960 L	Analyzed: 12/12/2014
Analyte	ug/sample	mg/m ³	RL (ug/sample)
Arsenic	<2.5	<0.0026	2.5
Lead	<1.3	<0.0013	1.3

Sample ID: SCOU1A03		Collected: 12/09/2014	
Lab ID: 1434506003		Received: 12/10/2014	
Method: NIOSH 7300 Mod.		Media: MCE Filter	Prepared: 12/11/2014
		Sampling Parameter: Air Volume 960 L	Analyzed: 12/12/2014
Analyte	ug/sample	mg/m ³	RL (ug/sample)
Arsenic	<2.5	<0.0026	2.5
Lead	<1.3	<0.0013	1.3

Sample ID: SCOU1A04		Collected: 12/09/2014	
Lab ID: 1434506004		Received: 12/10/2014	
Method: NIOSH 7300 Mod.		Media: MCE Filter	Prepared: 12/11/2014
		Sampling Parameter: Air Volume 960 L	Analyzed: 12/12/2014
Analyte	ug/sample	mg/m ³	RL (ug/sample)
Arsenic	<2.5	<0.0026	2.5

Results Continued on Next Page

ADDRESS 960 West LeVoy Drive, Salt Lake City, Utah, 84123 USA | PHONE +1 801 266 7700 | FAX +1 801 268 9992

ALS GROUP USA, CORP. An ALS Limited Company

Environmental 

www.alsglobal.com

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ANALYTICAL REPORT

Workorder: **34-1434506**

Client Project ID: Weston Solutions

Purchase Order: NA

Project Manager: Kevin Griffiths

Analytical Results

Sample ID: SCOU1A04		Collected: 12/09/2014	
Lab ID: 1434506004		Received: 12/10/2014	
Method: NIOSH 7300 Mod.		Media: MCE Filter	Prepared: 12/11/2014
		Sampling Parameter: Air Volume 960 L	Analyzed: 12/12/2014
Analyte	ug/sample	mg/m ³	RL (ug/sample)
Lead	<1.3	<0.0013	1.3

Report Authorization (/S/ is an electronic signature that complies with 21 CFR Part 11)

Method	Analyst	Peer Review
NIOSH 7300 Mod.	/S/ Penny A. Foote 12/16/2014 08:12	/S/ Peter P. Steen 12/16/2014 10:12

Laboratory Contact Information

ALS Environmental
960 W Levoy Drive
Salt Lake City, Utah 84123

Phone: (801) 266-7700
Email: alslt.lab@ALSGlobal.com
Web: www.alssl.com

General Lab Comments

The results provided in this report relate only to the items tested.
Samples were received in acceptable condition unless otherwise noted.
Samples have not been blank corrected unless otherwise noted.
This test report shall not be reproduced, except in full, without written approval of ALS.

ALS provides professional analytical services for all samples submitted. ALS is not in a position to interpret the data and assumes no responsibility for the quality of the samples submitted.

All quality control samples processed with the samples in this report yielded acceptable results unless otherwise noted.

ALS is accredited for specific fields of testing (scopes) in the following testing sectors. The quality system implemented at ALS conforms to accreditation requirements and is applied to all analytical testing performed by ALS. The following table lists testing sector, accreditation body, accreditation number and website. Please contact these accrediting bodies or your ALS project manager for the current scope of accreditation that applies to your analytical testing.

Testing Sector	Accreditation Body (Standard)	Certificate Number	Website
Environmental	ACCLASS (DoD ELAP)	ADE-1420	http://www.aiclasscorp.com
	Utah (NELAC)	DATA1	http://health.utah.gov/lab/labimp/
	Nevada	UT00009	http://ndep.nv.gov/bsdwlabservice.htm
	Oklahoma	UT00009	http://www.deq.state.ok.us/CSDnew/
	Iowa	IA# 376	http://www.iowadnr.gov/InsideDNR/RegulatoryWater.aspx
	Florida (TNI)	E871067	http://www.dep.state.fl.us/labs/bars/sas/qa/
	Texas (TNI)	T104704456-11-1	http://www.tceq.texas.gov/field/qa/lab_accred_certif.html
Industrial Hygiene	AIHA (ISO 17025 & AIHA IHLAP/ELLAP)	101574	http://www.aihaaccreditedlabs.org
Lead Testing:			
CPSC	ACCLASS (ISO 17025, CPSC)	ADE-1420	http://www.aiclasscorp.com
Soil, Dust, Paint ,Air	AIHA (ISO 17025, AIHA ELLAP and NLLAP)	101574	http://www.aihaaccreditedlabs.org
Dietary Supplements	ACCLASS (ISO 17025)	ADE-1420	http://www.aiclasscorp.com



ANALYTICAL REPORT

Workorder: **34-1434506**
Client Project ID: Weston Solutions
Purchase Order: NA
Project Manager: Kevin Griffiths

Definitions

LOD = Limit of Detection = MDL = Method Detection Limit, A statistical estimate of method/media/instrument sensitivity.

LOQ = Limit of Quantitation = RL = Reporting Limit, A verified value of method/media/instrument sensitivity.

ND = Not Detected, Testing result not detected above the LOD or LOQ.

NA = Not Applicable.

** No result could be reported, see sample comments for details.

< This testing result is less than the numerical value.

() This testing result is between the LOD and LOQ and has higher analytical uncertainty than values at or above the LOQ.



ANALYTICAL REPORT

Report Date: December 17, 2014

Megan Adamczyk
Weston Solutions
1435 Garrison Street
Suite 100
Denver, CO 80215

Phone: (914) 204-1044

E-mail: megan.adamczyk@westonsolutions.com

Workorder: **34-1434902**

Project ID: Stone Castle RV

Purchase Order: Stone Castle RV

Client Sample ID	Lab ID	Collect Date	Receive Date	Sampling Site
SCOU1W08	1434902001	12/12/14	12/13/14	Stone Castle RV



ANALYTICAL REPORT

Workorder: **34-1434902**

Client: Weston Solutions

Project Manager: Kevin W. Griffiths

Analytical Results

Sample ID: SCOU1W08	Sampling Site: Stone Castle RV	Collected: 12/12/2014
Lab ID: 1434902001	Media: 8 oz Amber Glass Jar	Received: 12/13/2014
Matrix: Soil/Solid/Sediment	Sampling Parameter: NA	

Analysis Method - SW 6010C

Preparation: EPA 3010 SPLP/TCLP, Prep	<u>Weight/Volume</u>	Analysis: SW 6010C SPLP/TCLP, Water	Instrument ID: ICP08
Batch: EIPX/5236 (HBN: 140519)	Initial: 50 mL	Batch: EICP/4835 (HBN: 140595)	Percent Solid: 82.1
Prepared: 12/16/2014	Final: 50 mL	Analyzed: 12/16/2014 15:28	Report Basis: Wet

Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Arsenic	ND	5.0	0.30	1	
Barium	0.145	100	0.020	1	
Cadmium	0.0134	1.0	0.010	1	
Chromium	ND	5.0	0.020	1	
Lead	ND	5.0	0.10	1	
Selenium	ND	1.0	0.30	1	
Silver	ND	5.0	0.020	1	

Analysis Method - SW 7470

Preparation: SW 7470A SPLP/TCLP, Water Prep	<u>Weight/Volume</u>	Analysis: SW 7470A SPLP/TCLP, Water	Instrument ID: AACV02
Batch: EHG/5650 (HBN: 140541)	Initial: 25 mL	Batch: EHG/5652 (HBN: 140627)	Percent Solid: 82.1
Prepared: 12/16/2014	Final: 50 mL	Analyzed: 12/17/2014 10:25	Report Basis: Wet

Analyte	mg/L	Reg. Limit (mg/L)	RL (mg/L)	Dilution	Qual.
Mercury	ND	0.20	0.00020	1	

Comments

Quality Control: SW 7470 - (HBN: 140627)

TCLP extracts for mercury analysis were diluted 2-fold prior to sample digestion by taking 25mL initial sample volume to 50mL final volume with ASTM Type II water. This was done in order to reduce potential matrix effects. The mercury reporting limit was also raised by the dilution factor.

Report Authorization (/S/ is an electronic signature that complies with 21 CFR Part 11)

Method	Analyst	Peer Review
SW 6010C	/S/ Neil A. Edwards 12/16/2014 17:12	/S/ Kristie F. Bitner 12/17/2014 10:12
SW 7470	/S/ Christopher R. Hansen 12/17/2014 12:12	/S/ Lauren Jones 12/17/2014 14:12
Solids/Moisture Determination	/S/ Ilse J. Ovalle 12/17/2014 06:12	/S/ Read A. Fritts 12/17/2014 07:12

Laboratory Contact Information

ALS Environmental
960 W Levoy Drive
Salt Lake City, Utah 84123

Phone: (801) 266-7700
Email: als@slc.alsglobal.com
Web: www.alsglobal.com



ANALYTICAL REPORT

Workorder: **34-1434902**

Client: Weston Solutions

Project Manager: Kevin W. Griffiths

General Lab Comments

The results provided in this report relate only to the items tested.
Samples were received in acceptable condition unless otherwise noted.
Samples have not been blank corrected unless otherwise noted.
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Testing Sector	Accreditation Body (Standard)	Certificate Number	Website
Environmental	ACLASS (DoD ELAP)	ADE-1420	http://www.aiclasscorp.com
	Utah (NELAC)	DATA1	http://health.utah.gov/lab/labimp/
	Nevada	UT00009	http://ndep.nv.gov/bsdwlabservice.htm
	Oklahoma	UT00009	http://www.deq.state.ok.us/CSDnew/
	Iowa	IA# 376	http://www.iowadnr.gov/InsideDNR/RegulatoryWater.aspx
	Florida (TNI)	E871067	http://www.dep.state.fl.us/labs/bars/sas/qa/
	Texas (TNI)	T104704456-11-1	http://www.tceq.texas.gov/field/qa/lab_accred_certif.html
Industrial Hygiene	AIHA (ISO 17025 & AIHA IHLAP/ELLAP)	101574	http://www.aihaaccreditedlabs.org
Lead Testing:			
CPSC	ACLASS (ISO 17025, CPSC)	ADE-1420	http://www.aiclasscorp.com
Soil, Dust, Paint ,Air	AIHA (ISO 17025, AIHA ELLAP and NLLAP)	101574	http://www.aihaaccreditedlabs.org
Dietary Supplements	ACLASS (ISO 17025)	ADE-1420	http://www.aiclasscorp.com

Result Symbol Definitions

MDL = Method Detection Limit, a statistical estimate of method/media/instrument sensitivity.
RL = Reporting Limit, a verified value of method/media/instrument sensitivity.
CRDL = Contract Required Detection Limit
Reg. Limit = Regulatory Limit.
ND = Not Detected, testing result not detected above the MDL or RL.
< This testing result is less than the numerical value.
** No result could be reported, see sample comments for details.

Qualifier Symbol Definitions

U = Qualifier indicates that the analyte was not detected above the MDL.
J = Qualifier Indicates that the analyte value is between the MDL and the RL. It is also used to indicate an estimated value for tentatively identified compounds in mass spectrometry where a 1:1 response is assumed.
B = Qualifier indicates that the analyte was detected in the blank.
E = Qualifier indicates that the analyte result exceeds calibration range.
P = Qualifier indicates that the RPD between the two columns is greater than 40%.

**DATA VERIFICATION REPORT
FOR
STONE CASTLE RECYCLING SITE- REMOVAL
PAROWAN, IRON COUNTY, UTAH**

Date: 1/22/2015

Laboratory: ALS Environmental Laboratory, Salt Lake City, UT

Laboratory Job #: 34-1434502

Data Validation Performed By: Moira Pryhoda, Weston Solutions, Inc. (WESTON) Superfund Technical Assessment and Response Team (START)

Weston Work Order # / TDD Number: 20408.012.001.0201.00 / 0001-1411-06

This data verification report has been prepared by WESTON START under the START IV Region 8 contract. This report documents the data validation for four air samples and four solid samples collected for the Stone Castle Recycling Site that were analyzed for the following parameters and U.S. Environmental Protection Agency (EPA) methods:

- Lead and Arsenic by Modified NIOSH Method 7300 [Inductively Coupled Plasma – Atomic Emission Spectroscopy (ICP-AES)]
- Metals by SW 846 Method 6020A [Inductively Coupled Plasma – Mass Spectroscopy (ICP-MS)]
- Mercury in Liquid Waste by SW 846 Method 7470A [Cold Vapor Atomic Absorption]
- Trace Elements by SW 846 Method 6010C [Inductively Coupled Plasma – Atomic Emission Spectroscopy (ICP-AES)]

A Level 2 data package was received from ALS Environmental Laboratory. A Stage 1 Data Verification Report has been prepared by Weston Solutions, Inc. for the EPA. The data verification was conducted in general accordance with the EPA Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use in conjunction with the Contract Laboratory Program National Functional Guidelines (NFG) for Data Review.

LEAD AND ARSENIC BY MODIFIED NIOSH METHOD 7300 (ICP-AES)

The following table summarizes the samples for which this data validation is being conducted.

Sample	Lab ID	Matrix	Date Collected	Date Analyzed
SCOU1A01	1434506001	Air	12/9/2014	12/12/2014
SCOU1A02	1434506002	Air	12/9/2014	12/12/2014
SCOU1A03	1434506003	Air	12/9/2014	12/12/2014
SCOU1A04	1434506004	Air	12/9/2014	12/12/2014

1. Data Verification Check

A data verification and completeness check was performed for 100% of the data in accordance with the Stage 1 verification checks outlined in EPA “Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use” dated January 13, 2009. The following table details this check.

Recommended Minimum Baseline Checks Used in the Stages of Laboratory Analytical Data Verification and Validation

Matrix:	Air	
Method:	NIOSH 7300 Lead and Arsenic by ICP-AES	
Check* (Y/N)	Stage 1	Details
Y	Laboratory receiving and conducting analyses is identified	
Y	Proper documentation for all samples submitted by the project/requestor	
Y	Requested analytical methods were performed	
Y	Analysis dates are present	
Y	Requested target analyte results are reported	
Y	Original laboratory data qualifiers and data qualifier definitions for each reported result (and uncertainty / type of uncertainty, if required) are included	
Y	Requested target analyte result units are reported (and uncertainty units if required)	
Y	Requested reporting limits for all samples are present	
Y	Results at and below the requested/required reporting limits are clearly identified (including sample detection limits if required)	
Y	Sampling dates (and times if needed) are documented	
Y	Date and time of laboratory receipt of samples is documented	
Y	Sample conditions upon receipt at the laboratory	Sample conditions are noted as

	(including preservation, pH and temperature) are documented	acceptable. Details are not given.
	RADIOCHEMICAL ANALYSIS ONLY:	
N/A	Sample specific critical values (critical level / decision level / detection threshold) are reported	
N/A	Sample specific minimum detectable value, activity or concentration for all samples are reported	
N/A	Results at and below the requested/required critical values are clearly identified	
N/A	Chemical yield (if applicable to method) is reported for all samples	
N/A	Reference date and time (especially for short lived isotopes) is reported for all samples	

Notes:

*A "Y" in the check column indicates completeness of the validation step.

*An "N" in the check column indicates a problem with the validation step as described in details.

2. Overall Assessment

The lead and arsenic data are acceptable for use based on the information received.

METALS BY SW 846 METHOD 6020A (ICP-MS)

The following table summarizes the samples for which this data validation is being conducted.

Sample	Lab ID	Matrix	Date Collected	Date Analyzed
SCOU1W05	1434502001	Waste	12/10/2014	12/11/2014

1. Data Verification Check

A data verification and completeness check was performed for 100% of the data in accordance with the Stage 1 verification checks outlined in EPA “Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use” dated January 13, 2009. The following table details this check.

Recommended Minimum Baseline Checks Used in the Stages of Laboratory Analytical Data Verification and Validation

Matrix:	Waste	
Method:	6020A Metals by ICP-MS	
Check* (Y/N)	Stage 1	Details
Y	Laboratory receiving and conducting analyses is identified	
Y	Proper documentation for all samples submitted by the project/requestor	
Y	Requested analytical methods were performed	
Y	Analysis dates are present	
Y	Requested target analyte results are reported	
Y	Original laboratory data qualifiers and data qualifier definitions for each reported result (and uncertainty / type of uncertainty, if required) are included	
Y	Requested target analyte result units are reported (and uncertainty units if required)	
Y	Requested reporting limits for all samples are present	
Y	Results at and below the requested/required reporting limits are clearly identified (including sample detection limits if required)	
Y	Sampling dates (and times if needed) are documented	
Y	Date and time of laboratory receipt of samples is documented	
Y	Sample conditions upon receipt at the laboratory (including preservation, pH and temperature) are documented	Sample conditions are noted as acceptable. Details are not given.

	RADIOCHEMICAL ANALYSIS ONLY:	
N/A	Sample specific critical values (critical level / decision level / detection threshold) are reported	
N/A	Sample specific minimum detectable value, activity or concentration for all samples are reported	
N/A	Results at and below the requested/required critical values are clearly identified	
N/A	Chemical yield (if applicable to method) is reported for all samples	
N/A	Reference date and time (especially for short lived isotopes) is reported for all samples	

Notes:

*A "Y" in the check column indicates completeness of the validation step.

*An "N" in the check column indicates a problem with the validation step as described in details.

2. Overall Assessment

The metals data are acceptable for use based on the information received.

MERCURY IN LIQUID WASTE BY SW 846 METHOD 7470A (COLD VAPOR ATOMIC ABSORPTION)

The following table summarizes the samples for which this data validation is being conducted.

Sample	Lab ID	Matrix	Date Collected	Date Analyzed
SCOU1W05	1434502001	Waste	12/10/2014	12/12/2014
SCOU1W06	1434502002	Solid	12/10/2014	12/12/2014
SCOU1W07	1434502003	Solid	12/10/2014	12/12/2014
SCOU1W08	1434902001	Solid	12/12/2014	12/17/2014

1. Data Verification Check

A data verification and completeness check was performed for 100% of the data in accordance with the Stage 1 verification checks outlined in EPA “Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use” dated January 13, 2009. The following table details this check.

Recommended Minimum Baseline Checks Used in the Stages of Laboratory Analytical Data Verification and Validation

Matrix:	Solid or Waste	
Method:	7470a Mercury by Cold Vapor Atomic Absorption	
Check* (Y/N)	Stage 1	Details
Y	Laboratory receiving and conducting analyses is identified	
Y	Proper documentation for all samples submitted by the project/requestor	
Y	Requested analytical methods were performed	
Y	Analysis dates are present	
Y	Requested target analyte results are reported	
Y	Original laboratory data qualifiers and data qualifier definitions for each reported result (and uncertainty / type of uncertainty, if required) are included	
Y	Requested target analyte result units are reported (and uncertainty units if required)	
Y	Requested reporting limits for all samples are present	
Y	Results at and below the requested/required reporting limits are clearly identified (including sample detection limits if required)	
Y	Sampling dates (and times if needed) are documented	

Y	Date and time of laboratory receipt of samples is documented	
Y	Sample conditions upon receipt at the laboratory (including preservation, pH and temperature) are documented	Sample conditions are noted as acceptable. Details are not given.
	RADIOCHEMICAL ANALYSIS ONLY:	
N/A	Sample specific critical values (critical level / decision level / detection threshold) are reported	
N/A	Sample specific minimum detectable value, activity or concentration for all samples are reported	
N/A	Results at and below the requested/required critical values are clearly identified	
N/A	Chemical yield (if applicable to method) is reported for all samples	
N/A	Reference date and time (especially for short lived isotopes) is reported for all samples	

Notes:

*A "Y" in the check column indicates completeness of the validation step.

*An "N" in the check column indicates a problem with the validation step as described in details.

2. Overall Assessment

Mercury data are acceptable for use based on the information received.

TRACE ELEMENTS BY SW 846 METHOD 6010C (ICP-AES)

The following table summarizes the samples for which this data validation is being conducted.

Sample	Lab ID	Matrix	Date Collected	Date Analyzed
SCOU1W05	1434502001	Waste	12/10/2014	12/12/2014
SCOU1W06	1434502002	Solid	12/10/2014	12/12/2014
SCOU1W07	1434502003	Solid	12/10/2014	12/12/2014
SCOU1W08	1434902001	Solid	12/12/2014	12/16/2014

1. Data Verification Check

A data verification and completeness check was performed for 100% of the data in accordance with the Stage 1 verification checks outlined in EPA “Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use” dated January 13, 2009. The following table details this check.

Recommended Minimum Baseline Checks Used in the Stages of Laboratory Analytical Data Verification and Validation

Matrix:	Solid or Waste	
Method:	6010C Trace Elements by ICP-AES	
Check* (Y/N)	Stage 1	Details
Y	Laboratory receiving and conducting analyses is identified	
Y	Proper documentation for all samples submitted by the project/requestor	
Y	Requested analytical methods were performed	
Y	Analysis dates are present	
Y	Requested target analyte results are reported	
Y	Original laboratory data qualifiers and data qualifier definitions for each reported result (and uncertainty / type of uncertainty, if required) are included	
Y	Requested target analyte result units are reported (and uncertainty units if required)	
Y	Requested reporting limits for all samples are present	
Y	Results at and below the requested/required reporting limits are clearly identified (including sample detection limits if required)	
Y	Sampling dates (and times if needed) are documented	
Y	Date and time of laboratory receipt of samples is documented	

Y	Sample conditions upon receipt at the laboratory (including preservation, pH and temperature) are documented	Sample conditions are noted as acceptable. Details are not given.
	RADIOCHEMICAL ANALYSIS ONLY:	
N/A	Sample specific critical values (critical level / decision level / detection threshold) are reported	
N/A	Sample specific minimum detectable value, activity or concentration for all samples are reported	
N/A	Results at and below the requested/required critical values are clearly identified	
N/A	Chemical yield (if applicable to method) is reported for all samples	
N/A	Reference date and time (especially for short lived isotopes) is reported for all samples	

Notes:

*A "Y" in the check column indicates completeness of the validation step.

*An "N" in the check column indicates a problem with the validation step as described in details.

2. Overall Assessment

Data for trace metals are acceptable for use based on the information received.

Attachment G

(Electronic Backup Files Only)

Attachment H



Rite in the Rain.

ALL-WEATHER

JOURNAL

Nº 391

STONE CASTLE

RECYCLING

12/2/14 STONE CARTLE (001) RN

0730 START BRYN-ADRIAN ON SITE —
OSC MERRITT & ELLS ALSO ON SITE —
BEGIN UNLOADING EQUIPMENT — ELLS
HAS WAREHOUSE BUILDING OPEN — POWER
EXPECTED TO BE HOOKED UP TODAY
0750 START UNLOADS EQUIPMENT &
SUPPLIES INTO MIDDLE ROOM & STORAGE
ROOM — JB

0815 OSC MERRITT REVIEWS THE SITE HISTORY
0825 SITE SAFETY MEETING WITH ELLS,
OSC & START — ELLS WILL BEGIN
WORK IN LEVEL C UNTIL AIR SAMPLING
RESULTS INDICATE OTHERWISE JB
DPE IS APPROPRIATE — ONT BUILDING
HAS RESIDENT WHO WORKS IN IT PART
TIME — OSC WILL REQUEST THAT HE
MOVE SOME SNOWMOBILES/VEHICLES —
ELLS EXPECT GRINDER DELIVERED ON
THURSDAY & POW-OFF BOXES BE DELIVERED
NEXT WEEK — ELLS PLAN TO NAT LINE
POW-OFFS & THEN BEGIN AT END OF
SITE WORK — ELLS WILL GET LOCKS
TO DO LOCK-OUT/TAG-OUT IF GRINDER
GETS JAMMED — MEDIA EXPECTED
ON SITE ON THURSDAY FOR OSC INTERVIEW

STONE CARTLE (001) RN 12/2/14

ELLS WILL WORK TO LOCATE SEPTIC CLEAN-
OUT TODAY — JB
1000 ELLS GET POWER TURNED ON IN
THE BUILDING & FRONT-LOADER & EXCAVATOR
DELIVERED TO THE SITE — JB
1100 START BEGINS AIR MONITORING WITH
DATA RAMS — DR 495 AT LOCATION
NEAR BUILDING (ON JEEP) & DR 601
AT LOCATION ON UTILITY POLE ON WEST
EDGE OF THE SITE — JB
1130 START OFF SITE (LUNCH) — JB
1200 START ON SITE — ELLS WORK TO
SEPARATE WOOD PAWERS & CARD BOARD FROM
BURNED DEBRIS — JB
1400 START CONDUCTS SITE WALK & TAKES
PHOTOS OF ELLS PROGRESS — ELLS ALSO
STB USE A WATER HOSE FOR DUST SUPPRESSION
SUPPRESSION — JB
1630 WIND SHIFTS (TOWARDS NE) SO START
MOVES DR 601 TO NE CORNER OF THE
SITE — JB
1650 RAIN BEGINS TO FALL SO START
CONCLUDES AIR MONITORING FOR THE DAY
& SAVES DATA FILES FROM DATA RAMS
TO LAPTOP — JB

Rain in the Rain

12/2/14 STONE CASTLE RV

1700 START PLACES AN EQUIPMENT ON
CHARGE - OSC REQUESTS START RUN DATA
RUMPS WITH VIPER TOMORROW — JB
1730 START OFF SITE

STONE CASTLE RV 12/3/14

0720 START BRYNIAWSKI ON SITE —
WATCHED TODAY: 35°/50° F CLOUDY.
0730 ERS SAFETY MEETING - ERLS
WHILE CONTINUE TO GET SUPPLIES &
SORT THROUGH WASTE TODAY — JB
0745 START ZEROS DATA RAMS (3) & BEGINS
TO SET-UP VIPER RUN & HOST LAPTOP
0850 START HAS UNITS RUNNING BUT
FINDS LINK 233 HAS LOW SIGNAL STRENGTH
SO SWITCHES UNIT LOCATIONS — JB
0915 START HAS THE VIPER NETWORK
FULLY OPERATIONAL & RECEIVES A
CONFIRMATION EMAIL FROM ERT
(NEW JERSEY) THAT THEY ARE RECEIVING
THE DATA ON THEIR SERVERS —
LINK ID DATA RAM # LOCATION
229 DR 661 — NW SITE CORNER
230 DR 495 — WEST UTILITY ROW
233 DR 662 — NW BUILDING CORNER
1100 START CONDUCTS SITE WALK - ERS
CONTINUE CONTINUE WASTE SEGREGATION
— ALL 3 DATA RAM UNITS RUNNING —
START TAKES PICTURES — JB
1400 GETS START OFF SITE (FUEL) — JB
1420 START ON SITE - ERS CONTINUE

Return to Run.

12/3/14 STONE CASTLE RV

SORTING WOOD CHIPS (CHIPS) & CARDBOARD FROM
E-WASTE DEBRIS — JB

1500 START CONDUCTS SITE WALK — ALL
DATA RAMS CONTINUE TO FUNCTION

1610 ERPS ARE RECEIVING DELIVERY OF THE
HORIZONTAL CRUSHER/SUNDER & PARK
IT NEAR THE NORTH SITE PERIMETER.
1700 ERPS BEGIN DAILY SITE SHUT-DOWN TASKS &
START SUSPENDS ARE MONITORING FOR THE

DAY — JB

1730 START OFF SITE

[Signature]
12/3/14

STONE CASTLE RV 12/4/14

0725 START BRYN-ARSKI ON SITE — WEATHER
TODAY: 37°/50° F CLOUDY WIND 0-5 N/NW

0730 ERPS SAFETY MEETING — TODAY
CONTINUE WASTE SORTING & BEGIN
SIZE REDUCTION/GRINDING OF WASTE
— HEARING PROTECTION REQUIRED

WHEN WORKING NEAR GRINDER

0745 START PREPS DATA RAMS & VIPEX FOR
DAILY SITE PARTICULATE MONITORING —

ALSO OSC MERRITT REQUESTS THAT

START MAKE 2 EDITS TO THE SITE

VIEWER — START BRYN-ARSKI EMAIL START
LUCOTCH THE REQUEST — JB

0815 START HAS VIPEX NETWORK RUNNING:

LINE ID DATA-RAM LOCATION

229 DR 601 — NW SITE CORNER

230 DR 495 — WEST UTILITY POLE

233 DR 602 — NW BUILDING CORNER

0820 START PREPS NOISE METER FOR USE

DURING CRUSHING WORK TO MEASURE THE

SOUND/NOISE LEVELS ON SITE

0915 ERPS REPOSITION GRINDER TO

POINT INPUT END TOWARDS FIELD

0930 ERPS BEGINS SIZE REDUCING IN THE

WOODEN PALLETS & CARDBOARD — START

Return on line

2/4/14 STONE CASTLE RN

TAKES PHOTOS & MEASURES NOISE WITH
SOUND METER: 85 dBA AT END OF
NORTH WIND OF GARAGE BUILDING -
START PLACES PIN FLAG - ANYONE
PASS THIS POINT NEEDS TO WEAR
HEARING PROTECTION - JB

1000 LOAN NEWS CAMERA MAN ON SITE
TO INTERVIEW OSC MERRITT

1100 START CONDUCTS SITE WALK -
EDS CONTINUE CRUSHING E-WASTE/
DEBRIS - START TAKES PHOTOS & DOES
ADDITIONAL NOISE MONITORING AT THE
SITE PARAMETERS - JB

1200 CAMERAMAN DEPARTS THE SITE &
EDS BREAK FOR LUNCH - JB

1230 OSC MERRITT & START DISCUSS THE
APPROACH TO MIXING THE WASTE &
TREATMENT PRODUCTS - JB

1340 DISCUSS MIXING APPROACH WITH OSC,
EDS RM & START - OSC REQUESTS THAT
START PURCHASE A SMALL SCALE TO

WEIGH THE WEIGHT/VOLUME OF THE
TREATMENT PRODUCTS & WASTE - JB

1345 START OFF SITE (SUPPLIES) - JB

1430 START ON SITE - EDS CONTINUE

STONE CASTLE RN 12/4/14

TO CRUSH/SHRED E-WASTE DEBRIS &
START MEASURES THE WEIGHT/VOLUME OF
THE MIXTURE COMPONENTS:

WASTE (3-4" SCREEN SIZE) IS 4.5 LBS/GAL

PHOSPHATE FERTILIZER IS 8.0 LBS/GAL

PORTLAND CEMENT IS 10.5 LBS/GAL

EX. BUCKET IS 1 YD³ VOLUME &

FRONT-END LOADER IS 3 YD³ VOLUME

1600 START CONDUCTS SITE WALK - EDS

CONTINUE TO GRIND E-WASTE DEBRIS -

START TAKES PHOTOS OF SITE PROGRESS

1700 START SUSPENDS THE AIR MONITORING

FOR THE DAY & PLACES THE EQUIPMENT

ON CHARGE - JB

1730 AN RESAMPLE OFF SITE

12/5/14 Stone Gate RN

0720 START BRYNARSKI AT THE SITE -

WEATHER TODAY: 28°/47° F PARTLY CLOUDY

0730 EPLS SAFETY MEETING - EPLS WILL

CONTINUE GRINDING E-WASTE DEBRIS

- WEARLINE PROTECTION MANDATORY WHEN WORKING NEAR THE GRINDER - JB

0745 START DEPLOYS VIBER NETWORK DATA RANS IN THE FOLLOWING CONFIGURATION

LINE ID DATA RAN LOCATION

229 DA 061 NE SITE CORNER

230 JR 495 WEST UTILITY POLE

233 DR 662 NW BUILDING CORNER

0800 OSC MERRITT REQUESTS THAT EPLS REGRIND A SHAM AMOUNT & WASTE WITH N/10 GRA OF FERTILIZER - EPLS START.

UP AND THE GRINDER BUT NOTICE ISSUES WITH THE UNIT - EPLS SHUT-DOWN THE GRINDER TO INVESTIGATE THE PROBLEM

0830 EPLS DETERMINE THAT PART OF THE GRINDER SCREEN (BOTTOM) IS DAMAGED

1100 REM JB EPLS REMOVE BOTH GRINDER

SCREENS - START TAKES PHOTOS - JB

1130 START OFF SITE (LUNCH) - JB

1215 START ON SITE - EPLS WILL TRY TO SWITCH THE POSITION OF THE SCREENS

STONE GATE RN 12/5/14

SO THAT THE DAMAGED PART IS AT THE TOP AWAY FROM THE DRUM IMPACT 1400 EPLS HAS THE SCREENS REPOSITIONED & BEGINS TESTING THE GRINDER - JB
1430 EPLS RESUMES GRINDING E-WASTE DEBRIS - JB

- BACKNOTE HAS OSC MERRITT REQUESTS THAT START SHUT A HAZ CLASS KIT FROM EPA

WAREHOUSE TO SITE TO HAZ CLASS THE

3 DRUMS FOUND BEHIND THE TOWNHALL

- START BRYNARSKI PLACES JB BONES START ROBINSON TO RELAY ORDER - JB

1600 EPLS SUSPEND GRINDING OF E-WASTE DEBRIS DUE TO ISSUE WITH UNIT - SEARSEN HAS BROKEN (2ND SCREEN) - EPLS

REMOVE SCREEN - START TAKES PHOTOS 17 JB 1645 START SUSPENDS AIR MONITORING

FOR THE DAY PLACES THE UNITS ON CHARGE

1700 START, OSC & EPLS DISCUSS THE PROJECT SCHEDULE - JB

1720 START OFF SITE

Jeff JB 12/5/14

Note in the Rain

12/16/14 STONE CASTLE RV

0720 START BREAKFAST AT THE SITE -
WEATHER TODAY 25°/53°F PARTLY CLOUDY
0730 EELS SAFETY MEETING - TODAY EELS
WILL COMB THEN THE STAGING AREA
TO REMOVE ANY REMAINING PIECES OF GUMBS
- ALSO THE PUG-MILL WILL BE DELIVERED
TODAY - JB

0745 START DEPLOYS THE VIPER NETWORK
WITH THE DATA RAMS - SEE BELOW:

LINK ID	DATA RAM	LOCATION
229	DR 601	NE SITE CORNER
230	DR 495	WEST UTILITY POLE
233	DR 602	NW BUILDING CORNER

0800 EELS BEGIN SCRAPING 3-6"
AREA WHERE E-WASTE WAS STORED - JB
0930 EELS RECEIVE DELIVERY OF PUG-MILL
& PLACE IT ON THE NORTHEAST CORNER
OF THE SITE - TECA WILL BE ON SITE
MONDAY TO COMPLETE THE SET-UP
1000 START CONDUITS SITE WALK - EELS
PICK THROUGH SOIL TO REMOVE ANY
LARGE PIECES OF GUMBS - JB

1200 SINEE SUSPENDS AIR MONITORING
FOR THE DAY & DEPARTS SITE

[Signature] 12/16/14

STONE CASTLE RV 12/18/14

15:00 START BREAKFAST ON SITE -
EELS ON SITE - CONTINUE TO PICK -
THROUGH THE E-WASTE DEBRIS TO REMOVE
ANY LARGE MOTORS OR ALTERNATORS THAT
WOULD BE AN ISSUE FOR THE GRINDER
15:15 SITE WALK WITH EELS, COAST GUARD

& OSC WAY - JB

16:30 START OFF SITE

[Signature] 12/18/14

12/14 STONE CASTLE RV

0720 START BREAKFAST ON SITE —
 WEATHER TODAY: 37°/56°F MOSTLY SUNNY
 0730 ERPS SAFETY MEETING: CONTINUE
 TO GRIND E. WASTE DEBRIS — TECH ON SITE
 TO REPLACE BROKEN SCREENS — START TO
 COLLECT AIR SAMPLES TODAY (INSIDE THE
 DATA RAMS — ERPS WILL ALSO COLLECT
 AIR SAMPLES ON THEIR WORKERS INSIDE
 THE HOT ZONE — JB

0745 START SETS THE AIR MAINTENANCE/
 SAMPLING OUT — SEE TABLE BELOW

LINK ID DATA RAM SAMPLED LOCATION
 230 DR495 SCOUT A03 WEST UTILITY
 229 DR601 SCOUT A02 NE GOWER
 233 DR662 SCOUT A01 NW BUILDING
 ALL UNITS SET AT 24/MIN FLOW — JB
 0815 ERPS HAS TECH INSTALLING NEW SCREENS
 IN GRINDER & ALSO SETTING UP THE
 PUG-MILL — JB

1000 START OSC WAY & ERPS RM HARTMAN
 MEET TO DISCUSS THE LOGISTICS OF THE
 MIXING/TREATMENT AGENT ADDITIONS
 1100 START & ERPS MEASURE OUT A
 INITIAL BATCH OF E. WASTE DEBRIS
 FOR FERTILIZER TREATMENT —

STONE CASTLE RV

12/14/14

START MEASURES 67-80 YDS SO FOR
 3% (BY WEIGHT) MIX, ERPS NEED
 1,400 — 2,000 LBS. OF FERTILIZER —
 ERPS ADD 1 SUPER SACK (~2,000 LBS)
 - START TAKES PHOTOS — ERPS MIXES
 THE PILE WITH THE EXCAVATOR
 1200 START OFF SITE (LUNCH) — JB

1230 START ON SITE — ERPS PREP TO
 GRIND BATCH OF WASTE — JB

1300 START DISCUSSES WITH ERPS
 THE PROCESS FOR FERTILIZER ADDITION
 FOR REMAINING PILE (3-4" SEASON GRIND)
 - ERPS WILL LAY OUT ~3-4 YDS WITH
 FRONT-LOADER & HAND ROCK OUT ANY
 LARGE METAL PIECES & THEN ADD
 8-9 GAL OF FERTILIZER (~3% MIX)
 & THEN PUSH TOWARDS THE EXCAVATOR
 FOR FINAL GRIND — START TAKES
 PHOTOS — JB

1400 ERPS BEGIN 2ND GRIND OF WASTE
 - START TAKES PHOTOS & VIDEOS
 (PER REQUEST OF OSC WAY) — JB
 1430 ERPS CONTINUE GRINDING WASTE &
 BRING A GRIZZLY GRATER/SCREEN ON
 SITE TO REMOVE LARGER METAL PIECES

Photo in the Rain

12/9/14 STONE CASTLE RN

START TAKES RATIOS - ALSO EGGS
PUSH 2ND GRIND MATERIAL TOWARD
THE PUG-MIN - EGGS WILL BEGIN
PROCESSING WITH THE PUG-MIN TOMORROW
- EGGS WILL GET A SKY-JACK TO LIFT
BAGS/SUPER SACKS OF CEMENT INTO
THE PUG MIN SILO - ALSO THE UNIT
HAS AN 800 GAL WATER TANK FOR
WATER ADDITION TO THE MIX - START
W-1 WORK WITH EGGS & THE PUG-
MIN TECH TO GET THE FINAL MIX
TO ~10% MOISTURE — JB

1530 EGGS CONTINUE TO GRIND (2ND RUN) E-
WASTE DEBRIS & MIX FERTILIZER INTO WASTE
1600 EGGS RECEIVE SKY-JACK & TEST THE
BOOM TO MAKE SURE IT WILL REJECT THE
SILO HATCH ~40 FT HIGH — JB

1650 EGGS SUSPENDS GRINDING WORK FOR THE
DAY & START SUSPENDS AIR MONITORING
1725 START OFF SITE

John
12/10/14

STONE CASTLE

12/10/14

0715 START BREAKFAST ON SITE - WEATHER
TODAY: 23°/54°F, wind 0-6 mph out of
SOUTH/SW CLEAR — JB

0730 EGGS SAFETY MEETING - CONTINUE
GRINDING OPERATIONS TODAY - BEGIN
GRINDING 1 SHORT AIR HOEN BLAST (3
AIR HOEN BLASTS - EMERGENCY & DEPART AREA) — JB

- BEGIN PUG-MIN MIXING TODAY — JB

0740 START BEGINS TO SET-UP THE AIR
MONITORING FOR THE DAY — JB

- BACKNOTE OSC WAY REQUESTS THAT START
CALCULATE THE WASTE NEEDED TO BE
TREATED (TO USE UP REMAINING PHOSPHATE
ON SITE) & ALSO TOTAL WASTE FOR
CEMENT VOLUME/WEIGHT NEEDED FOR TREATMENT
(DO NOT WANT TO WANT TO OVERFILL THE
SILO OF THE PUG-MILL) — JB

0810 START ESTIMATES REMAINING WASTE
VOLUME & TOTAL WASTE VOLUME — JB

0900 OSC WAY & EGGS RM HARTMAN MEET
WITH START TO DISCUSS THE MIXING RATIOS
FOR THE WASTE - OSC WAY REQUESTS THAT
THE MIXTURE BE CHANGED TO INCLUDE 9.5%
PHOSPHATE/FERTILIZER & 9.5% CEMENT - EGGS
HAS EXTRA MATERIALS ON SITE DUE TO

Rate in the Rain

12/10/14 Stone Castle RV

OVER ESTIMATION OF VOLUME (WASTE)

1010 ERS WAS DRIVING THE SKY-JACK INTO THE WAREHOUSE BAY OF THE BUILDING & STRUCK THE WEST SIDE (NORTH OF STAIRS) (SOUTH FACE OF BUILDING) - START TAKING PHOTOS - NO INJURIES SOME DAMAGE TO CINDER BLOCKS & SOME VERMICULITE SPILLS - JB

1030 START INFORMS ~~JB~~ THE LAB OF THE SAMPLE DELIVERY TODAY - JB

1045 START COLLECTS SAMPLE ID:

SCOUT WOPS FROM 3/8 3-4" SCREEN (1) GRIND E-WASTE DEBRIS (NO TREATMENT FRAGMENTS) & 3/8 SIEVE TO RUN FOR TOTAL METALS, TCLP METALS & PERCENT MOISTURE - JB

1100 START COLLECTS SAMPLE ID:

SCOUT WOPS FROM 2" SCREEN (2) GRIND E-WASTE DEBRIS WITH 3% (BY WEIGHT) PERCENT MAP TREATMENT (NO CEMENT) - JB

1215 START OFF SITE TO BUY ICE FOR

SAMPLES - JB

1230 START ON SITE ~~FOR~~ ERS PREP

TO RUN PUG-MIN & TREAT WASTE WITH CEMENT - JB

13:10 ERS & TECH HAVE PUG-MIN RUNNING TO TREAT WASTE WITH CEMENT - JB

Stone Castle RV 12/10/14

13:30 START PULS SAMPLE ID:

SCOUT WOPS FROM WASTE AFTER PROCESS WITH CEMENT (FOR TCLP METALS AND PERCENT MOISTURE) - JB

13:50 START DEPARTS SITE - JB

17:00 START AT LAB - AUS (SALT LAKE CITY, UT) - JB

21:45 START AT HOTEL (CEDAR CITY, UT)

12/11/14 STONE CASTLE RV

0715 START TRAINING ON SITE -

WEATHER TODAY: 45°/60°F cloudy

0730 ELLS SAFETY MEETING - ELLS

WIN WORK TODAY & TRY & GET ALL

WASTE SHREDDED DOWN TO 2" SCREEN

SIZE & ALSO TREAT SOME OF THE

WASTE WITH CEMENT - ELLS ONLY

WANT THE SKID-STEER TO BRING

MATERIAL IN/OUT OF THE WAREHOUSE

AREA (INCIDENT YESTERDAY WITH

SKY JACK) - JB

07:45 START DEPLOYS AIR MONITORING -

VIPER DATA RANS IN SAME FORMATION

AS PREVIOUS - JB

0830 CAPT GUARD JT WINSTON (YESTERDAY) CLEARED

AN EXCEL FILE TO TRACK/CALCULATE SITE

TREATMENT AGENT - START REVIEWS - START

& CG WINSTON CHECK WEIGHT/VOLUME OF

3-4" SCREEN GRID PILE \Rightarrow 7.5 lbs/gal

0930 START CONDUCTS SITE WALK - ELLS

CONTINUE JB CONTINUE WORK GRINDING THE

REMAINING WASTE WITH 3-4" SCREEN

1015 START WORKS ON RV TDD RIMS

COST TRACKING - JB

1120 START SENDS RCMS COST TRACKING TO

STONE CASTLE RV 12/11/14

OSC MEETING RE THE RV TDD - JB

1120 START CONDUCTS SITE WALK - ELLS

WORK TO PREP/MOVE MATERIAL/TREAT

MATERIAL WITH PHOSPHATE PRIOR TO

2ND GRINDING WITH 2" SCREEN - JB

1145 OSC WALK, CG, START & ELLS RM

DISCUSS SITE TABLES FOR THE NEXT

2 DAYS - RAIN/SNOW EXPECTED ON

SATURDAY - JB

1300 OSC WALK REQUESTS THAT START

REVIEW THE 2" GRIND WASTE &

GET WEIGHT RATIOS - JB

1330 START TAKES 5-gal OF 2" GRIND

WASTE & SIEVES THRU 3/8" SIEVE:

TOTAL: 35 LBS PASS: 25 LBS FAIL: 10 LBS

0% PASS: 71.43% ~~FAIL~~: 28.57%

1400 START EMAILS OSC MELLITT THE #S

1500 START RALS ARE HHW FROM CABINETS

IN WAREHOUSE/BAY & SORTS BY WASTE

STREAM - AN REGULAR WASTE/HHW

1500 START CHECKS DRUMS BEHIND THE

BUILDING - ALL OK JB BUT 2 ARE EMPTY

DROD CONTAINS ONLY ANTI-FREEZE & WATER

DROD CONTAINS ONLY OIL - START

WIN CHECK THE FLEET POINT TOMORROW

Return on Rain

12/11/14 STONE CASTLE RN

1810 START CONDUCTS A SITE WALK -
 ELLS COMPLETE GRINDING AND E -
 WASTE DEBRIS & NOW BEGINS A SOIL
 SCRAPE OF THE WASTE STAGING AREA
 & RUN SOIL/WASTE MIX THRU THE GRINDER
 1845 START SUSPENDS AIR MONITORING
 FOR THE DAY & PLACES UNITS ON CHARGE
 1720 START OFF SITE

STONE CASTLE RN 12/12/14

0700 START BREAKFAST ON SITE - WEATHER
 TODAY: 45°/60°F, WIND: 16-28 MPH
 OUT OF THE SOUTH

JB

0730 ELLS SAFETY MEETING TODAY:

ELLs WIN DECIDE THE GRINDER, SCRAPE
 SOME SOIL AROUND FOOTPRINT OF GRINDER
 & TREAT THE REMAINING WASTE THRU
 THE PUG-MIX W/FA CEMENT

JB

0745 OSC WAY REQUESTS THAT THE SITE
 AIR MONITORING BE DISCONTINUED TODAY

0800 START PREPS TO FIELD SCREEN THE
 SITE SOIL WITH THE NITON

JB

0900 START FIELD SCREENS 24 PLOTS
 - HIGHEST VALUE 476 PPM - ELLS WORK

TO DECIDE THE GRINDER & SCRAPE SOIL
 1000 START INFORMS OSC WAY & ELLS RM

HARTMAN OF THE NITON SOIL SCREENING VALUES
 1130 START OFF SITE (HOME DEPT - SUPPLIES)

1230 START ON SITE - ELLS BEG TO TREAT
 REMAINING WASTE WITH PUG-MIX CEMENT VIA THE

PUG-MIX

1300 START CONDUCTS SITE WALK - ELLS
 TREAT WASTE - START TAKES PHOTOS

1350 START CONDUCTS SAMPLE ID:
 SCOUT WQBS FOR TELP METALS & % MOISTURE

Return on Run



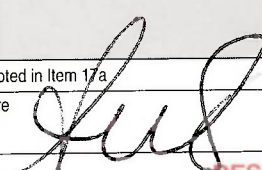
12/12/14 Stone Castle RV

1600 STAFF EMAILS LAB (AS SLC) TO GET
RESULTS FROM PREVIOUS WASTE SAMPLING
1630 STAFF PICKS UP AN EQUIPMENT
1700 STAFF DEPARTS THE SITE — JB
1830 STAFF RECEIVES LAB RESULTS & FORWARDS
THEM TO OSC MERRITT & RM HARTMAN — JB
1900 STAFF PLANS TO DEMOBE FROM AREA TOMORROW
& DELIVER FINAL SAMPLE TO ALC SLC @ 09:00


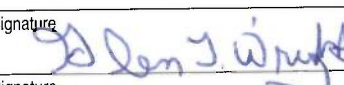
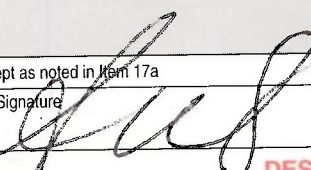
~~SLC
12/12/14~~

Return to the team.

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of 1		3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>		4. Waste Tracking Number <div style="text-align: center;">868-01</div>	
		5. Generator's Name and Mailing Address USEPA REGION 8 1535 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
		6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247			
		7. Transporter 2 Company Name				U.S. EPA ID Number			
		8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521				U.S. EPA ID Number <div style="text-align: center;">N/A</div>			
		9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
No.	Type								
		1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS		001	CM	21	CY		
		2.							
		3.							
		4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-89, STONE CASTLE RECYCLING Bm # 4774									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
		Generator's/Offoror's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA				Signature 		Month Day Year 12 15 14	
		15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:		Date leaving U.S.:			
		16. Transporter Acknowledgment of Receipt of Materials				Signature 		Month Day Year 12 15 14	
		17. Discrepancy				Signature		Month Day Year	
		17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				Manifest Reference Number:			
		17b. Alternate Facility (or Generator)				U.S. EPA ID Number			
		Facility's Phone:				Month Day Year			
		17c. Signature of Alternate Facility (or Generator)				Month Day Year			
		18. Designated Facility Owner or Operator Certification of receipt of materials covered by the manifest except as noted in Item 17a				Signature 		Month Day Year 12 16 14	
		Printed/Typed Name							

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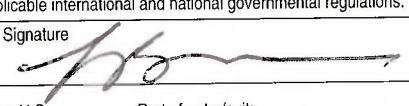
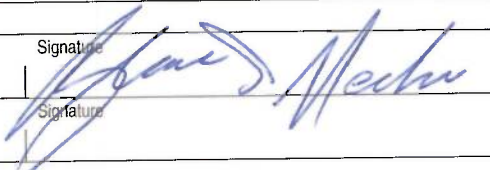

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of 1		3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>		4. Waste Tracking Number <div style="text-align: center;">868-02</div>			
		5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477		Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761							
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.		U.S. EPA ID Number CAT000624247									
7. Transporter 2 Company Name		U.S. EPA ID Number									
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521		U.S. EPA ID Number <div style="text-align: center;">N/A</div>									
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity		12. Unit Wt./Vol.					
		No.	Type								
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS		001 CM		21		yd					
2.											
3.											
4.											
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 <div style="text-align: center; font-size: 1.2em;">Bin # 5046</div> SCB-68, STONE CASTLE RECYCLING											
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.											
Generator's/Offoror's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA				Signature 		Month 12		Day 15		Year 14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
16. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name Glen T. Wright				Signature 		Month 12		Day 15		Year 14	
Transporter 2 Printed/Typed Name				Signature		Month		Day		Year	
17. Discrepancy											
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
Manifest Reference Number: _____											
17b. Alternate Facility (or Generator) U.S. EPA ID Number											
Facility's Phone: _____											
17c. Signature of Alternate Facility (or Generator) Month Day Year											
18. Designated Facility Owner or Operator Certification of receipt of materials covered by the manifest except as noted in Item 17a											
Printed/Typed Name				Signature 		Month 12		Day 16		Year 14	

DESIGNATED FACILITY TO GENERATOR

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of 1		3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>		4. Waste Tracking Number <div style="text-align: center;">868-03</div>	
		5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202		Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		Generator's Phone: (303) 814-7477			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.		U.S. EPA ID Number CAT000624247		7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520		U.S. EPA ID Number N/A		Facility's Phone: (800) 444-4521					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity		12. Unit Wt./Vol.			
		No.	Type						
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS <i>TREATED</i>		001	CM	21	LY				
2.									
3.									
4.									
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCB-68; STONE CASTLE RECYCLING									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Generator's/Offor's Printed/Typed Name <i>STEVEN B. MERRITT, U.S. EPA</i>				Signature <i>[Signature]</i>		Month <i>12</i>		Day <i>15</i>	
15. International Shipments		<input type="checkbox"/> Import to U.S.		<input type="checkbox"/> Export from U.S.		Port of entry/exit:		Date leaving U.S.:	
16. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <i>Ned Anderson</i>				Signature <i>[Signature]</i>		Month <i>12</i>		Day <i>16</i>	
Transporter 2 Printed/Typed Name				Signature		Month		Day	
17. Discrepancy									
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number:									
17b. Alternate Facility (or Generator) U.S. EPA ID Number									
Facility's Phone:									
17c. Signature of Alternate Facility (or Generator) Month Day Year									
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name <i>A McFarland</i>				Signature <i>[Signature]</i>		Month <i>12</i>		Day <i>17</i>	

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GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-04		
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
	Generator's Phone: (303) 814-7477				U.S. EPA ID Number CAT000624247			
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number			
TRANSPORTER	7. Transporter 2 Company Name				U.S. EPA ID Number			
	8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number N/A			
	Facility's Phone: (800) 444-4521							
	9. Waste Shipping Name and Description				10. Containers		11. Total Quantity	
					No.		Type	12. Unit Wt./Vol.
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED				001		CM	21 CY
	2.							
	3.							
	4.							
DESIGNATED FACILITY	13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING							
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
	Generator's/Offor's Printed/Typed Name STEVEN B. MELLITT, U.S. EPA				Signature 		Month Day Year 12 15 14	
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
DESIGNATED FACILITY	16. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Blaine Mecham				Signature 		Month Day Year 12 16 14	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
	17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
17b. Alternate Facility (or Generator) U.S. EPA ID Number								
Facility's Phone:								
17c. Signature of Alternate Facility (or Generator) Month Day Year								
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a								
Printed/Typed Name A McFarland				Signature 		Month Day Year 12 17 14		

GENERATOR

INT'L

TRANSPORTER


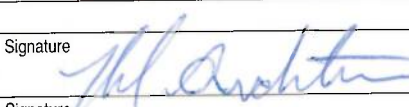
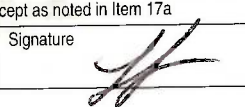
DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 688-814-7477	4. Waste Tracking Number 868-05	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520			U.S. EPA ID Number N/A			
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS <i>TREATED</i>			001	CM	21	CY
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 <i>Bin #6300</i> SC8-68; STONE CASTLE RECYCLING						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name <i>STEVEN B. MEALITT, U.S. EPA</i>			Signature <i>[Signature]</i>		Month 12	Day 18
					Year 14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Glen T. Wright</i>			Signature <i>[Signature]</i>		Month 12	Day 16
					Year 14	
Transporter 2 Printed/Typed Name			Signature		Month	Day
					Year	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
17b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator) Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name <i>Amefeland</i>			Signature <i>[Signature]</i>		Month 12	Day 17
					Year 14	




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GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-06		
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
	Generator's Phone: (303) 814-7477				U.S. EPA ID Number CAT000624247			
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number			
TRANSPORTER	7. Transporter 2 Company Name				U.S. EPA ID Number			
	8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number N/A			
	Facility's Phone: (800) 444-4521							
	9. Waste Shipping Name and Description				10. Containers		11. Total Quantity	12. Unit Wt./Vol.
					No.	Type		
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED				001	CM	21	CY
	2.							
	3.							
	4.							
DESIGNATED FACILITY	13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCB-68; STONE CASTLE RECYCLING Bin # 4967							
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
	Generator's/Offor's Printed/Typed Name STEVEN B. MELLIS, U.S. EPA				Signature <i>[Signature]</i>		Month Day Year 12 15 14	
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
DESIGNATED FACILITY	16. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Maverick Lattimore				Signature <i>[Signature]</i>		Month Day Year 12 15 14	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
	17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____								
17b. Alternate Facility (or Generator) U.S. EPA ID Number								
Facility's Phone: _____								
17c. Signature of Alternate Facility (or Generator) Month Day Year								
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a								
Printed/Typed Name AM Farland				Signature <i>[Signature]</i>		Month Day Year 12 17 14		

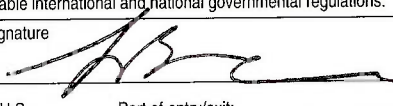

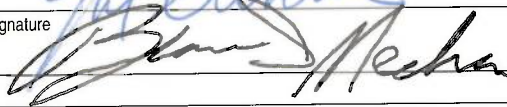

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of 1		3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>		4. Waste Tracking Number <div style="text-align: center;">868-07</div>	
		5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
		6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247			
		7. Transporter 2 Company Name				U.S. EPA ID Number			
		8. Designated Facility Name and Site Address EODC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521				U.S. EPA ID Number <div style="text-align: center;">N/A</div>			
		9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
No.	Type								
		1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY		
		3.							
		4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCB-68: STONE CASTLE RECYCLING <div style="text-align: right;">Bin 4904</div>									
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
		Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA				Signature 		Month Day Year 12 15 14	
		15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:		Date leaving U.S.:			
		16. Transporter Acknowledgment of Receipt of Materials				Signature 		Month Day Year 12 17 14	
		Transporter 2 Printed/Typed Name				Signature		Month Day Year	
17. Discrepancy									
17a. Discrepancy Indication Space		<input type="checkbox"/> Quantity		<input type="checkbox"/> Type		<input type="checkbox"/> Residue		<input type="checkbox"/> Partial Rejection	
								<input type="checkbox"/> Full Rejection	
Manifest Reference Number:						U.S. EPA ID Number			
		17b. Alternate Facility (or Generator)				U.S. EPA ID Number			
		Facility's Phone:							
		17c. Signature of Alternate Facility (or Generator)				Month Day Year			
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
		Printed/Typed Name Linda Smith				Signature 		Month Day Year 12 26 14	

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of 1		3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>		4. Waste Tracking Number <div style="text-align: center;">868-08</div>							
		5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477						Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761							
GENERATOR		6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.						U.S. EPA ID Number CAT000624247							
		7. Transporter 2 Company Name						U.S. EPA ID Number							
INT'L		8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521						U.S. EPA ID Number <div style="text-align: center;">N/A</div>							
		9. Waste Shipping Name and Description						10. Containers		11. Total Quantity		12. Unit Wt./Vol.			
No.								Type							
TRANSPORTER		1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS -- TREATED						001		CM		21 CY			
		2.													
		3.													
		4.													
DESIGNATED FACILITY		13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin #5519													
		14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.													
DESIGNATED FACILITY		Generator's/Offor's Printed/Typed Name STEVEN B. MERTITT, U.S. EPA						Signature 		Month 12		Day 15		Year 14	
		15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.						Port of entry/exit: Date leaving U.S.:							
DESIGNATED FACILITY		16. Transporter Acknowledgment of Receipt of Materials						Signature 		Month 12		Day 19		Year 14	
		Transporter 1 Printed/Typed Name Maurice LATTIMORE						Signature		Month		Day		Year	
DESIGNATED FACILITY		Transporter 2 Printed/Typed Name						Signature		Month		Day		Year	
		17. Discrepancy													
DESIGNATED FACILITY		17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						Manifest Reference Number:							
		17b. Alternate Facility (or Generator)						U.S. EPA ID Number							
DESIGNATED FACILITY		Facility's Phone:								Month		Day		Year	
		17c. Signature of Alternate Facility (or Generator)													
DESIGNATED FACILITY		18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a													
		Printed/Typed Name A McFarland						Signature 		Month 12		Day 19		Year 14	

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GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-09		
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
	Generator's Phone: (303) 814-7477							
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247			
	7. Transporter 2 Company Name				U.S. EPA ID Number			
	8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number N/A			
	Facility's Phone: (800) 444-4521							
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
			No.	Type				
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY		
2.								
3.								
4.								
DESIGNATED FACILITY	13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC98-69; STONE CASTLE RECYCLING							
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Bin 4405							
	Generator's/Offor's Printed/Typed Name STEVEN B. MERRITS, U.S. EPA				Signature 	Month 12	Day 15	Year 14
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
	16. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Wend Anderson				Signature 	Month 12	Day 19	Year 14
	Transporter 2 Printed/Typed Name Blairre Mechem				Signature 	Month 12	Day 25	Year 14
	17. Discrepancy							
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
17b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:								
17c. Signature of Alternate Facility (or Generator)				Month Day Year				
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a								
Printed/Typed Name Linda Smith				Signature 	Month 12	Day 26	Year 14	

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NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-10			
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202		Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761				
	Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247			
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4621			U.S. EPA ID Number N/A				
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CT	
	2.						
	3.						
4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68: STONE CASTLE RECYCLING							
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
INT'L	Generator's/Offoror's Printed/Typed Name STEVEN B. MEARIT, U.S. EPA		Signature		Month 12	Day 15	Year 14
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:		Date leaving U.S.:		
	Transporter Signature (for exports only):						
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials		Signature		Month 12	Day 19	Year 14
	Transporter 1 Printed/Typed Name Blayne J. Meckan		Signature		Month	Day	Year
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
	17. Discrepancy						
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: U.S. EPA ID Number						
17b. Alternate Facility (or Generator)							
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)							
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name		Signature		Month 12	Day 22	Year 14	

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<div style="writing-mode: vertical-rl; transform: rotate(180deg);">GENERATOR</div>	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number <div style="text-align: center;">N/A</div>	2. Page 1 of 1	3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>	4. Waste Tracking Number <div style="text-align: center;">868-11</div>		
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477		Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761				
<div style="writing-mode: vertical-rl; transform: rotate(180deg);">TRANSPORTER</div>	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number CAT000624247			
	7. Transporter 2 Company Name			U.S. EPA ID Number			
	8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521			U.S. EPA ID Number <div style="text-align: center;">N/A</div>			
<div style="writing-mode: vertical-rl; transform: rotate(180deg);">DESIGNATED FACILITY</div>	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CT	
	2.						
	3.						
4.							
	13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-88; STONE CASTLE RECYCLING <div style="text-align: right; font-size: 1.2em;">Bm # 6494</div>						
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
	Generator's/Offor's Printed/Typed Name STEVEN B. MEARITT, U.S. EPA			Signature 		Month Day Year 12 15 14	
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	16. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name GARY HILL			Signature 		Month Day Year 12 20 14	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
	17. Discrepancy						
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	17b. Alternate Facility (or Generator)			U.S. EPA ID Number			
	Facility's Phone: _____						
	17c. Signature of Alternate Facility (or Generator)			Month Day Year			
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a						
	Printed/Typed Name			Signature 		Month Day Year 12 22 14	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS
WASTE MANIFEST

1. Generator ID Number

N/A

2. Page 1 of 1

3. Emergency Response Phone

888-814-7477

4. Waste Tracking Number

868-12

5. Generator's Name and Mailing Address

USEPA REGION 8
1595 WYNKOOP ST
DENVER, CO 80202

Generator's Site Address (if different than mailing address)

USEPA REGION 8
1338 WEST 200 SOUTH
PAROWAN, UT 84761

Generator's Phone: (303) 814-7477

6. Transporter 1 Company Name

MP ENVIRONMENTAL SERVICES, INC.

U.S. EPA ID Number

CAT000624247

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

ECDC ENVIRONMENTAL
1111 WEST HIGHWAY 123, PO BOX 69
EAST CARBON, UT 84520

U.S. EPA ID Number

N/A

Facility's Phone: (800) 444-4521

9. Waste Shipping Name and Description

10. Containers

No.

Type

11. Total
Quantity12. Unit
Wt./Vol.1.
NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND
CATHODE RAY TUBE MONITORS - TREATED

001

CM

21 CY

2.

3.

4.

13. Special Handling Instructions and Additional Information

APPROVAL# 40411421139

SC8-68; STONE CASTLE RECYCLING

Bin # 6407

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offor's Printed/Typed Name

Signature

Month Day Year

STEVEN B. MELLITO, U.S. EPA



12 15 14

15. International Shipments

☐ Import to U.S.☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter Signature (for exports only):

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Dad Anderson



12 22 14

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

☐ Quantity☐ Type☐ Residue☐ Partial Rejection☐ Full Rejection

Manifest Reference Number:

U.S. EPA ID Number

17b. Alternate Facility (or Generator)

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

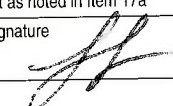
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature


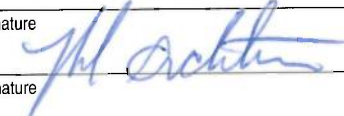

Month Day Year

Linda Smith


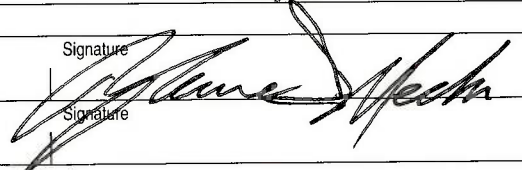



12 23 14




770

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>	2. Page 1 of 1	3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>	4. Waste Tracking Number <div style="text-align: center;">868-13</div>	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477						
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number <div style="text-align: center;">N/A</div>		
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY	
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-88; STONE CASTLE RECYCLING <div style="text-align: right;">Bin # 35251</div>						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offoror's Printed/Typed Name STEVEN B. MEALITT, U.S. EPA				Signature 		Month Day Year 12 15 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Ded Anderton				Signature 		Month Day Year 12 23 14
Transporter 2 Printed/Typed Name				Signature		Month Day Year
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
17b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator)				Month Day Year		
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name A McFarland				Signature 		Month Day Year 12 24 14

707

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-14		
5. Generator's Name and Mailing Address USEPA REGION 8 1695 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761				
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number CAT000624247				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521			U.S. EPA ID Number N/A				
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
		No.	Type				
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY		
2.							
3.							
4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin# 47410							
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
Generator's/Offeror's Printed/Typed Name STEVEN B. MERLIT, U.S. EPA			Signature 		Month 12	Day 15	Year 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
16. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Blaine Mechem			Signature 		Month 12	Day 22	Year 14
Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
17b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator) Month Day Year							
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name A McFarland			Signature 		Month 10	Day 23	Year 14

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-15	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 89 EAST CARBON, UT 84520			U.S. EPA ID Number N/A			
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED			001	CM	21	CT
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-88: STONE CASTLE RECYCLING Bin # 5262						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offoror's Printed/Typed Name STEVEN B. McLELLITT, U.S. EPA			Signature 		Month 12	Day 15
					Year 14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Blaine Mechem			Signature 		Month 12	Day 23
Transporter 2 Printed/Typed Name			Signature		Year 14	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____ U.S. EPA ID Number						
17b. Alternate Facility (or Generator)						
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator)						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name J McFarland			Signature 		Month 12	Day 24
					Year 14	

GENERATOR

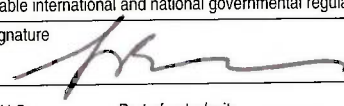

INT'L

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-16	
5. Generator's Name and Mailing Address USEPA REGION 8 1585 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address EODC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4621			U.S. EPA ID Number N/A			
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS <i>TREATED</i>		001	CM	21	01	
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING <i>Bin # 5956</i>						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name <i>STEVEN B. MEHLITZ, U.S. EPA</i>			Signature <i>[Signature]</i>		Month Day Year <i>12 15 14</i>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Mawerick Latimore</i>			Signature <i>Mawerick Latimore</i>		Month Day Year <i>12 22 14</i>	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
17b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator) Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name <i>Linda Smith</i>			Signature <i>[Signature]</i>		Month Day Year <i>12 23 14</i>	

773

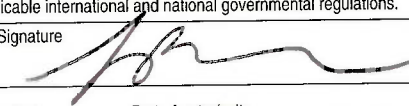
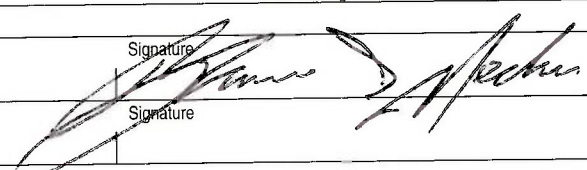
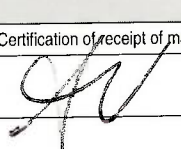
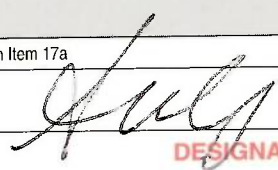
GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-17	
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		
	Generator's Phone: (303) 814-7477				U.S. EPA ID Number CAT000624247		
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number		
	7. Transporter 2 Company Name				U.S. EPA ID Number		
TRANSPORTER	8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number N/A		
	Facility's Phone: (800) 444-4521						
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY	
DESIGNATED FACILITY	2.						
	3.						
	4.						
	13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin # 5815						
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
DESIGNATED FACILITY	Generator's/Offor's Printed/Typed Name STEVEN B. MELLIN, U.S. EPA				Signature 		Month Day Year 12 15 14
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	16. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Maverick Lattimore				Signature Maverick Lattimore		Month Day Year 12 23 14
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	17. Discrepancy						
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: U.S. EPA ID Number						
	17b. Alternate Facility (or Generator) Facility's Phone: U.S. EPA ID Number						
	17c. Signature of Alternate Facility (or Generator) Month Day Year						
DESIGNATED FACILITY	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
	Printed/Typed Name A McFarland				Signature 		Month Day Year 12 24 14

GENERATOR

INT'L




TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-18
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		
Generator's Phone: (303) 814-7477					
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address ECCC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number N/A	
Facility's Phone: (800) 444-4521					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	C7
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING <div style="text-align: right; color: blue;">Bin# 30197</div>					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offeror's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA			Signature 		Month Day Year 12 15 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Blaine Mecham, MPE			Signature 		Month Day Year 12 28 14
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
17b. Alternate Facility (or Generator)				U.S. EPA ID Number	
Facility's Phone: _____					
17c. Signature of Alternate Facility (or Generator)				Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name 			Signature 		Month Day Year 12 29 14




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GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

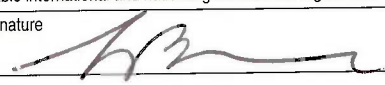
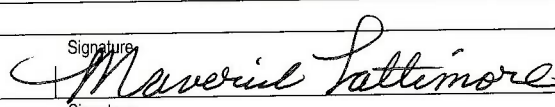
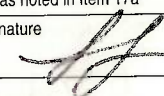
NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-19		
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761				
Generator's Phone: (303) 814-7477							
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number CAT000624247				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521			U.S. EPA ID Number N/A				
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
		No.	Type				
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY		
2.							
3.							
4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin#							
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA			Signature 		Month 12	Day 15	Year 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
16. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Blaine Mechem			Signature 		Month 12	Day 29	Year 14
Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
17b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator) Month Day Year							
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name Linda Smith			Signature 		Month 12	Day 30	Year 14

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GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-20	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477						
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number CAT000624247			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520			U.S. EPA ID Number N/A			
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY	
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin# 6412						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offero's Printed/Typed Name STEVEN B. MEHRITT, U.S. EPA			Signature 		Month 12	Day 15
					Year 14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Blaine Mecham MPe			Signature 		Month 12	Day 30
Transporter 2 Printed/Typed Name			Signature		Year 14	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
17b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
17c. Signature of Alternate Facility (or Generator) Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name Linda Smith			Signature 		Month 12	Day 31
					Year 14	

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GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-21	
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		
	Generator's Phone: (303) 814-7477				U.S. EPA ID Number CAT000624247		
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number		
	7. Transporter 2 Company Name				U.S. EPA ID Number		
	8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number N/A		
	Facility's Phone: (800) 444-4521						
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
			No.	Type			
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY	
2.							
3.							
4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bill # 6023							
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA				Signature 		Month Day Year 12 15 14	
INT'L	15. International Shipments		<input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:		
	Transporter Signature (for exports only):		Date leaving U.S.:				
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Maverick Lattimore		Signature 		Month Day Year 12 28 14		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
	17. Discrepancy						
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	17b. Alternate Facility (or Generator)						U.S. EPA ID Number
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)						Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name Linda Smith				Signature 		Month Day Year 12 29 14	

773


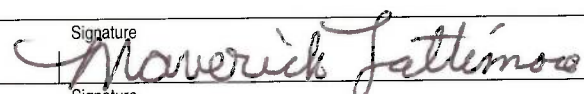

GENERATOR

INT'L

TRANSPORTER

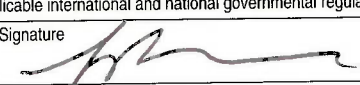
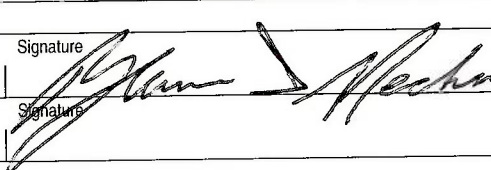

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-22	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number CAT000624247			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4621			U.S. EPA ID Number N/A			
9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED			001	CM	21	CY
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin# 5609						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name STEVEN B. MELLIX, U.S. EPA			Signature 		Month 12	Day 15
					Year 14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:			
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Maverick Lattimore			Signature 		Month 12	Day 29
Transporter 2 Printed/Typed Name			Signature		Year 14	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
17b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
17c. Signature of Alternate Facility (or Generator) Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name AMC Fairland			Signature 		Month 12	Day 29
					Year 14	

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-23
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		
Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247		
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 89 EAST CARBON, UT 84520			U.S. EPA ID Number N/A		
Facility's Phone: (800) 444-4521					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	cy
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin #4967					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offor's Printed/Typed Name STEVEN B MERRITT, U.S. EPA		Signature 		Month 12	Day 15
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:		Year 14	
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Maverick Lattimore		Signature 		Month 12	Day 30
Transporter 2 Printed/Typed Name		Signature		Year 14	
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number:					
17b. Alternate Facility (or Generator) U.S. EPA ID Number					
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator) Month Day Year					
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name Linda Smith		Signature 		Month 12	Day 31
				Year 14	

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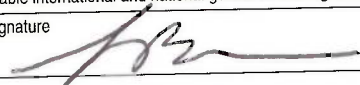
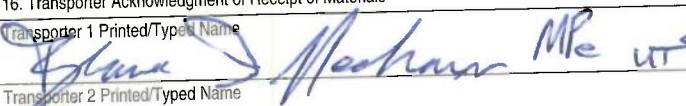
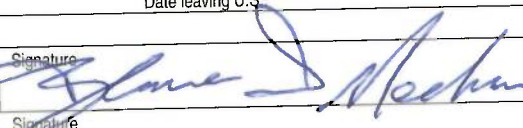

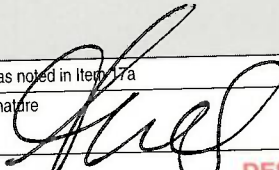
GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-24	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECCC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520			U.S. EPA ID Number N/A			
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	47	
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCB-88; STONE CASTLE RECYCLING Bin						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA			Signature 		Month Day Year 12/15/14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Blaine Meckam ME UT			Signature 		Month Day Year 1/5/15	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____ U.S. EPA ID Number						
17b. Alternate Facility (or Generator)						
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator)						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name J. M. Farland			Signature 		Month Day Year 1/6/15	

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GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A		2. Page 1 of 1		3. Emergency Response Phone 888-814-7477		4. Waste Tracking Number 868-25			
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202						Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761					
	Generator's Phone: (303) 814-7477											
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.						U.S. EPA ID Number CAT000624247					
	7. Transporter 2 Company Name						U.S. EPA ID Number					
TRANSPORTER	8. Designated Facility Name and Site Address ECCC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520						U.S. EPA ID Number N/A					
	Facility's Phone: (800) 444-4521											
	9. Waste Shipping Name and Description						10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
							No.	Type				
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED						001	CM	21	CY		
2.												
3.												
4.												
DESIGNATED FACILITY	13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC9-88; STONE CASTLE RECYCLING											
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.											
	Generator's/Offor's Printed/Typed Name STEVEN B. MERRIN, U.S. EPA						Signature		Month		Day	Year
									12		15	14
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.						Port of entry/exit: Date leaving U.S.:					
DESIGNATED FACILITY	16. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name						Signature		Month		Day	Year
	Transporter 2 Printed/Typed Name						Signature		Month		Day	Year
									1		6	15
17. Discrepancy												
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection												
Manifest Reference Number:												
17b. Alternate Facility (or Generator) U.S. EPA ID Number												
Facility's Phone:												
17c. Signature of Alternate Facility (or Generator) Month Day Year												
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17c												
Printed/Typed Name						Signature		Month		Day	Year	
								1		7	14	

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GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>	2. Page 1 of	3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>	4. Waste Tracking Number <div style="text-align: center;">868-26</div>		
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1330 WEST 200 SOUTH PAROWAN, UT 84761				
TRANSPORTER	Generator's Phone: (303) 814-7477			6. Transporter 1 Company Name MIP ENVIRONMENTAL SERVICES, INC.		U.S. EPA ID Number CAT000624247		
	7. Transporter 2 Company Name					U.S. EPA ID Number		
	8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520					U.S. EPA ID Number <div style="text-align: center;">N/A</div>		
	Facility's Phone: (800) 444-4521							
DESIGNATED FACILITY	9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
				No.	Type			
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED			001	CM	21	CY	
	2.							
	3.							
4.								
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING <div style="text-align: right; font-size: 1.2em;">Bin 64110</div>								
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.								
Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA					Signature 		Month Day Year 12 16 14	
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:				
	Transporter Signature (for exports only):							
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials			Signature		Month Day Year		
	Transporter 1 Printed/Typed Name 					1 7 15		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Signature		Month Day Year		
	17. Discrepancy			Manifest Reference Number:				
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection			U.S. EPA ID Number				
	17b. Alternate Facility (or Generator)							
DESIGNATED FACILITY	Facility's Phone:					Month Day Year		
	17c. Signature of Alternate Facility (or Generator)							
DESIGNATED FACILITY	18. Designated Facility Owner or Operator. Certification of receipt of materials covered by the manifest except as noted in Item 17a			Signature		Month Day Year		
	Printed/Typed Name 					1 8 14		

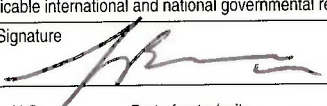
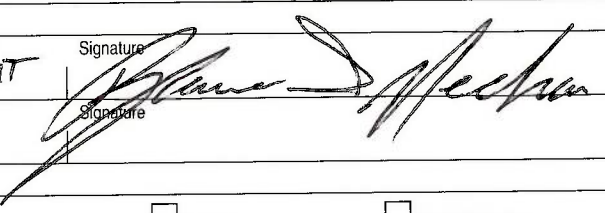
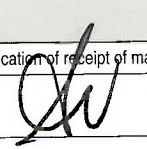
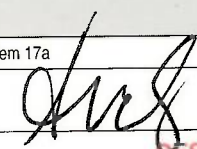
DESIGNATED FACILITY TO GENERATOR

GENERATOR

INT'L


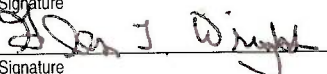

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-27	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521				U.S. EPA ID Number N/A		
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY	
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC9-69; STONE CASTLE RECYCLING Bin 5219						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name STEVEN B. MERTIS				Signature 	Month 12	Day 16
15. International Shipments <input type="checkbox"/> Import to U.S. Transporter Signature (for exports only):				<input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____	Year 14	
16. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Blaine Meacham MPE UT				Signature 	Month 1	Day 8
Transporter 2 Printed/Typed Name				Signature	Year 15	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
17b. Alternate Facility (or Generator) Facility's Phone:						
U.S. EPA ID Number						
17c. Signature of Alternate Facility (or Generator)						
Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name 				Signature 	Month 1	Day 9
					Year 14	

DESIGNATED FACILITY TO GENERATOR

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>	2. Page 1 of <div style="text-align: center;">1</div>	3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>	4. Waste Tracking Number <div style="text-align: center;">868-29</div>
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		
Generator's Phone: (303) 814-7477					
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 89 EAST CARBON, UT 84520				U.S. EPA ID Number <div style="text-align: center;">N/A</div>	
Facility's Phone: (800) 444-4521					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCB-68; STONE CASTLE RECYCLING <div style="text-align: right;">Bm 25470</div>					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA			Signature 		Month Day Year 12 16 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Glen T Wright			Signature 		Month Day Year 1 5 15
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
17b. Alternate Facility (or Generator)				U.S. EPA ID Number	
Facility's Phone: _____					
17c. Signature of Alternate Facility (or Generator)				Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name A McFarland			Signature 		Month Day Year 1 6 15

GENERATOR

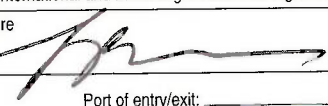
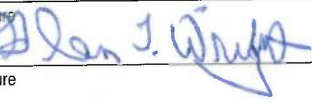
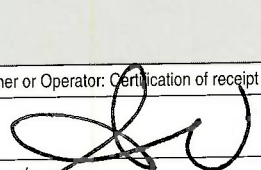
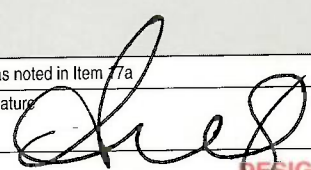
INT'L

TRANSPORTER

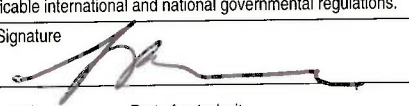
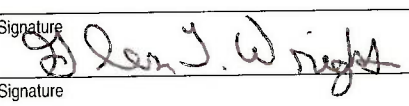

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-30		
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477				U.S. EPA ID Number CAT000624247			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520				U.S. EPA ID Number N/A			
Facility's Phone: (800) 444-4521							
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
		No.	Type				
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - <i>TRIALED</i>		001	CM	21	LT		
2.							
3.							
4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCB-68; STONE CASTLE RECYCLING <i>Bin 25413</i>							
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
Generator's/Offor's Printed/Typed Name <i>STEVEN B. MERRITT, U.S. EPA</i>				Signature <i>[Signature]</i>	Month <i>12</i>	Day <i>16</i>	Year <i>14</i>
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
16. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <i>Glen T. Wright</i>				Signature <i>[Signature]</i>	Month <i>1</i>	Day <i>6</i>	Year <i>15</i>
Transporter 2 Printed/Typed Name				Signature	Month	Day	Year
17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
17b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
17c. Signature of Alternate Facility (or Generator) Month Day Year							
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name <i>Linda Smith</i>				Signature <i>[Signature]</i>	Month <i>1</i>	Day <i>7</i>	Year <i>15</i>

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of <div style="text-align: center;">1</div>		3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>		4. Waste Tracking Number <div style="text-align: center;">828-31</div>	
		5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
		6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247			
		7. Transporter 2 Company Name				U.S. EPA ID Number			
		8. Designated Facility Name and Site Address ECOC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 89 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521				U.S. EPA ID Number <div style="text-align: center;">N/A</div>			
		9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
				No.	Type				
GENERATOR		1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY		
		2.							
		3.							
		4.							
		13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-66; STONE CASTLE RECYCLING <div style="text-align: right; font-size: 1.2em;">Bin 6413</div>							
		14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
		Generator's/Offor's Printed/Typed Name STEVEN B. MERRIN, U.S. EPA				Signature 		Month Day Year 12 16 14	
INT'L		15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____					
		16. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER		Transporter 1 Printed/Typed Name Glen T. Wright				Signature 		Month Day Year 1 5 15	
		Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY		17. Discrepancy							
		17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
		17b. Alternate Facility (or Generator)				Manifest Reference Number: _____ U.S. EPA ID Number _____			
		Facility's Phone: _____				17c. Signature of Alternate Facility (or Generator)			
		18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 7a							
		Printed/Typed Name 				Signature 		Month Day Year 1 8 15	

709

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868- 00 32		
	5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202				Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
	Generator's Phone: (303) 814-7477				U.S. EPA ID Number CAT000624247			
	6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number			
	7. Transporter 2 Company Name				U.S. EPA ID Number			
	8. Designated Facility Name and Site Address ECCC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 89 EAST CARBON, UT 84520				U.S. EPA ID Number N/A			
	Facility's Phone: (800) 444-4521							
	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
			No.	Type				
	1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY		
2.								
3.								
4.								
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-68; STONE CASTLE RECYCLING Bin 504L								
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.								
Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA				Signature 		Month 12	Day 16	Year 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
16. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Glen T. Wright				Signature 		Month 1	Day 8	Year 15
Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
17. Discrepancy								
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
17b. Alternate Facility (or Generator) U.S. EPA ID Number								
Facility's Phone:								
17c. Signature of Alternate Facility (or Generator) Month Day Year								
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a								
Printed/Typed Name A McFarland				Signature 		Month 1	Day 9	Year 15

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS
WASTE MANIFEST

1. Generator ID Number

N/A

2. Page 1 of

3. Emergency Response Phone

888-814-7477

4. Waste Tracking Number

868-33

5. Generator's Name and Mailing Address

USEPA REGION 8
1595 WYNKOOP ST
DENVER, CO 80202

Generator's Site Address (if different than mailing address)

USEPA REGION 8
1338 WEST 200 SOUTH
PAROWAN, UT 84761

Generator's Phone:

(303) 814-7477

6. Transporter 1 Company Name

MP ENVIRONMENTAL SERVICES, INC.

U.S. EPA ID Number

CAT000624247

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

ECDC ENVIRONMENTAL
1111 WEST HIGHWAY 123, PO BOX 69
EAST CARBON, UT 84520

U.S. EPA ID Number

N/A

Facility's Phone:

(800) 444-4521

9. Waste Shipping Name and Description

10. Containers

No.

Type

11. Total
Quantity12. Unit
Wt./Vol.1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND
CATHODE RAY TUBE MONITORS - TREATED

001

CM

21

CY

2.

3.

4.

13. Special Handling Instructions and Additional Information

APPROVAL# 40411421139

SC8-68; STONE CASTLE RECYCLING

Bin 4020

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offoror's Printed/Typed Name

STEVEN B. MERRITS, U.S. EPA

Signature

Month Day Year
12 16 14

15. International Shipments

☐ Import to U.S.☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter Signature (for exports only):

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Glen J. Wright

Signature

Month Day Year
1 19 15

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

☐ Quantity☐ Type☐ Residue☐ Partial Rejection☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature



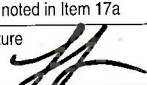
Month Day Year
1 19 15

GENERATOR


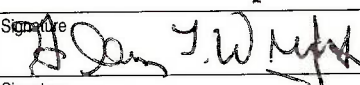

INT'L

TRANSPORTER


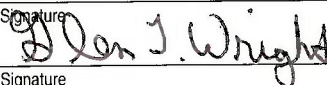
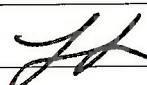
DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-34	
5. Generator's Name and Mailing Address USEPA REGION 8 1695 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520			U.S. EPA ID Number N/A			
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS — TREATED		001	CM	21	CY	
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC8-88, STONE CASTLE RECYCLING Bin # 25127						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name STEVEN B. MELLIS, U.S. EPA			Signature 		Month 12	Day 16
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:		Year 14	
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Glen T. Wright			Signature 		Month 1	Day 13
Transporter 2 Printed/Typed Name			Signature		Year 15	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
17b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
17c. Signature of Alternate Facility (or Generator) Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name Linda Smith			Signature 		Month 1	Day 14
					Year 15	

709

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-35	
5. Generator's Name and Mailing Address USEPA REGION 8 1585 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		
Generator's Phone: (303) 814-7477					
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number CAT000624247		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520			U.S. EPA ID Number N/A		
Facility's Phone: (800) 444-4521					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS — TRIMED		001	CM	21	CY
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCB-88; STONE CASTLE RECYCLING Bin #					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offor's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA			Signature 		Month Day Year 12 16 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Glen T. Wright			Signature 		Month Day Year 1 15 15
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
17b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)			Month Day Year		
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name A McFarland			Signature 		Month Day Year 1 16 15

709

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-36
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761		
Generator's Phone: (303) 814-7477					
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address ECCO ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 89 EAST CARBON, UT 84520				U.S. EPA ID Number N/A	
Facility's Phone: (800) 444-4521					
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS — TREATED		601	CM	21	CY
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SC9-68; STONE CASTLE RECYCLING Bin # 6233					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offor's Printed/Typed Name STEVEN B. MERRIS, U.S. EPA			Signature 		Month Day Year 12 16 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Glen J. Wright			Signature 		Month Day Year 1 20 15
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
17b. Alternate Facility (or Generator)				U.S. EPA ID Number	
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)				Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name Linda Smith			Signature 		Month Day Year 1 21 15

GENERATOR

INT'L

TRANSPORTER



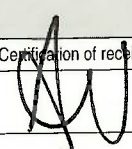
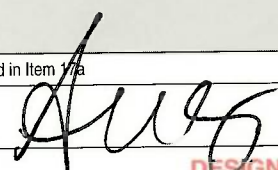
DESIGNATED FACILITY

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

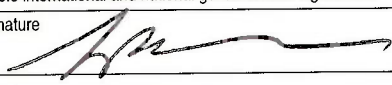

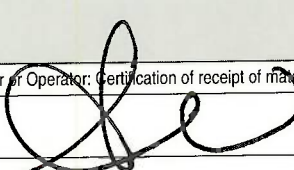
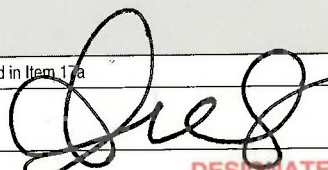
NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-37		
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761				
Generator's Phone: (303) 814-7477							
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number CAT000624247				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4621			U.S. EPA ID Number N/A				
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
		No.	Type				
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED		001	CM	21	CY		
2.							
3.							
4.							
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCS-68; STONE CASTLE RECYCLING Bin # 5944							
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.							
Generator's/Offeror's Printed/Typed Name STEVEN B. MERRITT U.S. EPA			Signature 		Month 12	Day 16	Year 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
16. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Ricardo Felix			Signature 		Month 12	Day 26	Year 15
Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
17b. Alternate Facility (or Generator)			U.S. EPA ID Number				
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)					Month	Day	Year
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
Printed/Typed Name 			Signature 		Month 1	Day 24	Year 14

GENERATOR


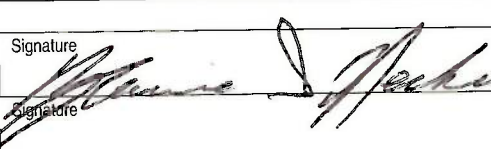
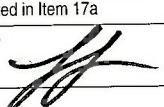
INT'L

TRANSPORTER


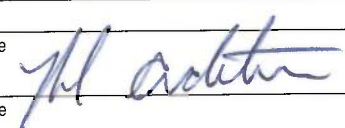
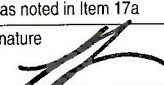
DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-38	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAOWAN, UT 84761			
Generator's Phone: (303) 814-7477						
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address ECCO ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 83 EAST CARBON, UT 84520				U.S. EPA ID Number N/A		
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS — TREATED		001	CM	21	CT	
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421138 SCB-68; STONE CASTLE RECYCLING Bin# 25364						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Officer's Printed/Typed Name STEVEN B. MEHLER, U.S. EPA			Signature 		Month Day Year 12 16 '14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Ricardo Felix			Signature 		Month Day Year 01 27 14	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____ U.S. EPA ID Number						
17b. Alternate Facility (or Generator)						
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator) _____ Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name 			Signature 		Month Day Year 1 27 14	

Truck 707

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 888-814-7477	4. Waste Tracking Number 868-39	
5. Generator's Name and Mailing Address USEPA REGION 8 1595 WYNKOOP ST DENVER, CO 80202			Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761			
Generator's Phone: (303) 814-7477			U.S. EPA ID Number CAT000624247			
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 69 EAST CARBON, UT 84520			U.S. EPA ID Number N/A			
Facility's Phone: (800) 444-4521						
9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - TREATED			001	CM	21	CY
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 SCS-68; STONE CASTLE RECYCLING BIN # 5227						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offeror's Printed/Typed Name STEVEN B. MEALIN, U.S. EPA			Signature 		Month 12	Day 16
					Year 14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Blaine Meacham MPE LTD			Signature 		Month 1	Day 21
Transporter 2 Printed/Typed Name			Signature		Year 15	
					Month	Day
					Year	
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____ U.S. EPA ID Number _____						
17b. Alternate Facility (or Generator)						
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator)						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name Linda Smith			Signature 		Month 1	Day 22
					Year 15	

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NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of 1		3. Emergency Response Phone <div style="text-align: center;">888-814-7477</div>		4. Waste Tracking Number <div style="text-align: center;">868-40</div>			
		5. Generator's Name and Mailing Address USEPA REGION 8 1695 WYNKOOP ST DENVER, CO 80202 Generator's Phone: (303) 814-7477		Generator's Site Address (if different than mailing address) USEPA REGION 8 1338 WEST 200 SOUTH PAROWAN, UT 84761							
6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES, INC.		U.S. EPA ID Number CAT000624247									
7. Transporter 2 Company Name		U.S. EPA ID Number									
8. Designated Facility Name and Site Address ECCO ENVIRONMENTAL 1111 WEST HIGHWAY 123, PO BOX 89 EAST CARBON, UT 84520 Facility's Phone: (800) 444-4521		U.S. EPA ID Number <div style="text-align: center;">N/A</div>									
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity		12. Unit Wt./Vol.					
		No.	Type								
1. NON-RCRA, NON-HAZARDOUS, DISCARDED TELEVISIONS AND CATHODE RAY TUBE MONITORS - REATED		001 CM		21		CY					
2.											
3.											
4.											
13. Special Handling Instructions and Additional Information APPROVAL# 40411421139 Bin # 4033 SCS-69; STONE CASTLE RECYCLING											
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.											
Generator's/Offeror's Printed/Typed Name STEVEN B. MERRITT, U.S. EPA				Signature 		Month 12		Day 16		Year 14	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
16. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name Dol Anderton				Signature 		Month 1		Day 20		Year 15	
Transporter 2 Printed/Typed Name				Signature		Month		Day		Year	
17. Discrepancy											
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
Manifest Reference Number: _____											
17b. Alternate Facility (or Generator)						U.S. EPA ID Number					
Facility's Phone: _____											
17c. Signature of Alternate Facility (or Generator)						Month		Day		Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a											
Printed/Typed Name Linda Smith				Signature 		Month 1		Day 21		Year 15	