



**DEPARTMENT OF THE ARMY**  
Headquarters, U.S. Army Garrison Fort Monmouth  
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO  
ATTENTION OF

Directorate of Public Works

Date: 13 December, 2001

Marpal Disposal Company, Inc.  
P.O. Box 188  
Lincroft, New Jersey 07738

Re: Non-Hazardous Waste Disposal  
Contract No. DAAB07-96-C-8252  
Location: Bldg. 166, rear  
Roll-off container No. 102  
Size: 10 cubic yards  
USTs from Buildings (capacity): 202A(1K), 202B(1K), 211(2K)

Dear Sir:

I certify that the above referenced 10 cubic yard roll-off container provided by Marpal, Inc. contains only crushed fiberglass underground storage tanks removed from residential buildings at Fort Monmouth, NJ. The tanks contained only No. 2 heating oil. The tanks were decommissioned in accordance with acceptable industry standards, NJDEP protocol and then crushed. No free liquids are present in the container.

If you should require any additional information or help at this time, please contact Mr. Dinker Desai, Environmental Protection Specialist @ (732) 532-1475.

Sincerely,

Dinker Desai  
Environmental Protection Specialist

Attachments: None

## SAMPLE RECEIPT FORM

Date Received: 11-27-01

Work Order ID#: 16605

Site/Proj. Name: High 211 / UST

Cooler Temp (°C): 4.0°

Received By: J. Verayana  
(Print name)

Sign: J. Verayana

**Check the appropriate box**

- |   |   |                             |   |
|---|---|-----------------------------|---|
| 1. Did the samples come in a cooler?                          | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a            |
| 2. Was the chain of custody filled out correctly and legibly? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |   |
| 3. Was the chain of custody signed in the appropriate place?  | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |   |
| 4. Did the labels agree with the chain of custody?            | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |   |
| 5. Were the correct containers/preservatives used?            | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |   |
| 6. Was a sufficient amount of sample supplied?                | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |   |
| 7. Were air bubbles present in VOA vials?                     | <input type="checkbox"/> yes            | <input type="checkbox"/> no | <input checked="" type="checkbox"/> n/a |
| 8. Were samples received on ice?                              | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |   |

**Fill out the following table for each sample bottle**

Lims ID	pH	Preservative	Sample ID	pH	Preservative

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_