

**United States Army**  
Fort Monmouth, New Jersey

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**Underground Storage Tank  
Closure and Site Investigation  
Report**

***Building 290B  
Main Post-West Area***

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**NJDEP UST Registration No. 81533-224 and 225  
DICAR No. 93-11-30-1246-27**

**May 2001**

**UNDERGROUND STORAGE TANK  
CLOSURE AND SITE INVESTIGATION REPORT**

**BUILDING 290B**

**MAIN POST-WEST AREA  
NJDEP UST REGISTRATION NO. 81533-224 AND 225**

**MAY 2001**

**PREPARED FOR:**

**UNITED STATES ARMY, FORT MONMOUTH, NEW JERSEY  
DIRECTORATE OF PUBLIC WORKS  
BUILDING 167  
FORT MONMOUTH, NJ 07703**

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**PROJECT NO. 4936-127**

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>iv</b>
<b>1.0 UNDERGROUND STORAGE TANK DECOMMISSIONING ACTIVITIES</b>	<b>1</b>
<b>1.1 OVERVIEW</b>	<b>1</b>
<b>1.2 SITE DESCRIPTION</b>	<b>1</b>
<b>1.2.1 Geological/Hydrogeological Setting</b>	<b>2</b>
<b>1.3 HEALTH AND SAFETY</b>	<b>3</b>
<b>1.4 REMOVAL OF UNDERGROUND STORAGE TANK</b>	<b>4</b>
<b>1.4.1 General Procedures</b>	<b>4</b>
<b>1.4.2 Underground Storage Tank Excavation and Cleaning</b>	<b>4</b>
<b>1.5 UNDERGROUND STORAGE TANK         TRANSPORTATION AND DISPOSAL</b>	<b>5</b>
<b>1.6 MANAGEMENT OF EXCAVATED SOILS</b>	<b>5</b>
<b>2.0 SITE INVESTIGATION ACTIVITIES</b>	<b>6</b>
<b>2.1 OVERVIEW</b>	<b>6</b>
<b>2.2 FIELD SCREENING/MONITORING</b>	<b>6</b>
<b>2.3 SOIL SAMPLING</b>	<b>7</b>
<b>3.0 CONCLUSIONS AND RECOMMENDATIONS</b>	<b>8</b>
<b>3.1 SOIL SAMPLING RESULTS</b>	<b>8</b>
<b>3.2 CONCLUSIONS AND RECOMMENDATIONS</b>	<b>8</b>

## TABLE OF CONTENTS (CONTINUED)

### TABLES

<b>Table 1</b>	<b>Summary of Post-Excavation Sampling Activities</b>
<b>Table 2</b>	<b>Post-Excavation Soil Sampling Results</b>
<b>Table 3</b>	<b>Post-Excavation Soil Sampling Results</b>
<b>Table 4</b>	<b>Post-Excavation Soil Sampling Results</b>

### FIGURES

<b>Figure 1</b>	<b>Site Location Map</b>
<b>Figure 2</b>	<b>Site Map</b>
<b>Figure 3</b>	<b>Cross Sectional View</b>
<b>Figure 4</b>	<b>Soil Sampling Location Map</b>

### APPENDICES

<b>Appendix A</b>	<b>NJDEP UST Closure Approval Letter</b>
<b>Appendix B</b>	<b>NJDEP Standard Reporting Form</b>
<b>Appendix C</b>	<b>Site Assessment Summary</b>
<b>Appendix D</b>	<b>Waste Manifest</b>
<b>Appendix E</b>	<b>UST Disposal Certificate</b>
<b>Appendix F</b>	<b>Soil Analytical Data Package</b>

## EXECUTIVE SUMMARY

### UST Closure

On December 1, 1993, two steel underground storage tanks (USTs) were closed by removal in accordance with New Jersey Department of Environmental Protection (NJDEP) closure procedures at the Main Post-West area of the U.S. Army Fort Monmouth, Fort Monmouth, New Jersey. The USTs, NJDEP Registration Nos. 0081533-224 and 225 (Fort Monmouth ID No. 290B), were located southeast of Building 290. UST Nos. 0081533-224 and 225 were both 2,000-gallon tanks containing gasoline.

### Site Assessment-Soil

The site assessment was performed by U.S. Army personnel in accordance with the NJDEP *Technical Requirements for Site Remediation* (N.J.A.C. 7:26E) and the NJDEP *Field Sampling Procedures Manual*. The sampling and laboratory analysis conducted during the site assessment were performed in accordance with Section 7:26E-2.1 of the *Technical Requirements for Site Remediation*. Soils surrounding the tank were screened visually and with air monitoring equipment for evidence of contamination. Following removal, both USTs were inspected for corrosion holes. Numerous holes were noted in the USTs. Soils at the location of the holes were dark in color and appeared to be contaminated. Based on the inspection of the USTs, Directorate of Public Works (DPW) concluded that a discharge of petroleum products was associated with the USTs. The NJDEP hotline was notified and the case was assigned DICAR No. 93-11-30-1246-27. Groundwater was encountered at 5.0 feet below ground surface and sheen was observed on groundwater.

On December 9, 1993, following the removal of 259 cubic yards of potentially petroleum contaminated soil from the excavated area, post-excitation soil samples A, B, C, D, E, F, G, H, and I (DUP F) were collected from eight (8) locations within the UST excavation. Sidewall samples A, B, C, D, E, F, G, H, and I (DUP F) were collected at a depth of 4.0 feet bgs. All samples were analyzed for total petroleum hydrocarbons (TPHC), total solids, lead, and Volatile Organic Compounds (VOCs).

### Site Assessment-Findings

Analytical results of post-excitation soil samples collected on December 9, 1993, contained either non-detectable concentrations of contaminants or concentrations of contaminants below the NJDEP Residential Direct Contact Soil Cleanup Criteria (RDCSCC).

### Site Assessment-Groundwater

Due to the proximity of a former UST (NJDEP Registration No. 0081533-64) excavation, which was located approximately ten- (10) feet northwest of UST Nos. 0081533-224 and 225 excavation, two monitoring wells were installed to monitor groundwater quality for both

UST sites.

On June 1, 2000, a *Site Investigation Report* dated May 2000, prepared by ATC for UST No. 0081533-64 was submitted to the NJDEP. On August 29, 2000, the NJDEP reviewed the *Site Investigation Report* and determined the site requires No Further Action. Therefore, no further action is warranted in regards to the groundwater conditions for UST Nos. 0081533-224 and 225. Please refer to Appendix A for the NJDEP UST Closure Approval Letter.

#### Conclusion and Recommendations

Based on the analytical results of the post-excavation soil samples collected on December 9, 1993, soil quality at the Building 290 UST closure site does not exceed the NJDEP RDCSCC. Therefore, no further action is warranted.

Based on the review by the NJDEP on August 29, 2000, groundwater quality at Building 290 was either below the detection limit or in compliance with the New Jersey Ground Water Quality Criteria (GWQC).

No further action is proposed in regard to the closure and site assessment of UST Nos. 0081533-224 and 225 at Building 290.

# 1.0 UNDERGROUND STORAGE TANK DECOMMISSIONING ACTIVITIES

## 1.1 OVERVIEW

Two underground storage tanks (USTs), New Jersey Department of Environmental Protection (NJDEP) Registration Nos. 81533-224 and 225, were closed at Building 290 at the Main Post-West area of U.S. Army Fort Monmouth, Fort Monmouth, New Jersey on December 1, 1993. Refer to the site location map on Figure 1. This report presents the results of the Department of Public Works' (DPW) implementation of the UST Decommissioning/Closure Plan approved by the NJDEP. The USTs were 2,000-gallon steel tanks containing gasoline.

Decommissioning activities for UST No. 81533-224 and 225 complied with all applicable Federal, State, and Local laws and ordinances in effect at the date of decommissioning. These laws included but were not limited to N.J.A.C. 7:14B-1 et seq., N.J.A.C. 5:23-1 et seq., and Occupational Safety and Health Administration (OSHA) 1910.146 & 1910.120. All permits including but not limited to the NJDEP approved Decommissioning/Closure Plan were posted onsite for inspection. The decommissioning activities were conducted by DPW personnel who are registered and certified by the NJDEP for performing UST closure activities. Closure of UST No. 81533-224 and 225 proceeded under the approval of the NJDEP Bureau of Federal Case Management (NJDEP-BFCM). The Standard Reporting Form and signed Site Assessment Summary form for UST No. 81533-224 and 225 are included in Appendices B and C, respectively.

After removal of the potentially contaminated soil, the site was assessed. Based on inspecting the UST, field screening of remaining subsurface soils, and reviewing analytical results of soil samples and groundwater samples, the DPW has concluded that no significant historical discharges are associated with the UST or associated piping.

This UST Closure and Site Investigation Report has been prepared by Versar, to assist the U.S. Army DPW in complying with the NJDEP regulations. The applicable NJDEP regulations at the date of closure were the *Interim Closure Requirements for Underground Storage Tank Systems* (N.J.A.C. 7:14B-1 et seq. October 1990 and revisions dated November 1, 1991).

This report was prepared using information collected at the time of closure. Section 1 of this UST Closure and Site Investigation Report provides a summary of the UST decommissioning activities. Section 2 of this report describes the site investigation activities. Conclusions and recommendations, including the results of the soil sampling and groundwater investigation, are presented in the final section of this report.

## 1.2 SITE DESCRIPTION

Building 290 is located in the Main Post-West area of the Fort Monmouth Army Base. USTs No. 0081533-224 and 225 were located southeast of Building 290. The fill ports

were located directly above the tanks. A site map is provided on Figure 2.

### **1.2.1 Geological/Hydrogeological Setting**

The following is a description of the geological/hydrogeological setting of the area surrounding Building 290. Included is a description of the regional geology of the area surrounding Fort Monmouth as well as descriptions of the local geology and hydrogeology of the Main Post area.

#### Regional Geology

Monmouth County lies within the New Jersey Section of the Atlantic Coastal Plain physiographic province. The Main Post, Charles Wood, and the Evans areas are located in what may be referred to as the Outer Coastal Plain subprovince, or the Outer Lowlands.

In general, New Jersey Coastal Plain formations consist of a seaward-dipping wedge of unconsolidated deposits of clay, silt, and gravel. These formations typically strike northeast-southwest with a dip ranging from 10 to 60 feet per mile and were deposited on Precambrian and lower Paleozoic rocks (Zapeczka, 1989). These sediments, predominantly derived from deltaic, shallow marine, and continental shelf environments, date from Cretaceous through the Quaternary Periods. The mineralogy ranges from quartz to glauconite.

The formations record several major transgressive/regressive cycles and contain units which are generally thicker to the southeast and reflect a deeper water environment. More than 20 regional geologic units are present within the sediments of the Coastal Plain. Regressive, upward coarsening deposits are usually aquifers (e.g., Englishtown and Kirkwood Formations, and the Cohansey Sand) while the transgressive deposits act as confining units (e.g., the Merchantville, Marshalltown, and Navesink Formations). The individual thicknesses for these units vary greatly (i.e., from several feet to several hundred feet). The Coastal Plain deposits thicken to the southeast from the Fall Line to greater than 6,500 feet in Cape May County (Brown and Zapeczka, 1990).

#### Local Geology

Based on the regional geologic map (Jablonski, 1968), the Cretaceous age Red Bank and Tinton Sands outcrop at the Main Post area. The Red Bank sand conformably overlies the Navesink Formation and dips to the southeast at 35 feet per mile. The upper member (Shrewsbury) of the Red Bank sand is a yellowish-gray to reddish brown clayey, medium-to-coarse-grained sand that contains abundant rock fragments, minor mica and glauconite (Jablonski). The lower member (Sandy Hook) is a dark gray to black, medium-to-fine grained sand with abundant clay, mica, and glauconite.

The Tinton sand conformably overlies the Red Bank Sand and ranges from a clayey medium to very coarse grained feldspathic quartz and glauconite sand to a glauconitic coarse sand. The color varies from dark yellowish orange or light brown to moderate brown and from light olive to grayish olive. Glauconite may constitute 60 to 80 percent of



the sand fraction in the upper part of the unit (Minard, 1969). The upper part of the Tinton is often highly oxidized and iron oxide encrusted (Minard).

### Hydrogeology

The water table aquifer in the Main Post area is identified as part of the "composite confining units," or minor aquifers. The minor aquifers include the Navesink formation, Red Bank Sand, Tinton Sand, Hornerstown Sand, Vincentown Formation, Manasquan Formation, Shark River Formation, Piney Point Formation, and the basal clay of the Kirkwood Formation.

Based on records of wells drilled in the Main Post area, water is typically encountered at depths of 2 to 9 feet below ground surface (bgs). According to Jablonski, wells drilled in the Red Bank and Tinton Sands may produce 2 to 25 gallons per minute (gpm). Some well owners have reported acidic water that requires treatment to remove iron.

Due to the proximity of the Atlantic Ocean to Fort Monmouth, shallow groundwater may be tidally influenced and may flow toward creeks and brooks as the tide goes out, and away from creeks and brooks as the tide comes in. However, an abundance of clay lenses and sand deposits were noted in borings installed throughout Fort Monmouth. Therefore, the direction of shallow groundwater should be determined on a case-by-case basis.

Shallow groundwater is locally influenced within the Main Post area by the following factors:

- tidal influence (based on proximity to the Atlantic Ocean, rivers, and tributaries)
- topography
- nature of the fill material within the Main Post area
- presence of clay and silt lenses in the natural overburden deposits
- local groundwater recharge areas (i.e., streams, lakes)

Due to the fluvial nature of the overburden deposits (i.e., sand and clay lenses), shallow groundwater flow direction is best determined on a case-by-case basis. This is consistent with lithologies observed in borings installed within the Main Post area, which primarily consisted of fine-to-medium grained sands, with occasional lenses or laminations of gravel silt and/or clay.

Building 290B is located approximately 400 feet south of Parkers Creek, the nearest water body. Based on the Main Post topography, the groundwater flow in the area of Building 290 is anticipated to be to the north.

### **1.3 HEALTH AND SAFETY**

Before, during, and after all decommissioning activities, hazards at the work site which may have posed a threat to the Health and Safety of all personnel who were involved with, or were affected by, the decommissioning of the UST system were minimized. All areas,

which posed, or may have been suspected to pose a vapor hazard were monitored by a qualified individual utilizing an organic vapor analyzer (OVA). The individual ascertained if the area was properly vented to render the area safe, as defined by OSHA.

## **1.4 REMOVAL OF UNDERGROUND STORAGE TANK**

### **1.4.1 General Procedures**

- The contractor performing the closure prior to excavation activities identified all underground obstructions (utilities, etc.).
- All activities were carried out with the greatest regard to safety and health and the safeguarding of the environment.
- All excavated soils were visually examined and screened with an OVA for evidence of contamination. Potentially contaminated soils were identified and logged during closure activities.
- Surface materials (i.e., asphalt, concrete, etc.) were excavated and staged separately from all soil and recycled in accordance with all applicable regulations and laws.
- A Sub-Surface Evaluator from the DPW was present during all site assessment activities.

### **1.4.2 Underground Storage Tank Excavation and Cleaning**

Prior to UST decommissioning activities, surficial soil was removed to expose the UST and associated piping. All free product present in the piping was drained into the UST, and the UST was purged to remove vapors prior to cutting and removal of the piping. After removal of the associated piping, a manway was made in the UST to allow for proper cleaning. The UST was completely emptied of all liquids prior to removal from the ground. Approximately 2,500 gallons of liquid from the UST and its associated piping were transported by Casie Protank to Casie Ecology Oil Salvage, Inc. facility, a NJDEP-approved petroleum recycling and disposal company located in Vineland, New Jersey. Refer to Appendix D for the waste manifest.

The USTs were cleaned prior to removal from the excavation in accordance with the NJDEP regulations. After the USTs were removed from the excavation, they were staged on polyethylene sheeting and examined for holes. Numerous holes were observed during the inspection by the Sub-Surface Evaluator. Soils surrounding the USTs were screened visually and with an OVA for evidence of contamination. Soils were stained and appeared to be contaminated. Approximately 259 cubic yards of potentially contaminated soil were removed from the excavated area and transported to the Main Post petroleum contaminated soil holding area. Soil screening was also performed along the piping associated with the UST. No contamination was noted anywhere along the piping length. Groundwater was encountered at 5.0 feet below ground surface and sheen was observed on groundwater. See Figure 3 for a cross-sectional view of the excavated area.

## **1.5 UNDERGROUND STORAGE TANK TRANSPORTATION AND DISPOSAL**

The tanks were transported in compliance with all applicable regulations and laws to Mazza and Sons, Inc., Metal Recyclers. Please refer to Appendix E for the USTs Disposal.

The UST was labeled prior to transport with the following information:

- Site of origin
- Contact person
- NJDEP UST Facility ID number
- Former contents
- Destination site
- Date

## **1.6 MANAGEMENT OF EXCAVATED SOILS**

Based on visual observation, 259 cubic yards of contaminated soil were removed from the excavation area. All potentially contaminated soils were stockpiled separately from other excavated material and were placed on and covered with polyethylene sheets. Potentially contaminated soils were transported to the soil staging area at the Main Post Building. Soils that did not exhibit signs of contamination were used as backfill following the removal of the USTs. Groundwater was encountered at 5.0 feet below ground surface and sheen was observed on groundwater.

## 2.0 SITE INVESTIGATION ACTIVITIES

### 2.1 OVERVIEW

The Site Investigation was managed and carried out by U.S. Army DPW personnel. All analyses were performed and reported by U.S. Army Fort Monmouth Environmental Laboratory, a NJDEP certified testing laboratory. All sampling was performed under the direct supervision of a NJDEP Certified Sub-Surface Evaluator according to the methods described in the NJDEP *Field Sampling Procedures Manual* (1992). Sampling frequency and parameters analyzed complied with the NJDEP document *Interim Closure Requirements for Underground Storage Tank Systems* (October 1990 and revisions dated November 1, 1991) which was the applicable regulation at the date of the closure. The Fort Monmouth DPW Environmental Office maintains all records of the Site Investigation activities.

The following Parties participated in Closure and Site Investigation Activities:

- Subsurface Evaluator: Charles Appleby  
Employer: U.S. Army, Fort Monmouth  
Phone Number: (732) 532-0989  
NJDEP Certification No.: 002056
- Analytical Laboratory: U.S. Army Fort Monmouth Environmental laboratory  
Contact Person: Daniel K. Wright  
Phone Number: (732) 532-4359  
NJDEP Company Certification No.: 13461
- Hazardous Waste Hauler: Casie Protank Environmental Services  
Contact Person: James Gutisc  
Phone Number: (609) 696-4401  
NJDEP Company Certification No.: 16931

### 2.2 FIELD SCREENING/MONITORING

Field screening was performed by a NJDEP Certified Sub-Surface Evaluator using an OVA and visual observations to identify potentially contaminated material. Soil excavated from around the tank exhibited evidence of potential contamination. Approximately 259 cubic yards of potentially petroleum contaminated soil were removed from the excavated area and transported to the Fort Monmouth petroleum contaminated soil holding area. Soils were removed from the excavation until no evidence of contamination remained. Groundwater was encountered at 5.0 feet below ground surface and sheen was observed groundwater.

## 2.3 SOIL SAMPLING

On December 9, 1993, following the removal of 259 cubic yards of potentially petroleum contaminated soil from the excavated area, post-excavation soil samples A, B, C, D, E, F, G, H, and I (DUP F) were collected from a total of eight (8) locations within the UST excavation. Sidewall samples A, B, C, D, E, F, G, H, and I (DUP F) were collected at a depth of 4.0 feet bgs. Piping samples were not collected because the piping was located within the excavation. All samples were analyzed for TPHC, total solids, lead, and VOCs.

U.S. Army personnel in accordance with the NJDEP Technical Requirements and the NJDEP Field Sampling Procedures Manual performed the site assessment. A summary of sampling activities including parameters analyzed is provided in Table 1. The post-excavation soil samples were collected using NJDEP *Field Sampling Procedures Manual* (1992) standard sampling procedures. Following soil sampling activities, the samples were chilled and delivered to U.S. Army Fort Monmouth Environmental Laboratory located in Fort Monmouth, New Jersey, for analysis.

## **3.0 CONCLUSIONS AND RECOMMENDATIONS**

### **3.1 SOIL SAMPLING RESULTS**

To evaluate soil conditions following removal of the USTs and associated soils, eight (8) post-excavation sample results were compared to NJDEP Residential Direct Contact Soil Cleanup Criteria (RDCSCC) (N.J.A.C. 7:26D and revisions dated May 12, 1999). Summaries of analytical results for soils are presented in Tables 1 to 4 and the associated soil sampling locations are shown on Figure 4. The analytical data package is provided in Appendix F.

Excavation of potentially contaminated soil from the area surrounding the USTs was performed between November 29, 1993, and December 9, 1993. Approximately 259 cubic yards of potentially contaminated soil were removed from the excavated area and stored at the Fort Monmouth petroleum contaminated soil staging area.

Analytical results of post-excavation soil samples collected on December 9, 1993, contained either non-detectable concentrations of contaminants or concentrations of contaminants below the NJDEP RDCSCC.

### **3.2 CONCLUSIONS AND RECOMMENDATIONS**

Based on the analytical results of the post-excavation soil samples collected on December 9, 1993, soil quality at the Building 290 UST closure site does not exceed the NJDEP RDCSCC. Therefore, no further action is warranted.

Based on the review by the NJDEP on August 29, 2000, groundwater quality at Building 290 was either below the detection limit or in compliance with the New Jersey Ground Water Quality Criteria (GWQC).

No further action is proposed in regard to the closure and site assessment of UST Nos. 0081533-224 and 225 at Building 290.

## TABLES

TABLE 1

SUMMARY OF POST-EXCAVATION SAMPLING ACTIVITIES  
BUILDING 290, MAIN POST-WEST AREA  
FORT MONMOUTH, NEW JERSEY

Page 1 of 1

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Sample ID	Date of Collection	Date Analysis Started	Matrix	Sample Type	Analytical Parameters*	Sampling Method
A	12/09/93	12/13/93	Soil	Post-Excavation	TPHC, VO+15, Lead	Scoop
B	12/09/93	12/13/93	Soil	Post-Excavation	TPHC, VO+15, Lead	Scoop
C	12/09/93	12/13/93	Soil	Post-Excavation	TPHC, VO+15, Lead	Scoop
D	12/09/93	12/13/93	Soil	Post-Excavation	TPHC, VO+15, Lead	Scoop
E	12/09/93	12/13/93	Soil	Post-Excavation	TPHC, VO+15, Lead	Scoop
F	12/09/93	12/13/93	Soil	Post-Excavation	TPHC, VO+15, Lead	Scoop
G	12/09/93	12/13/93	Soil	Post-excavation	TPHC, VO+15, Lead	Scoop
H	12/09/93	12/13/93	Soil	Post-Excavation	TPHC, VO+15, Lead	Scoop
I	12/09/93	12/13/93	Soil	Post-excavation	TPHC, VO+15, Lead	Scoop

Note:

\* TPHC Total Petroleum Hydrocarbons



TABLE 2

POST-EXCAVATION SOIL SAMPLING RESULTS  
 BUILDING 290, MAIN POST-WEST AREA  
 FORT MONMOUTH, NEW JERSEY

Page 1 of 1

Sample ID/ Depth	Sample Laboratory ID	Sample Date	Analysis Date	Analytical Parameters	Method Detection Limit (mg/kg)	Compound of Concern	Results (mg/kg) *	NJDEP Soil Cleanup Criteria ** (mg/kg)	Exceeds Cleanup Criteria
A/4.0'=	1356.1	12/09/93	12/13/93	Total Solid	--	--	91.00 %	--	--
				TPHC	3.3	yes	426.00	10,000	No
B/4.0'=	1356.2	12/09/93	12/13/93	Total Solid	--	--	90.00 %	--	--
				TPHC	46.0	Yes	2720.00	10,000	No
C/4.0'=	1356.3	12/09/93	12/13/93	Total Solid	--	--	87.00 %	--	--
				TPHC	3.3	Yes	85.90	10,000	No
D/4.0'=	1356.4	12/09/93	12/13/93	Total Solid	--	--	89.00 %	--	--
				TPHC	3.3	yes	7.01	10,000	No
E/4.0'=	1356.5	12/09/93	12/13/93	Total Solid	--	--	90.00 %	--	--
				TPHC	3.3	Yes	9.75	10,000	No
F/4.0'=	1356.6	12/09/93	12/13/93	Total Solid	--	--	92.00 %	--	--
				TPHC	3.3	Yes	ND	10,000	No
G/4.0'=	1356.7	12/09/93	12/13/93	Total Solid	--	--	93.00 %	--	--
				TPHC	3.3	yes	ND	10,000	No
H/4.0'=	1356.8	12/09/93	12/13/93	Total Solid	--	--	93.00 %	--	--
				TPHC	3.3	Yes	ND	10,000	No
I/4.0'=	1356.9	12/09/93	12/13/93	Total Solid	--	--	93.00 %	--	--
				TPHC	3.3	yes	ND	10,000	No

## Note:

- \* Total Solid results are expressed as a percentage.  
 \*\* NJDEP Residential Direct Contact soil cleanup criteria for total organics  
 ND Not detected above stated method detection limit  
 TPHC Total Petroleum Hydrocarbons

TABLE 3

SUMMARY OF ANALYTICAL RESULTS FOR SOIL  
 BUILDING NO. 290  
 FORT MONMOUTH, NEW JERSEY

Sample I.D.	Laboratory I.D.	Sample Date	Acetone	2-Butanone	Ethylbenzene	Xylenes(Total)
UNITS:			mg/kg	mg/kg	mg/kg	mg/kg
NJDEP CRITERIA:	Residential		1000	1000	1000	410
	Non-Residential		1000	1000	1000	1000
A	1356.1	12/09/93	0.15 B	ND	ND	ND
B	1356.2	12/09/93	0.72 JB	ND	ND	ND
C	1356.3	12/09/93	0.39 B	ND	0.15	0.10
D	1356.4	12/09/93	0.15 B	ND	ND	ND
E	1356.5	12/09/93	0.15 B	0.02	ND	.005 J
F	1356.6	12/09/93	0.09 B	.008 J	ND	ND
G	1356.7	12/09/93	0.12 B	0.01	ND	ND
H	1356.8	12/09/93	0.22 B	ND	ND	ND
I (DUP F)	1356.9	12/09/93	.084 B	.007 J	ND	ND

Abbreviations:

- mg/kg: Milligrams per Kilogram.
- ND: Indicates compound not detected.
- B: Indicates also in field blank.
- J: Compound identified below detection limit.

## TABLE 4

### SUMMARY OF ANALYTICAL RESULTS FOR LEAD BUILDING 290 FORT MONMOUTH, NEW JERSEY

Site: B290  
Lab ID #: 1356.1-.9  
Matrix: Soils

Sample Received: 12/9/93  
Analysis Start: 12/13/93  
Analysis Completed: 12/13/93

LABORATORY I.D. #	SAMPLE LOCATION	RESULT (mg/Kg)	RDCSCC (mg/Kg)
1356.1	290-A	ND	400
1356.2	290-B	14.50	400
1356.3	290-C	ND	400
1356.4	290-D	ND	400
1356.5	290-E	ND	400
1356.6	290-F	ND	400
1356.7	290-G	ND	400
1356.8	290-H	ND	400
1356.9	290-I	ND	400

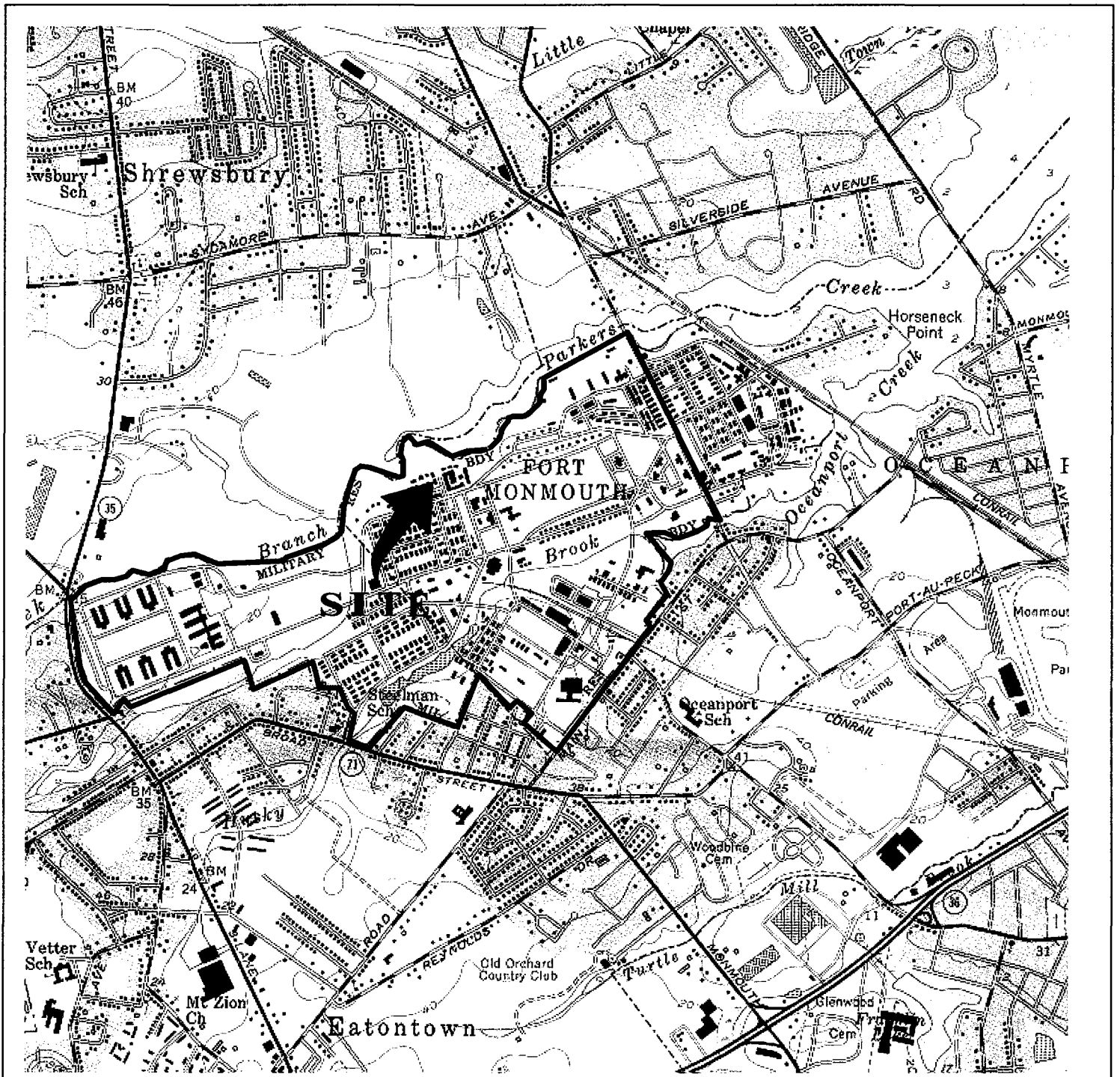
Note:

mg/kg: Milligrams per Kilogram.

ND: Not Detected.

RDCSCC refers to the New Jersey Residential Direct Contact Soil Cleanup Criteria

# FIGURES



**FIGURE 1**

LOCATION MAP  
 Building 290  
 Main-Post West  
 Fort Monmouth Army Base  
 Monmouth County, NJ

**VERSAR**  
 Engineers, Managers, Scientists, & Planners  
 Bristol, PA

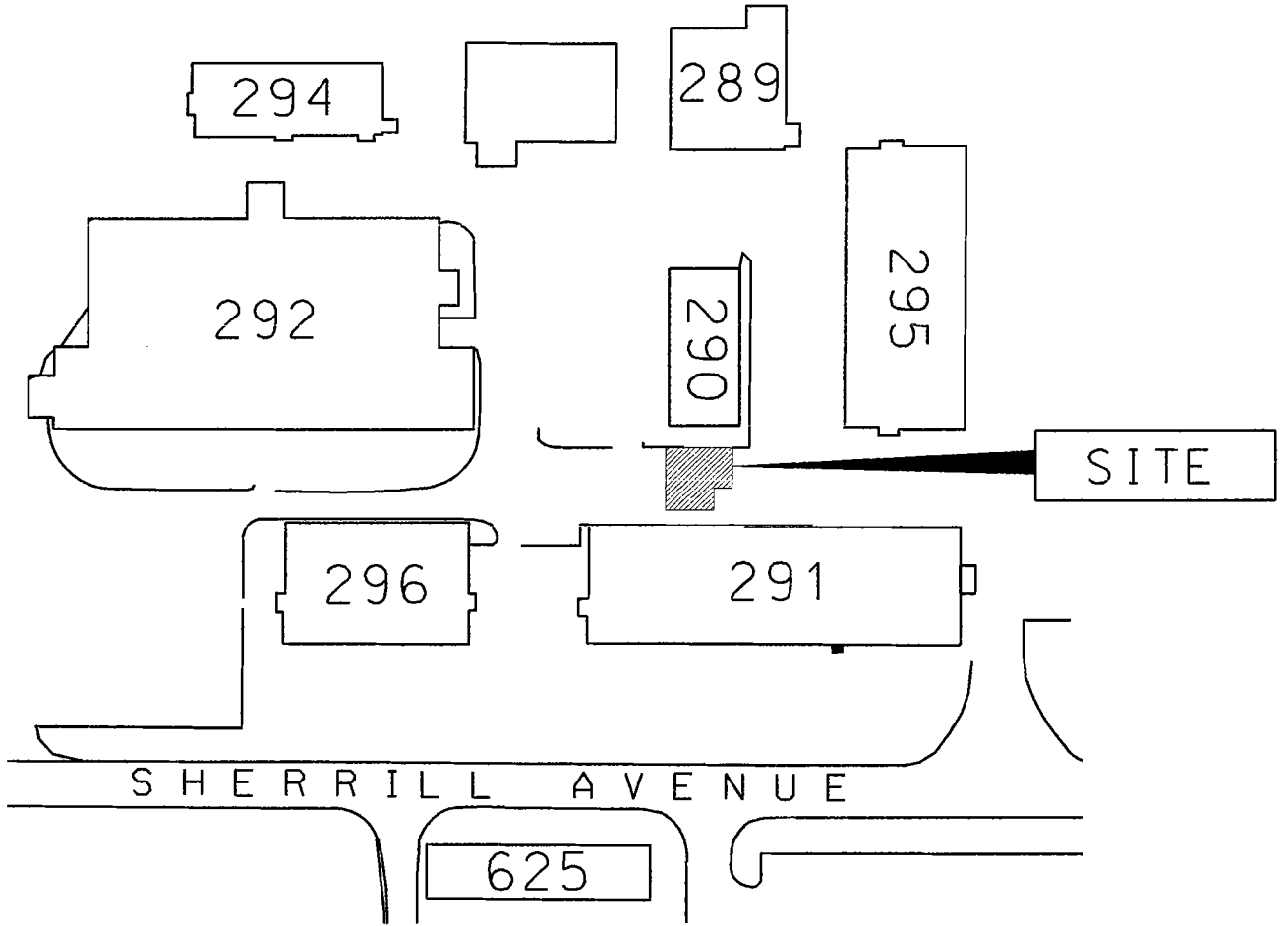
Scale: 1" = 2000'

Date: Dec. 1993

LONG BRANCH, N. J.  
 40073-C8-TF-024

1954  
 PHOTOREVISED 1981  
 DMA 6164 I SE-SERIES V822





<p>FIGURE 2          SITE MAP          BUILDING 290          FORT MONMOUTH ARMY BASE          MONMOUTH COUNTY, NJ</p>	
<p>VERSAR          ENGINEERS, MANAGERS, SCIENTISTS &amp; PLANNERS          BRISTOL, PA.</p>	
SCALE: 1"=100'	DATE: DECEMBER 1993

0 FT

2.0 FT

5.0 FT

6.0 FT

GROUND SURFACE

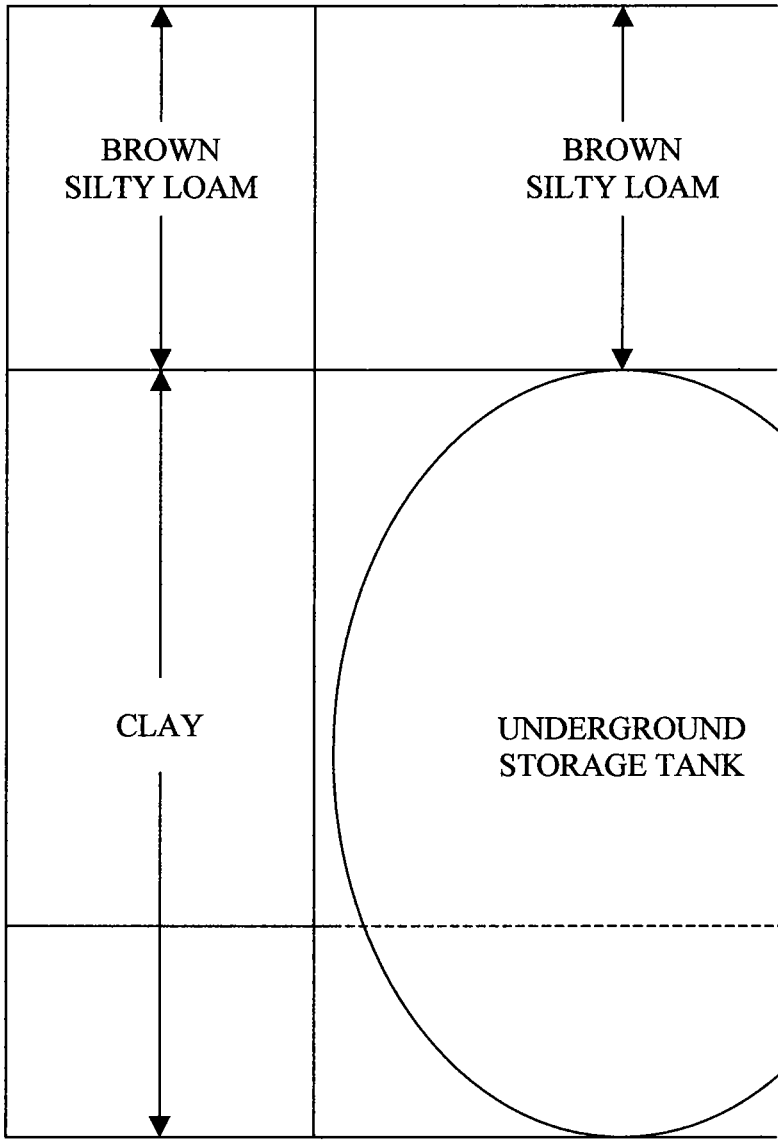
BROWN  
SILTY LOAM

BROWN  
SILTY LOAM

CLAY

UNDERGROUND  
STORAGE TANK

WATER TABLE



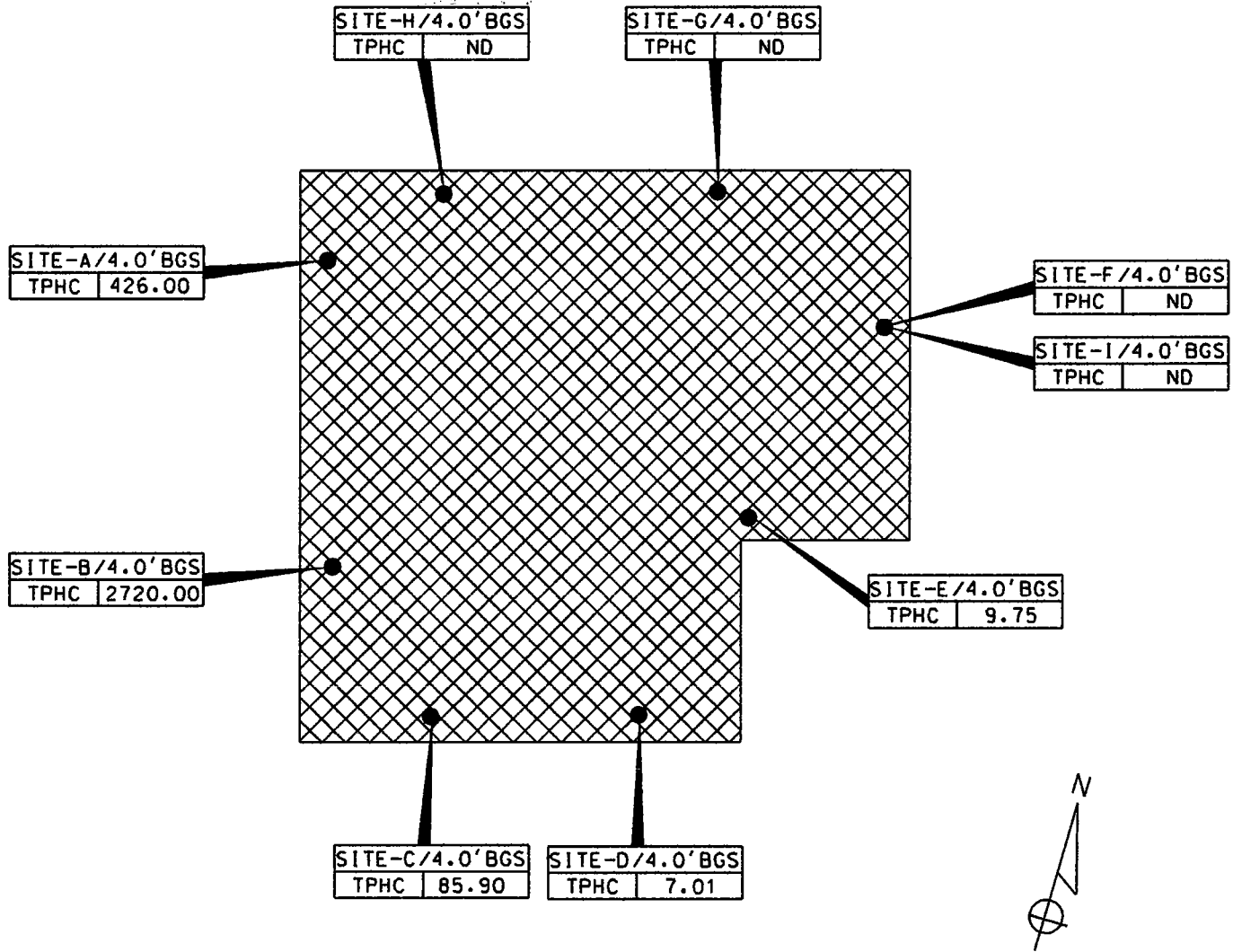
**FIGURE 3**  
**CROSS SECTIONAL VIEW**  
**BUILDING 290B**  
**FORT MONMOUTH ARMY BASE**  
**MONMOUTH COUNTY, NJ**

**VERSAR**  
 Engineers, Managers, Scientists & Planners  
 Bristol, Pennsylvania

SCALE: NTS

DATE: Dec. 1993

# BUILDING 290



**LEGEND**

● SOIL SAMPLE LOCATION  
(DECEMBER 9, 1993)

▨ LIMIT OF EXCAVATION  
(DECEMBER 9, 1993)

**NOTES:**

1. ALL RESULTS IN MG/KG.
2. SEE TABLE 2 FOR NJDEP SOIL CLEANUP CRITERIA
3. BGS = BELOW GROUND SURFACE

**FIGURE 4**  
SOIL SAMPLING LOCATION MAP  
BUILDING 290  
FORT MONMOUTH ARMY BASE  
MONMOUTH COUNTY, NJ

VERSAR  
ENGINEERS, MANAGERS, SCIENTISTS & PLANNERS  
BRISTOL, PA.

SCALE: 1"=10'

DATE: DECEMBER 1993



**APPENDIX A**

**NJDEP UST CLOSURE APPROVAL LETTER**



# State of New Jersey

Christine Todd Whitman  
Governor

Department of Environmental Protection

Robert C. Shinn, Jr.  
Commissioner

Mr. Dinkerrai Desai  
DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY COMMUNICATIONS-ELECTRONIC COMMAND  
FORT MONMOUTH, NJ 07703-5000

AUG 29 2000

Re: UST Closure Approval/NFA  
Fort Monmouth Main Post  
Monmouth County

Dear Mr. Desai:

The NJDEP is in receipt of seventeen (17) UST closure reports dated June 1, 2000. The Army has requested to receive No Further Action approval letters for each of these reports. This letter approves the NFA requests for the following 17 UST located on the Main Post of the Fort Monmouth site:

NJDEP Req. #	Bldg. #	NJDEP Req. #	Bldg. #
0090010-06	80	0081533-226	707
0090010-17	166	0081533-119	745
0081533-5	207A	0081533-160	1076
0081533-211	207B	0081533-161	1076
0081533-57	282	0081533-168	1108
0081533-64	290	00192486-1	2000
0081533-68	295	0081515-62	2700.4
0081533-108	689A	00192486-30	3050
0081533-109	689B		

The NJDEP has determined that the Army has performed the remedial actions in a manner consistent or in excess of the regulatory requirements, specifically the Technical Requirements For Site Remediation (N.J.A.C. 7:26E et seq.). Soils with contamination in excess of the NJDEP residential cleanup criteria have been excavated and the Army has taken great care to provide documentation which assures us that all sources of contamination have been remediated.

The NJDEP has one comment in that we request that future reports provide ground water flow direction indications on the well location maps.

If you should have any questions or comments, please do not hesitate to contact me at (609) 633-7232 or via E-mail.

Sincerely,

Ian R. Curtis, Case Manager  
Bureau of Case Management  
[ICURTIS@DEP.STATE.NJ.US](mailto:ICURTIS@DEP.STATE.NJ.US)

**APPENDIX B**  
**NJDEP-STANDARD REPORTING FORM**



State of New Jersey DEPARTMENT OF ENVIRONMENTAL PROTECTION

CN 02B Trenton, N.J. 08625-0028



FOR STATE USE ONLY

UST #
YES NO
CK. IN.
AMT.
AUTH.
SP. ROUTE
SITE PLN.
SIGN.

COMCODE

UNDERGROUND STORAGE TANK REGISTRATION QUESTIONNAIRE

Bureau of Underground Storage Tanks Registration and Billing Section

609-984-3156

Completion of this Registration Questionnaire will satisfy all initial registration requirements of the Underground Storage of Hazardous Substances Act, N.J.S.A. 58:10A-21, and the Registration and Billing Regulations N.J.A.C. 7:14B-2.

(Check appropriate box(es))

- A. Is this a registration of a proposed or newly installed underground storage tank?
B. X Is this a registration of an existing underground storage tank?

General Facility Information

1. Facility Name: U.S. ARMY FORT MONMOUTH
2. Facility Location: MAIN POST WEST FORT MONMOUTH, MONMOUTH COUNTY, NJ, 07703
3. Owner's mailing address: U.S. ARMY DPW BLDG 167, FORT MONMOUTH, MONMOUTH COUNTY, NJ, 07703
4. Owner's name: U.S. ARMY
5. Contact person (Facility Operator): CHARLES APPIERY
6. Contact telephone number: 908 532 6004
7. Total number of facility underground storage tanks: 0179
8. Total facility underground storage tank capacity (gallons): 0631990
9. Status of owner: (mark one) A. CURRENT B. X FORMER

- 10. Type of owner: A. State B. Commercial C. Local D. X Federal E. Charitable F. Residence G. Ownership Uncertain or Public School

11a. Two copies of a site plan are submitted with this registration A. YES B. X NO ON FILE AT DEPE

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11b. Do you have financial responsibility assurance? YES NO/NA

(Type) (Company/Carrier)
(Policy Number) (Expiration Date)

US ARMY FORT MONMOUTH  
NJDEPE REGISTRATIONS

NJDEPE FACILITY REGISTRATION #	NJDEPE UST #	SIZE GAL.	CONTENTS	LOCATION
81533	162	1000	#2 FUEL OIL	1102
81533	164	1000	#2 FUEL OIL	1104
81533	165	1000	#2 FUEL OIL	1105
81533	166	1000	#2 FUEL OIL	1106
81533	167	1000	#2 FUEL OIL	1107
81533	168	1000	#2 FUEL OIL	1108
81533	169	1000	#2 FUEL OIL	1109
81533	170	1000	#2 FUEL OIL	1110
81533	171	1500	#2 FUEL OIL	1122
81533	172	1000	#2 FUEL OIL	1123
81533	173	2000	#2 FUEL OIL	1213
81533	174	550	#2 FUEL OIL	1213
81533	175	30000	#6 FUEL OIL	1220
81533	176	30000	#6 FUEL OIL	1220
81533	177	30000	#6 FUEL OIL	1220
81533	178	30000	#6 FUEL OIL	1220
81533	179	30000	#6 FUEL OIL	1220
81533	180	30000	#2 FUEL OIL	1220
81533	181	30000	#6 FUEL OIL	1220
81533	182	30000	#6 FUEL OIL	1220
81533	183	30000	#6 FUEL OIL	1220
81533	184	1000	#2 FUEL OIL	1220
81533	185	10000	GASOLINE	699
81533	186	10000	GASOLINE	699
81533	187	10000	GASOLINE	699
81533	188	10000	GASOLINE	699
81533	189	10000	GASOLINE	699
81533	190	10000	GASOLINE	699
81533	191	15000	DIESEL	750
81533	192	8000	GASOLINE	750
81533	200	275	DIESEL	257
81533	201	275	DIESEL	286
81533	202	275	DIESEL	752
81533	203	275	DIESEL	949
81533	204	500	DIESEL	977
81533	205	275	DIESEL	979
81533	206	275	DIESEL	1075
81533	207	275	DIESEL	1150
81533	208	275	DIESEL	1221
81533	209	20000	#2 OIL	1076

\* Subsubtotal \*

631990

\*\* Subtotal \*\*

631990

179

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

**SPECIFIC TANK INFORMATION**

Bldg. #	2088 TANK NO.	2078 TANK NO.	600 TANK NO.	296 TANK NO.	296 TANK NO.					
12. Tank Identification number	<u>0210</u>	<u>0211</u>	<u>0212</u>	<u>0213</u>	<u>0214</u>					
13. CAS number (hazardous substances only)										
14. Tank age (years)	<u>6.0</u>	<u>6.0</u>	<u>4.0</u>	<u>4.0</u>	<u>4.0</u>					
15. Tank size (gallons)	<u>004000</u>	<u>0104000</u>	<u>001000</u>	<u>0102000</u>	<u>0102000</u>					
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Carbon steel	<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"/>
C. Galvanized steel	<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"/>
D. Coated steel	<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"/>
E. Iron (cast or ductile)	<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"/>
F. Cathodically protected steel	<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"/>
G. Fiberglass-coated steel	<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"/>
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<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"/>
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Double wall	<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"/>
C. Manway in tank	<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"/>
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)	<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"/>
B. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank I D. No. C210 C211 C212 C213 C214

	TANK NO.		TANK NO.		TA. NO.		TANK NO.		TANK NO.	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
20. Tank and piping lining installed (MARK ONE X)										
A. At purchase of tank	<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"/>
B. Retrofitted	<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"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<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"/>
B. Vault	<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"/>
C. Double wall	<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"/>
D. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<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"/>
B. Impressed current	<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"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<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"/>
B. Manual sampling	<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"/>
C. Ground water monitoring	<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"/>
D. System in secondary containment	<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"/>
E. System outside backfill	<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"/>
F. System within piping (piping leak detector)	<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"/>
G. System within backfill	<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"/>
H. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<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"/>
B. Event activated	<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"/>
C. Audio	<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"/>
D. Visual	<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"/>
E. In-tank (automatic) monitoring gauge	<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"/>
F. Pressure/vacuum loss sensor	<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"/>
G. Liquid filled annular space	<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"/>
H. Liquid sensor	<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"/>
J. Vapor sniff wells	<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"/>
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<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"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<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"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<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"/>
B. Within the past 1 to 5 years	<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"/>
C. More than 5 years ago	<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"/>
D. No Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. None	<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"/>

Tank I.D. No.      TANK NO.      TANK NO.      TANK NO.      TANK NO.      TANK NO.  
 C210      C211      C212      C213      C214

27. Tank status (MARK ONE X)

A. In-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)	REMOVED 10/19/93	REMOVED 11/1/93	REMOVED 11/8/93	REMOVED 11/8/93	REMOVED 11/8/93

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
32. Estimated date last used (month/year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mo. Yr.

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

James Ott (SIGNATURE)      2/10/94 (DATE)  
 JAMES OTT (PRINT OR TYPE NAME)  
 Acting Director  
 Div. Engineering and Housing



ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

**SPECIFIC TANK INFORMATION**

	Bldg. #		296		296		296		296		296	
			TANK NO.		TANK NO.		TANK NO.		TANK NO.		TANK NO.	
12. Tank Identification number			C215		C216		C217		C218		C219	
13. CAS number (hazardous substances only)												
14. Tank age (years)			4.0		4.0		4.0		4.0		4.0	
15. Tank size (gallons)			0,01,0,00		0,01,0,00		0,01,0,00		0,01,0,00		0,01,0,00	
16. Tank contents (MARK ONE X)												
A. Leaded gasoline			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
B. Unleaded gasoline			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Alcohol enriched gasoline			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Light diesel fuel (No. 1-D)			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Medium diesel fuel (No. 2-D)			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
F. Waste oil			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
G. Kerosene (No. 1)			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
H. Home heating oil (No. 2)			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
J. Heating oil (No. 4)			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
K. Heavy heating oil (No. 6)			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
L. Aviation fuel			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
M. Hazardous substances (please specify)												
N. Motor oil			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
P. Lubricating Oil			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Q. Sewage			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
R. Sewage sludge			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
S. Hazardous waste (specify ID number)												
T. Industrial wastewater			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
U. Mineral spirits			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
V. Mixtures (please specify)												
W. Emergency spill tank (specify substance)												
X. Other petroleum products (please specify)												
Y. Other (please specify)												
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Carbon steel	<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"/>
C. Galvanized steel	<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"/>
D. Coated steel	<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"/>
E. Iron (cast or ductile)	<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"/>
F. Cathodically protected steel	<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"/>
G. Fiberglass-coated steel	<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"/>
H. Other metallic (please specify)												
J. Fiberglass-reinforced plastic	<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"/>
K. Other non-metallic (please specify)												
L. Other (please specify)												
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Double wall	<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"/>
C. Manway in tank	<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"/>
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)												
B. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank I.D. No.	TANK NO. <u>C215</u>		TANK NO. <u>C216</u>		TANK NO. <u>C217</u>		TANK NO. <u>C218</u>		TANK NO. <u>C219</u>	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
20. Tank and piping lining installed (MARK ONE X)										
A. At purchase of tank	<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"/>
B. Retrofitted	<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"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<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"/>
B. Vault	<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"/>
C. Double wall	<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"/>
D. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<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"/>
B. Impressed current	<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"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<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"/>
B. Manual sampling	<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"/>
C. Ground water monitoring	<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"/>
D. System in secondary containment	<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"/>
E. System outside backfill	<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"/>
F. System within piping (piping leak detector)	<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"/>
G. System within backfill	<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"/>
H. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<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"/>
B. Event activated	<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"/>
C. Audio	<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"/>
D. Visual	<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"/>
E. In-tank (automatic) monitoring gauge	<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"/>
F. Pressure/vacuum loss sensor	<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"/>
G. Liquid filled annular space	<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"/>
H. Liquid sensor	<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"/>
J. Vapor sniff wells	<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"/>
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<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"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<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"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<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"/>
B. Within the past 1 to 5 years	<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"/>
C. More than 5 years ago	<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"/>
D. No Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. None	<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"/>

Tank I.D. No.      TANK NO.      TANK NO.      TANK NO.      TANK NO.      TANK NO.  
0215      0216      0217      0218      0219

27. Tank status (MARK ONE X)

A. In-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)	<u>Removed 11/8/93</u>	<u>Removed 11/8/93</u>	<u>Removed 11/8/93</u>	<u>Removed 11/8/93</u>	<u>Removed 11/8/93</u>

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)

A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					

32. Estimated date last used (month/year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.

**OWNER OR OPERATOR CERTIFICATION**

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

James Ditt      2/10/94  
 JAMES DITT      (SIGNATURE)      (DATE)  
 Acting Director  
 Dir. Engineering and Planning  
 (TITLE)

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

**SPECIFIC TANK INFORMATION**

Bldg. #	296 TANK NO.	296 TANK NO.	296 TANK NO.	296 TANK NO.	290 TANK NO.					
12. Tank Identification number	C220	C221	C222	C223	C224					
CAS number (hazardous substances only)										
14. Tank age (years)	4.0	4.0	4.0	4.0	4.0					
15. Tank size (gallons)	0,01,0,0,0	0,01,0,0,0	0,01,0,0,0	0,01,0,0,0	0,02,0,0,0					
Tank contents (MARK ONE X)										
A. Leaded gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Carbon steel	<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"/>
C. Galvanized steel	<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"/>
D. Coated steel	<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"/>
E. Iron (cast or ductile)	<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"/>
F. Cathodically protected steel	<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"/>
G. Fiberglass-coated steel	<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"/>
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<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"/>
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Double wall	<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"/>
C. Manway in tank	<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"/>
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)										
B. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank I.D. No.	TANK NO. <u>C220</u>		TANK NO. <u>C221</u>		TANK NO. <u>C222</u>		TANK NO. <u>C223</u>		TANK NO. <u>C224</u>	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
20. Tank and piping lining installed (MARK ONE X)										
A. At purchase of tank	<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"/>
B. Retrofitted	<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"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<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"/>
B. Vault	<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"/>
C. Double wall	<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"/>
D. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Other (please specify)										
22. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<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"/>
B. Impressed current	<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"/>
C. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Other (please specify)										
23. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<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"/>
B. Manual sampling	<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"/>
C. Ground water monitoring	<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"/>
D. System in secondary containment	<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"/>
E. System outside backfill	<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"/>
F. System within piping (piping leak detector)	<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"/>
G. System within backfill	<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"/>
H. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<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"/>
B. Event activated	<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"/>
C. Audio	<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"/>
D. Visual	<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"/>
E. In-tank (automatic) monitoring gauge	<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"/>
F. Pressure/vacuum loss sensor	<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"/>
G. Liquid filled annular space	<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"/>
H. Liquid sensor	<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"/>
J. Vapor sniff wells	<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"/>
K. Other (please specify)										
L. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<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"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<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"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<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"/>
B. Within the past 1 to 5 years	<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"/>
C. More than 5 years ago	<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"/>
D. No Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. None	<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"/>

Tank I.D. No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	0220	0221	0222	0223	0224

27. Tank status (MARK ONE X)

A. In-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)	Removed 11/8/93	Removed 11/8/93	Removed 11/8/93	Removed 11/8/93	Removed 12/1/93

28. Spill recovery system on-site (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

29. Overfill protection (tank only) (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

30. Spill containment around fill pipe (MARK ONE X)

A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)

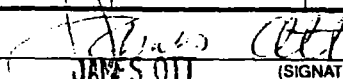
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					

32. Estimated date last used (month/year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.

OWNER OR OPERATOR CERTIFICATION

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

  
 JAMES OTT (SIGNATURE)  
 Acting Director  
 Dir., Engineering (PRINT OR TYPE NAME)  
 2/10/94 (DATE)

ALL underground tanks, including those taken out of operation (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Empty, P; Emergency, M; Abandoned, A; or Other, C.

**SPECIFIC TANK INFORMATION**

Bldg. #	290 TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.					
12. Tank Identification number	<u>2225</u>									
13. CAS number (hazardous substances only)										
14. Tank age (years)	<u>4.0</u>									
15. Tank size (gallons)	<u>002000</u>									
16. Tank contents (MARK ONE X)										
A. Leaded gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
M. Hazardous substances (please specify)										
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
S. Hazardous waste (specify ID number)										
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
V. Mixtures (please specify)										
W. Emergency spill tank (specify substance)										
X. Other petroleum products (please specify)										
Y. Other (please specify)										
17. Tank and piping construction (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Bare steel	<input checked="" 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"/>
B. Carbon steel	<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"/>
C. Galvanized steel	<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"/>
D. Coated steel	<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"/>
E. Iron (cast or ductile)	<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"/>
F. Cathodically protected steel	<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"/>
G. Fiberglass-coated steel	<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"/>
H. Other metallic (please specify)										
J. Fiberglass-reinforced plastic	<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"/>
K. Other non-metallic (please specify)										
L. Other (please specify)										
18. Tank and piping structure (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Single wall	<input checked="" 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"/>
B. Double wall	<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"/>
C. Manway in tank		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
19. Internal tank and piping lining (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. YES (please specify type of material)										
B. None	<input checked="" 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"/>

Tank I D. No.	TANK NO. <u>0225</u>		TANK NO. <u>    </u>		TANK NO. <u>    </u>		TANK NO. <u>    </u>		TANK NO. <u>    </u>	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
20. Tank and piping lining installed (MARK ONE X)										
A. At purchase of tank	<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"/>
B. Retrofitted	<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"/>
C. None	<input checked="" 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"/>
Secondary containment (MARK ALL THAT APPLY X)										
A. Liner	<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"/>
B. Vault	<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"/>
C. Double wall	<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"/>
D. None	<input checked="" 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"/>
E. Other (please specify)										
2. External type/application of cathodic protection (MARK ALL THAT APPLY X)										
A. Sacrificial anode	<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"/>
B. Impressed current	<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"/>
C. None	<input checked="" 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"/>
D. Other (please specify)										
3. Monitoring/detection method (MARK ALL THAT APPLY X)										
A. Automatic sampling	<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"/>
B. Manual sampling	<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"/>
C. Ground water monitoring	<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"/>
D. System in secondary containment	<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"/>
E. System outside backfill	<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"/>
F. System within piping (piping leak detector)	<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"/>
G. System within backfill	<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"/>
H. None	<input checked="" 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"/>
4. Type of monitoring/detection system (MARK ALL THAT APPLY X)										
A. Continuous	<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"/>
B. Event activated	<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"/>
C. Audio	<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"/>
D. Visual	<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"/>
E. In-tank (automatic) monitoring gauge	<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"/>
F. Pressure/vacuum loss sensor	<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"/>
G. Liquid filled annular space	<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"/>
H. Liquid sensor	<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"/>
J. Vapor sniff wells	<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"/>
K. Other (please specify)										
L. None	<input checked="" 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"/>
25. Tank/piping tested (any type) (MARK ALL THAT APPLY X)										
A. Yes	<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"/>
B. No	<input checked="" 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"/>
C. Test positive (MARK IF LEAK WAS DISCOVERED)	<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"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)										
A. Within the past 1 year	<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"/>
B. Within the past 1 to 5 years	<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"/>
C. More than 5 years ago	<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"/>
D. No Records	<input checked="" 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"/>
E. None	<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"/>



Tank I.D. No. 0225                                

Tank status (MARK ONE X)					
A. In-use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† B. Empty less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† C. Empty 12 months or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† D. Emergency spill tank (sump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
† E. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other (please specify)	<u>Removed 12/1/93</u>				
28. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Spill containment around fill pipe (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† If boxes 27 B, C, D, E above have been answered – answer questions 31 and 32 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Lubricating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Sewage sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Hazardous waste (specify ID number)					
T. Industrial wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Mineral spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Mixtures (please specify)					
W. Emergency spill tank (specify substance)					
X. Other petroleum products (please specify)					
Y. Other (please specify)					
32. Estimated date last used (month/year)	<u>    </u> Mo. Yr.	<u>    </u> Mo. Yr.	<u>    </u> Mo. Yr.	<u>    </u> Mo. Yr.	<u>    </u> Mo. Yr.

**OWNER OR OPERATOR CERTIFICATION**

"I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment."

James Ott (SIGNATURE)  
**JAMES OTT**  
 Acting Director (PRINT OR TYPE NAME)  
 Div. Engineering and Housing (TITLE)  
2/10/94 (DATE)

**APPENDIX C**  
**SITE ASSESSMENT SUMMARY**

Site Remediation Program

UST Site/Remedial Investigation Report Certification Form

A. Facility Name : U.S. Army Fort Monmouth New Jersey

Facility Street Address : Directorate of Public Works Building 173

Municipality: Oceanport County : Monmouth

Block: Lot(s): Telephone Number : 732-532-6224

B. Owner (RP)'s Name:

Street Address: City :

State: Zip: Telephone Number :

C. (Check as appropriate)

- Site Investigation Report (SIR) \$500 Fee
Remedial Investigation Report (RIR) \$1000 Fee

X NA - Federal Agreement

D. (Complete all that apply)

- Assigned Case Manager : Ian Curtis, Federal Case Manager
UST Registration Number : 81533-224 and 225 (7 digits)
Incident Report Number 93 - 11 - 30 - 1246 - 27 (10 or 12 digits)
Tank Closure Number : Federal Case Manager

E. Certification by the Subsurface Evaluator:

The attached report conforms to the specific reporting requirements of N.J.A.C. 7:26E .....Yes No

Name: Charles Appleby Signature: See signed subsurface removal log UST Cert. No.: 002056

Firm: U.S. Army Fort Monmouth Firm's UST Cert. Number: NA-U.S. Army

Firm Address: Directorate of Public Works Building 173 City: Fort Monmouth

State: NJ Zip: 07703 Telephone Number : 732-532-6224

(NOTE: Certification numbers required only if work was conducted on USTs regulated per N.J.S.A. 58:10A-21 et seq.)

F. Certification by the Responsible Party(ies) of the Facility:

The following certification shall be signed [according to the requirements of N.J.A.C. 7:14B-1.7(b)]as follows:

- 1. For a Corporation by a person authorized by a resolution of the board of directors to sign the document. A copy of the resolution, certified as a true copy by the secretary of the corporation, shall be submitted along with the certification; or
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
3. For a municipality, State, federal or other public agency by either a principal executive officer or ranking elected Official.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate, or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties."

Name (Print or Type): James Ott Title: Directorate of Public Works

Signature: [Handwritten Signature]

Company Name: U.S. Army Fort Monmouth

Date: 12/19/01

U.S. Army  
 H Bldg. 167  
 ELFM-EH  
 Fort Monmouth, NJ 07703

Date: 11/29/93  
 Building #: 290, 296  
 NJDEPE UST Reg. #: 81533-  
 CLOSURE APPROVAL #:

UST #	UST WASTE REMOVED			
	OIL/H2O GAL.	SLUDGE DRUMS	SOIL (ID27) CUYDS	HAZ. SOILS DRUMS
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTALS:				

WHO AUTHORIZED THE BACKFILL OF THE EXCAVATION? NA

AMOUNTS OF BACKFILL USED: CLEAN FILL 0 CUYDS.  
 WASHED STONE 0 TONS

3. LOOSE WASTE SOILS WERE TRANSPORTED TO: NA on-site

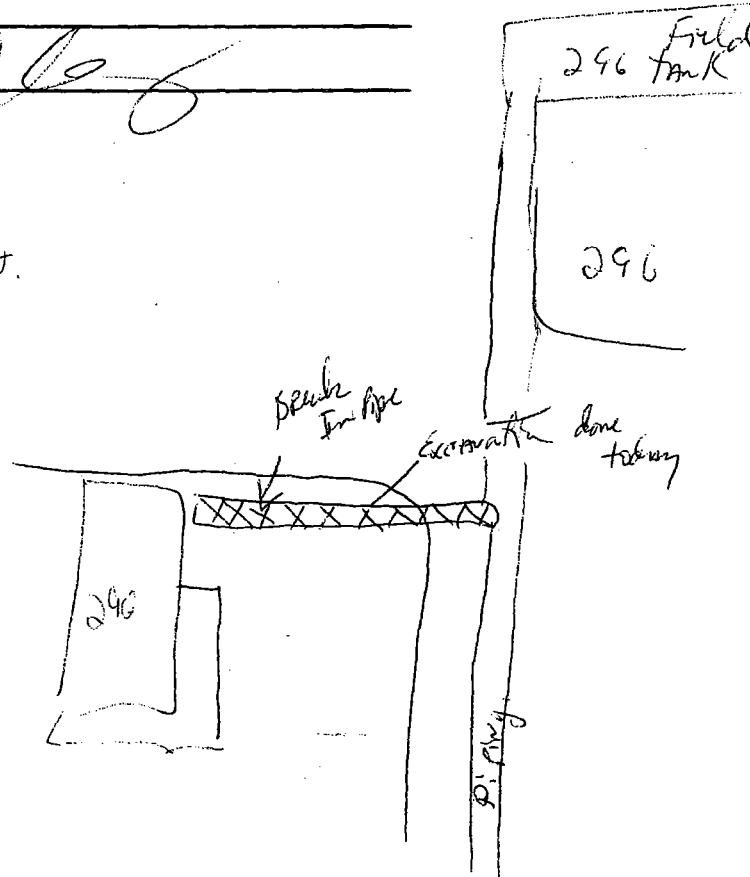
4. DRUMS OF WASTE WERE TRANSPORTED TO: NA

10. REMOVAL COMPLETED: TIME: 2:10 DATE: 11/29/93

11. SIGNATURE OF CONTRACTOR SUPERVISOR: \_\_\_\_\_

12. SIGNATURE OF SUBSURFACE EVALUATOR: [Signature]

- obj. Remove  
 Excavate Pipe from 296 and 290 UST.  
 Pipe Excavated to - Bldg. 290



**APPENDIX D**  
**WASTE MANIFEST**



TANK B X

State of New Jersey  
Department of Environmental Protection and Energy  
Hazardous Waste Regulation Program  
Manifest Section  
CN 028, Trenton, NJ 08625-0028

Cont Billing for 225  
Bill on main contract

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039, Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NJ321101020591703248		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address US. ARMY COMMUNICATIONS ELECTRONICS COMMAND, c/o JAMES SHIRGHIO, Bldg 2504 ATTN: SELFA-DL-EM-MS FORT MONMOUTH NJ 07703		A. State Manifest Document Number NJ 1603248		B. State Generator's ID Main Post Bldg 2908 9-11-30-1246-27		C. State Trans. ID NJ DEP 52265		D. Transporter's Phone (908) 462-1000							
4. Generator's Phone (908) 532-6223		5. Transporter 1 Company Name FREEHOLD CARTAGE INC		6. US EPA ID Number MJ1010541126164		E. State Trans. ID		F. Transporter's Phone ( )							
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address Cycle Chem Inc. 217 South 1st Street Elizabeth N.J. 07206		10. US EPA ID Number NJ10101220100146		G. State Facility's ID							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) X: RQ WASTE FLAMMABLE LIQUID NOS CLASS 3, PG II, UN 1993		12. Containers No. Type		13. Total Quantity		14. Unit UN/HL		15. Waste No. 001TT029301G1001							
J. Additional Descriptions for Materials Listed Above L.I.A DOIB, DOOB 95% - 5% GASOLINE		K. Handling Codes for Wastes Listed Above		15. Special Handling Instructions and Additional Information <del>NOT EPA REGULATED</del> UST#-81533-224-GAS-1400 GAL. 81533-225-GAS-1530 GAL. 24 HOUR EMERGENCY RESPONSE 201-427-2881 11A 348038 OW. NJ DECAL # 55429 ERG# 27		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name Charles M. Appleby Enviro Spec. DRW-EV		Signature [Signature]		Month Day Year 12 03 93			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name David S. Smith		Signature [Signature]		Month Day Year 12 03 93		18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space		20. Recipient's Name and Address		Signature		Month Day Year		20. Recipient's Name and Address		Signature		Month Day Year			

SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

**APPENDIX E**  
**UST DISPOSAL CERTIFICATE**

**MAZZA & SONS, INC.**

NO. \_\_\_\_\_

**Metal Recyclers  
Auto and Truck  
3230 Shafto Rd.  
Tinton Falls, NJ  
(908) 922-9292**

DATE 7 Dec 92

350.00 + \_\_\_\_\_  
96.24 - \_\_\_\_\_  
49.76 - \_\_\_\_\_  
77.38 - \_\_\_\_\_  
207.60 + \_\_\_\_\_  
333.92 \* \_\_\_\_\_

Tanks 290A+B

Name Cute inc

Address \_\_\_\_\_

Make of  
Autos

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tires \_\_\_\_\_  
Tank \_\_\_\_\_  
Price: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

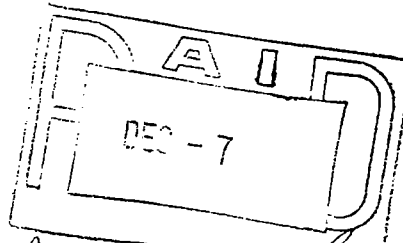
49540 LB @

39160 LB @

10380

Weight Price

Cast Iron	
Steel	207.60
Lt. Iron	
Copper #1	
Copper #2	
Lt. Copper	
Brass	
Alum Clean	
Lead	
Stainless	
Radiators	
Battery	



Applied to Key Act # R03300

Sandra Valentine  
*[Signature]*

Weigher \_\_\_\_\_ Customer [Signature]

TOTAL AMOUNT: \_\_\_\_\_



**APPENDIX F**  
**SOIL ANALYTICAL DATA PACKAGE**



P.O. #: 21st Century / PWS007

Chain of Custody

Project #: <u>290 B</u>	Sampler: <u>Cute Inc. Cliff</u>	Date / Time: <u>12/9/93 1500</u>	Analysis Parameters	Start:
Customer: <u>C. Appaby DPW</u>	Site Name: <u>Bldg. 290B</u> <u>UST #: 81533-224+225</u>			Finish:
Phone: <u>x26223</u>				Preservation Method:

Lab Sample ID Number	Date/Time		Customer Sample Location/ID Number	Sample Matrix	# of Bottles	TPHC	% Solids	Manganese	VOC+15	Pb	Hvu Reading	Remarks
1356.1	12/9/93	15:10	Site A 3.5'-4.0'	Soil	2	X	X	X	X	X	85.0 <sup>ca</sup>	
.2		15:15	Site B 3.5'-4.0'			X	X	X	X	X	0	
.3		15:20	Site C 3.5'-4.0'			X	X	X	X	X	250 <sup>ca</sup>	
.4		15:30	Site D 3.5'-4.0'			X	X	X	X	X	0	Sample kept
.5		15:35	Site E 3.5'-4.0'			X	X	X	X	X	0	LYOC
.6		15:37	Site F 3.5'-4.0'			X	X	X	X	X	0	
.7		15:42	Site G 3.5'-4.0'			X	X	X	X	X	0 <sup>ca</sup>	
.8		15:47	Site H 3.5'-4.0'			X	X	X	X	X	0	Hvu Calibrated 12/9/93
.9		15:57	Site I 3.5'-4.0'			X	X	X	X	X	0	To 58 ppm methan @
Cancel Ct.		15:59	<del>Site J 3.5'-4.0'</del>			<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	<del>0</del>	Span = 3.8
.10	12/9/93	AM	TRIP BLANK		2						NA	

Relinquished By (signature):	Date / Time:	Received By (signature):	Shipped By:
<i>[Signature]</i>	12/18/93 1650	<i>[Signature]</i> Cathy Castle	<i>[Signature]</i> Hmo
Relinquished By (signature):	Date / Time:	Received for Lab by (signature):	Date / Time:
<i>[Signature]</i>	12/18/93 1650	<i>[Signature]</i> Cathy Castle	12-10-93 11:50

Note: A drawing depicting sample location should be attached or drawn on the reverse side of this chain of custody.



P.O. #: 21<sup>st</sup> Cnty / PWS 007

Chain of Custody

Project #: <u>290 B</u>		Sampler: <u>Cute Inc.</u>		Date / Time: <u>12/9/93 1500</u>		Analysis Parameters		Start:				
Customer: <u>C. Appleby DPW</u>		Site Name: <u>Bldg. 290 B</u>						Finish:				
Phone: <u>X 26224</u>		UST # <u>81533-224+225</u>						Preservation Metho				
Lab Sample ID Number	Date / Time		Customer Sample Location / ID Number	Sample Matrix	# of Bottles	TPHC	% Solid	Manganese	VOC + 15	Pb	Hex Reading	Remarks
<u>1356.11</u>	<u>12/9/93</u>	<u>15:45 AM</u>	<u>Site Field Blank</u>	<u>Soil AQ</u>	<u>2</u>			<u>X</u>	<u>X</u>		<u>NA</u>	
Relinquished By (signature)			Date / Time		Received By (signature)			Shipped By:				
<u>[Signature]</u>			<u>12/9/93 1650</u>		<u>[Signature]</u>			<u>Hand</u>				
Relinquished By (signature)			Date / Time		Received for Lab by (signature):			Date / Time				
<u>[Signature]</u>			<u>12/9/93 1650</u>		<u>[Signature]</u>			<u>Cathy Castle 12-10-93 11:50</u>				
Notes: A drawing depicting sample location should be attached or drawn on the reverse side of this chain of custody.												

Report of Analysis  
 U.S. Army, Fort Monmouth Environmental Laboratory  
 NJDEPE Certification # 13461

Client: U.S. Army  
 DEH, SELFM-EH-EV  
 Bldg. 167  
 Ft. Monmouth, NJ 07703

Lab. ID #: 1356.1-.9  
 Sample Rec'd: 12/09/93  
 Analysis Start: 12/13/93  
 Analysis Comp: 12/13/93

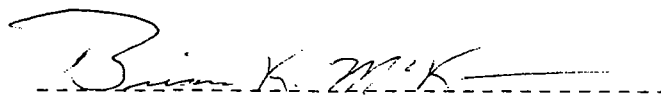
Analysis: 418.1 (TPH)  
 Matrix: Soil  
 Analyst: S. Hubbard  
 Ext. Meth: Sonc.

NJDEPE UST Reg.#: 81533-224-225  
 TMS #:  
 NJDEPE Case #:  
 Location #: 290

Lab ID.	Description	%Solid	Result (mg/Kg)	MDL
1356.1	Site A 3.5-4' hNu= 5.0	91	426.	3.3
1356.2	Site B 3.5-4' hNu=ND	90	2720.	46.
1356.3	Site C 3.5-4' hNu= 250.	87	85.9	3.3
1356.4	Site D 3.5-4' hNu=ND	89	7.01	3.3
1356.5	Site E 3.5-4' hNu=ND	90	9.75	3.3
1356.6	Site F 3.5-4' hNu=ND	92	ND	3.3
1356.7	Site G 3.5-4' hNu=ND	93	ND	3.3
1356.8	Site H 3.5-4' hNu=ND	93	ND	3.3
1356.9	Site I 3.5-4' hNu=ND	93	ND	3.3
M. Bl.	Method Blank	100	ND	3.3

Notes: ND = Not Detected, MDL = Method Detection Limit  
 \* = Silica Gel Added

1356.4 Dup.= 80% 1356.4 Spike=100%, 1356.4 Spike Dup.=103%, RPD=3%

  
 -----  
 Brian K. McKee  
 Laboratory Director

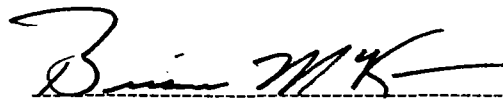
**Report of Analysis**  
**U.S. Army, Fort Monmouth Environmental Laboratory**  
**NJDEPE Certification # 13461**

Client: U.S. Army  
DEH, SELFM-EH-EV  
Bldg. 167  
Ft. Monmouth, NJ 07703

Lab. ID #: 1356.1-.9  
Sample Rec'd: 12/09/93  
Analysis Start: 12/13/93  
Analysis Comp: 12/13/93

Analysis: Munsel

Lab ID#	Soil Color
1356.1	2.5Y 3/1 Very Dark Gray
1356.2	2.5Y 3/1 Very Dark Gray
1356.3	2.5Y 4/1 Dark Gray
1356.4	5Y 5/2 Olive Gray
1356.5	5Y 4/2 Olive Gray
1356.6	5Y 4/2 Olive Gray
1356.7	5Y 5/2 Black
1356.8	5Y 3/1 Very Dark Gray
1356.9	5Y 4/2 Olive Gray



Brian K. McKee  
Laboratory Director

12/13/93 12:26 PM

PHC Conformance/Non-conformance Summary Report

No Yes

1. Blank Contamination - If yes, list the sample and the corresponding concentrations in each blank

2. Matrix Spike/Matrix Sp Dup. Recoveries Meet Criteria (If not met, list the sample and corresponding recovery which falls outside the acceptable range)

3. IR Spectra submitted for standards, blanks, & samples

4. Chromatograms submitted for standards, blanks, and samples if GC fingerprinting was conducted.


5. Extraction holding time met. (If not met, list number of days exceeded for each sample)

6. Analysis holding time met. (If not met, list number of days exceeded for each sample)

Comments:

Laboratory Authentication Statement

I certify under penalty of law, where applicable, that this laboratory meets the Laboratory Performance Standards and Quality Control requirements specified in N.J.A.C. 7:18 and 40 CFR Part 136 for Water and Wastewater Analyses and SW 846 for Solid Waste Analysis. I have personally examined the information contained in this report, and to the best of my knowledge, I believe that the submitted information is true, accurate, complete, and meets the above referenced standards where applicable. I am aware that there are significant penalties for purposefully submitting falsified information, including the possibility of a fine and imprisonment.

  
Brian K. McKee  
Laboratory Manager

December 13, 1993 1104

Sarah J. Hubbard

Blank (mV)

0 (mV)

40.75 105 MV

80.5 214 MV

143 428 MV

1356.1 305 MV

1356.2 (dup) 137 MV

1356.3 58 MV

1356.4 4 MV

1356.4 Dup 3 MV

1356.4 Spk 69 MV

1356.4 Dup Spk 71 MV

1356.5 6 MV

1356.6 1 MV

1356.7 ND

1356.8 ND

1356.9 ND



618 HERON DRIVE, P.O. BOX 489 • BRIDGEPORT, NJ 08014-0489 • 609-467-9521

E-SYSTEMS, INC.

PROJECT: U.S. ARMY-FORT MONMOUTH, NJ BLDG 290B

ANALYSIS NO:

CLIENT ID:

A 5586	SITE A 3.5 - 4.0
A 5587	SITE B 3.5 - 4.0
A 5588	SITE C 3.5 - 4.0
A 5589	SITE D 3.5 - 4.0
A 5590	SITE E 3.5 - 4.0
A 5591	SITE F 3.5 - 4.0
A 5592	SITE G 3.5 - 4.0
A 5593	SITE H 3.5 - 4.0
A 5594	SITE I 3.5 - 4.0
A 5595	TRIP BLANK
A 5596	FIELD BLANK

DATE RECEIVED: DECEMBER 10, 1993

TWENTY FIRST CENTURY  
ENVIRONMENTAL, INC.

*Richard W Lynch*  
RICHARD W. LYNCH  
LABORATORY MANAGER



TABLE OF CONTENTS

Narrative .....	00001
Chain of Custody Forms .....	00002
Methodology .....	00004
Laboratory Chronicle .....	00005
Result Summary .....	00006
Data Package .....	00031
Quality Control Data .....	00078

NARRATIVE

There were no problems encountered during the analysis of this batch of samples (A5586 to A5596). All extractions and analysis were completed within proper hold times.



00002

P.O. #: 21st Century / PWS007

Chain of Custody

Project #: <u>290 B</u>	Sampler: <u>Cute Inc. Cliff</u>	Date / Time: <u>12/9/93 1500</u>	Analysis Parameters	Start:
Customer: <u>C. Appleby DPW</u>	Site Name: <u>Bldg. 290 B</u> <u>UST #: 31533-224+225</u>			Finish:
Phone: <u>x 26223</u>				Preservat Met

Lab Sample ID Number	Date / Time		Customer Sample Location / ID Number	Sample Matrix	# of Bottles	TPHC	% Solids	mercury	VOC+15	Pb	Hnu Results	Remarks
1356.1	12/9/93	15:10	Site A 3.5'-4.0'	Soil	2	X	X	X	X	X	85.0 <sup>ppm</sup>	
.2		15:15	Site B 3.5'-4.0'			X	X	X	X	X	0	
.3		15:20	Site C 3.5'-4.0'			X	X	X	X	X	250.0 <sup>ppm</sup>	
.4		15:30	Site D 3.5'-4.0'			X	X	X	X	X	0	Sample kept
.5		15:35	Site E 3.5'-4.0'			X	X	X	X	X	0	LYOC
.6		15:37	Site F 3.5'-4.0'			X	X	X	X	X	0	
.7		15:42	Site G 3.5'-4.0'			X	X	X	X	X	0	CO
.8		15:47	Site H 3.5'-4.0'			X	X	X	X	X	0	Hnu Calibrated 12/9/93
.9		15:57	Site I 3.5'-4.0'			X	X	X	X	X	0	To SP ppm methan @
Cancel Ct.		15:59	Site J 3.5'-4.0'			X	X	X	X	X	0	Span = 3.8
.10	12/9/93	AM	TRIP Blank		0						NA	

Relinquished By (signature)	Date / Time	Received By (signature)	Shipped By:
			<u>Hand</u>
Relinquished By (signature)	Date / Time	Received For Lab by (signature):	Date / Time
<u>[Signature]</u>	<u>12/9/93 1650</u>	<u>[Signature] Cathy Costello</u>	<u>12-10-93 11:50</u>

Note: A drawing depicting sample location should be attached or drawn on the reverse side of this chain of custody.



SERV-AIR, INC.

An E-SYSTEMS Company

P.O. #: 21<sup>st</sup> Cnty / PWS 007

Chain of Custody

C0003

Project #: 290 B	Sampler: Cuta Inc.	Date / Time: 12/9/93 1500	Analysis Parameters	Start:
Customer: C. Appleby DPW	Site Name: Bldg. 290 B			Finish:
Phone: X 26224	UST # 81533-224+225			Preservat Met

Lab Sample ID Number	Date/Time		Customer Sample Location/ID Number	Sample Matrix	# of Bottles	Analysis Parameters						Remarks
						TPHC	% Solids	Mercury	VOC+15	Pb	How Reading	
1356.11	12/9/93	15:45 AM	Site Field Blank	Soil	2			X	X	NA		

Relinquished By (signature)	Date / Time	Received By (signature)	Shipped By:
<i>[Signature]</i>			Hand
Relinquished By (signature)	Date / Time	Received for Lab by (signature):	Date / Time
<i>[Signature]</i>	12/9/93 1650	<i>[Signature]</i> Cathy Costle	12-10-93 11:50

Notes: A drawing depicting sample location should be attached or drawn on the reverse side of this chain of custody.

## Purgeables

U.S.E.P.A. Method 624 - This is a purge and trap Gas Chromatograph/Mass Spectrometer (GC/MS) method applicable to the determination of the compounds listed in the U.S.E.P.A. Manual entitled "Test Procedures for the Analysis of Organic Pollutants".

An HP5996 GC/MS was used with a capillary column.

Method detection limits are as stated.

Soil samples are prepared for analysis as prescribed in Method 8240/8260 from SW-846.

## Metals

Soil samples for metal analysis were run in accordance with the methods prescribed in SW-846. This includes a nitric acid digestion followed by either Furnace, Flame Atomic Absorption, Flameless Atomic Absorption, or Inductively Coupled Plasma analysis.

Aqueous samples for metals analysis were run in accordance with the methods prescribed in Methods for Chemical Analysis of Water and Wastes, EPA-600-4-79-020 March 1983.

Aqueous/Soil samples for mercury analysis were run in accordance with SW-846 methods 7470/7471. These are cold-vapor atomic absorption methods.

LABORATORY CHRONICLE

RECEIPT/REFRIGERATION

12/10/93

ORGANICS  
EXTRACTION

- |  |    |
|--|----|
| 1. Acids                               | NA |
| 2. Base/Neutrals                       | NA |
| 3. Pesticides/PCB's/Herbicides         | NA |
| 4. Petroleum Hydrocarbons/Oil & Grease | NA |

ANALYSIS

- |  |                   |
|--|-------------------|
| 1. Volatiles                           | 12/11/93-12/13/93 |
| 2. Acids                               | NA                |
| 3. Base/Neutrals                       | NA                |
| 4. Pesticides/PCB's/Herbicides         | NA                |
| 5. Petroleum Hydrocarbons/Oil & Grease | NA                |
| 6. Total Organic Carbon                | NA                |

Section Supervisor  
Review & Approval

*Jeffrey A. Marti*

INORGANICS

- |             |          |
|-------------|----------|
| 1. Metals   | 12/14/93 |
| 2. Cyanides | NA       |
| 3. Phenols  | NA       |

OTHER ANALYTES

Section Supervisor  
Review & Approval

*Matthew R. J...*

Quality Control Supervisor  
Review & Approval

*[Signature]*

Laboratory Director  
Review & Approval

*Richard W. Lynch*

If fractions are re-extracted and re-analyzed because initial endeavors did not meet quality control acceptance criteria, include dates for both.

RESULT SUMMARY

CERTIFICATE OF ANALYSIS

U.S. ARMY-FORT MONMOUTH, NJ BLDG 290B

LEAD

<u>ANALYSIS NO:</u>	<u>CLIENT ID:</u>	<u>MDL (mg/Kg)</u>	<u>RESULT (mg/Kg)</u>
A 5586	SITE A 3.5 - 4.0	10.0	N.D.
A 5587	SITE B 3.5 - 4.0	10.0	14.5
A 5588	SITE C 3.5 - 4.0	10.0	N.D.
A 5589	SITE D 3.5 - 4.0	10.0	N.D.
A 5590	SITE E 3.5 - 4.0	10.0	N.D.
A 5591	SITE F 3.5 - 4.0	10.0	N.D.
A 5592	SITE G 3.5 - 4.0	10.0	N.D.
A 5593	SITE H 3.5 - 4.0	10.0	N.D.
A 5594	SITE I 3.5 - 4.0	10.0	N.D.

BATCH 230



CERTIFICATE OF ANALYSIS

U.S. ARMY-FORT MONMOUTH, NJ BLDG 290B

LEAD

<u>ANALYSIS NO:</u>	<u>CLIENT ID:</u>	<u>MDL (mg/L)</u>	<u>RESULT (mg/L)</u>
A 5596	FIELD BLANK	0.10	N.D.

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER US ARMY FT. MONMOUTH NJ  
 SAMPLE NUMBER A5586  
 CLIENT ID SITE A 3.5'-4.0' BLDG 290B  
 DATA FILE >A4635

MATRIX Soil  
 DILUTION FACTOR 5.00  
 COMMENTS HNU 5.0  
 DATE ANALYZED 12/13/93

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	320	Bromodichloromethane	ND	32
Acrylonitrile	ND	320	2-Chloroethylvinylether	ND	64
Chloromethane	ND	64	2-Hexanone	ND	64
Bromomethane	ND	64	trans-1,3-Dichloropropene	ND	32
Vinyl Chloride	ND	64	Toluene	ND	32
Chloroethane	ND	64	cis-1,3-Dichloropropene	ND	32
Acetone	150 B	64	1,1,2,2-Tetrachloroethane	ND	32
1,1-Dichloroethene	ND	32	1,1,2-Trichloroethane	ND	32
Carbon Disulfide	ND	64	4-Methyl-2-pentanone	ND	64
Methylene Chloride	ND	32	Tetrachloroethene	ND	32
1,2-Dichloroethene(trans)	ND	32	Dibromochloromethane	ND	32
1,1-Dichloroethane	ND	32	Chlorobenzene	ND	32
Vinyl Acetate	ND	32	Ethylbenzene	ND	32
2-Butanone	ND	64	m&p-Xylenes	ND	32
Chloroform	ND	32	o-Xylene	ND	32
1,1,1-Trichloroethane	ND	32	Styrene	ND	32
Carbon Tetrachloride	ND	32	Bromoform	ND	32
1,2-Dichloroethane	ND	32	m-Dichlorobenzene	ND	32
Benzene	ND	32	p-Dichlorobenzene	ND	32
Trichloroethene	ND	32	o-Dichlorobenzene	ND	32
1,2-Dichloropropane	ND	32			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	99.6	70 - 121	OK
Toluene-d8	95.4	81 - 117	OK
Bromofluorobenzene	91.7	74 - 121	OK

Percent Solid of 78.0 is used for all Target compounds.

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected

E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE A 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 290B

Matrix: (soil/water) SOIL

Lab Sample ID: A5586

Sample wt/vol: 1 (g/mL) g

Lab File ID: >A4635

Level: LOW

Date Received: 12/10/93

% Moisture: 22

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 5

Number TICs Found 19

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	TEST CONC
1 16883480	Cyclopentane, 1,2,4-trimethyl-, (1.alpha.,2.	113.06	56
2 15890401	Cyclopentane, 1,2,3-trimethyl-, (1.alpha.,2.	113.30	64
3 590669	Cyclohexane, 1,1-dimethyl- (8CI9CI)	114.57	47
4 6876239	Cyclohexane, 1,2-dimethyl-, trans- (8CI9CI)	114.89	140
5 2207036	Cyclohexane, 1,3-dimethyl-, trans- (8CI9CI)	115.08	65
6 3073663	Cyclohexane, 1,1,3-trimethyl- (8CI9CI)	115.99	270
7 13427435	1-Hexene, 3,3,5-trimethyl- (9CI)	116.20	58
8 1795262	Cyclohexane, 1,3,5-trimethyl-, (1.alpha.,3.a	116.38	120
9 6086222	1H-1,2,4-Triazole, 1-butyl- (8CI9CI)	117.19	44
10 6236880	Cyclohexane, 1-ethyl-4-methyl-, trans- (8CI9	117.31	210
11 53941198	2-Hexene, 3,4,4-trimethyl- (9CI)	117.88	230
12 2051301	Octane, 2,6-dimethyl- (8CI9CI)	118.16	53
13 3868642	Pentalene, octahydro-2-methyl- (8CI9CI)	118.33	65
14 74511516	1-Octene, 3,3-dimethyl- (9CI)	119.28	140
15 16580248	Cyclohexane, 1-methyl-3-(1-methylethyl)- (9CI	119.51	60
16 489203	Cyclopentane, 1,2-dimethyl-3-(1-methylethyl)	119.67	83
17 91178	Naphthalene, decahydro- (8CI9CI)	121.80	120
18 767588	1H-Indene, 2,3-dihydro-1-methyl- (9CI)	122.66	50
19 54564317	Tricyclo[3.3.1.1.3,7]decane, 2-nitro- (9CI)	123.00	82

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21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5587</u>	DILUTION FACTOR	<u>125.00</u>
CLIENT ID	<u>SITE B 3.5'-4.0' BLDG 290B</u>	COMMENTS	<u>HNU ND</u>
DATA FILE	<u>&gt;A4636</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	8200	Bromodichloromethane	ND	820
Acrylonitrile	ND	8200	2-Chloroethylvinylether	ND	1600
Chloromethane	ND	1600	2-Hexanone	ND	1600
Bromomethane	ND	1600	trans-1,3-Dichloropropene	ND	820
Vinyl Chloride	ND	1600	Toluene	ND	820
Chloroethane	ND	1600	cis-1,3-Dichloropropene	ND	820
Acetone	720 JB	1600	1,1,2,2-Tetrachloroethane	ND	820
1,1-Dichloroethene	ND	820	1,1,2-Trichloroethane	ND	820
Carbon Disulfide	ND	1600	4-Methyl-2-pentanone	ND	1600
Methylene Chloride	ND	820	Tetrachloroethene	ND	820
1,2-Dichloroethene(trans)	ND	820	Dibromochloromethane	ND	820
1,1-Dichloroethane	ND	820	Chlorobenzene	ND	820
Vinyl Acetate	ND	820	Ethylbenzene	ND	820
2-Butanone	ND	1600	m&p-Xylenes	ND	820
Chloroform	ND	820	o-Xylene	ND	820
1,1,1-Trichloroethane	ND	820	Styrene	ND	820
Carbon Tetrachloride	ND	820	Bromoform	ND	820
1,2-Dichloroethane	ND	820	m-Dichlorobenzene	ND	820
Benzene	ND	820	p-Dichlorobenzene	ND	820
Trichloroethene	ND	820	o-Dichlorobenzene	ND	820
1,2-Dichloropropane	ND	820			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	97.7	70 - 121	OK
Toluene-d8	102	81 - 117	OK
Bromofluorobenzene	99.0	74 - 121	OK

Percent Solid of 76.0 is used for all Target compounds.

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected

E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE B 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 290B

Matrix: (soil/water) SOIL

Lab Sample ID: A5587

Sample wt/vol: .04 (g/mL) g

Lab File ID: >A4636

Level: MED

Date Received: 12/10/93

% Moisture: 24

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 125

Number TICs Found 19

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST CONI
1 13630610	2,5-Cyclohexadien-1-ol, 4-methyl-4-(trichloro	12.65	3000
2 16883480	Cyclopentane, 1,2,4-trimethyl-, (1.alpha.,2.	13.06	1600
3 464062	Butane, 2,2,3-trimethyl- (8CI9CI)	13.88	1800
4 6876239	Cyclohexane, 1,2-dimethyl-, trans- (8CI9CI)	14.89	2900
5 624293	Cyclohexane, 1,4-dimethyl-, cis- (8CI9CI)	15.09	1800
6 1072055	Heptane, 2,6-dimethyl- (8CI9CI)	15.40	1700
7 3073663	Cyclohexane, 1,1,3-trimethyl- (8CI9CI)	15.98	4600
8 922281	Heptane, 3,4-dimethyl- (8CI9CI)	16.21	1400
9 1795262	Cyclohexane, 1,3,5-trimethyl-, (1.alpha.,3.a	16.37	3400
10 2216333	Octane, 3-methyl- (8CI9CI)	16.57	1700
11 124118	1-Nonene (8CI9CI)	17.19	2000
12 6236880	Cyclohexane, 1-ethyl-4-methyl-, trans- (8CI9	17.31	1700
13 34379549	Furan, 2,3-dihydro-4-(1-methylpropyl)-, (S)-	17.88	4100
14 15869940	Octane, 3,6-dimethyl- (8CI9CI)	18.15	1700
15 32669866	Cyclohexane, cyclopropyl- (8CI)	18.32	2100
16 1678928	Cyclohexane, propyl- (8CI9CI)	18.42	4600
17 4057425	2-Octene, 2,6-dimethyl- (8CI9CI)	19.27	2400
18 29053041	Cyclopentane, 1-methyl-3-(2-methylpropyl)-	19.66	2100
19 91178	Naphthalene, decahydro- (8CI9CI)	21.80	1600

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5588</u>	DILUTION FACTOR	<u>5.00</u>
CLIENT ID	<u>SITE C 3.5'-4.0' BLDG 290B</u>	COMMENTS	<u>HNU 250</u>
DATA FILE	<u>&gt;A4637</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	340	Bromodichloromethane	ND	34
Acrylonitrile	ND	340	2-Chloroethylvinylether	ND	68
Chloromethane	ND	68	2-Hexanone	ND	68
Bromomethane	ND	68	trans-1,3-Dichloropropene	ND	34
Vinyl Chloride	ND	68	Toluene	ND	34
Chloroethane	ND	68	cis-1,3-Dichloropropene	ND	34
Acetone	390 B	68	1,1,2,2-Tetrachloroethane	ND	34
1,1-Dichloroethene	ND	34	1,1,2-Trichloroethane	ND	34
Carbon Disulfide	ND	68	4-Methyl-2-pentanone	ND	68
Methylene Chloride	ND	34	Tetrachloroethene	ND	34
1,2-Dichloroethene(trans)	ND	34	Dibromochloromethane	ND	34
1,1-Dichloroethane	ND	34	Chlorobenzene	ND	34
Vinyl Acetate	ND	34	Ethylbenzene	150	34
2-Butanone	ND	68	m&p-Xylenes	100	34
Chloroform	ND	34	o-Xylene	ND	34
1,1,1-Trichloroethane	ND	34	Styrene	ND	34
Carbon Tetrachloride	ND	34	Bromoform	ND	34
1,2-Dichloroethane	ND	34	m-Dichlorobenzene	ND	34
Benzene	ND	34	p-Dichlorobenzene	ND	34
Trichloroethene	ND	34	o-Dichlorobenzene	ND	34
1,2-Dichloropropane	ND	34			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	99.2	70 - 121	OK
Toluene-d8	111	81 - 117	OK
Bromofluorobenzene	121	74 - 121	OK

Percent Solid of 73.0 is used for all Target compounds.

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected

E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE C 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 2908

Matrix: (soil/water) SOIL

Lab Sample ID: A5588

Sample wt/vol: 1 (g/mL) g

Lab File ID: >A4637

Level: LOW

Date Received: 12/10/93

% Moisture: 27

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 5

Number TICs Found 20

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST CONC
1	592278   Heptane, 2-methyl- (8CI9CI)	113.641	1400
2	111659   Octane (DOT)(8CI9CI)	114.611	1300
3	4840760   Cyclohexanecarboxylic acid, ethenyl ester (9	115.891	750
4	921471   Hexane, 2,3,4-trimethyl- (8CI9CI)	116.371	1500
5	17302339   Undecane, 6-methyl- (8CI9CI)	116.571	1100
6	53941198   2-Hexene, 3,4,4-trimethyl- (9CI)	117.891	1300
7	3868642   Pentalene, octahydro-2-methyl- (8CI9CI)	118.321	850
8	1678928   Cyclohexane, propyl- (8CI9CI)	118.421	1800
9	108678   Benzene, 1,3,5-trimethyl- (9CI)	119.701	3200
10	622968   Benzene, 1-ethyl-4-methyl- (9CI)	120.411	2500
11	535773   Benzene, 1-methyl-3-(1-methylethyl)- (9CI)	120.881	1100
12	135988   Benzene, (1-methylpropyl)- (9CI)	121.591	2300
13	933982   Benzene, 1-ethyl-2,3-dimethyl- (9CI)	121.711	3000
14	527844   Benzene, 1-methyl-2-(1-methylethyl)- (9CI)	122.291	1800
15	2870044   Benzene, 2-ethyl-1,3-dimethyl- (9CI)	122.431	1200
16	767588   1H-Indene, 2,3-dihydro-1-methyl- (9CI)	122.681	2200
17	874419   Benzene, 1-ethyl-2,4-dimethyl- (9CI)	123.021	820
18	488233   Benzene, 1,2,3,4-tetramethyl- (8CI9CI)	123.281	1000
19	2050240   Benzene, 1,3-diethyl-5-methyl- (9CI)	123.451	970
20	768003   Benzene, (1-methyl-1-propenyl)-, (E)- (9CI)	123.821	880

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5589</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>SITE 0 3.5'-4.0' BLDG 2908</u>	COMMENTS	<u>HNU ND</u>
DATA FILE	<u>&gt;A4638</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	70	Bromodichloromethane	ND	7
Acrylonitrile	ND	70	2-Chloroethylvinylether	ND	14
Chloromethane	ND	14	2-Hexanone	ND	14
Bromomethane	ND	14	trans-1,3-Dichloropropene	ND	7
Vinyl Chloride	ND	14	Toluene	ND	7
Chloroethane	ND	14	cis-1,3-Dichloropropene	ND	7
Acetone	150 B	14	1,1,2,2-Tetrachloroethane	ND	7
1,1-Dichloroethene	ND	7	1,1,2-Trichloroethane	ND	7
Carbon Disulfide	ND	14	4-Methyl-2-pentanone	ND	14
Methylene Chloride	ND	7	Tetrachloroethene	ND	7
1,2-Dichloroethene(trans)	ND	7	Dibromochloromethane	ND	7
1,1-Dichloroethane	ND	7	Chlorobenzene	ND	7
Vinyl Acetate	ND	7	Ethylbenzene	ND	7
2-Butanone	ND	14	m&p-Xylenes	ND	7
Chloroform	ND	7	o-Xylene	ND	7
1,1,1-Trichloroethane	ND	7	Styrene	ND	7
Carbon Tetrachloride	ND	7	Bromoform	ND	7
1,2-Dichloroethane	ND	7	m-Dichlorobenzene	ND	7
Benzene	ND	7	p-Dichlorobenzene	ND	7
Trichloroethene	ND	7	o-Dichlorobenzene	ND	7
1,2-Dichloropropane	ND	7			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	89.7	70 - 121	OK
Toluene-d8	97.0	81 - 117	OK
Bromofluorobenzene	93.1	74 - 121	OK

Percent Solid of 71.0 is used for all Target compounds.

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected



E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE D 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 290B

Matrix: (soil/water) SOIL

Lab Sample ID: A5589

Sample wt/vol: 5 (g/mL) g

Lab File ID: >A4638

Level: LOW

Date Received: 12/10/93

% Moisture: 29

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 1

Number TICs Found 19

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST CONC
1 589537	Heptane, 4-methyl- (8CI9CI)	13.83	7
2 2207036	Cyclohexane, 1,3-dimethyl-, trans- (8CI9CI)	15.02	14
3 624293	Cyclohexane, 1,4-dimethyl-, cis- (8CI9CI)	15.22	7
4 1072055	Heptane, 2,6-dimethyl- (8CI9CI)	15.53	10
5 7667609	Cyclohexane, 1,2,4-trimethyl-, (1.alpha.,2.b	16.11	23
6 26445818	Thiophene, tetrahydrodimethyl-, 1,1-dioxide	16.33	7
7 1795273	Cyclohexane, 1,3,5-trimethyl-, (1.alpha.,3.a	16.50	17
8 14339232	2-Pyrazoline, 5-ethyl-1,4-dimethyl- (8CI)	18.01	20
9 15869940	Octane, 3,6-dimethyl- (8CI9CI)	18.27	15
10 3868642	Pentalene, octahydro-2-methyl- (8CI9CI)	18.43	14
11 14676290	Heptane, 3-ethyl-2-methyl- (8CI9CI)	18.54	24
12 15869928	Octane, 3,4-dimethyl- (8CI9CI)	18.84	14
13 2471832	1H-Indene, 1-ethylidene- (9CI)	19.75	170
14 90120	Naphthalene, 1-methyl- (8CI9CI)	20.87	82
15 91178	Naphthalene, decahydro- (8CI9CI)	21.91	13
16 25155151	Benzene, methyl(1-methylethyl)- (9CI)	22.53	8
17 767588	1H-Indene, 2,3-dihydro-1-methyl- (9CI)	22.78	15
18 74685566	Cyclopropane, (2-methylenebutyl)- (9CI)	23.12	20
19 20379991	2H-Inden-2-one, octahydro-3a-methyl-, trans-	23.52	11

00016

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5590</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>SITE E 3.5'-4.0' BLDG 290B</u>	COMMENTS	<u>HNU ND</u>
DATA FILE	<u>&gt;A4639</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	64	Bromodichloromethane	ND	6
Acrylonitrile	ND	64	2-Chloroethylvinylether	ND	13
Chloromethane	ND	13	2-Hexanone	ND	13
Bromomethane	ND	13	trans-1,3-Dichloropropene	ND	6
Vinyl Chloride	ND	13	Toluene	ND	6
Chloroethane	ND	13	cis-1,3-Dichloropropene	ND	6
Acetone	150 B	13	1,1,2,2-Tetrachloroethane	ND	6
1,1-Dichloroethene	ND	6	1,1,2-Trichloroethane	ND	6
Carbon Disulfide	ND	13	4-Methyl-2-pentanone	ND	13
Methylene Chloride	ND	6	Tetrachloroethene	ND	6
1,2-Dichloroethene(trans)	ND	6	Dibromochloromethane	ND	6
1,1-Dichloroethane	ND	6	Chlorobenzene	ND	6
Vinyl Acetate	ND	6	Ethylbenzene	ND	6
2-Butanone	20	13	m&p-Xylenes	5.1 J	6
Chloroform	ND	6	o-Xylene	ND	6
1,1,1-Trichloroethane	ND	6	Styrene	ND	6
Carbon Tetrachloride	ND	6	Bromoform	ND	6
1,2-Dichloroethane	ND	6	m-Dichlorobenzene	ND	6
Benzene	ND	6	p-Dichlorobenzene	ND	6
Trichloroethene	ND	6	o-Dichlorobenzene	ND	6
1,2-Dichloropropane	ND	6			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	93.7	70 - 121	OK
Toluene-d8	97.6	81 - 117	OK
Bromofluorobenzene	101	74 - 121	OK

Percent Solid of 78.0 is used for all Target compounds.

(J) Indicates detected below MDL  
(B) Indicates also present in blank  
(ND) Indicates compound not detected

E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE E 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 2908

Matrix: (soil/water) SOIL

Lab Sample ID: A5590

Sample wt/vol: 5 (g/mL) g

Lab File ID: >A4639

Level: LOW

Date Received: 12/10/93

% Moisture: 22

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 1

Number TICs Found 19

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	TEST CONC
1 15869939	Octane, 3,5-dimethyl- (8CI9CI)	17.88	40
2 2051301	Octane, 2,6-dimethyl- (8CI9CI)	18.13	37
3 3868642	Pentalene, octahydro-2-methyl- (8CI9CI)	18.31	21
4 52896874	Heptane, 4-(1-methylethyl)- (9CI)	18.40	55
5 15869928	Octane, 3,4-dimethyl- (8CI9CI)	18.71	24
6 16491159	Cyclopentene, 1,5-dimethyl- (8CI9CI)	19.52	21
7 4291796	Cyclohexane, 1-methyl-2-propyl- (8CI9CI)	19.67	36
8 2847725	Decane, 4-methyl- (8CI9CI)	20.24	42
9 622968	Benzene, 1-ethyl-4-methyl- (9CI)	20.40	53
10 32064781	5-Octen-4-one, 7-methyl- (8CI9CI)	20.69	41
11 300572	Benzene, 2-propenyl- (9CI)	21.59	40
12 141935	Benzene, 1,3-diethyl- (9CI)	21.71	29
13 91178	Naphthalene, decahydro- (8CI9CI)	21.80	47
14 535773	Benzene, 1-methyl-3-(1-methylethyl)- (9CI)	22.30	32
15 2870044	Benzene, 2-ethyl-1,3-dimethyl- (9CI)	22.43	45
16 767588	1H-Indene, 2,3-dihydro-1-methyl- (9CI)	22.69	88
17 2958761	Naphthalene, decahydro-2-methyl- (8CI9CI)	23.02	74
18 527537	Benzene, 1,2,3,5-tetramethyl- (8CI9CI)	23.29	31
19 20440215	Bicyclo[4.3.1]decan-10-one (8CI9CI)	23.42	62

00018

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5591</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>SITE F 3.5'-4.0' BLDG 290B</u>	COMMENTS	<u>HNU ND</u>
DATA FILE	<u>&gt;A4640</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	59	Bromodichloromethane	ND	6
Acrylonitrile	ND	59	2-Chloroethylvinylether	ND	12
Chloromethane	ND	12	2-Hexanone	ND	12
Bromomethane	ND	12	trans-1,3-Dichloropropene	ND	6
Vinyl Chloride	ND	12	Toluene	ND	6
Chloroethane	ND	12	cis-1,3-Dichloropropene	ND	6
Acetone	92 B	12	1,1,2,2-Tetrachloroethane	ND	6
1,1-Dichloroethene	ND	6	1,1,2-Trichloroethane	ND	6
Carbon Disulfide	ND	12	4-Methyl-2-pentanone	ND	12
Methylene Chloride	ND	6	Tetrachloroethene	ND	6
1,2-Dichloroethene(trans)	ND	6	Dibromochloromethane	ND	6
1,1-Dichloroethane	ND	6	Chlorobenzene	ND	6
Vinyl Acetate	ND	6	Ethylbenzene	ND	6
2-Butanone	8.1 J	12	m&p-Xylenes	ND	6
Chloroform	ND	6	o-Xylene	ND	6
1,1,1-Trichloroethane	ND	6	Styrene	ND	6
Carbon Tetrachloride	ND	6	Bromoform	ND	6
1,2-Dichloroethane	ND	6	m-Dichlorobenzene	ND	6
Benzene	ND	6	p-Dichlorobenzene	ND	6
Trichloroethene	ND	6	o-Dichlorobenzene	ND	6
1,2-Dichloropropane	ND	6			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	96.9	70 - 121	OK
Toluene-d8	98.6	81 - 117	OK
Bromofluorobenzene	101	74 - 121	OK

Percent Solid of 85.0 is used for all Target compounds.

- (J) Indicates detected below MDL  
 (B) Indicates also present in blank  
 (ND) Indicates compound not detected

E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE F 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 2908

Matrix: (soil/water) SOIL

Lab Sample ID: A5591

Sample wt/vol: 5 (g/mL) g

Lab File ID: >A4640

Level: LOW

Date Received: 12/10/93

% Moisture: 15

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 1

Number TICs Found 2

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	TEST CONC
1 124185	Decane (8CI9CI)	19.67	14
2 74630527	3-Undecene, 6-methyl-, (E)- (9CI)	21.92	4

00020

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5592</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>SITE G 3.5'-4.0' BLDG 290B</u>	COMMENTS	<u>HNU ND</u>
DATA FILE	<u>&gt;A4641</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	61	Bromodichloromethane	ND	6
Acrylonitrile	ND	61	2-Chloroethylvinylether	ND	12
Chloromethane	ND	12	2-Hexanone	ND	12
Bromomethane	ND	12	trans-1,3-Dichloropropene	ND	6
Vinyl Chloride	ND	12	Toluene	ND	6
Chloroethane	ND	12	cis-1,3-Dichloropropene	ND	6
Acetone	120 B	12	1,1,2,2-Tetrachloroethane	ND	6
1,1-Dichloroethene	ND	6	1,1,2-Trichloroethane	ND	6
Carbon Disulfide	ND	12	4-Methyl-2-pentanone	ND	12
Methylene Chloride	ND	6	Tetrachloroethene	ND	6
1,2-Dichloroethene(trans)	ND	6	Dibromochloromethane	ND	6
1,1-Dichloroethane	ND	6	Chlorobenzene	ND	6
Vinyl Acetate	ND	6	Ethylbenzene	ND	6
2-Butanone	12 J	12	m&p-Xylenes	ND	6
Chloroform	ND	6	o-Xylene	ND	6
1,1,1-Trichloroethane	ND	6	Styrene	ND	6
Carbon Tetrachloride	ND	6	Bromoform	ND	6
1,2-Dichloroethane	ND	6	m-Dichlorobenzene	ND	6
Benzene	ND	6	p-Dichlorobenzene	ND	6
Trichloroethene	ND	6	o-Dichlorobenzene	ND	6
1,2-Dichloropropane	ND	6			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	97.9	70 - 121	OK
Toluene-d8	98.0	81 - 117	OK
Bromofluorobenzene	95.9	74 - 121	OK

Percent Solid of 82.0 is used for all Target compounds.

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected

E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE G 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 2908

Matrix: (soil/water) SOIL

Lab Sample ID: A5592

Sample wt/vol: 5 (g/mL) g

Lab File ID: >A4641

Level: LOW

Date Received: 12/10/93

% Moisture: 18

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 1

Number TICs Found 16

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	TEST CONC
1	6876239   Cyclohexane, 1,2-dimethyl-, trans- (8CI9CI)	14.87	6
2	1072055   Heptane, 2,6-dimethyl- (8CI9CI)	15.38	6
3	926829   Heptane, 3,5-dimethyl- (8CI9CI)	15.59	5
4	3073663   Cyclohexane, 1,1,3-trimethyl- (8CI9CI)	15.96	15
5	7667609   Cyclohexane, 1,2,4-trimethyl-, (1.alpha.,2.b	16.35	7
6	53941198   2-Hexene, 3,4,4-trimethyl- (9CI)	17.27	6
7	4926903   Cyclohexane, 1-ethyl-1-methyl- (8CI9CI)	17.86	21
8	17312559   Decane, 3,8-dimethyl- (8CI9CI)	18.11	13
9	3868642   Pentalene, octahydro-2-methyl- (8CI9CI)	18.30	9
10	1678928   Cyclohexane, propyl- (8CI9CI)	18.39	21
11	464062   Butane, 2,2,3-trimethyl- (8CI9CI)	18.69	7
12	16580248   Cyclohexane, 1-methyl-3-(1-methylethyl)- (9CI	19.46	7
13	4291809   Cyclohexane, 1-methyl-3-propyl- (8CI9CI)	19.63	11
14	91178   Naphthalene, decahydro- (8CI9CI)	21.78	11
15	66929906   Tricyclo[3.2.1.0 <sup>2,4</sup> ]oct-6-ene, 8-methylene-,	22.64	7
16	98544   Phenol, 4-(1,1-dimethylethyl)- (9CI)	22.97	5

00022

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5593</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>SITE H 3.5'-4.0' BLDG 290B</u>	COMMENTS	<u>HNU ND</u>
DATA FILE	<u>&gt;A4642</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	64	Bromodichloromethane	ND	6
Acrylonitrile	ND	64	2-Chloroethylvinylether	ND	13
Chloromethane	ND	13	2-Hexanone	ND	13
Bromomethane	ND	13	trans-1,3-Dichloropropene	ND	6
Vinyl Chloride	ND	13	Toluene	ND	6
Chloroethane	ND	13	cis-1,3-Dichloropropene	ND	6
Acetone	220 B	13	1,1,2,2-Tetrachloroethane	ND	6
1,1-Dichloroethene	ND	6	1,1,2-Trichloroethane	ND	6
Carbon Disulfide	ND	13	4-Methyl-2-pentanone	ND	13
Methylene Chloride	ND	6	Tetrachloroethene	ND	6
1,2-Dichloroethene(trans)	ND	6	Dibromochloromethane	ND	6
1,1-Dichloroethane	ND	6	Chlorobenzene	ND	6
Vinyl Acetate	ND	6	Ethylbenzene	ND	6
2-Butanone	ND	13	m&p-Xylenes	ND	6
Chloroform	ND	6	o-Xylene	ND	6
1,1,1-Trichloroethane	ND	6	Styrene	ND	6
Carbon Tetrachloride	ND	6	Bromoform	ND	6
1,2-Dichloroethane	ND	6	m-Dichlorobenzene	ND	6
Benzene	ND	6	p-Dichlorobenzene	ND	6
Trichloroethene	ND	6	o-Dichlorobenzene	ND	6
1,2-Dichloropropane	ND	6			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	96.9	70 - 121	OK
Toluene-d8	98.1	81 - 117	OK
Bromofluorobenzene	91.0	74 - 121	OK

Percent Solid of 78.0 is used for all Target compounds.

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected



E1  
VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

EPA SAMPLE NUMBER

SITE H 3.5'-4'

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 290B

Matrix: (soil/water) SOIL

Lab Sample ID: A5593

Sample wt/vol: 5 (g/mL) g

Lab File ID: >A4642

Level: LOW

Date Received: 12/10/93

% Moisture: 22

Date Analyzed 12/13/93

Column: CAP

Dilution Factor: 1

Number TICs Found 19

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	TEST CONC
1 4516692	Cyclopentane, 1,1,3-trimethyl- (8CI9CI)	12.62	17
2 16883480	Cyclopentane, 1,2,4-trimethyl-, (1.alpha.,2.	13.07	14
3 1632162	Heptane, 3-methylene- (9CI)	13.31	15
4 583482	Hexane, 3,4-dimethyl- (8CI9CI)	13.88	13
5 590669	Cyclohexane, 1,1-dimethyl- (8CI9CI)	14.58	13
6 6876239	Cyclohexane, 1,2-dimethyl-, trans- (8CI9CI)	14.89	28
7 2207036	Cyclohexane, 1,3-dimethyl-, trans- (8CI9CI)	15.09	15
8 1072055	Heptane, 2,6-dimethyl- (8CI9CI)	15.38	13
9 2216300	Heptane, 2,5-dimethyl- (8CI9CI)	15.60	14
10 69687850	2-Cyclopenten-1-one, 3-amino-2-methyl- (9CI)	15.97	46
11 110894	Piperidine (8CI9CI)	16.20	13
12 7667609	Cyclohexane, 1,2,4-trimethyl-, (1.alpha.,2.b	16.36	27
13 4926787	Cyclohexane, 1-ethyl-4-methyl-, cis- (8CI9CI)	17.30	14
14 26964498	1H-Pyrazole, 4,5-dihydro-3-methyl-1-propyl-	17.87	46
15 4579311	Cyclobutanone, 2-(1,1-dimethylethyl)- (9CI)	18.41	24
16 16580248	Cyclohexane, 1-methyl-3-(1-methylethyl)- (9CI)	19.49	13
17 54063091	Diisoamylene (9CI)	19.78	13
18 91178	Naphthalene, decahydro- (8CI9CI)	21.80	22
19 54564317	Tricyclo[3.3.1.1.3,7]decane, 2-nitro- (9CI)	23.02	17

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Soil</u>
SAMPLE NUMBER	<u>A5594</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>SITE I 3.5'-4.0' BLDG 290B</u>	COMMENTS	<u>HNU MD</u>
DATA FILE	<u>&gt;A4643</u>	DATE ANALYZED	<u>12/13/93</u>

COMPOUND	UG/KG	MDL	COMPOUND	UG/KG	MDL
Acrolein	ND	60	Bromodichloromethane	ND	6
Acrylonitrile	ND	60	2-Chloroethylvinylether	ND	12
Chloromethane	ND	12	2-Hexanone	ND	12
Bromomethane	ND	12	trans-1,3-Dichloropropene	ND	6
Vinyl Chloride	ND	12	Toluene	ND	6
Chloroethane	ND	12	cis-1,3-Dichloropropene	ND	6
Acetone	84 B	12	1,1,2,2-Tetrachloroethane	ND	6
1,1-Dichloroethene	ND	6	1,1,2-Trichloroethane	ND	6
Carbon Disulfide	ND	12	4-Methyl-2-pentanone	ND	12
Methylene Chloride	ND	6	Tetrachloroethene	ND	6
1,2-Dichloroethene(trans)	ND	6	Dibromochloromethane	ND	6
1,1-Dichloroethane	ND	6	Chlorobenzene	ND	6
Vinyl Acetate	ND	6	Ethylbenzene	ND	6
2-Butanone	7.4 J	12	m&p-Xylenes	ND	6
Chloroform	ND	6	o-Xylene	ND	6
1,1,1-Trichloroethane	ND	6	Styrene	ND	6
Carbon Tetrachloride	ND	6	Bromoform	ND	6
1,2-Dichloroethane	ND	6	m-Dichlorobenzene	ND	6
Benzene	ND	6	p-Dichlorobenzene	ND	6
Trichloroethene	ND	6	o-Dichlorobenzene	ND	6
1,2-Dichloropropane	ND	6			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	99.1	70 - 121	OK
Toluene-d8	99.3	81 - 117	OK
Bromofluorobenzene	99.5	74 - 121	OK

Percent Solid of 83.0 is used for all Target compounds.

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected

VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

SITE I 3.5'-4'

Lab Name: 21st Century Environmental

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 290B

Matrix: (soil/water) WATER

Lab Sample ID: A5594

Sample wt/vol: 5 (g/mL) g

Lab File ID: >A4643

Level: (low/med) LDW

Date Received: 12/10/93

% Moisture: 17

Date Analyzed: 12/13/93

Column: DB-624

Dilution Factor: 1

Number TICs found: 0

CONCENTRATION UNITS:  
(ug/L or ug/Kg) ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
-----				
	No Unknowns			

FORM I VOA-TIC

1/87 Re

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Water</u>
SAMPLE NUMBER	<u>A5595</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>BLOG 2908 TRIP BLANK</u>	COMMENTS	<u>HNU NA</u>
DATA FILE	<u>&gt;A4612</u>	DATE ANALYZED	<u>12/11/93</u>

COMPOUND	UG/L	MDL	COMPOUND	UG/L	MDL
Chloromethane	ND	10	2-Chloroethylvinylether	ND	10
Bromomethane	ND	10	2-Hexanone	ND	10
Vinyl Chloride	ND	10	trans-1,3-Dichloropropene	ND	5
Chloroethane	ND	10	Toluene	ND	5
Acrolein	ND	50	cis-1,3-Dichloropropene	ND	5
Acetone	5.1 JB	10	1,1,2,2-Tetrachloroethane	ND	5
1,1-Dichloroethene	ND	5	1,1,2-Trichloroethane	ND	5
Carbon Disulfide	ND	10	4-Methyl-2-pentanone	ND	10
Acrylonitrile	ND	50	Tetrachloroethene	ND	5
Methylene Chloride	3.0 J	5	Dibromochloromethane	ND	5
1,2-Dichloroethene(trans)	ND	5	Chlorobenzene	ND	5
1,1-Dichloroethane	ND	5	Ethylbenzene	ND	5
Vinyl Acetate	ND	5	m&p-Xylenes	ND	5
2-Butanone	ND	10	o-Xylene	ND	5
Chloroform	ND	5	Styrene	ND	5
1,1,1-Trichloroethane	ND	5	Bromoform	ND	5
Carbon Tetrachloride	ND	5	m-Dichlorobenzene	ND	5
1,2-Dichloroethane	ND	5	p-Dichlorobenzene	ND	5
Benzene	ND	5	o-Dichlorobenzene	ND	5
Trichloroethene	ND	5	Bromodichloromethane	ND	5
1,2 Dichloropropane	ND	5			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	90.3	76 - 114	OK
Toluene-d8	107	88 - 110	OK
Bromofluorobenzene	101	86 - 115	OK

- (J) Indicates detected below MDL
- (B) Indicates also present in blank
- (ND) Indicates compound not detected
- (D) Indicates calculated from dilution

VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

TRIP BLANK

Lab Name: 21st Century Environmental

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 2908

Matrix: (soil/water) WATER

Lab Sample ID: A5595

Sample wt/vol: 5 (g/mL) mL

Lab File ID: >A4612

Level: (low/med) LDW

Date Received: 12/10/93

% Moisture: NA

Date Analyzed: 12/11/93

Column: DB-624

Dilution Factor: 1

Number TICs found: 0

CONCENTRATION UNITS:  
(ug/L or ug/Kg) ug/L

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
	No Unknowns			

21st Century Environmental Inc.  
VOLATILE ORGANIC ANALYSIS DATA

JOB NUMBER	<u>US ARMY FT. MONMOUTH NJ</u>	MATRIX	<u>Water</u>
SAMPLE NUMBER	<u>A5596</u>	DILUTION FACTOR	<u>1.00</u>
CLIENT ID	<u>BLDG 290B FIELD BLANK</u>	COMMENTS	<u>HNU NA</u>
DATA FILE	<u>&gt;A4613</u>	DATE ANALYZED	<u>12/11/93</u>

COMPOUND	UG/L	MDL	COMPOUND	UG/L	MDL
Chloromethane	ND	10	2-Chloroethylvinylether	ND	10
Bromomethane	ND	10	2-Hexanone	ND	10
Vinyl Chloride	ND	10	trans-1,3-Dichloropropene	ND	5
Chloroethane	ND	10	Toluene	ND	5
Acrolein	ND	50	cis-1,3-Dichloropropene	ND	5
Acetone	7.2 JB	10	1,1,2,2-Tetrachloroethane	ND	5
1,1-Dichloroethene	ND	5	1,1,2-Trichloroethane	ND	5
Carbon Disulfide	ND	10	4-Methyl-2-pentanone	ND	10
Acrylonitrile	ND	50	Tetrachloroethene	ND	5
Methylene Chloride	4.3 J	5	Dibromochloromethane	ND	5
1,2-Dichloroethene(trans)	ND	5	Chlorobenzene	ND	5
1,1-Dichloroethane	ND	5	Ethylbenzene	ND	5
Vinyl Acetate	ND	5	m&p-Xylenes	ND	5
2-Butanone	ND	10	o-Xylene	ND	5
Chloroform	ND	5	Styrene	ND	5
1,1,1-Trichloroethane	ND	5	Bromoform	ND	5
Carbon Tetrachloride	ND	5	m-Dichlorobenzene	ND	5
1,2-Dichloroethane	ND	5	p-Dichlorobenzene	ND	5
Benzene	ND	5	o-Dichlorobenzene	ND	5
Trichloroethene	ND	5	Bromodichloromethane	ND	5
1,2 Dichloropropane	ND	5			

<u>SURROGATE COMPOUNDS</u>	<u>% RECOVERY</u>	<u>LIMITS</u>	<u>STATUS</u>
1,2-Dichloroethane-d4	96.7	76 - 114	OK
Toluene-d8	101	88 - 110	OK
Bromofluorobenzene	99.0	86 - 115	OK

(J) Indicates detected below MDL  
 (B) Indicates also present in blank  
 (ND) Indicates compound not detected  
 (D) Indicates calculated from dilution

VOLATILE ORGANICS ANALYSIS DATA SHEET  
TENTATIVELY IDENTIFIED COMPOUNDS

FIELD BLANK

Lab Name: 21st Century Environmental

Client Name: US ARMY FT. MONMOUTH, NJ

Client ID: BLDG 290B

Matrix: (soil/water) WATER

Lab Sample ID: A5596

Sample wt/vol: 5 (g/mL) mL

Lab File ID: >A4613

Level: (low/med) LOW

Date Received: 12/10/93

% Moisture: NA

Date Analyzed: 12/11/93

Column: DB-624

Dilution Factor: 1

Number TICs found: 0

CONCENTRATION UNITS  
(ug/L or ug/Kg) ug/L

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
	No Unknowns			