United States Army

Fort Monmouth, New Jersey

Underground Storage Tank Closure and Site Investigation Report

Building 900A

Main Post-West Area

NJDEP UST Registration No. 0081533-141

December 1997

UNDERGROUND STORAGE TANK CLOSURE AND SITE INVESTIGATION REPORT

BUILDING 900A

MAIN POST-WEST AREA
NJDEP UST REGISTRATION NO. 0081533-141

DECEMBER 1997

PREPARED FOR:

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

PREPARED BY:

SMC ENVIRONMENTAL SERVICES GROUP 501 ALLENDALE ROAD KING OF PRUSSIA. PA 19406

PROJECT NO. 2429-3080

TABLE OF CONTENTS

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

TABLE OF CONTENTS (CONTINUED)

TABLES

Table 1 Summary of Post-Excavation Sampling Activities

Table 2 Post-Excavation Soil Sampling Results

FIGURES

Figure 1 Site Location Map

Figure 2 Site Map

Figure 3 Cross Sectional View

Figure 4 Soil Sampling Location Map

APPENDICES

Appendix A NJDEP-BUST Closure Approval Letter

Appendix B Site Assessment Summary

Appendix C Waste Manifest

Appendix D UST Disposal Certificate

Appendix E Soil Analytical Data Package

Appendix F Photographs

EXECUTIVE SUMMARY

UST Closure

On April 2, 1996, a steel underground storage tank (UST) was closed by removal in accordance with the New Jersey Department of Environmental Protection (NJDEP) Closure Approval Letter dated October 30, 1995 at the Main Post-West area of the U.S. Army Fort Monmouth, Fort Monmouth, New Jersey. The UST, NJDEP Registration No. 0081533-141 (Fort Monmouth ID No. 900A), was located south of Building 900A. UST No. 0081533-141 was an 1,000-gallon No. 2 fuel oil UST. The fill port was located directly above the UST.

Site Assessment

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. Groundwater was encountered at 6.0 feet below ground surface (bgs) and stabilized at 4.0 feet bgs. No sheen was observed on the groundwater. Following removal, the UST was inspected for corrosion holes. Two small holes were noted in the west end of the UST, but no evidence of potentially contaminated soils or groundwater was observed surrounding the tank. Samples contained TPHC concentrations ranging from non-detected to 88.4 mg/kg.

Site Restoration

Following receipt of all post-excavation soil sampling results, the excavation was backfilled to grade with clean crushed stone and native backfill and restored to its original condition.

Conclusions and Recommendations

Based on the post-excavation soil sampling results, soils with TPHC concentrations exceeding the NJDEP soil cleanup criteria for total organic contaminants of 10,000 mg/kg, do not exist in the former location of the UST or associated piping.

No further action is proposed in regard to the closure and site assessment of UST No. 0081533-141 at Building 900A.

1.0 UNDERGROUND STORAGE TANK DECOMMISSIONING ACTIVITIES

1.1 OVERVIEW

One underground storage tank (UST), New Jersey Department of Environmental Protection (NJDEP) Registration No. 0081533-141, was closed at Building 900A at the Main Post-West area of U.S. Army Fort Monmouth, Fort Monmouth, New Jersey on April 2, 1996. Refer to 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 on October 30, 1995. The UST was a steel 1,000-gallon tank containing No. 2 fuel oil.

Decommissioning activities for UST No. 0081533-141 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. 0081533-141 proceeded under the approval of the NJDEP Bureau of Underground Storage Tanks (NJDEP-BUST). The Closure Approval Letter and signed Site Assessment Summary form for UST No. 0081533-141 are included in Appendices A and B, respectively.

Based on inspecting the UST, field screening of subsurface soils and groundwater, and reviewing analytical results of collected soil 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 SMC Environmental Services Group, to assist the U.S. Army DPW in complying with the NJDEP-BUST regulations. The applicable NJDEP-BUST 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 investigation, are presented in the final section of this report.

1.2 SITE DESCRIPTION

Building 900A is located in the Main Post-West area of the Fort Monmouth Army Base. UST No. 0081533-141 was located south of Building 900A and appurtenant piping ran approximately fifteen (15) feet east from the excavation to the mechanical room of Building 900A. The fill port was located directly above the tank. 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 900A. 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 (Zapecza, 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. Over 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 Zapecza, 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 900A is located approximately 350 feet southwest of Oceanport Creek, the nearest water body. Based on the Main Post topography, the groundwater flow in the area of Building 900A is anticipated to be to the northeast.

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

- All underground obstructions (utilities, etc.) were identified by the contractor performing the closure prior to excavation activities.
- 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 hole 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 70 gallons of liquid from the UST and its associated piping were drummed and transported to the Fort Monmouth waste oil holding facility. Refer to Appendix C for a copy of the waste manifest.

The UST was cleaned prior to removal from the excavation in accordance with the NJDEP-BUST regulations. After the UST was removed from the excavation, it was staged on polyethylene sheeting and examined for holes. Two small holes at the west end of the tank were observed at 30 inches and six inches from the bottom of the tank, respectively. Soils surrounding the UST were screened visually and with an OVA for evidence of contamination. OVA readings were non-detect, except for one reading of 3 parts per million (ppm) near the location of the holes. Soil screening was also performed along the piping run with UST closure. No contamination was noted anywhere along the piping length. Groundwater stabilized at 4.0 feet bgs and no sheen was observed. See Figure 3 for a cross-sectional view of the excavated area.

1.5 UNDERGROUND STORAGE TANK TRANSPORTATION AND DISPOSAL

The UST was transported to Mazza & Sons, Inc., Recycling Division. The transportation of the UST was in compliance with all applicable regulations and laws. Please refer to Appendix D for the UST disposal certificate and Appendix F for photographs of the UST.

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

1.6 MANAGEMENT OF EXCAVATED SOILS

Based on OVA air monitoring and TPHC analysis results from the post-excavation soil samples, no soils exhibited signs of contamination, except for one OVA reading of 3 ppm near the location of the aforementioned holes. Therefore, the excavated soils were used as backfill following removal of the UST.

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-BUST 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. All records of the Site Investigation activities are maintained by the Fort Monmouth DPW Environmental Office.

The following Parties participated in Closure and Site Investigation Activities:

• Subsurface Evaluator: Eugene W. Lesinski Employer: U.S. Army, Fort Monmouth

Phone Number: (908) 532-0989 NJDEP Certification No.: 0014537

• Analytical Laboratory: U.S. Army Fort Monmouth Environmental Laboratory

Contact Person: Brian K. McKee (currently, Daniel K. Wright)

Phone Number: (908) 532-4359

NJDEP Company Certification No.: 13461

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 and appurtenant piping, as well as the UST excavation sidewalls and bottom, did not exhibit any evidence of potential contamination, except for one reading near the location of the holes which exhibited an OVA reading of 3 ppm. Groundwater encountered did not exhibit a sheen.

2.3 SOIL SAMPLING

On April 3, 1996, following the removal of the UST, post-excavation soil samples A, B, C, D, E, F, and DUP C were collected from a total of six (6) location of the UST excavation. Sidewall samples B, C, D, E, F, and DUP C were collected at a depth of 3.5 feet bgs. Pipe run sample A was collected along the former piping trench, which was approximately fifteen (15) feet in length and which ran east to Building 900A. The piping sample was collected at a depth of 1.0 feet bgs. All samples were analyzed for total petroleum hydrocarbons (TPHC) and total solids.

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 UST and associated piping, post-excavation soil samples were collected on April 3, 1996 from a total of six (6) locations. All samples were analyzed for TPHC and total solids. The post-excavation sampling results were compared to the NJDEP residential direct contact total organic contaminants soil cleanup criteria of 10,000 mg/kg (N.J.A.C. 7:26D and revisions dated February 3, 1994). A summary of the analytical results and comparison to the NJDEP soil cleanup criteria is provided in Table 2 and the soil sampling locations are shown on Figure 4. The analytical data package is provided in Appendix E.

All post-excavation soil samples collected on April 3, 1996, from the UST excavation and from below piping associated with the UST contained concentrations of TPHC below the NJDEP soil cleanup criteria. Samples contained levels of TPHC ranging in concentration from non-detected to 88.4 mg/kg.

3.2 CONCLUSIONS AND RECOMMENDATIONS

The analytical results for all post-excavation soil samples collected from the UST closure excavation at Building 900A were below the NJDEP soil cleanup criteria for total organic contaminants.

Based on the post-excavation sampling results, soils with TPHC concentrations exceeding the NJDEP soil cleanup criteria for total organic contaminants of 10,000 mg/kg, do not exist in the former location of the UST or associated piping.

No further action is proposed in regard to the closure and site assessment of UST No. 0081533-141 at Building 900A.

TABLES

TABLE 1
SUMMARY OF POST-EXCAVATION SAMPLING ACTIVITIES
BUILDING 900A, MAIN POST-WEST AREA
FORT MONMOUTH, NEW JERSEY

Page 1 of 1

Sample ID	Date of Collection	Date Analysis Started	Matrix	Sample Type	Analytical Parameters*	Analysis Method
Α	4/03/96	4/03/96	Soil	Post-Excavation	TPHC	418.1
В	4/03/96	4/03/96	Soil	Post-Excavation	TPHC	418.1
C	4/03/96	4/03/96	Soil	Post-Excavation	TPHC	418.1
D	4/03/96	4/03/96	Soil	Post-Excavation	TPHC	418.1
E	4/03/96	4/03/96	Soil	Post-Excavation	TPHC	418.1
F	4/03/96	4/03/96	Soil	Post-Excavation	TPHC	418.1
DUP C	4/03/96	4/03/96	Soil	Post-Excavation	TPHC	418.1

Note:

^{*} TPHC Total Petroleum Hydrocarbons

TABLE 2 POST-EXCAVATION SOIL SAMPLING RESULTS **BUILDING 900A, MAIN POST-WEST AREA** FORT MONMOUTH, NEW JERSEY

Page 1 of 1

Sample ID/ Depth	Sample Laboratory ID	Sample Date	Analysis Date	Analytical Method Used	Method Detection Limit (mg/kg)	Compound of Concern	Results (mg/kg) *	NJDEP Soil Cleanup Criteria ** (mg/kg)	Exceeds Cleanup Criteria
A/1.0'	2036.1	4/03/96	4/03/96	Total Solid		= =0	88 %		
				TPHC	20	yes	81.4	10,000	No
B/3.5'	2036.2	4/03/96	4/03/96	Total Solid			88 %		
				TPHC	20	yes	34.2	10,000	No
C/3.5'	2036.3	4/03/96	4/03/96	Total Solid			92 %		
				TPHC	20	yes	ND	10,000	No
D/3.5'	2036.4	4/03/96	4/03/96	Total Solid			93 %		
				TPHC	20	yes	88.4	10,000	No
E/3.5'	2036.5	4/03/96	4/03/96	Total Solid			92 %		
				TPHC	20	yes	31.8	10,000	No
F/3.5°	2036.6	4/03/96	4/03/96	Total Solid			90 %		
				TPHC	20	yes	84.7	10,000	No
DUP C/3.5'	2036.7	4/03/96	4/03/96	Total Solid			94 %		
				TPHC	20	yes	26.9	10,000	No

Note:

Total Solid results are expressed as a percentage.

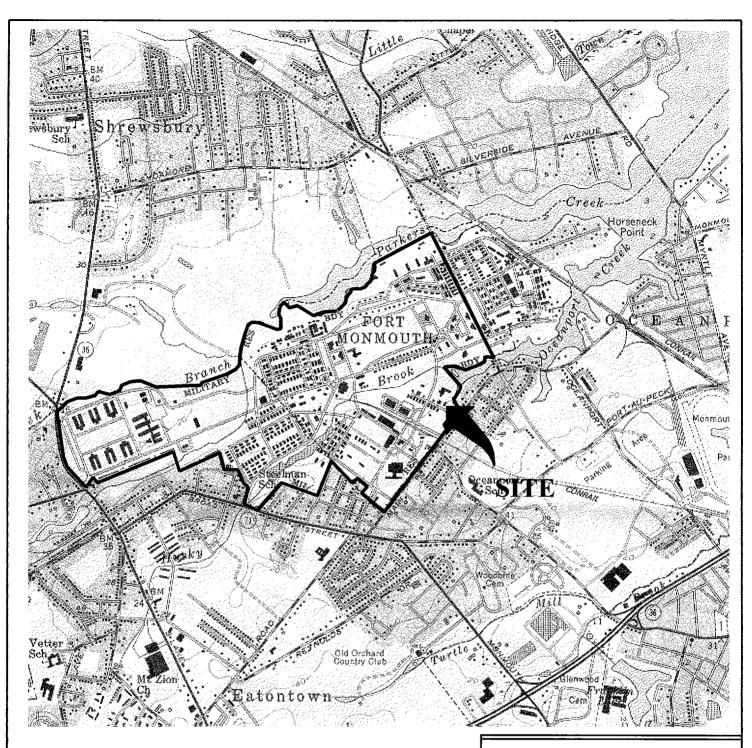
NJDEP Residential Direct Contact soil cleanup criteria for total organics **

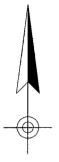
Not detected above stated method detection limit ND

TPHC Total Petroleum Hydrocarbons

Non Applicable

FIGURES





LONG BRANCH, NJ

40073-C8-TF-024 1954

PHOTOREVISED 1981 DMA 6164 I SE -SERIES V822



Quadrangle Location

Mapped, edited and published by the Geological Survey

FIGURE 1

SITE LOCATION MAP

Building 900A
Main Post-West
Fort Monmouth Army Base
Monmouth County, NJ



SMC Environmental Services Group

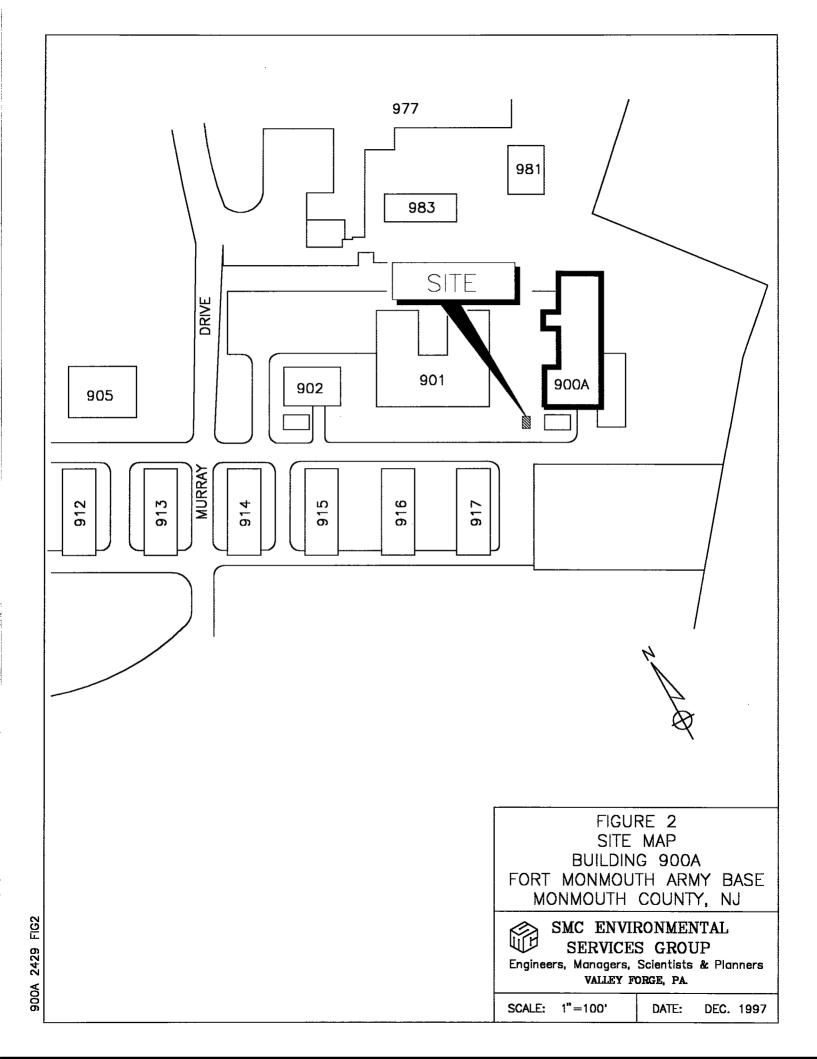
Engineers, Managers, Scientists, & Planners Valley Forge, Pennsylvania

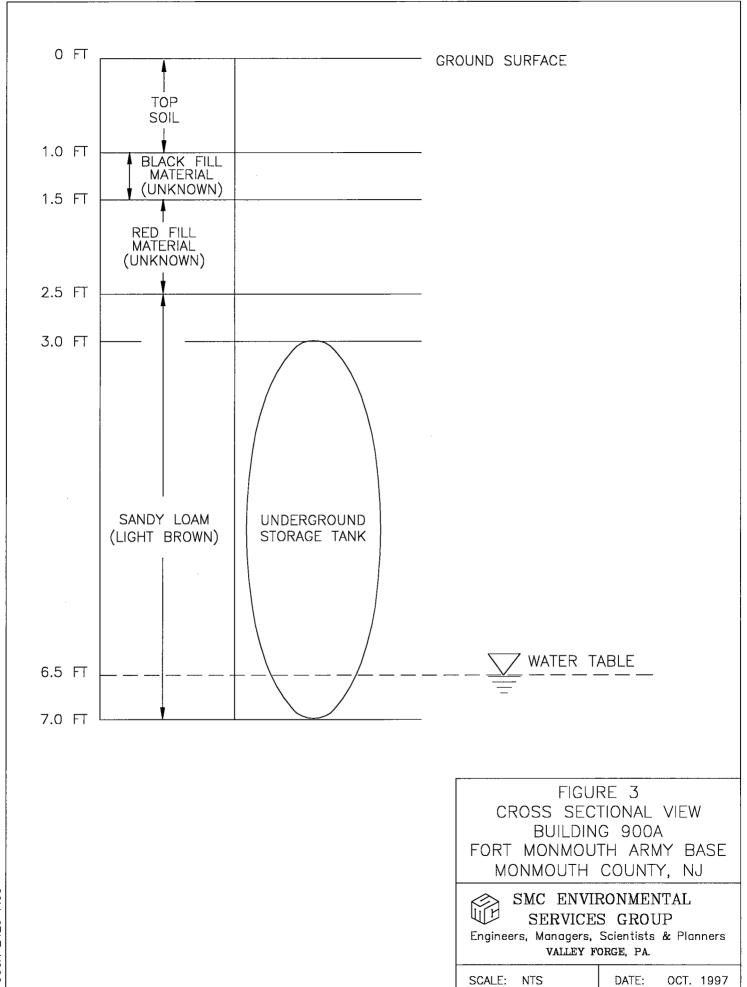
Scale:

1''=2,000'

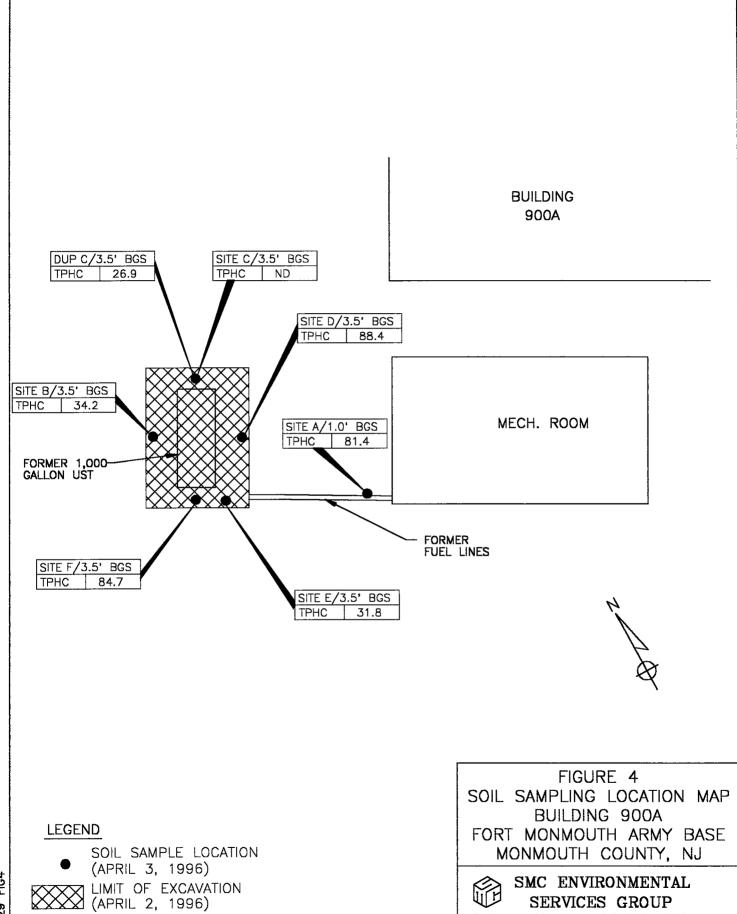
Date:

DEC 1997





900A 2429 FIG3



Engineers, Managers, Scientists & Planners

VALLEY FORGE, PA.

DATE:

DEC. 1997

SCALE:

1"=10'

900A 2429 FIG4

NOTES: 1. ALL RESULTS IN MG/KG.

2. SEE TABLE 2 FOR NJDEP SOIL CLEANUP CRITERIA

3. BGS = BELOW GROUND SURFACE

APPENDIX A NJDEP-BUST CLOSURE APPROVAL



State of New Jersey

Christine Todd Whitman Governor

Department of Environmental Protection

Robert C. Shinn, Jr.

Commissioner

Mr. James Ott SELFM-EH-EV Department of the Army Headquarters CECOM Fort Monmouth Fort Monmouth, NJ 077703-5000

OCT 3 0 1995

Dear Mr. Ott:

Re:

UST Closure Approval Applications

Fort Monmouth Army Base Tinton Falls, Monmouth County

The NJDEP has reviewed the Underground Storage Tank Closure Applications listed below and we have determined that the Closure Plans for these Number 2 fuel oil tanks are consistent with NJDEP requirements. This letter shall serve as the closure approval for the following USTs:

AREA	REGISTRATION NO SIZE	BLDG NO.	UST NO.	TANK SAMP	LINE SAMP	REMOVAL DATE	REPORT DATE
CW - East	0090010 - 1000	64A	3	4/1	0	11/7/95	3/8/96
CW - East	0090010 - 1000	485	57	4/1	0	11/9/95	3/8/96
CW - West	0081533 - 1000	288	62	4/1	0	11/9/95	3/11/96
CW - West	0081533 - 1000	811	132	4/1	1	11/14/95	3/15/96
CW - West	0081533 - 1000	900A	141	4/1	0	11/15/95	3/15/96
CW - East	0090010 - 1000	900B	142	4/1	0	11/16/95	3/15/96

If you should have any questions or require additional information, please do not hesitate to contact me at (609) 633-1455.

Sincerely,

lan R. Curtis, Case Manager

Bureau of Federal Case Management

cc. Gene Lesinski, FŤMMTH

RPCE\BFCM\FTMMTH32.IRC



APPERED

State of New Jersey Department of Environmental Protection and Ener_ Division of Responsible Party Site Remediation CN 028

Trenton. NJ 08625-0029

ATTN: UST Program (609) 984-3156

For State	Use Only
1	
Date Rec'd.	· · · · · · · · · · · · · · · · · · ·
Auth.	
Routing	
UST NO.	

	7	
ANDARD REPOR porting activities at		4.
	Sale or Transfer Substantial Modification Financial Responsibility Address Change Only	y ·
pe of Activity - Co	emplete Form For That Activity	
in one tank can be	e listed per activity)	
plicable.		4.
DPW-	MONMOUTH NI	07703 ES(NSK)
GENE Telephone N	LESINSKI umber: (908) _532:-	<i>0989</i>
	•	• .
UST -	DØ81533	
ges (address, tele	phone, contact person, etc. – supply N	(EW information only):
	NJ	- 1-2
)		
	pe of Activities at ion Changes or Removal) pe of Activity – Common tank can be in one tank can be in Registration or in one tank can be included. If the property of the included in the in	conting activities at an UST facility: ion Changes Sale or Transfer Substantial Modification Financial Responsibility Address Change Only pe of Activity – Complete Form For That Activity in one tank can be listed per activity) NEW tank Installations at existing registered a Registration Questionnaire for the new tanks. plicable. U.S. ARMY – FORT MONMOUDTH N.T. ATTIN'S EUGENE W. Let GENE LESINSK! Telephone Number: (988) 532 This as it appears in Question Number 12 on the Regist UST - \$\int \text{0881533}\$ The per supply is a supply in the supp

Attach the necessary implementation schedule (3 copies) and all document: needed for abardonment per N.J.A.C. 7:148-9.1 (d). b. ft (Removal Date: 47.2/96 Case No. Attach the necessary implementation schedule (3 copies). For CHANGES IN HAZARDOUS SUBSTANCES STORED (check all that apply): a. □ Temporary Closure (12 month maximum time – see N.J.A.C. 7:148-9.1(b)). Remove all hazardous substances; leave tank in place. b. □ Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:148-9.1(e). c. □ Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. □ Old New New (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator) b. New Facility Name Coumy Tele: // For SUBSTANTIAL MODIFICATIONS (to include any retrolitted activity – e.g. the addition of spil/overfill protection monitoring systems, cathedic protection, stc.): a. Type of Modification Date: // b. "NOTE" Substantial modifications require a permit under N.J.A.C. 7:148-10. For changes in FINANCIAL RESPONSIBILITY to (check appropriate changes and attach copies of new information): a. Policy Number: □ e. Expiration Date: □ c. Citer: □	··· .				A 11		
abandonment per N.J.A.C. 7:148-9.1 (d) b. (if, Removal Date: 41296 Case No. Attach the necessary implementation schedule (3 copies). For CHANGES IN HAZARDOUS SUBSTANCES STORED (check all that apply): a. Temporary Closure (12 month maximum time – see N.J.A.C. 7:148-9.1(b)). Remove all hazardous substances; leave tank in place. b. Changes in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:148-9.1(e). c. Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. Old New New New Attach New Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: // Repetitive Date: //	Attach the			, 			- Parker of the second of the
b. fx Removal Date: 412/46 Case No. Attach the necessary implementation schedule (3 copies). For CHANGES IN HAZARDOUS SUBSTANCES STORED (chéck all that apply): a. □ Temporary Closure (12 month maximum time – see N.J.A.C. 7:148-9.1(b)). Remove all hazardous substances; leave tank in place. b. □ Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:148-9.1(e). c. □ Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. □ Old □ New □ Nex □ New □ N					pies) and all document	n , needed to	W Same Same
Attach the necessary Implementation schedule (3 copies). For CHANGES IN HAZARDOUS SUBSTANCES STORED (check all that apply): a. □ Temporary Closure (12 month maximum time – see N.J.A.C. 7:148-9.1(b)). Remove all hazardous substances: lave tank in place. b. □ Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:148-9.1(e). c. □ Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. □ Old □ New □ Tank No. □ Old □ New □ Tank No. □ Old □ New □ (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: □ /□ a. New Owner (operator) b. New Facility Name □ NI □ County □ Tele: □ □ □ County □ Tele: □ /□ □ Tope of Modification □ Date: □ // b. **NOTE ** Substantial modifications require a permit under N.J.A.C. 7:148-10. For changes in Financial, RESPONSIBILITY to (check appropriate changes and attach copies of new information): a. *Policy Number: □ e. Expiration Date: □ C. Cher: □ □ C. Cher: □ e. Expiration Date: □					Casa No		
For CHANGES IN HAZARDOUS SUBSTANCES STORED (check all that apply): a. □ Temporary Closure (12 month maximum time – see N.J.A.C. 7:148-9.1(b)). Remove all hazardous substances; leave tank in place. b. □ Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:148-9.1(e). c. □ Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. □ Cld	• -		,	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a.			•	•			
substances; leave tank in place. b. Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:148-9.1(e). c. Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. Old New New New Catach additional sheets it more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator) b. New Facility Name County Tele: // Substantial modifications (to include any retrofitted activity – e.g. the addition of spill/overfill protection mortiforing systems, cathodic protection, etc.): a. Type of Modification Date: // Dat					•	•	•
b. Change in service from a regulated substance to a non-regulated substance. Tank must be cleaned and site assessment performed per N.J.A.C. 7:148-9.1(e). c. Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. Old New New New New New (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator) b. New Facility Name Number of Substantial Modifications (to include any retrofitted activity – e.g. the addition of spill/overfill protection monitoring systems, cathodic protection, etc.): a. Type of Modification Date: // Date: Date: // Date: Dat		-	•	maximum time – s	ee N.J.A.C. 7:148-9.1(b)). Remove all	hazardous
and site assessment performed per N.J.A.C. 7:148-9.1(e). C. Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. Old New Tank No. Old New New (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: //			•		***		
Changes in service from one regulated hazardous substance to another regulated hazardous substance. Tank No. Old New Tank No. Old New Tank No. Old New (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator) b. New Facility Name County County County Tele: (_		•	ance. Tank mus	t be cleaned
Tank No. Old New Tank No. Old New Tank No. Old New Tank No. Old New New (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator)			•		* -		
Tank No. Old New New (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: // a. New Owner (operator) b. New Facility Name County County Tele: (_		regulated naza	irodus substance.
Tank No. Old New (Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date: //a. New Owner (operator) b. New Facility Name County County Tele: (
(Attach additional sheets if more space is needed) For TRANSFER OF OWNERSHIP: Effective Date:			014				
For TRANSFER OF OWNERSHIP: Effective Date:	12DK N	NO					
a. New Owner (operator) b. New Facility Name County Tele: ()			•	•	·	•	•
County C. Closing Attorney Tele: (, 	
County C. Closing Attorney For SUBSTANTIAL MODIFICATIONS (to include any retrolitted activity – e.g. the addition of spill/overfill protection, monitoring systems, cathodic protection, etc.): a. Type of Modification Date: NOTE * Substantial modifications require a permit under N.J.A.C. 7:14B-10. For changes in Financial RESPONSIBILITY to (check appropriate changes and attach copies of new information): a. Policy Type: d. Company/Carrier: b. Policy Number: e. Expiration Date: (Specify)						·	
County C. Closing Attorney Tele: (b. New Facility	y Nam	e				
County C. Closing Attorney Tale: (·•		·
Cosing Attorney For SUBSTANTIAL MODIFICATIONS (to include any retrolitted activity – e.g. the addition of spill/overfill protection, monitoring systems, cathodic protection, etc.): a. Type of Modification Date: NOTE * Substantial modifications require a permit under N.J.A.C. 7:14B-10. For changes in FiNANCIAL RESPONSIBILITY to (check appropriate changes and attach copies of new information): a. Policy Type: b. Policy Number: c. Other: (Specify)			*************	·		_NJ	·
Closing Attorney For SUBSTANTIAL MODIFICATIONS (to include any retrolitted activity – e.g. the addition of spill/overful protection, monitoring systems, cathodic protection, etc.): a. Type of Modification Date: NOTE * Substantial modifications require a permit under N.J.A.C. 7:14B-10. For changes in FiNANCIAL RESPONSIBILITY to (check appropriate changes and attach copies of new information): a. Policy Type: b. Policy Number: c. Other: (Specify)			-				
For SUBSTANTIAL MODIFICATIONS (to Include any retrofitted activity — e.g. the addition of spill/overfill protection, monitoring systems, cathodic protection, etc.): a. Type of Modification				County			· ,
monitoring systems, cathodic protection, etc.): a. Type of Modification	c. cosig m	Uniej				1076. [].	
b. Policy Number: c. Other: (Specify)	b. NOTE'S	2:0SIAN	tial modifications	s require a permit	under N.J.A.C. 7:14B-	10.	•
c. Other: [] (Specify)	. For changes in		ICIAL RESPONS	SIBILITY to (check	appropriate changes	and attach copi	es of new information):
(Specify)	. For changes in		ICIAL RESPONS		• • •	and attach copi	es of new information):
	For changes in	a. P	ICIAL RESPONS	ď.	Company/Camer:	and attach copi	es of new informatio n):
	For changes in	a. P b. P	NCIAL RESPONS Policy Type: [] Policy Number: [ď.	Company/Camer:	and attach copi	es of new informatio n):
	For changes in	a. P b. P	NCIAL RESPONS Policy Type: [] Policy Number: [ď.	Company/Camer:	and attach copi	es of new informati on):
	For changes in	a. P b. P	NCIAL RESPONS Policy Type: [] Policy Number: [ď.	Company/Camer:	and attach copi	es of new informatio n):
	For changes in	a. P b. P	NCIAL RESPONS Policy Type: [] Policy Number: [] Rhar: []	d. e.	Company/Camer:	and attach copi	es of new informatio n):
	For changes in	a. P b. P	NCIAL RESPONS Policy Type: [] Policy Number: [] Rhar: []	d. e.	Company/Camer:	and attach copi	es of new informatio n):
	IOTE: ALL appr	a. P b. P c. C	NCIAL RESPONS Policy Type: [] Policy Number: [] Rhar: [] () and applicable	d. e. Specify) permits, ficenses	Expiration Date: and certificates requi	red by the atto	
local, state and/or federal agencies must be obtained separately from this notification.	IOTE: ALL appr	a. P b. P c. C	NCIAL RESPONS Policy Type: [] Policy Number: [] Rhar: [] () and applicable	d. e. Specify) permits, ficenses	Expiration Date: and certificates requi	red by the atto	
	IOTE: ALL appr	a. P b. P c. C	NCIAL RESPONS Policy Type: [] Policy Number: [] Rhar: [] () and applicable	Specify) permits, licenses ies must be obtain	Expiration Date: and certificates required separately from the	red by the atto	
CERTIFICATION	IOTE: ALL appr local, sta	a. P b. P c. C	CIAL RESPONS Tolicy Type: [] Tolicy Number: [] Than: [] (i) and applicable for federal agence	Specify) permits, licenses ies must be obtain	Expiration Date: Expiration Date: and certificates required separately from the IFICATION	red by the abo	ve activity(ies) from an
CERTIFICATION This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the	NOTE: ALL appropriate local, statement of the local appropriate lo	a. P b. P c. C	ICIAL RESPONS Tolicy Type: [] Tolicy Number: [] Than: [] (i) and applicable for federal agences shall be signed to	Specify) permits, licenses ies must be obtain	Expiration Date: Expiration Date: and certificates required separately from the IFICATION	red by the abo	ve activity(ies) from an
CERTIFICATION This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the fifty (N.J.A.C. 7:148-2.3 (a) 1).***	NOTE: ALL appropriate for a post of the contract of the contra	a. P b. P c. C ropriate ite and/	CIAL RESPONS Tolicy Type: [] Tolicy Number: [] Shar: [] (i) and applicable for faderal agence is tall be signed in the sign	Specify) permits, licenses lies must be obtain CERTION the highest range.	Expiration Date: Expiration Date: and certificates required separately from the individual at the filter of the individual at the filter of the individual at the individu	red by the aboris notification.	ve activity(les) from an
CERTIFICATION This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the facility (N.J.A.C. 7:148-2.3 (a) 1).*** periffy under penalty of law that the information provided in this document is true, accurate and complete. I am awar there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including	This registration city (NJA.C. 7: certify under per at there are sign	a. P b. P c. C ropriate to and/ 148-2: 148-2:	CIAL RESPONS Olicy Type: [] Olicy Number: [] Shar: [] (a) and applicable for faderal agence faderal agence for faderal age	Specify) permits, licenses ies must be obtain CERTA by the highest ran	Expiration Date: Expiration Date: and certificates required separately from the IFICATION king individual at the In this document is to	red by the aboris notification. Jacilly with over	ve activity(les) from an rail responsibility for the
CERTIFICATION This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the fifty (N.J.A.C. 7:148-2.3 (a) 1).***	This registration city (NJA.C. 7: certify under per at there are sign	a. P b. P c. C ropriate to and/ 148-2: 148-2:	CIAL RESPONS Olicy Type: [] Olicy Number: [] Shar: [] (a) and applicable for faderal agence faderal agence for faderal age	Specify) permits, licenses ies must be obtain CERTA by the highest ran	Expiration Date: Expiration Date: and certificates required separately from the IFICATION king individual at the In this document is to	red by the aboris notification. Jacilly with over	ve activity(les) from an rail responsibility for the
This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the littly (N.J.A.C. 7:148-2.3 (a) 1).*** certify under penalty of law that the information provided in this document is true, accurate and complete. I am awar there are significant civil and criminal penalties for submitting talse, inaccurate or incomplete information, including and/or imprisonment.*	This registration city (N.J.A.C. 7: certify under per at there are signess and/or imprise	a. P b. P c. C ropriate to and/ 148-2: 148-2:	CIAL RESPONS Olicy Type: [] Olicy Number: [] Shar: [] (a) and applicable for faderal agence faderal agence for faderal age	Specify) permits, licenses ies must be obtain CERTA by the highest ran	Expiration Date: Expiration Date: and certificates required separately from the IFICATION king individual at the In this document is to	red by the aboris notification. Jacilly with over	ve activity(les) from an rail responsibility for that is complete. I am awar
This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the facility (N.J.A.C. 7:148-2.3 (a) 1).*** certify under penalty of law that the information provided in this document is true, accurate and complete. I am awar there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including and/or imprisonment.* Signature:	This registration city (N.J.A.C. 7: certify under per at there are signess and/or imprise	a. P b. P c. C ropriate to and/ 148-2: 148-2:	icial Responsibility Type: [] rolloy Type: [] rolloy Number: [] Rhar: [] (i) and applicable for faderal agency shall be signed it 3 (a) 1).*** law that the info	Specify) permits, licenses ies must be obtain CERTA by the highest ran	Expiration Date: Expiration Date: and certificates required separately from the IFICATION king individual at the In this document is to	red by the aboris notification. Jacilly with over	ve activity(les) from an rail responsibility for that is complete. I am awar
CERTIFICATION This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the high control of the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individu	NOTE: ALL approposal, statement of the control of t	a. P b. P c. C ropriste the and/ 148-2: naty of	icial Responsion of Tames of State of S	Specify) permits, licenses ies must be obtain of the highest randomation provided at penalties for sure of the control of the	Expiration Date: Expiration Date: and certificates required separately from the se	red by the attoris notification. Jacilly with over us, accurate ar ate or incomple	ve activity(ies) from an rall responsibility for the rall complete. I am awante information, including
CERTIFICATION This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the high control of the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individual at the facility with overall responsibility for the highest ranking individu	This registration city (NJAC. 7: certify under per at there are signess and/or imprise Signature:	a. P b. P c. C ropriate the and/ 148-2: maky of 150-2: contract	icial Responsion of Tames of State of S	Specify) permits, licenses ies must be obtain of the highest randomation provided at penalties for sure of the control of the	Expiration Date: Expiration Date: and certificates required separately from the se	red by the attoris notification. Jacilly with over us, accurate ar ate or incomple	ve activity(ies) from an rall responsibility for the rall complete. I am awante information, including
This registration form shall be signed by the highest ranking individual at the facility with overall responsibility for the littly (N.J.A.C. 7:148-2.3 (a) 1).*** certify under penalty of law that the information provided in this document is true, accurate and complete. I am awar there are significant civil for criminal penalties for submitting false, inaccurate or incomplete information, including and/or imprisonment.* lignature:	NOTE: ALL appropriate registration willy (N.J.A.C. 7: certify under persat there are significant and/or imprisonable and/or im	a. P b. P c. C ropriate the and/ 148-2: maky of 150-2: contract	icial Responsion of Tames of State of S	Specify) permits, licenses ies must be obtain of the highest randomation provided at penalties for sure of the control of the	Expiration Date: Expiration Date: and certificates required separately from the se	red by the attoris notification. Jacilly with over us, accurate ar ate or incomple	ve activity(ies) from an rail responsibility for the activity (ies) from an article information, including the information in the information

(INT/100-2/92)

APPENDIX B SITE ASSESSMENT SUMMARY

FOR STATE USE ONLY
UST#
Date Rec'd
TMS#
Staff

STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Responsible Party Site Remediation CN 029 TRENTON, N.J. 08625-0028 Tel. # 609-984-3156 Fax.# 609-292-5604

Scott A. Weiner Commisioner Karl J. Delaney Director

UNDERGROUND STORAGE TANK SITE ASSESSMENT SUMMARY

Under the provisions of the Underground Storage of Hazardous Substances Act in accordance with N.J.A.C. 7:14B

This Summary form shall be used by all owners and operators of Underground Storage Tank Systems (USTS) who have either reported a release and are subject to the site assessment requirements of N.J.A.C. 7:14B-8.2 or who have closed USTS pursuant to N.J.A.C. 7:14B-9.1 et seq. and are subject to the site assessment requirements of N.J.A.C. 7:14B-9.2 and 9.3.

INSTRUCTIONS:

- ♦ Please print legibly or type.
- Fill in all applicable blanks. This form will require various <u>attachments</u> in order to complete the Summary. The technical guidance document, <u>Interim Closure Requirements for UST's</u>, explains the regulatory (and technical) requirements for closure and the <u>Scope of Work. Investigation and Corrective Action Requirements for Discharges from Underground Storage Tanks and Piping Systems</u> explains the regulatory (and technical) requirements for corrective action.
- Return one original of the form and all required attachments to the above address.
- Attach a scaled site diagram of the subject facility which shows the information specified in Item IV B of this form.
- ♦ Explain any "No" or "N/A" response on a separate sheet.

	Date of Submission:	
Building No. 900A UST No. 81533-141		0192477-1
1. FACILITY NAME AND ADDRESS:		Facility Registration #
U.S. Army Fort Monmouth New Jersey		
Directorate of Engineering and Housing	Building 167	
Fort Monmouth New Jersey 07703	CountyMonmouth	
Telephone No. 908-532-6224		
OWNER'S NAME AND ADDRESS, if different	ent from above.	
Telephone No.	_	

II.	DISCHARGE REPORTING REQUIREMENTS
	Was contamination found?YesX_ No If Yes, Case No (Note: All discharges must be reported to the Environmental Action Hotline (609) 292-7172)
	B. The substance(s) discharged was (were)N/A
	C. Have any vapor hazards been mitigated?YesNoX_ N/A
III.	DECOMMISSIONING OF TANK SYSTEMS Closure approval No. Oct. 30, 1995 letter
-	The site assessment requirements associated with <u>tank decommissioning</u> are explained in the Technical Guidance Document, Interim Closure Requirements for UST's, Section V. AD. <u>Attach</u> complete documentation of the methods used and the results obtained for each of the steps of <u>tank decommissioning</u> used. Please include a <u>site</u> map which shows the locations of all samples and borings, the location of all tanks and piping runs at the facility at the beginning of the tank closure operation and annotated to differentiate the status <u>of all tanks and piping</u> (e.g., removed, abandoned, temporarily closed, etc.). The same site map can be used to document other parts of the site assessment requirements, if it is properly and legibly annotated.
IV.	SITE ASSESSMENT REQUIREMENTS
	A. Excavated Soil
	Any evidence of contamination in excavated soil will require that the soil be classified as either Hazardous Waste or Non-Hazardous Waste. Please include all required documentation of compliance with the requirements for handling contaminated excavated soil (if any was present) as explained in the technical guidance documents for closure and corrective action. Describe amount of soil removed, its classification and disposal location.
	B. Scaled Site Diagrams
	1. Scaled site diagrams must be attached which include the following information:
	 a. North arrow and scale b. The locations of the ground water monitoring wells c. Location and depth of each soil sample and boring d. All major surface and subsurface structures and utilities e. Approximate property boundaries f. All existing or closed underground storage tank systems, including appurtenant piping g. A cross-sectional view indicating depth of tank, stratigraphy and location of water table h. Locations of surface water bodies
	C. Soil samples and borings (check appropriate answer)
	1. Were soil samples taken from the excavation as prescribed? X Yes No NA
	2. Were soil borings taken at the tank system closure site as prescribed?YesNoX_N/A
	3. Attach the analytical results in tabular form and include the following information about each sample
	 a. Customer sample number (keyed to the site map) b. The depth of the soil sample c. Soil boring logs d. Method detection limit of the method used

QA/QC Information as required

D.	Gro	ound Wa	ter Monitoring
1.	Nur	mber of	ground water monitoring wells installed0
2.			nalytical results of the ground water samples in tabular form. Include the following information for each neach
		a.	Site diagram number for each well installed
		b.	Depth of ground water surface
		C.	Depth of screened interval
		d.	Method detection limit of the method used
		e.	Well logs
		f.	Well permit numbers
		g.	QA/QC Information as required
V. S	OIL (CONTAI	MINATION
		A.	Was soil contamination found?YesX No
			If "Yes", please answer Question B-E
			If "No", please answer Question B
		B.	The highest soil contamination still remaining in the ground has been determined to be:
			1. N/A ppb total BTEX, N/A ppb total non-targeted VOC
			2. N/A ppb total B/N. N/A ppb total non-targeted B/N
			3. <u>88.4</u> ppm TPHC
			4. N/A ppb N/A (for non-petroleum substance)
		C.	Remediation of free product contaminated soils
		1. All	free product contaminated soil on the property boundaries and above the water table are believed
			have been removed from the subsurface Yes No
			e product contaminated soils are suspected to exist below the water table Yes No
			ee product contaminated soils are suspected to exist off the property boundariesYesNo
	D. '	Was the	vertical and horizontal extent of contamination determined?Yes No N/A
	E.	Does so	oil contamination intersect ground water?Yes No N/A
VI. G	ROL	JND WA	ATER CONTAMINATION
	Α. '	Was gro	ound water contamination found? YesX No
			please answer Questions B-G.
		If "No", p	please answer only Question B.
			nest ground water contamination at any 1 sampling location and at any 1 sampling event to date has etermined to be: N/A
		1.	ppb total BTEXppb total non-targeted VOC
	:	2	ppb total B/N. ppb total non-targeted B/N
	;	3	ppb total B/N. ppb total non-targeted B/N ppb total MTBE. ppb total TBA
	4	4	ppb(for non-petroleum substance)
			est thickness of separate phase product found No N/A
	,	o. sepa	rate phase product has been delineatedYes No N/A

C.	Resi	Results (s) of well search	
		 A well search (including a review of manual well records) indicates that private, municipa wells do exist within the distances specified in the Scope of WorkYesNo _ 	
	2.	2. The number of these wells identified is	
D.	Pro	Proximity of wells and contaminant plume	
	1.	 The shallowest depth of any well noted in the well search which may be in the horizontal vertical potential path(s) of the contaminant plume(s) is feet below grade (con given for the effects of pumping, subsurface structures, etc. on the direction(s) of contar well is feet from the source and its screening begins at a depth of feet. 	sideration has been
	2.	The shallowest depth to the top of the well screen for any well in the potential path of the in D1 above above) is feet below grade. This well is located feet from	
	3.	 The closest horizontal distance of a private, commercial, or municipal well in the potenti determined in D1) is feet from the source. This well is feet deep and depth of feet. 	
E.	Α	A plan for separate phase product recovery has been includedYesNo	N/A
F.		A ground water contour map has been submitted which includes the ground water elevationYes No N/A	ns for each well.
G.	De	Delineation of contamination	
	1.	The ground water contaminants have been delineated to MCLs or lower values at the prYes No	operty boundaries.
		The plume is suspected to continue off the properly at concentrations greater than MCL. Yes No	S.
	3.	3. Off property access (circle one): is being sought has been approved has been de	nied
VII.		<u>SITE ASSESSMENT CERTIFICATION</u> [preparer of site assessment plan - N.J.A.C. 7 &9.5(a)3]	:14B-8.3(b)
		The person signing this certification as the "Qualified Ground Water Consultant" (as def N.J.A.C.7:14B-1.6) responsible for the design and implementation of the site assessment in N.J.A.C. 7:14B-8.3(a) & 9.2(b)2, must supply the name of the certifying organization anumber.	nt plan as specified
		"I certify under penalty of law that the information provided in this document is transcription of the complete and was obtained by procedures in compliance with N.J.A.C. 7:14B-8 that there are significant penalties for submitting false, inaccurate, or incomplete including fines and/or imprisonment."	and 9. I am aware
		NAME (Print or Type) <u>Eugene Lesinski</u> SIGNATURE <u>SEE ATTACHED SUB-SURFACE EVALUATOR LOG</u> COMPANY NAME <u>U.S. Army Fort Monmouth</u> DATE (Preparer of Site Assessment Plan)	
		CERTIFYING CERTIFYING ORGANIZATION NJDEP NUMBER 00145:	37

VIII. <u>TANK DECOMMISSIONING CERTIFICATION</u> [person performing tank decommissioning portion of closure plan - N.J.A.C. 7:14B-9.5(a)4]

 For a corporation, by a principal executive officer of at least the level of vice president. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or For a municipality, State, Federal or other public agency by either the principal executive officer or rar elected official. In cases where the highest ranking corporate partnership, governmental officer or official at the facility required in A above is the same person as the official required to certify in B, only the certification in A to be made. In all other cases, the certifications of A and B shall be made. "I certify under penalty of law that I have personally examined and am familiar with the information submit this application and all attached documents, and that based on my inquiry of those individuals immediresponsible for obtaining the information, I believe that the submitted information is true, accurate complete. I am aware that there are significant penalties for submitting false, inaccurate, or incominformation, including fines and/or imprisonment." 	N.J.	.A.C. 7:14B-9.2(there are signif	icant penalties for s	formed in compliance with submitting false, inaccurate,	or
(Peformer of Tank Decommissioning) IX. CERTIFICATIONS BY THE RESPONSIBLE PARTY(IES) OF THE FACILITIES A. The following certification shall be signed by the highest ranking individual with overall responsibility if facility [N.J.A.C. 7:14B-2.3(c)11]. "I certify under penalty of law that the information provided in this document is true, accurate, complete. I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment." NAME (Print or Type)	NAN	ME (Print or Type)	SAME AS SITE ASSE	SSMENT SIG	NATURE		
A. The following certification shall be signed by the highest ranking individual with overall responsibility of facility [N.J.A.C. 7:14B-2.3(c)1l]. "I certify under penalty of law that the information provided in this document is true, accurate, complete. I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment." NAME (Print or Type)	CON	MPANY NAME	(Peformer of Tank De	commissioning)		DATE	
"I certify under penalty of law that the information provided in this document is true, accurate, complete. I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment." NAME (Print or Type)	IX.	CERTIFICATION	ONS BY THE RESPONS	SIBLE PARTY(IE	ES) OF THE FACILITI	I <u>ES</u>	
complete. I am aware that there are significant penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment." NAME (Print or Type)	A.			ned by the high	est ranking individual	l with overall responsibility for	that
B. The following certification shall be signed as follows [according to the requirements of N.J.A.C. 7:14B-2.3 1. For a corporation, by a principal executive officer of at least the level of vice president. 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or For a municipality, State, Federal or other public agency by either the principal executive officer or rar elected official. 4. In cases where the highest ranking corporate partnership, governmental officer or official at the facility required in A above is the same person as the official required to certify in B, only the certification in A to be made. In all other cases, the certifications of A and B shall be made. "I certify under penalty of law that I have personally examined and am familiar with the information subinity that in this application and all attached documents, and that based on my inquiry of those individuals immediately in the information, I believe that the submitted information is true, accurate complete. I am aware that there are significant penalties for submitting false, inaccurate, or incominformation, including fines and/or imprisonment." NAME (Print or Type)		complete. I	am aware that there	are significant	penalties for submit		nd
B. The following certification shall be signed as follows [according to the requirements of N.J.A.C. 7:14B-2.3 1. For a corporation, by a principal executive officer of at least the level of vice president. 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 the principal executive officer or rar elected official. 4. In cases where the highest ranking corporate partnership, governmental officer or official at the facility required in A above is the same person as the official required to certify in B, only the certification in A to be made. In all other cases, the certifications of A and B shall be made. "I certify under penalty of law that I have personally examined and am familiar with the information subjin this application and all attached documents, and that based on my inquiry of those individuals immediately in this proprietation in the information, I believe that the submitted information is true, accurate complete. I am aware that there are significant penalties for submitting false, inaccurate, or incominformation, including fines and/or imprisonment." NAME (Print or Type)	NAN	ME (Print or Type)	James Ott		_SIGNATURE		
 For a corporation, by a principal executive officer of at least the level of vice president. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or For a municipality, State, Federal or other public agency by either the principal executive officer or rar elected official. In cases where the highest ranking corporate partnership, governmental officer or official at the facility required in A above is the same person as the official required to certify in B, only the certification in A to be made. In all other cases, the certifications of A and B shall be made. "I certify under penalty of law that I have personally examined and am familiar with the information subjint this application and all attached documents, and that based on my inquiry of those individuals immediately into the information, I believe that the submitted information is true, accurate complete. I am aware that there are significant penalties for submitting false, inaccurate, or incominformation, including fines and/or imprisonment." NAME (Print or Type)	CON	MPANY NAME	U.S. Army Fort Mo	nmouth	DATE		
information, including fines and/or imprisonment." NAME (Print or Type)SIGNATURE	1. 2. 3. 4. "I ce in th	For a corpora For a partner For a municil elected offici In cases whe required in A to be made. ertify under pena- pis application and	ation, by a principal exership or sole proprietors pality, State, Federal or al. ere the highest ranking of above is the same person all other cases, the office of law that I have person all attached documentaining the information	cutive officer of a hip, by a general other public age corporate partne son as the official ertifications of A ersonally exami- ents, and that be and believe tha	at least the level of violated partner or the propri- incy by either the printral of the print	ce president. etor, respectively; or cipal executive officer or ranki officer or official at the facility a B, only the certification in A n c. r with the information submonth those individuals immedian formation is true, accurate,	ng s eed itted ately and
					ies for submitting i	аіѕе, тассига:е, ог тсотр	<i>I</i> C (C
COMPANY NAME DATE	NAN	ME (Print or Type)		SIGNA	TURE		
	COMPANY NAME				DATE		

ARMY, SELFM-PW-F DAILY UST SUBSURFACE REMOVAL LOG

(BLDG.#: 900 A REG.#: 0081533 - 191 CLOSURE#: DEP LM	10-3153					
•	DATE: 4-2-96 TOA: * /000 TOD: 1700						
	GOV. SSE: USINSKI NJDEP CERT.#: 0014537						
	REMOVAL CONTRACTOR: SAI Inc.						
	CLOSURE SUPERVISOR: De Martin NJDEP CERT.#: WEATHER: Summ 450 F	<u>`.</u>					
	WEATHER: Sum 75	· .					
	ACTIVITY						
	THE SUPERVISOR (CLOSURE CERT.) WAS ON-SITE DURING ALL CLOSURE RELATED ACTIVITIES						
	THE SSE WAS ON-SITE DURING UST REMOVAL AND SITE SCREENING AND SAMPLING ACTIVITIES	У					
	ALL ON-SITE PERSONNEL HAD TRAINING IAW ALL SAFETY REQUIREMENTS (E.G. 29CFR)	Ϋ́					
	A CONFINED ENTRY PERMIT WAS COMPLETED AND POSTED ON-SITE BY THE CONTRACTOR	N					
	THE UST WAS PLACED ONTO PLASTIC, SCRAPED OFF, INSPECTED FOR HOLES AND PHOTOGRAPHED	У					
	A DISCHARGE WAS REPORTED TO THE NJDEP (609-292-7172), CASE#	N					
	PHOTOS HAVE UST#, BLDG. #, DATE, TIME, NAME OF SSE AND DESCR. WRITTEN ON BACK	Y					
	GROUNDWATER WAS ENCOUNTERED AT 6.0 FEET BG, A SHEEN (WAS WAS NOT) OBSERVED ON GW	У,					
	IF OVA/Hnu WAS USED: WAS IT CAL. AND FOUND TO BE OPERATIONAL (cal. data on COC)	14/1					
. (IF SAMPLES WERE TAKEN: COC, SCALED SITE MAP (VERT. SOIL HORIZONS AND PLOT PLAN)						
	ALL SAMPLE COLLECTION ACTIVITIES WERE AS DESCRIBED IN THE NJDEP FSPM, 1992						
	ALL SAMPLING WAS BIASED TOWARD HIGHEST OVA/FID RECORDED SITES IAW 7:26E-3.6 et seq.	1					
	ALL PETROL. CONT. SOILS WERE SECURED FROM THE WEATHER BY CLOSE OF BUSINESS TODAY	1/					
	THE SSE AUTHORIZED BACKFILLING THE EXCAVATION (STONE TO 1" ABOVE GROUNDWATER)	#					
	ADDITIONAL NOTES WERE TAKEN AND ARE RECORDED ON THE BACK OF THIS FORM	9					
	THE FOLLOWING DOCUMENTS WERE ADDED TO THE PROJECT FOLDER TODAY: (CIRCLE EACH)						
	SCRAP TICKET, CSE PERMIT, ACCIDENT REPORT, HAZ. WASTE MANIFEST, DAILY UST CLOSURE LOG, SCALED SITE MAP (SAMPLING), SRF-CLOSURE, CHAIN OF CUSTODY, SOIL ANALYTICAL RESULTS, CLEAN FILL TICKETS(IN YDS ³), PHOTOGRAPHS (UST, EXCAVATION, SAMPLING POINTS)						
т с	CHECK ALL BOXES, LEAVE Certify under penalty of law that tank decommissioning activitie						
	formed in compliance with N.J.A.C. 7:14B-9.2(b)3 and 7:26 et seq I a						
_	there are significant penalties for submitting false, inaccura						
inco	omplete information, including fines and/or imprisonment.						
SIGN	NATURE: DATE: 42-96						

ca\ms\ust\removal\sitessls.doc

APPENDIX C WASTE MANIFEST

APPENDIX D UST DISPOSAL CERTIFICATE

And the state of t	 M.	AZZA & SONS, INC		NO	75		
		Metal Recyclers Auto and Truck			DATE 12 47.184		
		3230 Shafto Rd. Tinton Falls, NJ (908) 922-9292					
	Customer's Name	Telon	<u>.</u>				
	Address	,					
Make of	UST	# 0081533	3-141	Weigh	it Price		
Autos				Cast Iron			
				Steel TUNK Lt. Iron	29.40		
		14580		Copper #1			
		13740 LB		Copper #2			
Tires	 	19/10 60		Lt. Copper			
Tank		Gula		Brass			
Price:	······································	840		Alum Clean			
· · · · · · · · · · · · · · · · · · ·				Lead	· ·		
				Stainless			
				Radiators			
	Al Chi	PR 12 1995		TOTAL AMOUNT:			
Weigh	Bus. 90	Custom	er 4	mall			
, e o e e e e e e		and the second of the second o		the second second second	·		
		A supplement	en la serie de la companione de la compa				
THIS CHECK IS DELIVERED FOOD THE FOLLOWING ACC	OR PAYMENT COUNTS.		4	and the second state of the second	No.		
DATE	AMOUNT	MAZZA & SONS, INC		081533-141	319		
		RECYCLING DIVISION DEBTOR IN POSSESSION			. · · · · ∤		
participation of the participa		3230 SHAFTO RD. TINTON FALLS, NJ. 07753		11. 100	<u>55-</u>		
			DATE	4/12/86	2		
TOTAL OF INVOICES	PAY	100m - 1/2 2011	Continue				
LESS FREIGHT	TO THE ORDER OF	com VIIIII	Jes VICCO \	\$ _&	4.7		
LESS FREIGHT	TWENT	1 1/1 1 49/1			LADE		
TOTAL DEDUCTIONS		NatWest Bank		DOI	LANS		
AMOUNT OF CHECK		Natives Bank N.A. Jumping Brook Office 3636 Highway 33, Nepusse, NJ 07773		12201			
				WIN MAT			
	00314444	003391: 34 11	.09B.Tu				

APPENDIX E SOIL ANALYTICAL DATA PACKAGE

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

Client: U.S. Army

DPW, SELFM-PW-EV

Bldg. 173

Ft. Monmouth, NJ 07703

Lab. ID #: 2036.1-.7

Sample Rec'd: 04/03/96

Analysi's Start: 04/03/96

Analysis Comp: 04/04/96

Analysis: 418.1 (TPH)

Matrix: S

Soil

Analyst: S. Hubbard

Ext. Meth: Sox.

NJDEP UST Reg.#:

Closure #:

DICAR #:

Location #: Bldg. 900A

Lab ID.	Description		%Solid	Result (mg/	
2036.1	900A-A Piperun @ 1'	OVA=ND	88	81.4	20.
2036.2	900A-B Sidewall @ 3.5'	OVA=ND	88	34.2	20.
2036.3	900A-C Sidewall @ 3.5'	OVA=ND	92	ND	20.
2036.4	900A-D Sidewall @ 3.5'	OVA=ND	93	88.4	20.
2036.5	900A-E Sidewall @ 3.5'	OVA=3.0	92	31.8	20.
2036.6	900A-F Sidewall @ 3.5'	OVA=ND	90	84.7	20.
2036.7	900A-DUP.	OVA=ND	94	26.9	20.
M. Bl.	Method Blank		100	ND	3.3
	·				
			•		_

Notes: ND = Not Detected, MDL = Method Detection Limit

* = Silica Gel Added, NA = Not Applicable

2036.3S=102%, 2036.3SD=107%, RPD= 5.0%, 2036.3DUP=100% @ ND QC Limits: Recovery = 60% to 140%, RPD = 14.9% AT 2 Std. Dev.

Brian K. McKee

Laboratory Director

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

Client: U.S. Army

DPW, SELFM-PW-EV

Bldg. 173

Ft. Monmouth, NJ 07703

Lab. ID #: 2036.1-.7

Sample Rec'd: 04/03/96

Analysis Start: 04/03/96 Analysis Comp: 04/04/96

Analysis: Munsel

Lab ID#	Soil Color
2036.1	10 YR 3/4 Dark Yellowish Brown
2036.2	10 YR 5/6 Yellowish Brown
2036.3	10 YR 5/6 Yellowish Brown
2036.4	10 YR 6/6 Yellowish Brown
2036.5	10 YR 5/6 Yellowish Brown
2036.6	10 YR 6/6 Yellowish Brown
2036.7	10 YR 5/6 Yellowish Brown
1	

Brian K. McKee Laboratory Director

FORT MONMOUTH ENVIRONMENTAL TESTING LABORATORY

CHAIN-OF-CUSTODY

Project #:			Samp	Ier: RAS	POGU	715	TTIS		3.96		i me		Ana	ı l y s						Star School	t:
SELFA-Ph Phone 9035	J-EU		Site	Name:		_		19.	<u>5.76</u>	17_		-l) 5/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2					Fini	
ab Sample'	Date/		Cu Loca	stomer : tion/ID	Sample Number	•	Sample Matrix	.# (Bot				<i>[</i>]		Yu	Y	/		JUR!	Re		Method
2036.1	4-3-10	1105	900A	A (PiPin	y Kun@	155	Soil	- 2	2_		X	X	Y				40	•			*
1. 12	43.96	10.15	900A	B (Side)	sall (6)3,	5!)											ND	* -	SAM	1PLES	*
3		1025	400A	-c (Sidu	Alle 3.	5)			<u> </u>		Ш			•			NO	KEP	TBE	Low	· *
.1.4		1035	900 A	- D(Side	wile3	·z-)										•	ND	40	Ċ.	:::	*
.5		1040	900 A	-E(Side	WAIL @3	3,5			•		T	IT	IT				3			. ,	*
16		1050	900	4-F (S. Je	امرا (3	5)						T	\prod	•			No			* 44	*
V. 17	J		900	9- Dup (5	idenalle	3.3		1	/		V	T	1	•			10	•	æ. 14	gr. Se	*
e egyptis						••••				•	·							• .	• •	: 'Y	
NoTE O	VA	CAliB	retec	1 FO	95 PPr	 7	Meten	Ros	ومدالي	W	174	95	-0	2/7	۲	4,,	 	Zen	0 (0) AiR	
.0 N		25-96					, 6.		TARTI	l	1 / I	77	(''	19)				4	
· · //	1	111	X		`							`			7						
Relinguisting			irar.	Date /		Rec	eived E)y (:	s i gna	Lur	-e>	9	Ship	HA	_	•				• • •	
Relinquished	By (s	ignati	ire)	Date /	Time	Rec	seived f	or l	ab l	y ((sig	mal	ure	· > :	•	l	ate	/ T	me .		
			î	. 1			Rayon	i c		E	1	1	****	:			4.3	16 11	45		4
lote: A drawi of cust	ng de	pictir	ig sam	ple loc	ation s	hou	ild be a	itta	ched	or 20	dra	wn -	on	the	re	vei	5 C	side	of t	his ch	in S

Enylornmental Laboratory

TECOR-VINNEL SERVICES

Sample Receipt Form

			<i>5</i> ⊾) /
	d: 4,3.		Lab P	roject ID #:	L036.1
Site/Project N	Tame: <u>B/J</u>	1 # 900 A	Coole	roject ID #:	400
Received by:		Pogwis			
	,	Circle the a	ppropriate answer	•	
 Were chain of Did you sign t Was the project Did all bottles Did all labels Were correct of Were bubbles 	agree with the cha	lled out correctly by in the appropring the chain of custody? preservatives used to VOC sample	ate place? stody? n good condition? d for the tests indic	ated?	Ves no
Sample ID	Preservative	pH	Sample ID	Preservative	pH
2036.1	2400	1/4			
L. 36 2					
1.363:					
#036e#					
<i>እመራና</i> ር					
236.6		·			
2036.7					
Comments:		•			
					22
	<i>y</i>			<u> </u>	
Samples Accept	ed By:	, Pogri	5T		

Data File : C:\DX\DATA\00449721.D01
Method : c:\dx\method\tph.met

ACI Address: 1 System: 1 Inject#: 1 Detector:OTHER

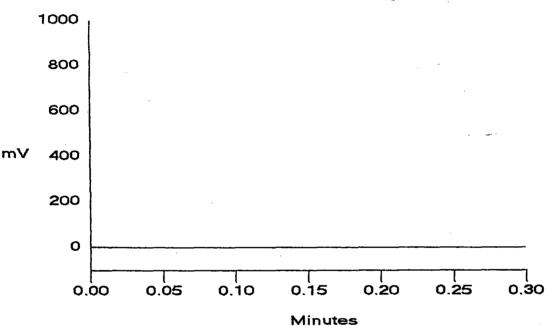
Analyst : BKM Column: IR

THE THE TERMEDIAN COLUMN. IN

Pk. Ret Component Concentration Height Area Bl. %Delta
Num Time Name ppM Code

Totals 0.000 0 0

File: 00449721.D01 Sample: BLANK



AUTOMATIC CALIBRATION UPDATE :*******

Date: Thu Apr 04 08:10:24 1996; Sample Name: AUTOCAL1 10 mg - 10 mg

Raw File : C:\DX\DATA\00449731.D02

: c:\dx\method\tph.met Calibration Level: 1 Method

ACI Address: 1 Inject#: 2 Detector: OTHER System : 1

COMPONENTS FOUND IN THIS RUN ******************* ********

COMPONENT :OMP OLD MEASURED NEW OLD MEASURED NEW RET.TIME RET.TIME RET.TIME RESPONSE RESPONSE NUM

NAME

1 TPHC 0.12

Sample Name: AUTOCAL1 Date: 04/04/1996 08:10:24

Data File : C:\DX\DATA\00449731.D02

Method : c:\dx\method\tph.met

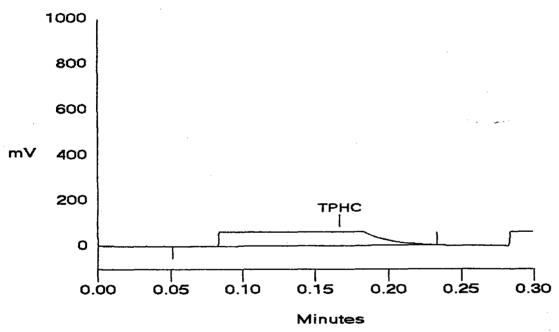
ACI Address: 1 System: 1 Inject#: 2 * Detector:OTHER

Analyst : BKM Column: IR

alibration					Area Reject
External	1	1		0.30	30000

Pk. Num		Component Name	Co	ncen	tration ppM	Height		Bl. Code	%Delta
1	0.17	TPHC			23.580	60955	421581	1	0.00
			Totals		23.580	60955	421581		

File: 00449731.D02 Sample: AUTOCAL1



Sample Name: AUTOCAL2 Date: Thu Apr 04 08:15:07 1996

Raw File : C:\DX\DATA\00449721.D03

Method : c:\dx\method\tph.met Calibration Level: 2

ACI Address: 1 System: 1 Inject#: 3 Detector: OTHER

COMPONENT OLD MEASURED NEW OLD MEASURED NEW NUM NAME RET.TIME RET.TIME RET.TIME RESPONSE RESPONSE

1 TPHC 0.17 0.10 0.10 1.217e+005 1.258e+005 1.258e+005

Data File : C:\DX\DATA\00449721.D03

Method : c:\dx\method\tph.met

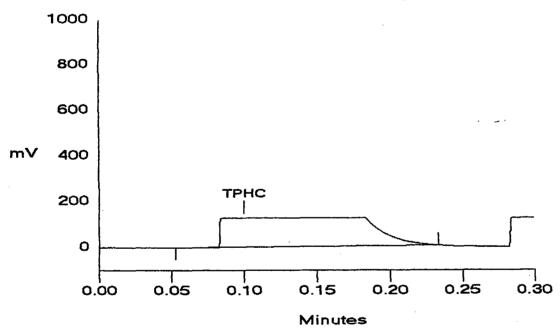
ACI Address: 1 System: 1 Inject#: 3 Detector:OTHER

Analyst : BKM Column: IR

alibration Volume Dilution Points Rate Start . Stop Area Reject xternal 1 1 900 50Hz 0.00 0.30 30000

Pk. Num		Component Name	Con	centration ppM	Height		Bl. Code	%Delta
1	0.10	TPHC		47.165	125800	847465	1	0.00
			Totals	47.165	125800	847465		

File: 00449721.D03 Sample: AUTOCAL2



Sample Name: AUTOCAL3

Date: Thu Apr 04 08:31:45 1996

Sample Name: AUTOCAL3
Raw File : C:\DX\DATA\00449721.D04

Raw File : C:\DX\DATA\00449721.004

ACI Address: 1 System: 1 Inject#: 4 Detector: OTHER ;

OMP COMPONENT OLD MEASURED NEW OLD MEASURED NEW NUM NAME RET.TIME RET.TIME RET.TIME RESPONSE RESPONSE

1 TPHC 0.10 0.10 0.10 2.407e+005 2.418e+005 2.418e+005

Sample Name: AUTOCAL3 Date: 04/04/1996 08:31:45

Data File : C:\DX\DATA\00449721.D04
Method : c:\dx\method\tph.met

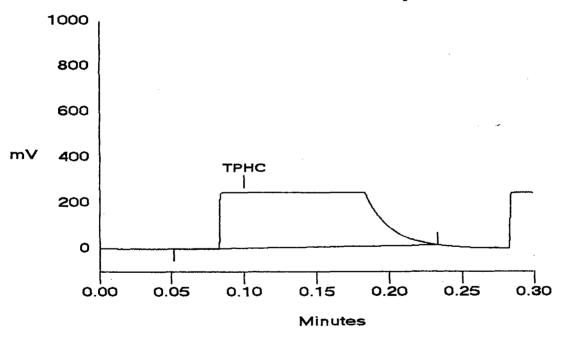
ACI Address: 1 System: 1 Inject#: 4 Detector:OTHER

Analyst : BKM Column: IR

ialibration Volume Dilution Points Rate Start Stop Area Reject
ixternal 1 900 50Hz 0.00 0.30 30000

Pk. Num	_	Component Name	Со	ncentrati P	on H pM	Height		Bl. Code	%Delta
1	0.10	TPHC		94.3	30 2	241 <i>7</i> 59	1632521	1	0.00
			Totals	94.3	30 2	241 <i>7</i> 59	1632521		,

File: 00449721.D04 Sample: AUTOCAL3



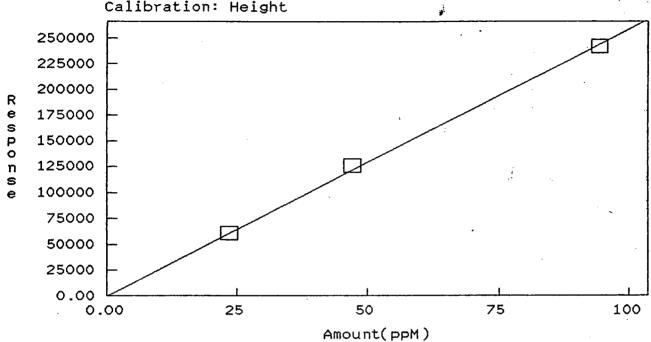
-Method Update . 08:31 on Thu, 04 Apr 195

Component: TPHC Fit Type: Linear $r^2 = 0.998883$

Amt = Resp * 0.0003869 + 0

Resp = Amt * 2584 + 0Standardization: External

Calibration: Height

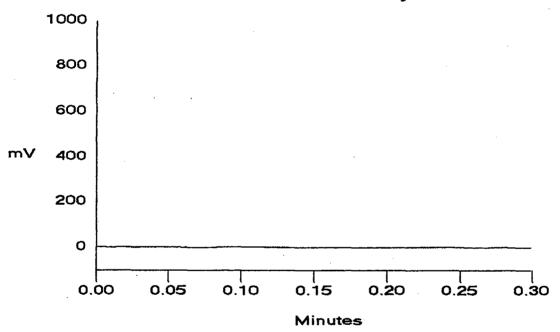


Sample Name: EXT. BLANK Date: 04/04/1996 08:53:35 Data File : C:\DX\DATA\04049621.D01 ACI Address: 1 System: 1 Inject#: 1 Detector:OTHER : BKM Analyst Column: IR Calibration Volume Dilution Points Rate Start . Stop Area Reject 0.30 External 900 50Hz 0.00 30000 Pk. Ret Component Concentration Height Area Bl. %Delta

0.000

File: 04049621.D01 Sample: EXT. BLANK

Code



Totals

Num

Time Name

Date: 04/04/1996 09:00:43

Sample Name: 2036.1 A-A Data File : C:\DX\DATA\04049631.D02

: c:\dx\method\tph.met

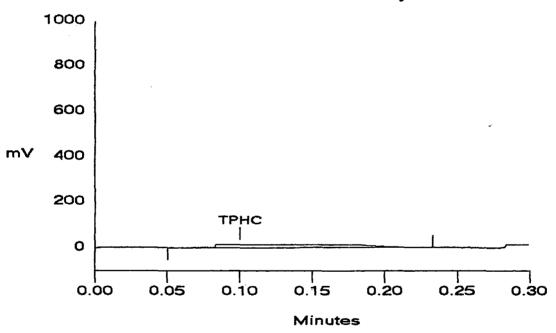
Detector: OTHER ACI Address: 1 System: 1 Inject#: 2

: BKM Analyst Column: IR

Calibration		Dilution		, .		
External	1	1			0.30	 30000

Pk. Num		Component Name	Co	ncentration ppM	Height		Bl.: Code	%Delta
1	0.10	TPHC	:	5.372	13884	91596	1	0.00
			Totals	5.372	13884	91596		

File: 04049631.D02 Sample: 2036.1 A-A



Date: 04/04/1996 09:06:01

Sample Name: 2036.2 A-B Data File : C:\DX\DATA\04049621.D03

Method : c:\dx\method\tph.met

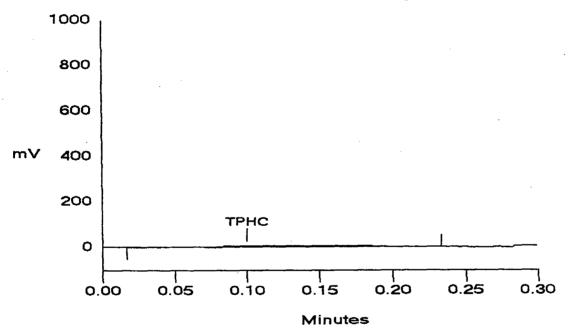
ACI Address: 1 System: 1 Inject#: 3 Detector: OTHER

Analyst : BKM Column: IR

Calibration Volume Start . Stop Area Reject Dilution Points Rate 0.00 0.30 External 900 50Hz 30000

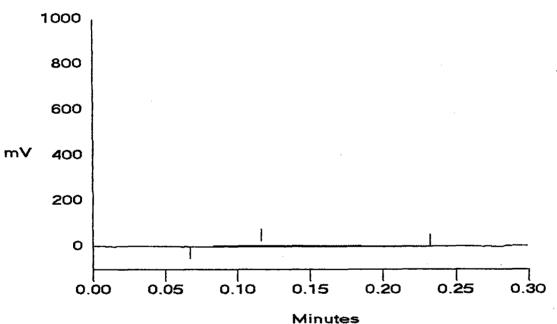
Pk. Num		Component Name	Cor	ncentration ppM	Height	Area I	31. 9 ode	≱Delta
1	0.10	TPHC		2.149	5553	35973	1	0.00
			Totals	2.149	5553	35973		•

File: 04049621.D03 Sample: 2036.2 A-B



Sample Name: 2036.3 A-C Date: 04/04/1996 09:10:17 Data File : C:\DX\DATA\04049621.D04 : c:\dx\method\tph.met ACI Address: 1 System: 1 Inject#: 4 Detector:OTHER Analyst : BKM Column: IR Calibration Volume Dilution Points Rate Start . Stop Area Reject 0.00 0.30 30000 External 900 50Hz ********************* Component Report: Components Found **************** Area Bl. %Delta Pk. Ret Component Concentration Height Num Time Name 0.000 Totals

File: 04049621.D04 Sample: 2036.3 A-C



Sample Name: 2036.3 DUP. ... Date: 04/04/1996 09:14:48

Sample Name: 2036.3 DUP.
Data File : C:\DX\DATA\04049621.D05

Method : c:\dx\method\tph.met

ACI Address: 1 System: 1 Inject#: 5 Detector:OTHER

Analyst : BKM Column: IR

Totals

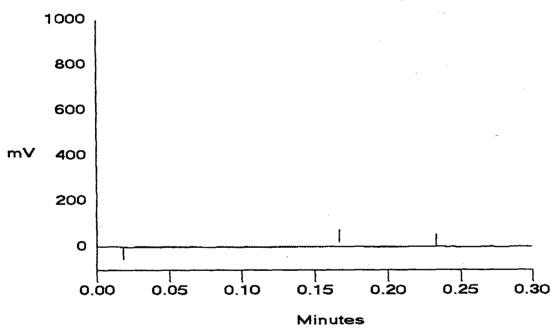
- MidlySC - Dir: Coldmir ik

alibration Volume Dilution Points Rate Start Stop Area Reject xternal 1 1 900 50Hz 0.00 0.30 30000

Pk. Ret Component Concentration Height Area Bl. %Delta
Num Time Name ppM Code

0.000

File: 04049621.D05 Sample: 2036.3 DUP.



Sample Name: 2036.3 SPIKE Date: 04/04/1996 09:19:56

Data File : C:\DX\DATA\04049621.D06
Method : c:\dx\method\tph.met

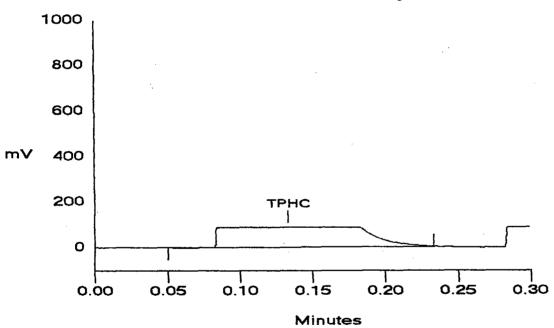
ACI Address: 1 System: 1 Inject#: 6 Detector:OTHER

Analyst : BKM Column: IR

Calibration				,		rea Reject
External	1	1	50Hz		0.30	30000

Pk. Num		Component Name	Con	centration ppM	Height		Bl. 9 ode	≱Delta
1	0.13	TPHC		33.560	86735	591640	1	0.00
			Totals	33.560	86735	591640		•

File: 04049621.D06 Sample: 2036.3 SPIKE



Sample Name: 2036.3 DUP. SPK.

Data File : C:\DX\DATA\04049621.D07
Method : c:\dx\method\tph.met

ACI Address: 1 System: 1 Inject#: 7 Detector:OTHER

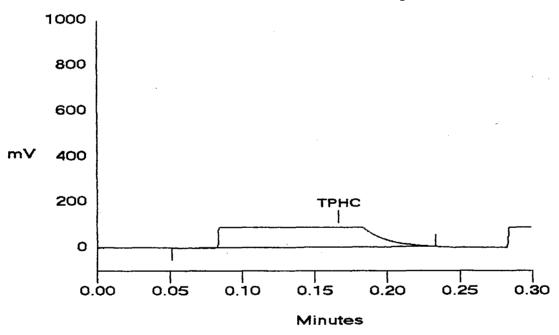
Analyst : BKM Column: IR

alibration		Dilution		Stop	Area Reject
External	1	1	 	 0.30	30000

Pk. Num		Component Name	C c	ncen	tration ppM	H€	eight	f	Area	Bl. Code	%Del	lta
1	0.17	TPHC			33.649	8	36964	600	0879	1	0.	.00
			Totals		33.649		36964	600	0879			

File: 04049621.D07 Sample: 2036.3 DUP. SPK.

Date: 04/04/1996 09:24:57



04/04/1996 09:29:42

Sample Name: 2036.4 A-D

Data File : C:\DX\DATA\04049621.D08 : c:\dx\method\tph.met

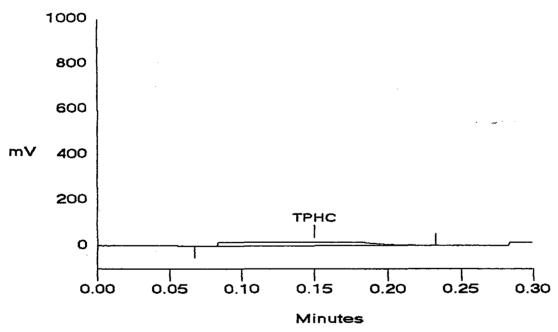
Inject#: 8 ACI Address: 1 System: 1 Detector: OTHER

: BKM Analyst Column: IR

Calibration				,	Stop	Area Reject
External	1	1			0.30	30000

Pk. Num		Component Name	Conc	entration ppM	Height	Area (Bl. a	≱Delta
1	0.15	TPHC	;	5.871	15173	105254	1	0.00
			Totals	5.871	15173	105254		•

File: 04049621.D08 Sample: 2036.4 A-D



Date: 04/04/1996 09:34:08

Sample Name: 2036.5 A-E

: C:\DX\DATA\04049621.D09

: c:\dx\method\tph.met Method

Detector:OTHER ACI Address: 1 System: 1 Inject#: 9

Analyst

Data File

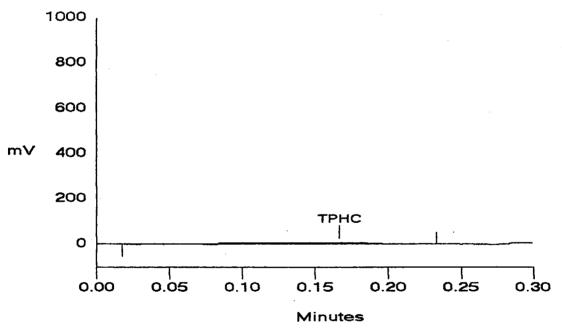
: BKM

Column: IR

alibration	Volume	Dilution	Points Ra	te Start	Stop	Area Reject
External	1	1	900 50	Hz 0.00	0.30	30000

Pk. Num	Ret Component Time Name	Con	centration ppM	Height	Area C	Bl. s	≿Delta
1	0.17 TPHC		2.090	5403 [°]	35434	1	0.00
		Totals	2.090	5403	35434		•

File: 04049621.D09 Sample: 2036.5 A-E



Sample Name: 2036.6 A-F Date: 04/04/1996 09:48:28

Data File : C:\DX\DATA\04049631.D10

Method : c:\dx\method\tph.met

ACI Address: 1 System: 1 Inject#: 10 Detector:OTHER

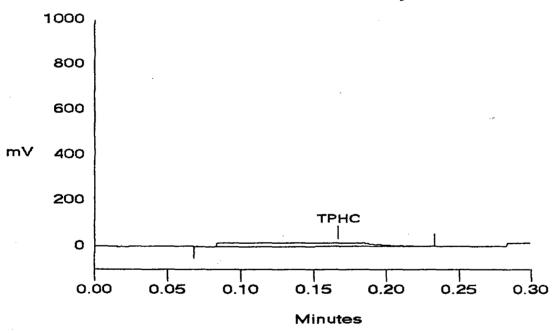
Analyst : BKM Column: IR

alibration Volume Dilution Points Rate Start Stop Area Reject

xternal 1 900 50Hz 0.00 0.30 30000

Pk. Num		Component Name	Con	centration ppM	Height		Bl. Code	%Delta
1	0.17	TPHC		5.722	14789	103434	1	0.00
	,		Totals	5 722	14789	103434		•

File: 04049631.D10 Sample: 2036.6 A-F



Sample Name: 2036.7 FIELD DUP. Date: 04/04/1996 09:51:30

Data File : C:\DX\DATA\04049621.D11

Method : c:\dx\method\tph.met

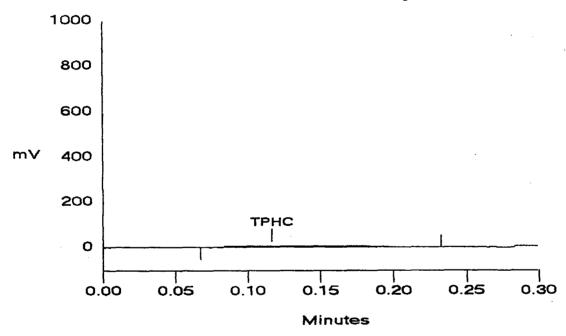
ACI, Address: 1 System: 1 Inject#: 11 Detector: OTHER

Analyst : BKM Column: IR

Calibration	Volume	Dilution	Points	Rate	Start '	Stop A	rea Reject
External	1	1	900	50Hz	0.00	0.30	30000

Pk. Num		Component Name	Cor	ncentration ppM	Height		Bl.: Code	%Delta
1	0.12	TPHC		1.903	4919	32525	1	0.00
			Totals	1 903	4919	32525		•

File: 04049621.D11 Sample: 2036.7 FIELD DUP.



*** **********************************	No	Yes
1. Blank Contamination - If yes, list the sample and the corresponding concentrations in each blank.	<u>/</u>	
2. Matrix Spike/Matrix Sp Dup. Recoveries Meet Criteria (If not met, list the sample and corresponding recovery which falls outside the acceptable range).		<u> </u>
3. IR Spectra submitted for standards, blanks, & samples		/
4. Chromatograms submitted for standards, blanks, and samples if GC fingerprinting was conducted.		NA
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)	_	<u> </u>
Comments: None		

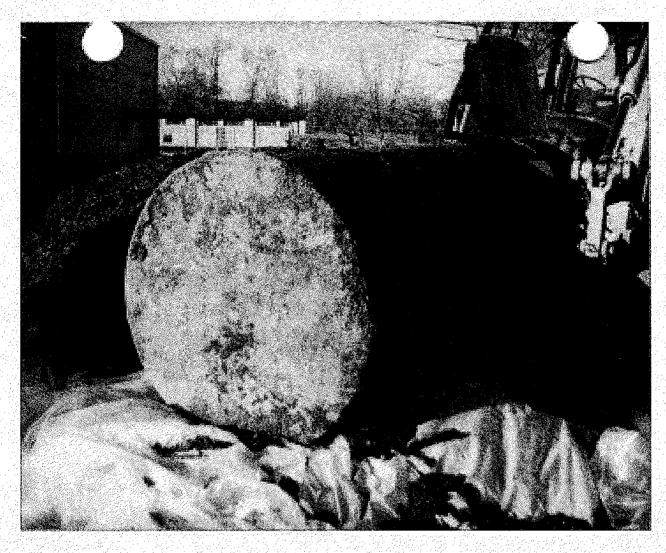
Laboratory Authentication Statement

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.

Project #2036

Brian K. McKee Laboratory Manager **APPENDIX F**

PHOTOGRAPHS



BUDG- 900A

4-2-96

December 1997

PHOTOGRAPHIC LOG

UST No. 81533-141

Building 900a Main Post-West Fort Monmouth



SMC Environmental Services Group Engineers, Managers, Scientists, & Planners Valley Forge, Pennsylvania