

APPENDIX K

Site Inspection Field Forms



Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date:
Project No.:		Latitude:	Longitude:
Site:		Drilling Method:	Drill Rig Model:
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring:
Driller:		Depth to First Encountered Water:	Reference Datum:

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
1300	PID =0		⑧ <i>Coarse medium sand with little silt, poorly sorted, damp, light brown,</i>			ATC-1
		5				
1305			<i>silt with clay, well sorted, damp, dark brown.</i>			
		10				
1310			<i>medium clay, well sorted, saturated, tan/brown</i>			
		15				
1315			<i>medium clay with sand, poorly sorted, saturated, tan/orange</i>			
		20				
		25				

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date:
Project No.:		Latitude:	Longitude:
Site:		Drilling Method:	Drill Rig Model:
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring:
Driller:		Reference Datum:	
		Depth to First Encountered Water:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
1150	Water at 3.30	5	medium Sand with silt, Poorly sorted, damp, dense, massive brown/orange, no odor			ATC-2
1200	PDP = 0.0	10	medium Sand poorly well sorted, wet, tan, (mostly water)			
		15				
		20				
		25				

Field Boring Log

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
1010	0.0 on PID	0	Clay with some silt, poorly sorted, damp, dense, brown / no odor			APG-S1A.
1015		5	Clay with little sand, poorly well sorted, wet, brown with some gray, no odor			
1020		10	Clay Coarse sand with little clay, well sorted, tan/black/gray, no odor			
		15				
		20				
		25				
		30				

Field Boring Log

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
0835			small medium sand with some silt, well sorted, damp, brown/orange, no odor.			APG-S3-1-SO- (0.5-2) 121521
0840	water @ 7.62 became damp	5	medium sand with some clay, well sorted, damp/moist, grey with some brown, no odor.			
0845		10	medium sand, with some some clay, well sorted, damp, grey with some brown, no odor.			
		15				
		20				
		25				
		30				

36

3/2/21

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Boring ID: _____

APG-BAF-A1-1

Field Boring Log

Client: USAEC
Project No: 02118216.3005.8AC00
Site: Aberdeen Proving Ground
Logged by:
Drilling Co.: CSI
Driller: DON MARCHESE

Field Location:

Boring ID:

Date:

Ground Surface Elevation:

Latitude:

Longitude:

Drilling Method: DPT

Drill Rig Model: GEOPR013E 7522 DT

Soil Sampling Method: G2AB

Groundwater Sampling Method: G2AB w/ PERI-PUMP

Hole Diameter: 2 1/4

Total Depth of Boring: Reference Datum:

Depth to First Encountered Water:

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
1045	0-2 (W) MUD 3-5 (W) MUD	1 2 3 4 5	CLAYEY SILT, MOIST, MED DENSE BROWN 3-5 SAME AS ABOVE, WET @ 3.5	X		APG-BAF-A1-1-SC (G3022)
		5-10	NO RECOVERY			0.0's PPM ↓
	4' RECOVERY	10-11-10	SILTY SAND w/ F-GRAVEL, WET BROWN			0.0's PPM
		11-10-12-4	SANDY SILT w/ F-GRAVEL, MOIST			
		12-4-14	SILTY SAND, THICK F-GRAVEL, MOIST			
	2' REC.	15-17	SAA			0.0
	3' REC	20-23	SAND w/ F-GRAVEL, MOIST, TAN			0.0

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	25-30 3' REC.	30	25-25.8 SNA 25.8-26.4 SILTY CLAY, MOIST BROWN 26.4-28 SAND, w/ F-GRAVEL, WET, TAN		6.0
	30-33 3' REC.	35	30-33 SAND, POORLY SORTED, WET, TAN E-O B.		6.0
		40	DTW: 27.77 DTB: 35 (TOE)		
		45	INSUFFICIENT H ₂ O TO COLLECT WATER QUALITY READINGS		
		50			
		55			

3/2/21

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Boring ID: _____

APG-BAF-A1-2

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/2/21	Ground Surface Elevation:
Project No: 02118216.3005.8AC00		Latitude:	Longitude:	
Site: Aberdeen Proving Ground		Drilling Method: DPT	Drill Rig Model: CG 782207	
Logged by: CD		Soil Sampling Method: CMB	Groundwater Sampling Method: CMB	
Drilling Co.: CSI		Hole Diameter: 2" N	Total Depth of Boring:	Reference Datum:
Driller: Paul M.		Depth to First Encountered Water:		

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	HAND AUGER TO 5'	0-2'	CLAYEY SILT, TRACE F-GRAVEL, MOIST BROWN	X	APG-BAF-A1-2-SO (030221) @ 13.5
		3-5'	SAA		0-0 ppm ↓
	5' REC	5-8'	SILTY CLAY, MOIST, BROWN		0-0 ppm ↓
		8-10'	SILTY CLAY w/ F-SAND, TRACE F-GRAVEL MOIST, BROWN		0-0 ppm ↓
	4' REC	10-12.5'	SAA		0-0 ppm ↓
		12.5-14'	SILTY SAND, MOIST, POORLY SORTED, ORANGE BROWN		0-0 ppm ↓
	2.6' REC	15-17.6'	SAA		0-0 ppm ↓
	3.6' REC	20-23.8'	SILTY F-SAND, MOIST, WELL SORTED, ORANGE BROWN		0-0 ppm ↓

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	2.8' Recovery	25	25-27.8 SAND TRACE F-GRAVEL, WET WEL SORTED, ORANGE BROWN		0 ppm ↓
	3' Rec.	30	30-33 SILTY SAND, w/ F-GRAVEL, WEL WEL SORTED, ORANGE BROWN C.O.B @ 35'		0 ppm ↓
		35			
		40			
		45	AD6-BAF-A1-2-GN(030221) @ 1415 DTW: 27.11 DTB: 35 TOL 6" STICK-UP	X	
		50			
		55			

3/2/21

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APG-BAF-B-1-SO-(0-2) - 03 0221

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date:
Project No 2118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring:
Driller:		Reference Datum:	
		Depth to First Encountered Water:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater	Sample IDs and Notes
				Sample	Sample	
	HAND AUGER		0-2 LOAMY SILT, MOIST, BROWN	X		@ 1500
		5				
		10				
		15				
		20				
		25				

APG - BAF - D-1 - 50 - (0-2)

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/3/21	Ground Surface Elevation:
Project No: 02118216.3005.8AC00		Latitude:	Longitude:	
Site: Aberdeen Proving Ground		Drilling Method: DPT	Drill Rig Model: CCE 7822DT	
Logged by: CO		Soil Sampling Method: GMB	Groundwater Sampling Method: GMB	
Drilling Co.: GSI		Hole Diameter: 2 1/4	Total Depth of Boring:	Reference Datum:
Driller: DON M		Depth to First Encountered Water: 25		

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND MUGER	5	0-2 CLAYEY SILT, moist, med DENSE BROWN 3-5 SILTY SAND, moist, loose, ORANGE BROWN	X		Q 0915 0-9 ppm 0-0 ppm ↓
	4' REC	10	4-9' SAA			0 ppm ↓
	3' REC	15	10-13 SILTY SAND w/ clay, moist, med DENSE, ORANGE BROWN			0 ppm ↓
	1.5' REC	20	15-16.5' SILTY SAND, moist, loose ORANGE BROWN			0 ppm ↓
	3'	25	20-23 SAA WET @ 25'			0 ppm ↓

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	3'		25-28 SAA N/F-GRAVEL, LOOSE, WET ORANGE BROWN.		0 PPM ↓
		30	E.O.B		APG-BAF-2-1-6W @ 1000
			DTW: 23.35		
		35	DTB: 29.95 TOC 4" STICK UP		
			WATER SAMPLE @ 1000	X	
		40	INSUFFICIENT H ₂ O FOR WATER QUALITY READINGS		
		45			
		50			
		55			

3/3/21

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Boring ID: _____

APG-BAF-E-1

Field Boring Log

Client: USAEC
Project No: 2118216.3005.8AC00
Site: Aberdeen Proving Ground
Logged by: CO
Drilling Co.: GSI
Driller: DON M

Field Location:

Boring ID:

Date:

Latitude:

Longitude:

Ground Surface Elevation:

Drilling Method: DT

Drill Rig Model: X 225T

Soil Sampling Method: GWS

Groundwater Sampling Method: GWS

Hole Diameter: 2 1/4

Total Depth of Boring:

Reference Datum:

Depth to First Encountered Water:

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND AUGER	0-2	CLAYEY SILT, LOOSE, MOIST, BROWN			APG-BAF-E-1-SO-(0-2) Q 1830
		3-5	SILTY CLAY, MOIST, MED DENSE, BROWN			0 ppm
	5' REC	5-10	SILTY CLAY, MOIST, MED DENSE, BROWN			0 ppm ↓
	4.5' REC	10-12.7	SAA			0 ppm ↓
		12.7-14.5	SANDY CLAY w/ F-GRAVEL, MOIST, MED DENSE, ORANGE BROWN			0 ppm ↓
	1.3' REC	15-16.3	SAA			0 ppm
	3.8' REC	20-22.8	CLAYEY SANDS w/ F-C GRAVEL NET @ 23, MED. DENSE, ORANGE BROWN			

Field Boring Log						
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0' REC		25-30 NO RECOVERY - HEAVING SANDS DRIVING POINT TO 30' BGS & SET TEMP WELL E.O.B.			
		30				
		35			X	ADG-BAF-E-1-6W (u) 1115
		40	DTW: 23.70 DTB: 30 TOC 1.6" STICK UP			
		45	-PERI PUMP UNABLE TO LIFT WATER			
		50				
		55				

3/3/21

AD6-BLDG-1059-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project N42118216.3005.8AC00		Latitude:		Longitude:	
Site: Aberdeen Proving Ground		Drilling Method:		Drill Rig Model:	
Logged by:		Soil Sampling Method:		Groundwater Sampling Method:	
Drilling Co.:		Hole Diameter:		Total Depth of Boring:	
Driller:		Depth to First Encountered Water:		Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0.5 HAND AUGER	0	0-5 CLAYEY SILT, MOIST, MEI DENSE, BROWN	X	AD6-BLDG-1059-1- 50-(0-2) @ 1200 0 ppm
	5' REC	5	5-10 SANDY SILT w/ CLAY, MOIST MEI DENSE, ORANGE BROWN		0 ppm ↓
	5' REC	10	10-15 SANDY SILTY CLAY w/ F- GRAVEL, DENSE, MOIST, ORANGE BROWN		0 ppm ↓
	3.7' REC	15	15-18.7 CLAYEY SAND w/ F-GRAVEL, MEI DENSE, MOIST ORANGE BROWN		0 ppm ↓
	3.9' REC	20	20-23.9 F-SAND THICK F-GRAVEL WELL SORTED, MOIST, MEI DENSE, ORANGE BROWN		0 ppm ↓
		25			

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	5' REC	25-28.8	CLAY w/ TRACE F-SAND MOIST, DENSE, ORANGE BROWN		0 ppm ↓
		28.8-30	SILTY SAND w/ F-GRAVEL WET, DENSE, ORANGE BROWN		0 ppm ↓
	4' REC	30-34	F-SAND, WELL SORTED MED DENSE, WET, ORANGE BROWN	X	0 ppm ↓
		E.O. B @ 34'			
		DTW: 30.54'			
		DTB: 34.02 STICK UP 2'			
		APG-BLDG-1059-1-GW-030321 Q 1230			

3/3/21

AP6-BL16-1065-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project N02118216.3005.8AC00		Latitude:		Longitude:	
Site: Aberdeen Proving Ground		Drilling Method: DPT		Ground Surface Elevation:	
Logged by: LO		Soil Sampling Method: GRAIS		Drill Rig Model: 7725 DT	
Drilling Co.: GSI		Hole Diameter: 2 1/4		Groundwater Sampling Method:	
Driller: NCM		Depth to First Encountered Water:		Total Depth of Boring: Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 HAND AUGER	0-5	0-5 CLAYEY SILT, TRACE F-GRAVEL MOIST, MED DENSE, BROWN	X	AP6-BL16-1065-1- 50-(0-2) @ 1320 0-ppm
	5' REC	5-10	5-10 SILTY CLAY TRACE F-GRAVEL MOIST, DENSE, ORANGE BROWN		0 ppm ↓
	3.8' REC.	10-11.4	10-11.4 SAA		0 ppm ↓
	3.5' REC	11.4-13.8	11.4-13.8 CLAYEY SANDS w/ F-C GRAVEL, MOIST, MED DENSE, ORANGE BROWN		0 ppm ↓
	3' REC	15-18.5	15-18.5 SAA		0 ppm ↓
		20-21.2	20-21.2 SAA		
		21.2-22	21.2-22 SANDY CLAY w/ F-C GRAVEL		
		22-23	22-23 CLAYEY SANDS w/ F-C GRAVEL MOIST, MED DENSE, ORANGE BROWN		

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	4' REC	30	25-29 SAA WET @ 28'		0 ppm
	0' REC	35	30-35 NO RECOVERY - HEAVING SANDS DRIVING POINT TO INS WELL TEMP WELL		
		40	E.O.B. 35'	x	AP6-B26-1065-1-6W @ 1400
		45	DTN: 28.15 DTB: 35' 0' STICK UP		
		50			
		55			

AP6-MFR1-2

Field Boring Log						
Client: USAEC		Field Location:		Boring ID:		
Project No: 2118216.3005.8AC00		Latitude:		Longitude:		
Site: Aberdeen Proving Ground		Drilling Method:		Drill Rig Model:		
Logged by:		Soil Sampling Method:		Groundwater Sampling Method:		
Drilling Co.:		Hole Diameter:		Total Depth of Boring:		
Driller:		Depth to First Encountered Water:		Reference Datum:		
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HIND MUGER	0-5	0-5 CLAYEY SILT TRACE F-GRAVEL MED DENSE, MOIST-WET BROWN			0 ppm ↓
	4' REC	5-7	5-7 SAA			
		7-7.7	7-7.7 CLAYEY SAND WET, ORANGE BROWN	X		AP6-MFR1-2-SO- (8-10) @ 1400
		7.7-9	7.7-9 F-C SANDS W/ CLAY, WET, ORANGE BROWN			0 ppm
	4' REC	10-12.4	10-12.4 SAA			0 ppm
		12.4-14	12.4-14 CLAY W/ F-GRAVEL MOIST, DENSE, ORANGE BROWN			↓
	2' REC	15-17	15-17 F-C SANDS, POORLY SORTED, MOIST, ORANGE BROWN			0 ppm
	3' REC	20-23	20-23 SAA			

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	2' REC	30	25-27 F-SANDS W/ F-C GRAVEL WELL SORTED, MOIST, MED DENSE, ORANGE BROWN		0 ppm ↓
	3' REC	35	30-33 SAA WET		0 ppm
	0' REC	40	35-36 POINT DRIVEN DOWN TO 36 SET TEMP WELL	x	AP6-MFRI-2-6W @ 1430
		45	E.O.B. @ 36'		
		50	DTW: 34.70 DTB: 37.00 1' STICK UP		
		55			

TURB TEMP PH ORP COND DO
 OR 13.67 4.91 152 0.066 3.89

AP6 - LOADING PAD - 1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project No: 2118216.3005.8AC00		Site: Aberdeen Proving Ground		Date: 3/7/21	
Logged by: CW		Drilling Co.: CSI		Longitude:	
Driller: DGM		Soil Sampling Method:		Ground Surface Elevation:	
		Hole Diameter:		Drill Rig Model: 772817	
		Depth to First Encountered Water:		Groundwater Sampling Method:	
				Total Depth of Boring: Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample
	0-5' SAND MUR	0-5'	CLAYEY SILT, TRACE F-GRAVEL MOIST, LOOSE, BROWN		
	5' REC	5'	5-6 SILTY SAND, TRACE F-GRAVEL MOIST, MED DENSE, GRAY		
	4' REC	10'	6-10 SILTY SAND, TRACE F-GRAVEL NET 0.8, MED DENSE, BROWN		
	5' REC	15'	10-12 SAA 12-14 CLAY, MOIST, DENSE GRAY		
	5' REC	20'	15-20 SAA		
	5' REC	25'	20-25 SAA		

AP6-LOADING-PAD-1 - SO

- (0-2) @

0 ppm

0 ppm

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0 ppm

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0 ppm

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0 ppm

↓



Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	5' REC	30	25-29.10 SAA 25-30 CLAYEY F-SAND, WELL SORTED, WET, DENSE, GRAY		0 PPM ↓
	5' REC	35	30-34 SAND, WELL SORTED, WET, LOOSE, GRAY 33-34 CLAY, DENSE, MOIST, GRAY		APG-Loading-PAO-1-GW ⊗
		40	E.O.B @ 34'		
		45	DTN: 4.47 DTB: 35 1' OF STICK UP		
		50			
		55			

APG-Loading-PAO-1-GW-030AZ1

⊗ 0950

TURB: TEMP PH ORP COND DO
OR 16.45 5.99 FI -240 4.97

APG-HANBAR-1060-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project No: 2118216.3005.8AC00		Latitude:		Date: 7/4/21	
Site: Aberdeen Proving Ground		Drilling Method:		Longitude:	
Logged by: CW		Soil Sampling Method:		Ground Surface Elevation:	
Drilling Co.: CSI		Hole Diameter:		Drill Rig Model:	
Driller: JON M.		Depth to First Encountered Water:		Groundwater Sampling Method:	
				Total Depth of Boring:	
				Reference Datum:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5' HAND ANALY	0-5	0-5 CLAYEY SILT TRACE F-GRAVEL MED DENSE, DRY, BROWN	X	APG-HANBAR-1060-1-SO- (0-2) @ 1640
	4-9' REC	5-9.9	5-9.9 SANDY CLAY TRACE F-GRAVEL MOIST, MED DENSE, ORANGE BROWN		0 PPM ↓
	3-9' REC	10-13.9	10-13.9 SAA		0 PPM ↓
	3' REC	15-18	15-18 COARSE SAND W/ SOME PEBBLES, MOIST, MED DENSE, ORANGE BROWN		0 PPM ↓
	3' REC	20-23	20-23 F-C SAND W/ SOME PEBBLES, MOIST, LOOSE, ORANGE BROWN		0 PPM ↓

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	26' REC	25-26	SAA		0 ppm
		26-26.2	CLAY LAYER		↓
		26.2-27.6	CLAYEY F-C SAND, POORLY SORTED, MOIST, ORANGE BROWN		
	39' REC	30-33.9	F-C SAND, WELL SORTED WET, ORANGE BROWN		0 ppm
		35	E.O.B @ 35'		AP6-HANGAR-1060-1-6W @ 1130
		40			
		45	DTU: 28.50 DTB: 35 NO STICK UP		
		50			
		55			

<u>TURB</u>	<u>TEMP</u>	<u>PH</u>	<u>ORP</u>	<u>COND</u>	<u>DO</u>
OR	14.62	4.24	147	-384	1.37

APG-MFRI-1

Field Boring Log

Client: USAEC		Field Location:		Boring ID:		Date: 3/4/21	
Project No: 2118216.3005.8AC00				Latitude:		Longitude:	
Site: Aberdeen Proving Ground				Drilling Method: DPT		Drill Rig Model: 7728DT	
Logged by: LB				Soil Sampling Method: GSR		Groundwater Sampling Method: GSR	
Drilling Co.: GSI				Hole Diameter: 2 1/4		Total Depth of Boring:	
Driller: John M.				Depth to First Encountered Water:		Reference Datum:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND AUGER	5	0-5 LUMPY SILT SOME F.C. GRAVEL DRY, BROWN			0 ppm ↓
	5' REC	10	5-10 SAA MOIST @ 8'	X		0 ppm APG-MFRI-1-SO-(8-10) @ 1215
	5' REC	15	10-12.5 F.C. SAND; WET, LOOSE, ORANGE BROWN			0 ppm ↓
	2.8' REC	20	12.5-15 CLAY, MOIST, DENSE ORANGE BROWN			0 ppm ↓
	4' REC	25	15-17.5 SANDY CLAY, MOIST DENSE, ORANGE BROWN			0 ppm ↓
			20-24 F-SAND, WELL-SORTED, MOIST, ORANGE BROWN			0 ppm ↓

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	3' REC	25-26.5 SAA 26.5-26.9 CLAY LAYER 26.9-28 F-C SAND SOME GRAVEL MOIST, DENSE, ORANGE BROWN			0 ppm ↓
	3' REC	30-33 SAA			0 ppm ↓
	0' REC	- NO RECOVERY - POINT DRIVEN TO 39' TEMP WELL SET		X	APB-MFIRI-1-6W (2) 1300
		E.O.B @ 39'			
		DTN: 33.60 DTB: 39.70 1' STICK UP			

TURB Temp pH ORP Cond DO
 OR 15.90 5.21 42 0.088 2.0

AP6-AB27-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project N02118216.3005.8AC00		Latitude:		Date: 3/5/21	
Site: Aberdeen Proving Ground		Drilling Method: DPT		Longitude: Ground Surface Elevation:	
Logged by: LC		Soil Sampling Method: GRS		Drill Rig Model: 72807	
Drilling Co.: CSI		Hole Diameter: 2 1/4		Groundwater Sampling Method:	
Driller: DCM		Depth to First Encountered Water:		Total Depth of Boring: Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	4' REC USED RIG UNABLE TO H.A.	5	0-1 GRAVEL, ROCK 1-4 SILTY SAND SOME F-C GRAVEL MOIST, DENSE, ORANGE BROWN	X	AP6-AB27-1-SO-(0-2) @ 1030
	5' REC	10	5-10 SANDY SILT, SOME F-C GRAVEL, MOIST, DENSE, BROWN		0 ppm ↓
	5' REC	15	10-11.5 SAA 11.5-12.2 CLAY DENSE CLAY 12.2-15 F-SANDY TAN F-GRAVEL WELL SORTED, MOIST, DENSE, TAN		0 ppm ↓
	4' REC	20	15-16.6 SAA 16.6-16.8 CLAY LENSE 16.8-17.8 F-SANDY 17.8-18.2 CLAY LENSE		0 ppm ↓
	4' REC	25	18.2-19 F-SANDY WET 20-23 SAA 23-24 SANDY CLAY DENSE MOIST TAN/BROWN	X	0 ppm ↓

G.O.B @ 25

AP6-AB27-4-GW

@ 1345

DTW: 12.05

DTB: 25 NO STICK UP

TURB	TEMP	PIT	ORP	CONC	DO
OR	12.26	357	228	0.217	2.32

ADG-ABRG-1

Field Boring Log						
Client: USAEC		Field Location:		Boring ID:		Date: 3/5/21
Project No: 2118216.3005.8AC00				Latitude:		Longitude:
Site: Aberdeen Proving Ground				Drilling Method: DPT		Ground Surface Elevation:
Logged by: CO				Drill Rig Model: 7728 DT		
Drilling Co.: CSI				Soil Sampling Method: GMA		Groundwater Sampling Method:
Driller: DEM M				Hole Diameter: 2 1/4		Total Depth of Boring: Reference Datum:
				Depth to First Encountered Water:		
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND MGR	5	0-5 SANDY SILT THIN F-GRAN MOIST, MOIST NG SE, ORANGE BROWN			0 ppm ↓
	4' REC	10	5-9 SAA			0 ppm ↓
	1.4' REC	15	10-11.4 SAA			0 ppm
	0' REC	20	NO RECOVERY			NA
	0' REC	25	NO RECOVERY			NA

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	3.5' REC	30	25-26 SANDY CLAY, WET DENSE ORANGE BROWN 26-28.5 F-SANDS WELL SORTED MGD DENSE, WET, ORANGE BROWN	X	AP6-ABR6-1-6W @ 0930
		35	E.O.B @ 30'		
		40	DTW: 20.40 DTB: 30- NO STICK UP		
		45			
		50			
		55			

<u>TURB</u>	<u>TEMP</u>	<u>pH</u>	<u>ORP</u>	<u>COND</u>	<u>DO</u>
OR	9.47	3.48	202	0.170	5.46

APG-Boneyard-3

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project No: 2118216.3005.8AC00		Latitude:		Date: 3/8/21	
Site: Aberdeen Proving Ground		Drilling Method:		Longitude:	
Logged by: CD		Soil Sampling Method:		Ground Surface Elevation:	
Drilling Co.:		Hole Diameter:		Drill Rig Model:	
Driller:		Depth to First Encountered Water:		Groundwater Sampling Method:	
				Total Depth of Boring:	
				Reference Datum:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5' SAND AVER	5	0-5' CLAYEY SILT, DRY, MED DENSE, BROWN	>	APG-Boneyard-3-GW-030421 @ 1210 0 ppm
	2' REL	10	5-7' F-C SAND SOME F-C COBBLES, POORLY SORTED, LOOSE ORANGE BROWN		0 ppm ↓
	3.4' REL	15	10-13.4' CLAYEY F-SAND TRACE F-COBBLES, POORLY SORTED, MOIST ORANGE BROWN		0 ppm ↓
	3' REL	20	15-18' SAA		0 ppm ↓
	0' REL	25	NO RECOVERY - ROSS STUCK GOING TO DRIVE POINT TO	X	APG-Boneyard-3-GW-030421

25' FEET & SET WELL

@ 1250

25' E.O.B @ 25'

DTW:

DTB:

<u>TURB</u>	<u>TEMP</u>	<u>pH</u>	<u>ORP</u>	<u>COND</u>	<u>DO</u>
OK	15.88	5.69	294	0.064	1.70

APG-Boneyard-3-GW-030421
@ 1250



ARCADIS

Design & Consultancy
for natural and
built assets

Boring ID: _____

APG BUNKYARD - 4

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project N42118216.3005.8AC00		Latitude:		Date:	
Site: Aberdeen Proving Ground		Drilling Method:		Longitude:	
Logged by:		Soil Sampling Method:		Drill Rig Model:	
Drilling Co.:		Hole Diameter:		Groundwater Sampling Method:	
Driller:		Depth to First Encountered Water:		Total Depth of Boring:	
				Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	0-5 HAND AUGER		0-4 SILT, DRY, LOOSE, BROWN	X	APG BUNKYARD - 4 - SO - (0-2)
	5' REC	5	4-5 SANDY SILT SIMILAR TO GRAVEL MOIST, WEIR DENSE ORANGE BROWN		① B3D
	3' REC	10	5-10' SAA		0 ppm ↓
	3' REC	15	10-13' F-SANDS, WELL SORTED, MOIST, DENSE, ORANGE BROWN		0 ppm ↓
	3' REC	20	15-16 F-C SANDS, MOIST, ORANGE BROWN 16-16.6 SILTY SANDS, RED BROWN 16.6-17 CLAYEY SANDS TAN		0 ppm ↓
	3.10' REC	25	16.7-18 F-SANDS, WELL SORTED, TAN 20-23.10 SAA WET @ 23'		0 ppm

Field Boring Log				
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample
	31 REC		25-28 F-SAND, WELL SORTED WET, LOOSE, TAN	
		30		x
			E.O.B @ 28'	APG-Boneyard-4-GW Q 1415
		35		
		40		
		45		
		50		
		55		

DTW: 25.22

DTB: 30 STICK UP: 2.3'

APG-Boneyard-4-GW-030821

Q 1415

<u>PURB</u>	<u>TEMP</u>	<u>pH</u>	<u>ORP</u>	<u>COND</u>	<u>DO</u>
OR	15.27	6.17	162	0.101	3.57

APG - BONEYARD - 2

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project N42118216.3005.8AC00		Latitude:		Date:	
Site: Aberdeen Proving Ground		Longitude:		Ground Surface Elevation:	
Logged by:		Drilling Method:		Drill Rig Model:	
Drilling Co.:		Soil Sampling Method:		Groundwater Sampling Method:	
Driller:		Hole Diameter:		Total Depth of Boring:	
		Depth to First Encountered Water:		Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5' HAND MIGR		0-4 CLAYEY SILT, MOIST MED DENSE BROWN	X	APG-BONEYARD-2-50-(0-2) @ 1110
	4' REL	5	4-5 F-C SAND, WELL SORTED, MOIST, ORANGE		0 ppm
	4' REL	10	5-9 F-C SAND, POORLY SORTED, DRY, MED DENSE, GRAYISH TAN		0 ppm ↓
	3.4 REL	15	10-14 F-C SAND, TIERCE F-C COBBLES GRAY SCUM @ 12.2 - 12.4, MOIST MED DENSE, ORANGE BROWN / TAN		0 ppm ↓
	3' REL	20	15-18.4 F-SAND, POORLY SORTED WET @ 17', GRAY / TAN		0 ppm ↓
		25	20-23 SAA 21.6 - 21.10 CLAY DENSE	X	0 ppm ↓

E.O.B @ 24'

APG-BONEYARD-2-6W
@ 1140

PTN: 19.65

DTB: 25.00

STICK UP: 1.6'

TEMP	PH	COND	ORP	DO
OK	12.92	625	0.112	130
				6.11

APG-BONEYARD-5

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project N42118216.3005.8AC00		Latitude:		Date: 3/5/21	
Site: Aberdeen Proving Ground		Longitude:		Ground Surface Elevation:	
Logged by: CD		Drilling Method:		Drill Rig Model: 772E 137	
Drilling Co.:		Soil Sampling Method:		Groundwater Sampling Method:	
Driller:		Hole Diameter:		Total Depth of Boring:	
		Depth to First Encountered Water:		Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 HAND ANAL		0-4 CLAY SILT, MOIST, MED DENSE, BROWN	X	APG-BONEYARD-5-50-(0-2) Q 1020 0 ppm ↓
	4' REC	5	4-5 F-SAND LOOSE POORLY SORTED MOIST, ORANGE BROWN		0 ppm ↓
	3' REC	10	5-9' F-C SAND, POORLY SORTED, DRY, MED DENSE, LIGHT BROWN		0 ppm ↓
	3.5' REC	15	10-13' F-SAND W/ TRACE F-C COBBLES, MED DENSE, MOIST T.M. ← POORLY SORTED		0 ppm ↓
	3.5'	20	15-18.5 SAA NET @ 18 ft		0 ppm ↓
		25	20-23.5 SAA		0 ppm

E.O.B @ 25'

@ 1035

DTW: 15-10

DTB: 25-20 NO STICK UP

TURB
ORAPG-Boneyard-5-GW-030821
21035

TURB	TGAP	PH	ORP	(um)	DO
OR	12.43	6.42	114	0.138	0

AD6-ABR3-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID: _____	
Project No: 2118216.3005.8AC00		Latitude: _____		Longitude: _____	
Site: Aberdeen Proving Ground		Drilling Method: _____		Drill Rig Model: _____	
Logged by: <u>ED</u>		Soil Sampling Method: _____		Groundwater Sampling Method: _____	
Drilling Co.: _____		Hole Diameter: _____		Total Depth of Boring: _____	
Driller: _____		Depth to First Encountered Water: _____		Reference Datum: _____	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 HAND ANAL	0-2	CLAYEY SILT, MOIST, LOOSE BROWN	X	AD6-ABR3-1-SO-(0-2) @ 0830 0 ppm
	5' REC	2-5	SILTY CLAY, WET, BROWN		0 ppm
	5' REC	5-6.5	CLAYEY SAND, WET, LOOSE BROWN		0 ppm ↓
	5' REC	6.5-10	SAA		0 ppm ↓
	4' REC	10-14	SAA		0 ppm ↓
	3' REC	14-15	F-SAND, MOIST, DENSE, DUNGE BROWN		0 ppm ↓
		15-16	SAA		0 ppm ↓
		16-18.2	SANDY CLAY, DENSE, MOIST BROWN		0 ppm ↓
		18.2-19	SANDY CLAY, DENSE, WET ORANGE BROWN		0 ppm
		20-21.7	SAA		0 ppm
		21.7-23	CLAY, DENSE, MOIST, BROWN	X	AD6-ABR3-1-GW @ 0930

E.O.B @ 25'

0930

STW: 15.10

NTB: 26.70

STICK UP 28

COND
~~TEMP~~ TEMP 2H ~~ORP~~ ORP DO
 OR 12.86 *3.00 0.214 158 0.13

pH METER WOULD NOT CALIBRATE

AP6- OLD-FTA-2

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/11/21
Project No: 2118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring:
Driller:		Depth to First Encountered Water:	Reference Datum:

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 HAND AUGER	0	0-2 SANDY SILT SOME F-C GRAVEL LOOSE, MOIST BROWN		AP6-OLD-FTA-2-S0-C0-2 @ 1325
	5' REC	5	2-5 SILTY CLAY, MOIST, MED DENSE, BROWN		0 ppm
		10	5-10 SAA TRACE F-C GRAVEL		0 ppm ↓
	3' REC	15	10-11 SAA 11-13 SANDY CLAY, WELL SORTED DENSE, MOIST BROWN		0 ppm ↓
	3' REC	20	15-18 F-SAND, TRACE F-C GRAVEL, WELL SORTED, MOIST DENSE, ORANGE BROWN		0 ppm ↓
	3' REC	25	20-23 F-SAND, WELL SORTED MOIST, DENSE, ORANGE BROWN		0 ppm

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater - Sample	Sample IDs and Notes
	3' RGL	30	25-28' SAA WET @ 28'		Oppm ↓
	1' RGL	35	30-31 F-C SAND, SNE F-C GRAVEL, POORLY SORTED, WET, MOIST; Brown		0 ✓ AP6-BLD-F7A-2-6W @
		40	E-O-B @ 34		1410
		45			
		50			
		55			

DTN: 28-97

DTB: 34-80 1-8' STICK UP

<u>TURB</u>	<u>TEMP</u>	<u>pH</u>	<u>ORP</u>	<u>COND</u>	<u>DO</u>
OR	19.96	5.22	204	0.064	8.80

APG-OLD - FTA-1

Field Boring Log

Client: USAEC		Field Location:		Boring ID:		Date:	
Project No: 2118216.3005.8AC00		Site: Aberdeen Proving Ground		Latitude:		Longitude:	
Logged by:		Drilling Method:		Drill Rig Model:		Ground Surface Elevation:	
Drilling Co.:		Soil Sampling Method:		Groundwater Sampling Method:		Total Depth of Boring:	
Driller:		Hole Diameter:		Reference Datum:		Depth to First Encountered Water:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 HMM) AVGR	0-5	0-5 SILTY CLAY, TRACE F-GRAVEL MOIST, DENSE, BROWN		APG-OLD-FTA-1-SO-(0-2) Ø 1230 0 ppm
	5' REL	5-10	5-10 SAA		0 ppm ↓
	5' REL	10-12.4	10-12.4 SAA		0 ppm ↓
	3' REL	12.4-15	12.4-15 CLAYEY SAND, TRACE F- C GRAVEL, WELL SORTED, MOIST, MED DENSE, BROWN		0 ppm ↓
	3' REL	15-18	15-18 F-SAND, WELL SORTED MOIST, MED DENSE, ORANGE BROWN		0 ppm ↓
	3' REL	20-22	20-22 SAA		0 ppm ↓

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	3' REC	25-28	SAA SOME F-C GRAVEL @ 28'		0 ppm ↓
	3' REC	30-33	F-SAND, SOME F-C GRAVEL WELL SORTED, NE7, BROWN		0 ppm ↓
		34	E.O.B @ 34'	X	APG-01A-FM-1-6W @ 1310
		40			
		45			
		50			
		55			

BTW: 27.72

NTB: 35 0.8' STICK UP

TURB	TEMP	PH	ORP	CONC	DO
OR	14.92	5.30	186	0.094	2.71

AP6-BONEYARD-6

Field Boring Log

Client: USAEC		Field Location:		Boring ID:		Date: 3/11/21	
Project N02118216.3005.8AC00				Latitude:		Longitude:	
Site: Aberdeen Proving Ground				Drilling Method:		Ground Surface Elevation:	
Logged by:				Soil Sampling Method:		Groundwater Sampling Method:	
Drilling Co.:				Hole Diameter:		Total Depth of Boring:	
Driller:				Depth to First Encountered Water:		Reference Datum:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND AUGER	0-4	SILT, MOIST, MED DENSE BROWN	X		AP6-BONEYARD-6-30-CO-2) @ 1045
		4-5	CLAYEY SAND			0 ppm
	4' REC	5-9	CLAYEY SAND, WELL SORTED, MOIST, MED DENSE, BROWN			0 ppm ↓
	4' REC	10-11	SAA			0 ppm
		11-11.5	CLAY, SOME F-C COBBLES			↓
		11.5-14	F-SAND, THICK F-COBBLE WELL SORTED, MOIST, TAN			↓
	3-10' REC	15-18-10	SAA WET			
		20	E.O.B @ 20'		X	AP6-BONEYARD-6-6W @ 1120
		25				

DTW: 16-65

DTB: 19-80

- F STICK UP

TURB	TEMP	PH	ORP	COND	DO
0.12	16.61	5.46	142	0.061	1.52

APG-BONEYARDS - 7

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project N42118216.3005.8AC00		Latitude:		Date: 3/11/21	
Site: Aberdeen Proving Ground		Drilling Method: HPT		Longitude: 72° 57'	
Logged by: CO		Soil Sampling Method:		Ground Surface Elevation:	
Drilling Co.: CSI		Hole Diameter:		Groundwater Sampling Method:	
Driller:		Depth to First Encountered Water:		Total Depth of Boring: Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 HAND ANAL		0-4 SILT, MOIST, LOOSE, BROWN	X	APG-BONEYARDS-7-SO-(0-2)
			4-5 SANDY CLAY, MOIST, LOOSE, BROWN		③ 0930
	4' REC	5	5-9 SAA		0.2 PPM @ 2'
					0 PPM
	4' REC	10	10-10.10 SAA		↓
			10.10-14 F-C SANDS, SOME F-C COBBLES, POORLY SORTED, MOIST, WET DENSE, ORANGE BROWN		0 PPM
	4' REC	15	15-19 F-SANDS, WELL SORTED, WET, WET DENSE, ORANGE BROWN		↓
		20			0 PPM
		25	E.O.B @ 20'	X	APG-BONEYARDS-7-661④
					1010

DTW: 15.91

DTB: 20 1' STICK UP

<u>TURB</u>	<u>TEMP</u>	<u>PH</u>	<u>ORP</u>	<u>CONC</u>	<u>DO</u>
OR	14.64	5.63	135	0.053	6.69

APG-BINGEMIS-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project No: 2118216.3005.8AC00		Latitude:		Date: 3/11/21	
Site: Aberdeen Proving Ground		Longitude:		Ground Surface Elevation:	
Logged by:		Drilling Method:		Drill Rig Model:	
Drilling Co.:		Soil Sampling Method:		Groundwater Sampling Method:	
Driller:		Hole Diameter:		Total Depth of Boring:	
		Depth to First Encountered Water:		Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 HAZUS NUCR	0	0-5 SILT, MOIST, COARSE, BROWN	X	APG-BINGEMIS-1-50- (Co-2) @ 0830 0 ppm
	5' REC	5	5-7 SAA		0 ppm
		7	7-8.2 CLAY, DENSE, MOIST, ORANGE BROWN		0 ppm ↓
	3' REC	10	8.2-10 SANDY SILT, MOIST, DENSE, ORANGE BROWN		0 ppm ↓
		15	10-13 F-SANDY, WELL SORTED, MOIST, MED DENSE, ORANGE BROWN		0 ppm ↓
	2.5' REC	20	15-17 SAA		0 ppm ↓
		22	17.0-17.2 COARSE GRAVEL		0 ppm ↓
	3' REC	25	17.2-17.5 CLAY, DENSE, ORANGE BROWN		0 ppm
			20-20.4 SAA		
			20.4-23 F-SAND, WELL SORTED, MOIST, DENSE ORANGE BROWN		

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	4' REC		25-29 SAA NET		0 ppm
		30	EOR @ 30'		x ADL-BONEYARD-1-6W@
		35			
		40			
		45			
		50			
		55			

PVC: 1'

^{DL}
 DTW: ~~25.34~~ 24.34'
 DTB: 28.70'

 SAMPLE: ADL-Boneyard-1-GW-031121
 20910

<u>DBRB</u>	<u>TEMP</u>	<u>PH</u>	<u>ORR</u>	<u>Cons</u>	<u>DU</u>
OR	14.56	5.37	72	0.103	7.62

AP6 - HELICOPTER - FIRE -

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project No: 2118216.3005.8AC00		Latitude:		Date: 3/12/21	
Site: Aberdeen Proving Ground		Longitude:		Ground Surface Elevation:	
Logged by:		Drilling Method:		Drill Rig Model:	
Drilling Co.:		Soil Sampling Method:		Groundwater Sampling Method:	
Driller:		Hole Diameter:		Total Depth of Boring:	
		Depth to First Encountered Water:		Reference Datum:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 SAND MUD	0-5	0-5 SANDY SILT, MOIST, MED DENSE, BROWN	X		AP6-HELICOPTER-FIRE-SU SC (0-2) @ 1330 0ppm
	5' REC	5-10	5-10 F-SANDS, WELL SORTED WET, MED DENSE, BROWN			0ppm ↓
	0' REC	10-15	- DRIVING POINT AND SETTING WELL TO 14' - HEAVY SANDS			X AP6-HELICOPTER-FIRE-GW @ 1400
		15-20	B.O.B @ 14'			
		20-25				

DTW: 5.24

DTB: 15 1' STICK UP

TURB	TEMP	PH	ORP	CONC	DO	
OR	16.30	6.09	232	0.142	10.55	1.55

APG - BLNG - 2308 - 1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID: _____	
Project No: 2118216.3005.8AC00		Latitude: _____		Date: 3/12/21	
Site: Aberdeen Proving Ground		Longitude: _____		Ground Surface Elevation: _____	
Logged by: _____		Drilling Method: _____		Drill Rig Model: _____	
Drilling Co.: _____		Soil Sampling Method: _____		Groundwater Sampling Method: _____	
Driller: _____		Hole Diameter: _____		Total Depth of Boring: _____	
		Depth to First Encountered Water: _____		Reference Datum: _____	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample
	0-3.5 SAND MUD	0	0-3.5 SILT / 3B ROCK		0 PPM
	5' REC	5	3.5-5 SILTY CLAY, MOIST DENSE, BROWN		↓
	5' REC	10	5-10 SAA		0 PPM
	5' REC	15	10-12.5 SAA		↓
	3' 10' REC	20	12-15 F-SAND, WELL SORTED MOIST, MED DENSE, ORANGE BROWN		0 PPM
	4' REC	25	15-18.10 F-C SAND SOME F-C COBBLES, POORLY SORTED, MOIST MED DENSE, ORANGE BROWN		↓
			20-21 SAA		0 PPM
			21-21.4 GRAVEL LAYER		↓
			21.4-24 F-SAND, WELL SORTED MOIST, MED DENSE ORANGE BROWN		↓

Field Boring Log					
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater + Sample	Sample IDs and Notes
	4' REL	30	25-29 SAA		0 ppm ↓
	4' REL	35	30-34 SAA TAKE F-C GRNCL		0 ppm
	3' REL	40	35-38 SAA		0 ppm ↓
	4' REL	45	40-44 SAA NO F-C GRNCL		0 ppm
	3' REL	50	45-48 SAA WET @ 48'		0 ppm ↓
		55	E.O.B @ 50'		

DTW: 47.72

DTB: 50 NO STICK UP

 APH-BLDG-2308-1-GW-031221
 @ 1000

* INSUFF. WATER FOR READINGS

APB-P1-12-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project No: 2118216.3005.8AC00				Date:	
Site: Aberdeen Proving Ground				Latitude:	
Logged by:				Longitude:	
Drilling Co.:				Ground Surface Elevation:	
Driller:				Drill Rig Model:	
				Soil Sampling Method:	
				Groundwater Sampling Method:	
				Total Depth of Boring:	
				Reference Datum:	
				Depth to First Encountered Water:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater L Sample	Sample IDs and Notes
	0-5' HAND- MADE	5	0-5' SANDY SILT, SOME F-C GRAVEL MOIST, DENSE, BROWN	x	APB-P1-12-1-SO-(0-2) @ 1300
	2-6' REC	10	5-6' SAA 6-8' SILTY SAND, WELL SORTED MOIST, MED DENSE, ORANGE BROWN		0 ppm ↓
	4.5' REC	15	10-14.5' F-SAND, WELL SORTED WET, MED DENSE, ORANGE BROWN		0 ppm ↓
		20	E.O.B. @ 15'	x	APB-P1-12-1-GW@ 1340
		25			

DTW: 7.60

DTB: 15' NO STICK UP

TURB	TEMP	PH	ORP	CONC	DO
012	11.28	4.77	222	0.134	5.78

APG-PI-MINEFIELD-1

~~APG-MINEFIELD-T~~ (C)

Field Boring Log						
Client: USAEC		Field Location:		Boring ID:		
Project N02118216.3005.8AC00				Date: 3/15/21		
Site: Aberdeen Proving Ground				Latitude:		
Logged by:				Longitude:		
Drilling Co.:				Ground Surface Elevation:		
Driller:				Drill Rig Model:		
				Soil Sampling Method:		
				Groundwater Sampling Method:		
				Total Depth of Boring:		
				Reference Datum:		
				Depth to First Encountered Water:		
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND ANAL	0	0-5 SILTY SANDS w/ F-L GRAVEL WELL SORTED MOIST MED DENSE BROWN			0 PPM ↓
	4' REC	5	5-9 F-SANDS WELL SORTED WET LOOSE, BROWN			
		10	E.O.B @ 10'			x APG-PI-MINEFIELD-1-GW @ 1575
		15				
		20				
		25				

DTW: 8-48

DTB: 10 3' STICK UP

NO READINGS - INSUFF WATER

APG-BUNG-300-2

Field Boring Log					
Client: USAEC		Field Location:		Boring ID: _____	
Project N02118216.3005.8AC00		Latitude: _____		Date: 3/15/21	
Site: Aberdeen Proving Ground		Drilling Method: _____		Longitude: _____	
Logged by: CD		Soil Sampling Method: _____		Ground Surface Elevation: _____	
Drilling Co.: _____		Hole Diameter: _____		Drill Rig Model: _____	
Driller: _____		Depth to First Encountered Water: _____		Groundwater Sampling Method: _____	
				Total Depth of Boring: _____	
				Reference Datum: _____	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Sample IDs and Notes
	0-5 HAND ANALYZED	0-5	0-5 CLAYGY SILT MOIST MED DENSE, BROWN		0 ppm ↓
	5' REC	5-9.5	5-9.5 SAA		0 ppm ↓
		9.5-10	9.5-10 SANDY CLAY, MED DENSE BROWN		0 ppm ↓
	4.5' REC	10-10.6	10-10.6 SAA		0 ppm ↓
		10.6-14.5	10.6-14.5 CLAY MOIST MED DENSE, BROWN		0 ppm ↓
	3.8 REC	15-15.6	15-15.6 SAA		0 ppm ↓
		15.6-18.8	15.6-18.8 F-C SANDS, POORLY SORTED, MED, MED DENSE, ORANGE BROWN		0 ppm ↓
		20	E.O.B. 20'	x	APG-BUNG-300-2-GW (A)
		25			

DTW: 16.67

DTB: 20 NO STICK UP

TDRS	TEMP	PH	ORP	COND.	DU
OK	10.47	4.87	175	0.081	6.76

AP6-BLUG-300-1

Field Boring Log					
Client: USAEC		Field Location:		Boring ID:	
Project No: 2118216.3005.8AC00		Latitude:		Date: 3/15/24	
Site: Aberdeen Proving Ground		Longitude:		Ground Surface Elevation:	
Logged by:		Drilling Method:		Drill Rig Model:	
Drilling Co.:		Soil Sampling Method:		Groundwater Sampling Method:	
Driller:		Hole Diameter:		Total Depth of Boring:	
		Depth to First Encountered Water:		Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater r Sample	Sample IDs and Notes
	0-5 MINUS MUGER	0-5	0-5 CLAYEY SILT, MOIST, MED DENSE, BROWN		0 ppm ↓
	5' REC	5-8	5-8 SAA		0 ppm ↓
		8-10	8-10 CLAYEY CLAY, MOIST, MED DENSE BROWN		0 ppm ↓
	5' REC	10-13	10-13 SAA		0 ppm ↓
		13-15	13-15 CLAY, MOIST, DENSE GRAY		0 ppm ↓
	2.5' REC	15-17.5	15-17.5 F-C SAND, DENSELY SORTED, MED DENSE, BROWN		0 ppm
	1' REC	20-21	20-21 SAA		0 ppm
		25		X	AP6-BLUG-300-1-61

E.O. 13 @ 25'

② 0930

PTW: 14.78

DTIS: 25

1' STICK UP

TURB	TEMP	pH	ORP	COND	DO
OR	12.42	5.31	202	0.067	2.28

APG- EF15-1

Field Boring Log

Client: USAEC
Project No: 2118216.3005.8AC00
Site: Aberdeen Proving Ground
Logged by: CO
Drilling Co.:
Driller:

Field Location:

Boring ID:

Date: 3/16/21

Latitude:

Longitude:

Ground Surface Elevation:

Drilling Method:

Drill Rig Model:

Soil Sampling Method:

Groundwater Sampling Method:

Hole Diameter:

Total Depth of Boring:

Reference Datum:

Depth to First Encountered Water:

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND NUMBER		0-2 2A MODIFIED SUB BASE 2- SILTY, MOIST, MED HEAVY BROWN			0 ppm ↓
	3' 12ER	5	5-8 F-SAND WELL SORTED, WET LOOSE, BROWN			0 ppm
		10			X	APG- EF15-1 - GW (2)
			E.O.B @ 9'			1240
		15	DTW: 5.65 DTB: 10' 1' STICK UP			
		20	Turb TEMP PH ORP COND DO OR 8.24 602 147 0.606 0.94			
		25				

APG-BAF-56-1

Field Boring Log						
Client: USAEC		Field Location:		Boring ID:		Date:
Project No: 2118216.3005.8AC00		Latitude:		Longitude:		Ground Surface Elevation:
Site: Aberdeen Proving Ground		Drilling Method:		Drill Rig Model:		
Logged by:		Soil Sampling Method:		Groundwater Sampling Method:		
Drilling Co.:		Hole Diameter:		Total Depth of Boring:		Reference Datum:
Driller:		Depth to First Encountered Water:				
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 in. mud mud	0	0-5 SILT, MUDDY, LOOSE, BROWN	X		APG-BAF-56-1-SO-(0-2) @ 1120 0 ppm
	3' DEE	5	5-8 F-SAND, WELL SORTED, WET LOOSE, BROWN/GREY			0 ppm ↓ X APG-BAF-56-1-6WE
		10	G.O.B @ 8'			1150
		15				
		20				
		25				

DTW: 6.86

DTB: 10' 2' STICK UP

<u>TEMP</u>	<u>TEMP</u>	<u>pH</u>	<u>ORP</u>	<u>COND</u>	<u>DO</u>
OR	7.63	5.72	188	0.160	7.42

APG-FUZE-1

Client: USAEC		Field Location:		Boring ID:		Date: 5/16/21	
Project No: 2118216.3005.8AC00		Site: Aberdeen Proving Ground		Latitude:		Longitude:	
Logged by:		Drilling Co.:		Drilling Method:		Drill Rig Model:	
Driller:		Soil Sampling Method:		Hole Diameter:		Groundwater Sampling Method:	
		Depth to First Encountered Water:		Total Depth of Boring:		Reference Datum:	
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes	
	0-5 HAND NIER	0	0-5 silty clay, moist - wet @ 5', dense, brown/clay			0 ppm ↓	
	2' RCL	5	5-7' F-SAND, well sorted, loose wet, clay @ 7' brown/clay			0 ppm ↓	
		10	G.O.B. @ 10'		x	APG-FUZE-1-GW @ 10SD	
		15					
		20					
		25					

DTW: 4.80'

DTB: 10 NO STICK UP

<u>Turb</u>	<u>Temp</u>	<u>pH</u>	<u>Cond</u>	<u>ORP</u>	<u>DO</u>
OR	7.34	5.23	0.225	141	10.48

APG-AA5-1-6W

Client: USAEC		Field Location:		Field Boring Log		
Project No: 2118216.3005.8AC00		Boring ID:		Date: 3/16/21		
Site: Aberdeen Proving Ground		Latitude:		Longitude:		
Logged by: [signature]		Drilling Method:		Drill Rig Model:		
Drilling Co.: [signature]		Soil Sampling Method:		Groundwater Sampling Method:		
Driller:		Hole Diameter:		Total Depth of Boring:		
		Depth to First Encountered Water:		Reference Datum:		
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 INVA MUD	0	0-5 SILTY CLAY, MOIST WET @ 5', DENSE, BROWN/GRAY			0 ppm ↓
	5' REC	5	5-9 F-SANDS, WELL SORTED WET, LOOSE, GRAY			0 ppm ↓
		10	9-10 SANDY CLAY, MED DENSE MOIST WET, GRAY			
		15	E.O. B @ 10'	X		APG-AA5-1-6W @ 0920
		20				
		25				

DTW: 6.03

DTB: 10 NO STICK UP

TURB	TEMP	PIT	ORP	COND	DO
OR	10-69	5.37	213	0.212	10.38


 Design & Consultancy
for natural and
built assets

Boring ID: _____

AP6-BLAG-EST80-2

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/17/21
Project No: 2118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:
Logged by: CA		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring:
Driller:		Reference Datum:	
		Depth to First Encountered Water:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HANDS AUGER	0-5	0-5 SILTY CLAY, DRY, DENSE, GRAY/TAN 3-5 SANDY CLAY, DRY, DENSE, GRAY/TAN			0 ppm ↓
	5' REL	5-10	5-10 CLAYEY SAND, WELL SORTED, NOT VERY DENSE, GRAY/TAN			0 ppm
		10	E.O.B. @ 10'		x	AP6-BLAG-EST80-2-6W @ 1400
		15	DTW: DTB 10' NO STICK UP			
		20	SAMPLE @ 1400			
		25	INSUFFIC. WATER FOR READINGS			


 Design & Consultancy
for natural and
built assets

Boring ID: _____

APB-BUNG-E5180-1

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/17/21	Ground Surface Elevation:
Project No: 2118216.3005.8AC00		Latitude:	Longitude:	
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:	
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:	
Drilling Co.:		Hole Diameter:	Total Depth of Boring:	Reference Datum:
Driller:		Depth to First Encountered Water:		

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 SANDY SILT	0	0-5 CLAYEY SILT, MOIST, MED DENSE BROWN	X		APB-BUNG-E5180-1-50-(10-2) @ 1230 0 ppm ↓
	5' REC	5	5-10 CLAY, DRY, DENSE, GRAY			0 ppm ↓
	4' REC	10	10-13 CLAY SAND 13-14 F-SAND, WELL SORTED, MOIST, MED DENSE, TAN			0 ppm ↓
	4' REC	15	15-19 SAA			0 ppm ↓
	3' REC	20	20-23' SANDY CLAY, MOIST, DENSE, GRAY			0 ppm ↓
		25				

P, 2

5 REC

25

25-27 SAA

27-30 F-SAND, WELL SORTED, MOIST/NET
DENSE, GRAYISH TAN

30

E.O.B @ 30'

6W

x AP6-BLDG-E5180-b-6W
@ 1315

DTW: 15.10

DTB: 30 NO STICK UP

<u>TURB</u>	<u>TEMP</u>	<u>pH</u>	<u>ORP</u>	<u>COND</u>	<u>DO</u>
OR	16.22	4.93	84	0.713	6.62


ARCADIS

 Design & Consultancy
for natural and
built assets

Boring ID: _____

AP6-NOBLE-ROAD-1-6W

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/17/21
Project No: 2118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Ground Surface Elevation:
Logged by:		Soil Sampling Method:	Drill Rig Model: 778215
Drilling Co.:		Groundwater Sampling Method:	
Driller:		Hole Diameter:	Total Depth of Boring: Reference Datum:
Depth to First Encountered Water:			

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND MIXED		0-5 sandy clay WET @ 2' BROWN			
		5	G.O.B. 6'			X AP6-NOBLE-ROAD-1-6W @ 1030
		10	DTW: 3.48 NTB: 6 1.7' STICK UP			
		15				
		20	TEMP. PH ORP COND DO OR 9.36 7.50 73 0.247 9.74			
		25				

AP6-BLNG-E4801-1

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/17/21
Project No: 2118216.3005.8AC00		Latitude:	Longitude: Ground Surface Elevation:
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring: Reference Datum:
Driller:		Depth to First Encountered Water:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND MIXED	0	0-5 CLAYEY SILT, MOIST, MED DENSE BROWN			0 ppm ↓
		5	5-7.2 CLAY MOIST, MED DENSE GRAY 7.2-10 F-SAND WELL SORTED, MED DENSE WET TAN/GRAY			
		10	E.O.B @ 10'		x	AP6-BLNG-E4801-1-GW @ 1210
		15	DTW: 6.26 DTB: 10 NO STICK UP			
		20	10.26 °C 0.075 mS/cm 6.01 PH >1000 NTU 41 ORP 11.96 mg/L DO			
		25				

AP6-WGIDE-1

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/17/21
Project No: 02118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:
Logged by: CO		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring:
Driller:		Reference Datum:	
Depth to First Encountered Water:			

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAND MGR	— — — — — 5	0-5 CLAYEY SILT, MOIST, MED DENSE, BROWN	*		AP6-WGIDE-1-SO-CO-2) @ 1100 0 ppm
	5' REC	— — — — — 10	5-7.6 CMY, MOIST, DENSE, GRAY 7.6-10 F-SAND WELL SORTED; MED DENSE WET TAN			0 ppm
		— — — — — 15	C.O.B @ 10'			X AP6-WGIDE-1-GW @ 1130
		— — — — — 20	DTW: 6.08 DTB: 10 6" STICK UP			
		— — — — — 25	WATER OK CO INSUFF. WATER FOR READINGS			

APG-P1-12-2

Field Boring Log					
Client: USAEC		Field Location:	Boring ID:	Date: <u>3/15/21</u>	
Project No: 2118216.3005.8AC00			Latitude:	Longitude: <u> </u>	
Site: Aberdeen Proving Ground			Drilling Method:	Drill Rig Model:	
Logged by:			Soil Sampling Method:	Groundwater Sampling Method:	
Drilling Co.:			Hole Diameter:	Total Depth of Boring:	
Driller:			Reference Datum:		
		Depth to First Encountered Water:			
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample Groundwater Sample	Sample IDs and Notes
	0-5' Hand AIR KNIFE	5	0-5 AIR KNIFE MIX OF STONES, GRAVEL & SAND	X	APG-P1-12-2-SG-0-2) @ 1400
	4' REC	10	5-8.5 SANDY SILT w/ F-C GRAVEL, MOIST, MED DENSE BROWN 8.5-9 F-SAND WELL SORTED, MOIST GRAY		Oppm ↓
	0' REC	15	- HEAVING SANDS - NO REC.	X	APG-P1-12-2-6W @ 1030
		20	G.O.B @ 15		
		25			

DTW: 7.55

DTB: 15 NO STICK UP

TURB	TEMP	pH	ORP	COND	DO
OR	12.68	6.14	74	0.305	7.87

Field Boring Log						
Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	4' REC	25-29	F-SAND WELL SORTED MOIST, DENSE, ORANGE BROWN			0 ppm ↓
	4' REC	30-34	SAA w/ F-C COBBLES			0 ppm ↓
	3' REC	35-38	SAA			0 ppm ↓
	3' REC	40-43	SAA WET @ 43			0 ppm ↓
	3' REC	45-48	F-SAND, WELL SORTED, WET DENSE, WET, ORANGE BROWN GRAY THE BOTTOM			0 ppm
		49'	G.O.B @ 49'			x AB-BLNG-2200-1-60 Q1250
		DTW: DTB: 49' 1' STICK UP				

XINSUFF WATER
FOR REGRINDS

APB-BLDG-2200-1

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/18/21
Project No: 2118216.3005.8AC00		Latitude:	Longitude: Ground Surface Elevation:
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring: Reference Datum:
Driller:		Depth to First Encountered Water:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 AIR KNIFE	— — — — — 5	0-5 AIR KNIFE, MIX OF GRAVEL, ROCKS & SANDY SILT			SOIL SAMPLE COLLECTED PREVIOUSLY
	5' REC	— — — — — 10	5-10 SANDY CLAY W F-C GRAVEL MOIST DENSE GRAY/BROWN			0 ppm ↓
	4' REC	— — — — — 15	10-14 SAA			0 ppm ↓
	4' REC	— — — — — 20	15-16.9 CLAY, DENSE, MOIST, GRAY 16.9-19 F-C SAND POORLY SORTED MOIST DENSE, ORANGE BROWN			0 ppm ↓
	5' REC	— — — — — 25	20-25 SAA			6 ppm



ARCADIS

 Design & Consultancy
for natural and
built assets

Boring ID: _____

APG - CASEY - YARD - 1

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/19/21
Project No: 2118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Ground Surface Elevation:
Logged by:		Drill Rig Model:	
Drilling Co.:		Soil Sampling Method:	Groundwater Sampling Method:
Driller:		Hole Diameter:	Total Depth of Boring:
		Depth to First Encountered Water:	Reference Datum:

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 AIR KNIFE	— — — — — 5	0-5 AIR KNIFE - NO DESCRIPTION AVAILABLE GRAVEL PARKING LOT			—
	5' REC	— — — — — 10	5-10 SANDY CLAY, WELL SORTED WET, MED DENSE, GRAY			0 ppm ↓ ▽
	4' REC	— — — — — 15	10-14' F-SAND LOW CLAY, WELL SORTED, WET, MED DENSE, GRAY			x APG - CASEY - YARD - 1 - GW
		— — — — — 20	E.O.B @ 15' DTW: 6.42 DTB: 15' NI STICK UP			@ 1200
		— — — — — 25	TURNB TEMP PH ORP PONI DO OR 10.82 5.26 157 0.410 0			

AP6-6-STREET-1-

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/15/20
Project No: 2118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Drill Rig Model:
Logged by:		Soil Sampling Method:	Groundwater Sampling Method:
Drilling Co.:		Hole Diameter:	Total Depth of Boring:
Driller:		Depth to First Encountered Water:	Reference Datum:

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5' RUN MGR / APT	5	0- silty clay, GUSE, moist dense, GUSE	X		AP6-6-STREET-1-50-(0-2) @ 1030 0 ppm
	5' REC	10	5-10' clay, moist, MGS dense GUSE			0 ppm ↓
	5' REC	15	10-15' SAA wet @ 10'			0 ppm ↓
	4' REC	20	15-17' SAA 17-19' F-SAND, well sorted, dense wet, reddish brown			0 ppm X AP6-6-STREET-1-6W @ 1110
		25	E.O.B @ 19' DHW: 19-00 DTB: 20' 1' STICK UP	TUBA OR	TGMP 9.91	PH 4.75 ORP 201 CONC 0.112 DO 0

Boring ID: _____

AP6-BAL-E4040-1

Field Boring Log

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
		30	DTW: 11 DTB: 25 NO STICK UP		x	AP6-BAL-E4040-1-6U @ 0740
		35	<u>TURB</u> TEMP 74 ORP COND DO OR 10.54 5.56 134 0.131 0			
		40				
		45				
		50				
		55				

Boring ID: _____

ADG-BLUG-E4040-1

Field Boring Log

Client: USAEC	Field Location:	Boring ID:	Date: 3/19/21
Project No: 2118216.3005.8AC00		Latitude:	Longitude:
Site: Aberdeen Proving Ground		Drilling Method:	Ground Surface Elevation:
Logged by: CO		Soil Sampling Method:	Drill Rig Model:
Drilling Co.: OSI		Hole Diameter:	Groundwater Sampling Method:
Driller:		Total Depth of Boring:	Reference Datum:
		Depth to First Encountered Water:	

Time	Drill Notes	Depth (feet bgs)	Soil/Rock Description (principal components and angularity; minor components and angularity; sorting; moisture content; consistency/density; color; additional comments)	Soil Sample	Groundwater Sample	Sample IDs and Notes
	0-5 HAWK AVE	0-5	0-5 SILT, MOIST, MED DENSE, BROWN 4-5 F-SAND WELL SORTED, MOIST, MED DENSE, ORANGE BROWN	X		ADG-BLUG-E4040-1-SO-CO-2 @ 0900 0 ppm
	5' REL	5-7.5	5-7.5 SAA 7.5-8.2 CLAY GRM 8.2-8.10 F-SAND 8.10-9.5 CLAY SAA			0 ppm ↓
	5' REL	9.5-10	9.5-10 F-SAND 10-15 F-SAND, WELL SORTED, MOIST, DENSE, ORANGE BROWN			0 ppm ↓
	3' REL	15-16	15-16 SAA 16-18 CLAY MOIST DENSE GRM			0 ppm ↓
	5' REL	20-22	20-22 SAA 22-25 F-SAND, WELL SORTED, MED DENSE WET, GRM			0 ppm

E.O.B @ 25

W1450 3/2/21



Low-Flow Groundwater Purging and Sampling Form

Project No: 02116216 3000 AAC00 Well ID: APG-FTA-M09 Date: 3/2/21

Project Name/Location: Aberdeen Proving Ground, MD Personnel: C. Orlando, M. Blower Weather: Sunny 40's

Measuring Pt. Description: TOC Screen Setting (ft-bloc): #1A Casing Diameter (in.): #1A Well Material: #1A PVC SS

TOC Elevation: #1A Total Depth: #1A Sample Method: DL LowFlow GRAB

Static Water Level (ft-bloc): --- Measured (ft-bloc): --- Purge Method: Bladder Boiler Locked on Arrival? (Y) H

Pump On: --- Volume Purged (L): --- Repair needed? NA Locked at Departure? (Y) H

Water Quality Meter Make/Model: YSI 600 MPS, Mach 2100 Q See calibration log for serial numbers.

Stabilization parameters 3 readings					2%	3%	10%	5.1	10 mV	10% w/in 1 NTU if <10	Appearance	
Time (approx. 3-5 minute interval)	Minutes Elapsed	Rate <250 (mL/min)	Depth to Water (ft not to exceed 0.3 ft or <10% of sat. screen) (ft bloc)	Liters Purged	Temp. (°C)	Conductivity (mS/cm)	Dissolved Oxygen (mg/L)	pH (S.U.)	ORP (mV)	Turbidity (NTU)	Color	Odor
SEE NOTES												

Sample ID: APG-FTA-M09 Y ☐ N ☒

MS/MSD: ☐ Duplicate: ☒

Sample Time: Label 1450 Equipment Blank: ☐ Duplicate ID: --- Time: ---

Start --- Equipment Blank ID: --- Time: ---

End/Pump Off ---

Pump Settings: ---

Notes: Bladder pump from PINE contained PFAS, Sample collected via HDPE Boiler GRAB

Constituents sampled	Container:	Number:	Preservative*	Collected?
PFAS Group*	250 600-mL HDPE w/ HDPE screw cap	2	-	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*All bottles should be cooled as soon as possible to ≤ 6°Celsius. *- Includes 18 constituents as prescribed in sampling analysis plan. Total:

Well and Location Information

Condition of Surrounding Area: OK Well Lock Condition: OK / 12/21

Condition of Well: OK Well Locked at Departure: Yes / No

Well Completion: #REF1

Completed By: Date 1/2/21 Date: 3/2/21 Reviewed By: Date:



Low-flow Groundwater Purging and Sampling Form

Project No.	02118216.3005.BAC00	Well ID	AP(7-FTA-M10)	Date	3/2/21
Project Name/Location	Aberdeen Proving Ground, MD	Personnel	C. Ortolen, M. Blomer	Weather	90° Sunny
Measuring Pt.	Screen	Casing		Well Material	#N/A PVC
Description	Setting (ft-bloc): #N/A	Diameter (in.):	#N/A		#N/A SS
TOC Elevation	#N/A	Total Depth			
	As Built (ft bgs): #N/A	Sample Method	bl Grab		
Static Water	Measured (ft bloc):				
Level (ft-bloc):	Pump Intake (ft-bloc):	Purge Method	pl Backflush	Locked on Arrival?	Y/N
Pump On:	Volume Purged (L):	Repair needed?	NA	Locked at Departure?	Y/N
Water Quality Meter Make/ Model:	YSI 500 MPS, Hach Z100 Q. See calibration log for serial numbers.				

[illegible]

Sample ID: APG-FTA-MID-030221

Sample Time: Label 1570

Start _____

End/Pump Off _____

Y MS/MSD: ☐ Duplicate: ☐ Equipment Blank: ☐

N ☒ ☒ ☒

Duplicate ID: _____

Equipment Blank ID: _____

Time: _____

Time: _____

Pump Settings: _____

Notes: * Bladder pump supplied by PINE not compatible with PFAS FREE
Bladders, GEA sample using Boiler collected instead

Constituents sampled

PFAS Group*

Container: 250 mL HDPE w/ HDPE screw cap

Number: Z

Preservative*

Collected?

*All bottles should be cooled as soon as possible to ≤ 6°Celsius.

* - Includes 18 constituents as prescribed in sampling analysis plan.

Total:

Well and Location Information

Condition of Surrounding Area: OK

Condition of Well: OK

Well Completion: #REF!

Well Lock Condition: OK

Well Locked at Departure: Yes / No

Completed By: Dave Lynda

Date: 3/2/21

Reviewed By: _____

Date: _____

13.5-28.5

3/9/21



Low-flow Groundwater Purging and Sampling Form

Project No. 02118216.3005.8AC00 Well ID: WB-MW-14A-030921 Date: 3/9/21

Project Name/Location: Aberdeen Proving Ground, MD Personnel: C. Ortolano, M. Blower Weather: Sunny 50's

Measuring Pt. Description: TOC Screen Setting (ft-bloc): #N/A Casing Diameter (in.): #N/A Well Material: #N/A PVC SS

TOC Elevation: #N/A Total Depth As Built (ft bgs): #N/A Sample Method: Low-Flow

Static Water Measured (ft bloc): 31.16

Level (ft-bloc): 16.96 Pump Intake (ft-bloc): 21 Purge Method: Bladder Locked on Arrival? (Y) / N

Pump On: 1450 Volume Purged (L): NA Repair needed? NA Locked at Departure? (Y) / N

Water Quality Meter Make/ Model: YSI 600 MPS, Hach 2100 Q. See calibration log for serial numbers.

Stabilization parameters 3 readings:														
Time (approx. 3-5 minute interval)	Minutes Elapsed	Rate <250 (mL/min)	Depth to Water (Δ not to exceed 0.3 ft or <10% of sat. screen) (ft bloc)	Liquor Pumped (GAL)	3%	3%	10%	0.1	10 mV	10%, w/in 1 NTU if <10	Appearance			
					Temp. (°C)	Conductivity (mS/cm)	Dissolved Oxygen (mg/L)	pH (S.U.)	ORP (mV)	Turbidity (NTU)	Color	Odor		
1455	5	200	16.97	0.25	17.59	0.070	12.96	5.18	253	13.3	120	no		
1500	10	200	16.98	0.50	17.17	0.070	13.05	5.29	255	13.01				
1505	15	200	16.98	0.75	18.01	0.067	11.69	5.29	262	16.1				
1510	20	200	16.98	1.0	17.92	0.066	11.49	5.21	266	16.0				
1515	25	200	16.98	1.25	18.01	0.064	11.18	5.19	276	16.1				
1520	30		SAMPLE											

3/9/21



Low-flow Groundwater Purging and Sampling Form

Project No. 02118216.3005.8AC00 Well ID: WB-MW-11A Date: 3/9/21

Project Name/Location: Aberdeen Proving Ground, MD Personnel: C. Ortolano, M. Blower Weather: Sunny 50°S

Measuring Pt. Description: TOC Screen Setting (ft-bloc): #N/A Casing Diameter (in.): #N/A Well Material: #N/A PVC SS

TOC Elevation: #N/A Total Depth As Built (ft bgs): #N/A Sample Method: Low-Flow

Static Water Level (ft-bloc): 16.61 Measured (ft bloc): 31.60 Pump Intake (ft-bloc): ~77 Purge Method: Bladder Locked on Arrival? (Y) N

Pump On: 1340 Volume Purged (L): 1.25 GAL Repair needed? NA Locked at Departure? (Y) N

Water Quality Meter Make/Model: YSI 600 MPS, Hach 2100 Q. See calibration log for serial numbers.

Stabilization parameters 3 readings:

Time (approx. 3-5 minute interval)	Minutes Elapsed	Rate <250 (mL/min)	Depth to Water (Δ not to exceed 0.3 ft or <10% of sat. screen) (ft bloc)	Liquid Purged GAL	Temp. (°C)	3% Conductivity (mS/cm)	10% Dissolved Oxygen (mg/L)	0.1 pH (S.U.)	10 mV ORP (mV)	10% w/in 1 NTU if <10 Turbidity (NTU)	Appearance Color	Odor
1345	5	200	16.62	0.25	14.75	0.105	14.53	5.11	735	15.3	Clear	ND
1350	10	200	16.61	0.50	14.32	0.081	12.90	5.15	737	17.6		
1355	15	200	16.61	0.75	13.46	0.065	11.10	5.10	753	10.7		
1400	20	200	16.61	1.0	13.31	0.065	11.10	5.07	758	11.0		
1405	25	200	16.61	1.25	13.29	0.065	11.10	5.04	762	11.3		
1410	30		SAMPLE									

Sample ID: WB-MW-11A-030921

Sample Time: Label 1410
 Start 1340
 End/Pump Off 1415

MSMSD: ☐ Y ☒ N
 Duplicate: ☐ ☒
 Equipment Blank: ☒ YES

Duplicate ID: _____ Time: _____
 Equipment Blank ID: _____ Time: _____
APG-EB-03-030921 1430

Notes: DIB = 31.60'
~ 9.74 GAL VOLUME

Pump Settings: _____

Constituents sampled PFAS Group*

Container:	Number:	Preservative*	Collected?
<u>250</u> ~500 mL HDPE w/ HDPE screw cap	<u>2</u>	<u>-</u>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

*All bottles should be cooled as soon as possible to ≤ 6°C Celsius.

* - Includes 18 constituents as prescribed in sampling analysis plan.

Gallons/Foot 1" = 0.04 1.25" = 0.06 1.5" = 0.09 2.5" = 0.28 3" = 0.37 4" = 0.50 6" = 1.47

Well and Location Information

Condition of Surrounding Area: OK
 Condition of Well: see map
 Well Completion: #REF!

Well Lock Condition: OK
 Well Locked at Departure: (Y) / No

Completed By: DMLDate: 3/9/21

Reviewed By: _____ Date: _____

APG-FTA-M08-031121

23-33



Low-flow Groundwater Purging and Sampling Form

[illegible]

Low-flow Groundwater Purging and Sampling Form

Project No. 30001795 Well ID: APG-E3-1-GW Date: 12/16/21
 Project Name/Location: APG PFAS I / ABERDEEN, MD Personnel: J. COFFEY Weather: 4PP CLEAR
 Measuring PL: TOC Screen: 5'-15' Casing: 3/4" Well Material: X PVC
 Description: TOC Setting (feet bloc): 5'-15' Diameter (inches): 3/4" SS
 TOC Elevation: UNK Total Depth: 15' Sample Method: Low-Flow
 Static Water: 8.12' Measured (feet bloc): 15' Purge Method: PERISTALTIC
 Level (feet bloc): 8.12' Pump Intake (feet bloc): -10'
 Pump On: 0916 Volume Purged (bars): 6

Water Quality Meter Make/ Model: See calibration sheet

Stabilization parameters 3 readings:

Time (approx. 3- to 5-minute interval)	Minutes Elapsed	Rate <250 (mL/min)	Depth to Water (A not to exceed 0.3 foot <10% of sat. screen) (feet bloc)	Liters Purged	Temp. (°C)	Conductivity (µm/cm)	Dissolved Oxygen (mg/L)	pH (S.U.)	ORP (mV)	Turbidity (NTU)	Appearance	
											Color	Odor
0920	4	200	NM	1.8	14.38	0.089	13.02	5.69	103	OVER	BROWN	NOPE
0925	9	200	NM	1.8	15.03	0.083	8.25	5.32	62	OVER	"	"
0930	14	200	NM	2.8	15.01	0.085	7.68	5.81	49	"	"	"
0935	19	200	NM	3.8	15.65	0.085	6.73	5.72	58	"	"	"
0940	24	200	NM	4.8	15.47	0.084	3.36	5.20	64	"	"	"
0945	- SAMPLED APG-E3-1-GW-121621											

[Handwritten signature and date 12/16/21 across the table area]

Sample ID: APG-E3-1-GW-121621 Y ☐ N ☒
 MS/MSD: ☐ ☒
 Sample Time: Label 0945 Duplicate: ☐ ☒
 Start 0943 Equipment Blank: ☐ ☒
 End/Pump Off 0946 Equipment Blank ID: NA Time: NA
 Pump Settings: PERISTALTIC (50%)

Notes: _____

Constituents sampled	Container:	Number:	Preservative*	Collected?
PFAS Group*	250 mL HDPE			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*All bottles should be cooled as soon as possible to ≤ 6°Celsius. * - Includes 18 constituents as prescribed in sampling analysis plan. Total:

Gallon/Foot 1" = 0.04 1.5" = 0.08 2.5" = 0.28 3.5" = 0.50 5" = 1.47
 1.25" = 0.05 2" = 0.16 3" = 0.37 4" = 0.85
 Well and Location Information: Condition of Surrounding Area: NA Well Lock Condition: NA
 Condition of Well: NA Well Locked at Departure: Yes / No NA
 Well Completion: NA

Low-flow Groundwater Purging and Sampling Form

Project No. 30001935 Well ID: APG-E4-1-GW Date: 12/16/21
 Project Name/Location: APG-PBBS 51 / ABERDEEN, MD Personnel: J. LOFFEY Weather: 46°F CLEAR
 Measuring Pt. Screen Setting (foot bloc): 5'-10' Casing Diameter (inches): 3/4" Well Material: X PVC SS
 Description: TOC Total Depth Sample Method: Low-Flow
 TOC Elevation: UNK As Bull (foot bloc): 15' Measured (foot bloc): 15' Pump Intake (foot bloc): ~10' Purge Method: PERISTALTIC
 Static Water Level (foot bloc): 9.78' Pump On: 0949 Volume Purged (bars): 6

Water Quality Meter Make/ Model: See calibration sheet

Stabilization parameters 3 readings:

Time (approx. 3- to 5-minute interval)	Minutes Elapsed	Rate <200 (mL/min)	Depth to Water (A not to exceed 0.3 foot <10% of est. screen) (foot bloc)	Liters Purged	Temp. (°C)	Conductivity (µmhos/cm)	Dissolved Oxygen (mg/L)	pH (R.U.)	10 mV ORP (mV)	10% w/v NTU @ 10	Turbidity (NTU)	Appearance Color	Odor
0753	1												
0753	4	200	NA	8	14.39	0.095	3.37	5.54	138		OVER	BROWN	NONE
0758	9	200	NA	1.8	15.02	0.072	4.20	5.35	66		"	"	"
0803	14	200	NA	2.8	15.16	0.068	4.65	5.69	56		939	CLEAR	NONE
0808	19	200	NA	3.8	14.75	0.066	4.58	5.68	44		197	"	"
0813	24	200	NA	4.8	14.43	0.066	4.83	5.72	33		387	"	"
0815	- SAMPLED APG-E4-1-GW-121621												

Sample ID: APG-E4-1-GW-121621Sample Time: Label 0815

Start

End/Pump Off

Y

N

MS/MSD: ☐Duplicate: ☐Equipment Blank: ☐Duplicate ID: NAEquipment Blank ID: NATime: NATime: NAPump Settings: PERISTALTIC 70% (PINE BATTERY)

Notes:

Constituents sampled
PFAS Group*Container:
250 mL HDPE

Number:

Preservative:

Collected?

☒☐☐☐☐☐☐☐☐

Total:

*All bottles should be cooled as soon as possible to ≤ 6°C Celsius.

* - Includes 18 constituents as prescribed in sampling analysis plan.

Gallons/Feet

1" = 0.04

1.5" = 0.08

2.5" = 0.20

3.5" = 0.30

6" = 1.47

Well and Location Information

Condition of Surrounding Area:

Condition of Well:

Well Completion:

NA

NA

NA

Well Lock Condition:

Well Locked at Departure:

Yes / No

NA

NA

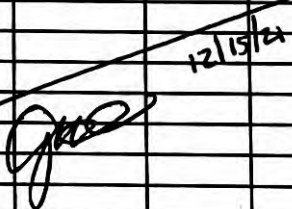
Low-flow Groundwater Purging and Sampling Form

Project No.	30001975	Well ID:	APG-ATCZ-1-GW	Date:	12/15/21
Project Name/Location:	APG PERS SAMPLING / ARDEN	Personnel:	J. COFFEY	Weather:	SDE CLEAR
Measuring Pt. Description:	TOC	Casing Diameter (inches):	3/4"	Well Material:	X PVC SS
TOC Elevation:	UNK	Total Depth			
Static Water Level (feet bloc):	3.83'	As Built (feet bgs):	9'	Sample Method:	Low-Flow
Pump On:	1204	Measured (feet bloc):		Purge Method:	PERISTALTIC
		Pump Intake (feet bloc):	~5'		
		Volume Purged (liters):	5		
Water Quality Meter Make/ Model:	See calibration sheet				

Stabilization parameters 3 readings:

See calibration sheet

Stabilization parameters 3 readings:

Stabilization parameters 3 readings:												
Time (approx. 3- to 5- minute interval)	Minutes Elapsed	Rate <200 (mL/min)	Depth to Water (Δ not to exceed 0.3 foot <10% of est. screen) (feet bloc)	Liters Purged	Temp. (°C)	3% Conductivity (mS/cm)	10% Dissolved Oxygen (mg/L)	0.1 pH (S.U.)	10 mV ORP (mV)	10% w/v Turbidity (NTU)	Appearance	
											Color	Odor
1206	2	200	NM	.2	12.67	0.046	5.21	5.30	211	OVER	BROWN	NOLE
1211	5	200	NM	1.2	12.44	0.040	2.09	5.16	215	"	"	"
1216	12	200	NM	2.2	12.23	0.039	1.65	5.09	219	"	"	"
1221	13	200	NM	3.2	12.35	0.039	1.51	5.09	219	"	"	"
1226	22	200	NM	4.2	12.43	0.039	1.23	5.09	219	"	"	"
1230	- SAMPLED APG - ATC2-1-GW-121521 -											
												

Sample ID: APG-ATC2-1-GW-121521

Y N

MS/MSD: ☐

N

F

Sample Time: Label 1230

Start	1228
-------	------

End/Pump Off	1232
--------------	------

Equipment Blank: ☐

100

Duplicate ID: APG-FD-1-GW-171571

Time: —

Equipment Blank ID: NA

Time: 12A

Notes: * DUPLICATE SAMPLE *

Pump Settings: PERISTALTIC 50%

Constituents sampled
PFAS Group*

Container:
250 mL HDPE

Number:
2

Preservative

Collected?

^aAll bottles should be cooled as soon as possible to $\leq 6^{\circ}\text{C}$ before use.

* - Includes 18 constituents as prescribed in sampling analysis plan.

Total:

Gallons/Foot	1" = 0.04
	1.25" = 0.06
Well and Location Information	

 $\tau^* = 0.04$ $1.25^{\circ} = 0.06$ $1.5 = 0.0$ $\tau = 0.10$

15-01

 $3^{\circ} = 0.37$

2.23-2.24

 $4'' = 0.0001$

2000

C = 1.47

Condition of Surrounding Area: NA

Well Lock Condition: NA

Condition of Well: NA

Well Locked at Departure: Yes / No 1.5A

Well Completion: NA

Total:

Low-flow Groundwater Purging and Sampling Form

Project No.	3000795	Well ID:	APG-SIA-1-GW	Date:	12/15/21
Project Name/Location:	APG-DEBS SAMPLING/ACERDEW	Personnel:	J. LOFFEY	Weather:	43°F CLEAR
Measuring Pt. Description:	TOC	Casing Diameter (inches):	3/4"	Well Material:	X PVC SS
TOC Elevation:	UNK	Total Depth:			
		As Built (feet bgs):	15'	Sample Method:	Low-Flow
Static Water Level (feet bgs):	12.42	Measured (feet bgs):		Purge Method:	PERISTALTIC
Pump On:	1034	Pump Intake (feet bgs):	~12.5'		
		Volume Purged (liters):			
Water Quality Meter Make/ Model:	See calibration sheet				

Water Quality Meter Make/ Model: See calibration sheet

Stabilization parameters 3 readings:												Appearance		
Time (approx. 3- to 5- minute interval)	Minutes Elapsed	Rate <200 (mL/min)	Depth to Water (Δ not to exceed 0.3 foot <10% of set. screen) (feet blos)	Liters Purged	3% Temp. (°C)	3% Conductivity (mS/cm)	10% Dissolved Oxygen (mg/L)	0.1 pH (mV)	10 mV ORP (mV)	10% with NTU <10 Turbidity (NTU)	Color	Color		
1037	3	200	NM	3.6	16.43	0.056	7.15	5.51	132	979	BROWN	WOLFE		
1042	8	200	NM	1.6	16.45	0.054	6.89	5.29	133	341	"	"		
1047	13	200	NM	2.6	16.47	0.052	6.79	5.31	140	23.6	CLEAR	"		
1052	18	200	NM	3.6	16.52	0.051	6.76	5.29	142	15.9	"	"		
1057	23	200	NM	4.6	16.47	0.051	6.67	5.26	143	9.8	"	"		
1100	SAMPLED ARG-SIA-1-GW-121521													

Sample ID:	<u>APG-SIA-1-6W-121521</u>		Y	N
			MS/MSD:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Sample Time:	Label	<u>94C</u> <u>1058 1100</u>	Duplicate:	<input type="checkbox"/> <input checked="" type="checkbox"/>
	Start	<u>1058</u>	Equipment Blank:	<input type="checkbox"/> <input checked="" type="checkbox"/>
End/Pump Off		<u>1101</u>		
			Duplicate ID:	<u>NA</u> Time: <u>NA</u>
			Equipment Blank ID:	<u>NA</u> Time: <u>NA</u>

Pump Settings: PERISTALTIC 50%

Notes:

[illegible]

^aAll bottles should be cooled as soon as possible to $\leq 6^{\circ}\text{C}$ Celsius.

* - Includes 18 constituents as prescribed in sampling analysis plan.

Total

Galena Feet	1" = 0.04	1.5" = 0.06	2.5" = 0.26	3.5" = 0.50	6" = 1.47
	1.25" = 0.05	2" = 0.18	3" = 0.37	4" = 0.65	
Well and Location Information					
Condition of Surrounding Area:					Well Lock Condition: _____
Condition of Well:					Well Locked at Departure: Yes / No
Well Completion:					

Borehole Soil and Groundwater Sampling Summary

Boring ID:
Drilling Method:
Soil Sampling Method:
Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD
Site Name:
Project Number: 02118216.3005.8AC00
Sampling Personnel: C. Ortolano, M. Blower

Sample ID	Date	Time	Media (SO,GW)	Sampling Depth (ft bgs)	Analytes (mark with X)				Sample Type (mark with X)				
					PFAS	TOC	Grain Size	pH	Normal	FD	MS/MSD	EB	SB
APG-BAF-A1-1-SO (030221)	3/2/21	1105	SO	0-2	X	X	X	X	X				
APG-BAF-A1-1-GW (030221)	3/2/21	1300	GW	32.5	X				X				
APG-BAF-A1-2-SO (030221)	3/2/21	1315	SO	0-2	X				X				
APG-BAF-A1-2-GW (030221)	3/2/21	1415	GW	34.5	X				X				
APG-BAF-B-1-SO-(0-2)	3/2/21	1500	SO	0-2	X	X	X	X	X				
APG-BAF-D-1-SO-(0-2)	3/3/21	0915	SO	0-2	X	X	X	X	X				
APG-BAF-D-1-GW	3/3/21	1000	GW	29	X				X				
APG-BAF-E-1-SO-(0-2)	3/3/21	1030	SO	0-2	X	X	X	X	X				
APG-BAF-E-1-GW	3/3/21	1115	GW	29	X				X				
APG-BLDG-1059-1-SO-(0-2)	3/3/21	1200	SO	0-2	X	X	X	X	X				
APG-BLDG-1059-1-GW	3/3/21	1230	GW	34	X				X				
APG-BLDG-1065-1-SO-(0-2)	3/3/21	1320	SO	0-2	X	X	X	X	X				
APG-BLDG-1065-1-GW	3/3/21	1400	GW		X				X				



Design & Consultancy
for natural and
built assets

Boring ID:

Borehole Soil and Groundwater Sampling Summary

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



Design & Consultancy
for natural and
built assets

Boring ID: _____

Borehole Soil and Groundwater Sampling Summary

Boring ID:

Drilling Method:

Soil Sampling Method:

Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD

Site Name:

Project Number: 02118216.3005.8AC00

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



Boring ID: _____ Page 1

Boring ID:

Drilling Method:

Soil Sampling Method:

Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD

Site Name:

Project Number: 02118216.3005.8AC00

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



Design & Consultancy
for natural and
built assets

Boring ID: _____

Borehole Soil and Groundwater Sampling Summary

Boring ID:

Drilling Method:

Soil Sampling Method:

Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD

Site Name:

Project Number: 02118216.3005.8AC00

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



**Design & Consultancy
for natural and
built assets**



Boring ID:

Borehole Soil and Groundwater Sampling Summary

Boring ID:

Drilling Method:

Soil Sampling Method:

Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD

Site Name:

Project Number: 02118216.3005.8AC00

Sampling Personnel: C. Ortolano, M. Blower

[illegible]

Borehole Soil and Groundwater Sampling Summary

Boring ID:

Drilling Method:

Soil Sampling Method:

Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD

Site Name:

Project Number: 02118216.3005.8AC00

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



Boring ID: _____ Page _____

Boring ID:

Drilling Method:

Soil Sampling Method:

Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD

Site Name:

Project Number: 02118216.3005.8AC00

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



Boring ID: _____ Page _____

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



Page)
Boring ID:

Borehole Soil and Groundwater Sampling Summary

Installation: Aberdeen Proving Ground, MD

Site Name:

Project Number: 02118216.3005.8AC00

Sampling Personnel: C. Ortolano, M. Blower

[illegible]



Design & Consultancy
for natural and
built assets

Borehole Soil and Groundwater Sampling Summary

Boring ID:
Drilling Method:
Soil Sampling Method:
Groundwater Sampling Method:

Installation: Aberdeen Proving Ground, MD
Site Name:
Project Number: 02118216.3005.8AC00
Sampling Personnel: C. Ortolano, M. Blower

[illegible]

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

<input checked="" type="checkbox"/> STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input type="checkbox"/> Elimination	<input type="checkbox"/> Substitution	<input type="checkbox"/> Isolation
<input type="checkbox"/> Engineering controls	<input type="checkbox"/> Administrative controls	<input type="checkbox"/> Monitoring
<input type="checkbox"/> General PPE Usage	<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Exposure Guidelines	<input type="checkbox"/> Decon Procedures
<input type="checkbox"/> Emergency Action Plan (EAP)	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Work Zones/Site Control
<input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Traffic Control
		<input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Dale Lynch / ARCADIS / Dale Lynch	DML / 0800	DML /	✓
TEODRE JONES / INFRAMAP / Teodore Jones	TDJ / 0800		✓
Deborah Alexander / Inframap / Deborah Alexander	DMA / 0800		✓
Ricky B Whitton	RW / 0500		✓
Sarah Kuyton / ATC / Sarah Kuyton	SK / 0500		✓
Matt Blauer / Arcadis / Matt Blauer	MB / 0500		✓
Ronnie Johnson / UGS / Ronnie Johnson	RJ / 0500		✓
NGC DPW			

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In _____ Out _____

In _____ Out _____

In _____ Out _____

In _____ Out _____

I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to STOP THE JOB, I will perform TRACK, and then amend the hazard assessments or the HASP as needed.

I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain):

- ☐ Lessons learned and best practices learned today: _____
- ☐ Incidents that occurred today: _____
- ☐ Any Stop Work interventions today? _____
- ☐ Corrective/Preventive Actions needed for future work: _____
- ☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

2/10/21

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

<input type="checkbox"/> Elimination	<input type="checkbox"/> Substitution	<input type="checkbox"/> Isolation
<input type="checkbox"/> Engineering controls	<input type="checkbox"/> Administrative controls	<input type="checkbox"/> Monitoring
<input type="checkbox"/> General PPE Usage	<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Exposure Guidelines	<input type="checkbox"/> Decon Procedures
<input type="checkbox"/> Emergency Action Plan (EAP)	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Work Zones/Site Control
<input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Traffic Control
		<input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Dale Lynch / Arcadis / Dale Lynch	DML / 0800	DML /	✓
Ron Johnson / UGS / Ron Johnson	RJ / 0800		
Ricky B. Whitten /	RW / 0800		
Matt Blower / Arcadis /	MB / 0800	MB /	✓
Brooke Conway / APA DW / Brooke Conway	BC / 0800	BC / 0810	✓
Sarah Huston / ATC ENV / Sarah Huston	SK / 0810		
TEOWRE JONES / INFRAMAP / Teowre Jones	TJ / 0800		✓
Richard Alexander / Tekonny / Richard Alexander	RA / 0800		✓

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In Out

In Out

In Out

In Out

I will **STOP** the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to **STOP THE JOB**, I will perform **TRACK**; and then amend the hazard assessments or the HASP as needed.

I will **not assist** a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done **TRACK** and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

- ☐ Lessons learned and best practices learned today: _____
- ☐ Incidents that occurred today: _____
- ☐ Any Stop Work interventions today? _____
- ☐ Corrective/Preventive Actions needed for future work: _____
- ☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

DURING DAY END

2/11/21

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

<input checked="" type="checkbox"/> STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input type="checkbox"/> Elimination	<input type="checkbox"/> Substitution	<input type="checkbox"/> Isolation
<input type="checkbox"/> Engineering controls	<input type="checkbox"/> Administrative controls	<input type="checkbox"/> Monitoring
<input type="checkbox"/> General PPE Usage	<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Exposure Guidelines	<input type="checkbox"/> Decon Procedures
<input type="checkbox"/> Emergency Action Plan (EAP)	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Work Zones/Site Control
<input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Traffic Control
		<input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Dale Lynch / ARCADIS / Dale Lynch	DML/DJJD	DML/	✓
Ronnie Johnson / UGS / Ronnie Johnson	RJS/BJM		
Matt Blower / Arcadis / Matt Blower			
Paul HARRIS / DPA / Paul Harris			
For by brother			
Sarah Krystin / Sarah Krystin / Atc	SK/GYS		

Important Information and Numbers	Visitor Name/Co - not involved in work	
All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.	In _____ Out _____	<p>I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.</p> <p>I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.</p> <p>If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.</p> <p>I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.</p>
In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.	In _____ Out _____	
In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.	In _____ Out _____	
In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.	In _____ Out _____	

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/> Lessons learned and best practices learned today:	_____
<input type="checkbox"/> Incidents that occurred today:	_____
<input type="checkbox"/> Any Stop Work interventions today?	_____
<input type="checkbox"/> Corrective/Preventive Actions needed for future work:	_____
<input type="checkbox"/> Any other H&S issues:	_____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>AP6</u>		Project Location: <u>BIRFIELD</u>	
Date: <u>3/2/21</u>	Time: <u>0830</u>	Conducted by: <u>C. CORTLAND</u>	Signature/Title: <u>MARGA</u>
Client: <u>AP6</u>		Client Contact: <u>BRUCE CONWAY</u>	Subcontractor companies: <u>CSI</u>

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

- | | | |
|------------------------------|------------------------------|---------|
| 1 <u>DECON ROPS</u> | 3 <u>DPT - SOIL SAMPLING</u> | 5 _____ |
| 2 <u>SET UP NEW DRAINAGE</u> | 4 _____ | 6 _____ |

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐

If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	_____	<input type="checkbox"/> Working at Height	_____
<input type="checkbox"/> Energy Isolation (LOTO)	_____	<input type="checkbox"/> Excavation/Trenching	_____
<input type="checkbox"/> Mechanical Lifting Ops	_____	<input checked="" type="checkbox"/> Overhead & Buried Utilities	_____
		<input type="checkbox"/> Confined Space	_____
		<input type="checkbox"/> Hot Work	_____
		<input type="checkbox"/> Other permit	_____

Discuss following questions (for some review previous day's post activities). Check if yes :

- | | | |
|---|--|---|
| <input type="checkbox"/> Incidents from day before to review? | <input type="checkbox"/> Lessons learned from the day before? | <input type="checkbox"/> Topics from Corp H&S to cover? |
| <input type="checkbox"/> Any corrective actions from yesterday? | <input type="checkbox"/> Will any work deviate from plan? | <input type="checkbox"/> Any Stop Work Interventions yesterday? |
| <input checked="" type="checkbox"/> JSAs or procedures are available? | <input type="checkbox"/> Field teams to "dirty" JSAs, as needed? | <input checked="" type="checkbox"/> All equipment checked & OK? |
| <input checked="" type="checkbox"/> Staff has appropriate PPE? | <input type="checkbox"/> Staff knows Emergency Plan (EAP)? | <input checked="" type="checkbox"/> Staff knows gathering points? |

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DPT</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) <u>NOISE/REST</u> (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DPT 216</u> (L M H)	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e., car, ATV, boat, dozer) <u>TRUCK - BURTON</u> (L M H)

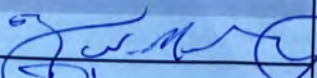
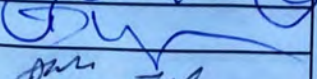
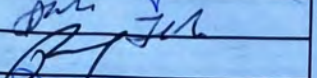
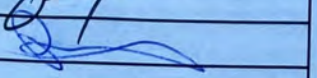

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

<input checked="" type="checkbox"/> STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Decon Procedures <input type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Tim Niblett GSI 			
Don Marchese GSI 			
Dale L. Smith ARCADIS 			
Robert W. Page Jr. CAPA 			
Bob Wilson CENAB 			

Important Information and Numbers	Visitor Name/Co - not involved in work	I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.
<p>All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.</p> <p>In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.</p> <p>In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.</p> <p>In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.</p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">In _____ Out _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">In _____ Out _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">In _____ Out _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">In _____ Out _____</div>	<p>I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.</p> <p>If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.</p> <p>I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.</p>

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/>	Lessons learned and best practices learned today:	_____
<input type="checkbox"/>	Incidents that occurred today:	_____
<input type="checkbox"/>	Any Stop Work interventions today?	_____
<input type="checkbox"/>	Corrective/Preventive Actions needed for future work:	_____
<input type="checkbox"/>	Any other H&S issues:	_____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
 TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>APG</u>		Project Location: <u>BIG FISH</u>	
Date: <u>3/3/21</u>	Time: <u>0800</u>	Conducted by: <u>C. OROURD</u>	Signature/Title: <u>[Signature]</u>
Client: <u>APG</u>		Client Contact: <u>Beock Cunningham</u>	Subcontractor companies:

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

- | | | |
|----------------|--------------------------|---------|
| 1 <u>DPT</u> | 3 <u>Soil/w Sampling</u> | 5 _____ |
| 2 <u>DECON</u> | 4 _____ | 6 _____ |

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐

If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable		<input type="checkbox"/> Working at Height	
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input checked="" type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). **Check if yes :**

- | | | |
|---|---|---|
| <input type="checkbox"/> Incidents from day before to review? | <input type="checkbox"/> Lessons learned from the day before? | <input type="checkbox"/> Topics from Corp H&S to cover? |
| <input type="checkbox"/> Any corrective actions from yesterday? | <input type="checkbox"/> Will any work deviate from plan? | <input type="checkbox"/> Any Stop Work Interventions yesterday? |
| <input type="checkbox"/> JSAs or procedures are available? | <input type="checkbox"/> Field teams to "dirty" JSAs, as needed? | <input type="checkbox"/> If deviations, notify PM & client |
| <input checked="" type="checkbox"/> Staff has appropriate PPE? | <input checked="" type="checkbox"/> Staff knows Emergency Plan (EAP)? | <input checked="" type="checkbox"/> All equipment checked & OK? |
| | | <input type="checkbox"/> Staff knows gathering points? |

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>RIG / PPE</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) <u>WORK / RES</u> (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>RIG / PPE</u> (L M H)	<input type="checkbox"/> Personal (i.e. alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) <u>TRUCK</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input checked="" type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input checked="" type="checkbox"/> Decon Procedures <input checked="" type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Robert Page Jr	8:00 AM		
Ricky & Whitten Ryk			
Tim Niblett GSE			
Dale Lynch ARCADIS			
Dan Marchese GSI			

Important Information and Numbers All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns. In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager. In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager. In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.	Visitor Name/Co - not involved in work <table style="width: 100%;"> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> </table>	In	Out			In	Out			In	Out			In	Out			I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment. I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments. If it is necessary to STOP THE JOB , I will perform TRACK ; and then amend the hazard assessments or the HASP as needed. I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.
In	Out																	
In	Out																	
In	Out																	
In	Out																	

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/>	Lessons learned and best practices learned today:	
<input type="checkbox"/>	Incidents that occurred today:	
<input type="checkbox"/>	Any Stop Work interventions today?	
<input type="checkbox"/>	Corrective/Preventive Actions needed for future work:	
<input type="checkbox"/>	Any other H&S issues:	

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>APG</u>		Project Location: <u>APG</u>	
Date: <u>3/4/21</u>	Time: <u>0800</u>	Conducted by: <u>C. ORTIZ</u>	Signature/Title: <u>CM R CA</u>
Client: <u>USACE</u>		Client Contact: <u>BECOME COMPANY</u>	Subcontractor companies:

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>DTP - SAMPLE</u>	3 <u>SOIL SAMPLE</u>	5
2 <u>DECON</u>	4	6

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐

If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable		<input type="checkbox"/> Working at Height	
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input checked="" type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). **Check if yes:**

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> JSAs or procedures are available?	<input type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input checked="" type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input checked="" type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DPT</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) <u>WORK/REST</u> (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DPT - PPE</u> (L M H)	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e., car, ATV, boat, dozer) <u>TOVLE</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input checked="" type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input checked="" type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input checked="" type="checkbox"/> Decon Procedures <input checked="" type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)
---	--	--

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Tim Niblett GSI <i>[Signature]</i>			
Don Marchese GSI <i>[Signature]</i>			
Robert W. Page Jr CAA/uxa <i>[Signature]</i>			
Dicky G. Whitten' CENAB <i>[Signature]</i>			
Brooke E. Conway APH-OPW <i>[Signature]</i>			
Dale M. Lynch ARCADIS <i>[Signature]</i>			

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In _____ Out _____

In _____ Out _____

In _____ Out _____

In _____ Out _____

I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.

I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

☐ Lessons learned and best practices learned today: _____

☐ Incidents that occurred today: _____

☐ Any Stop Work interventions today? _____

☐ Corrective/Preventive Actions needed for future work: _____

☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>AP6</u>		Project Location: <u>AP6</u>	
Date: <u>0808</u>	Time: <u>3/5/21</u>	Conducted by: <u>E. ORTOMANO</u>	Signature/Title: <u>CH 20A</u>
Client: <u>AP6 USMC</u>	Client Contact: <u>BROOKS CAMPY</u>	Subcontractor companies: <u>651</u>	

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>DPT</u>	3 <u>DECON</u>	5 _____
2 <u>SOIL SAMPLES / WATER</u>	4 _____	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐

If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input checked="" type="checkbox"/> Not applicable	_____	<input type="checkbox"/> Working at Height	_____
<input type="checkbox"/> Energy Isolation (LOTO)	_____	<input type="checkbox"/> Excavation/Trenching	_____
<input type="checkbox"/> Mechanical Lifting Ops	_____	<input checked="" type="checkbox"/> Overhead & Buried Utilities	_____
		<input type="checkbox"/> Confined Space	_____
		<input type="checkbox"/> Hot Work	_____
		<input type="checkbox"/> Other permit	_____

Discuss following questions (for some review previous day's post activities). **Check if yes :**

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> JSAs or procedures are available?	<input type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input checked="" type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input checked="" type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STP</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DPT</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) <u>WIND / RST</u> (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DPT</u> (L M H)	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e., car, ATV, boat, dozer) <u>TRUCK</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

<input checked="" type="checkbox"/> STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input checked="" type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input checked="" type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input checked="" type="checkbox"/> Decon Procedures <input checked="" type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Tim Miblett GST			
Ricky Whitton CENAB			
Robert Page CARA			
Dave Lyman ARCADIS			
Dan Marchese GST			

Important Information and Numbers All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns. In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager. In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager. In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.	Visitor Name/Co - not involved in work <table style="width: 100%;"> <tr><td style="width: 50%;">In</td><td style="width: 50%;">Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> </table>	In	Out			In	Out			In	Out			In	Out	I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment. I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments. If it is necessary to STOP THE JOB , I will perform TRACK ; and then amend the hazard assessments or the HASP as needed. I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.
In	Out															
In	Out															
In	Out															
In	Out															

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/> Lessons learned and best practices learned today: _____ <input type="checkbox"/> Incidents that occurred today: _____ <input type="checkbox"/> Any Stop Work interventions today? _____ <input type="checkbox"/> Corrective/Preventive Actions needed for future work: _____ <input type="checkbox"/> Any other H&S issues: _____	
--	--

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>AP6</u>		Project Location: <u>AP6</u>	
Date: <u>3/8/21</u>	Time: <u>0800</u>	Conducted by: <u>C. O'NEILL</u>	Signature/Title: <u>MTA C.A.</u>
Client: <u>AP6</u>		Client Contact: <u>BROOKLE COMPANY</u>	Subcontractor companies: <u>GSI</u>

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

- | | | |
|--------------------------------|---------|---------|
| 1 <u>DPT</u> | 3 _____ | 5 _____ |
| 2 <u>SOIL / WATER SAMPLING</u> | 4 _____ | 6 _____ |

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐

If there are none, write
"None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	Doc #	<input type="checkbox"/> Working at Height	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	<input type="checkbox"/> Hot Work
<input type="checkbox"/> Mechanical Lifting Ops		<input checked="" type="checkbox"/> Overhead & Buried Utilities	<input type="checkbox"/> Other permit

Discuss following questions (for some review previous day's post activities). **Check if yes:**

- | | | |
|---|--|---|
| <input type="checkbox"/> Incidents from day before to review? | <input type="checkbox"/> Lessons learned from the day before? | <input type="checkbox"/> Topics from Corp H&S to cover? |
| <input type="checkbox"/> Any corrective actions from yesterday? | <input type="checkbox"/> Will any work deviate from plan? | <input type="checkbox"/> Any Stop Work Interventions yesterday? |
| <input type="checkbox"/> JSAs or procedures are available? | <input type="checkbox"/> Field teams to "dirty" JSAs, as needed? | <input type="checkbox"/> If deviations, notify PM & client |
| <input checked="" type="checkbox"/> Staff has appropriate PPE? | <input type="checkbox"/> Staff knows Emergency Plan (EAP)? | <input checked="" type="checkbox"/> All equipment checked & OK? |
| | | <input checked="" type="checkbox"/> Staff knows gathering points? |

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess** the Risks (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STIF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DRILL</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) <u>WORK REST</u> (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DRILL</u> (L M H)	<input type="checkbox"/> Personal (i.e. alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) <u>TRUCK</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

- | | | |
|---|--|--|
| <input type="checkbox"/> Elimination
<input type="checkbox"/> Engineering controls
<input checked="" type="checkbox"/> General PPE Usage
<input type="checkbox"/> Personal Hygiene
<input type="checkbox"/> Emergency Action Plan (EAP)
<input type="checkbox"/> JSA to be developed/used (<u>specify</u>) | <input type="checkbox"/> Substitution
<input type="checkbox"/> Administrative controls
<input checked="" type="checkbox"/> Hearing Conservation
<input type="checkbox"/> Exposure Guidelines
<input type="checkbox"/> Fall Protection
<input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>) | <input type="checkbox"/> Isolation
<input type="checkbox"/> Monitoring
<input type="checkbox"/> Respiratory Protection
<input checked="" type="checkbox"/> Decon Procedures
<input checked="" type="checkbox"/> Work Zones/Site Control
<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Other (<u>specify</u>) |
|---|--|--|

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature

Dave Lynch / ARCADIS / *[Signature]*
 Tim Ablett / GSI / *[Signature]*
 Don Marchese / GSI / *[Signature]*
 Ricky G. Whitten / CENAB / *[Signature]*
 Robert Page / CARA / *[Signature]*

Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In _____ Out _____

In _____ Out _____

In _____ Out _____

In _____ Out _____

I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.

I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

☐ Lessons learned and best practices learned today: _____

☐ Incidents that occurred today: _____

☐ Any Stop Work interventions today? _____

☐ Corrective/Preventive Actions needed for future work: _____

☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - 30001996.38x50-02/09/21

TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>APL PEAS Si</u>		Project Location: <u>Aburdon Proving Ground</u>	
Date: <u>3/9/21</u>	Time: <u>0915</u>	Conducted by: <u>Dale Lynch</u>	Signature/Title: <u>[Signature] 6/2/10/34</u>
Client: <u>US Army</u>	Client Contact: <u>Breake cin 331 7058</u>	Subcontractor companies: <u>UX12 (Arc)</u>	

TRACKing the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>GW sampling</u>	3 _____	5 _____
2 _____	4 _____	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations

If there are none, write "None" here: NONE

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input checked="" type="checkbox"/> Not applicable	Doc #	<input type="checkbox"/> Working at Height	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	<input type="checkbox"/> Hot Work
<input type="checkbox"/> Mechanical Lifting Ops		<input type="checkbox"/> Overhead & Buried Utilities	<input type="checkbox"/> Other permit

Discuss following questions (for some review previous day's post activities). Check if yes:

☐ Topics from Corp H&S to cover?

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> JSAs or procedures are available?	<input checked="" type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input checked="" type="checkbox"/> All equipment checked & OK?
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input checked="" type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) (L M <u>H</u>)	<input checked="" type="checkbox"/> Motion (i.e., traffic moving water) (L M <u>H</u>)	<input type="checkbox"/> Mechanical (i.e., augers, motors) (L M H)
<input checked="" type="checkbox"/> Electrical (i.e., utilities, lightning) (<u>L</u> M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input type="checkbox"/> Environment (i.e., heat, cold, ice) (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input checked="" type="checkbox"/> Biological (i.e., ticks, poison ivy) (L <u>M</u> H)	<input checked="" type="checkbox"/> Radiation (i.e., alpha <u>sun</u> laser) (L M <u>H</u>)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) (L <u>M</u> H)	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e., car, ATV, boat, dozer) (L M <u>H</u>)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Decon Procedures <input type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)
--	---	--

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Jeff Nichols APC DPW-ED [Signature]			
Dave Lynch / ARCADIS / [Signature]			
Ricky L. Whitten / CENAB / [Signature]			

Important Information and Numbers All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns. In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager. In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager. In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.	Visitor Name/Co - not involved in work <table style="width: 100%;"> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> </table>	In	Out			In	Out			In	Out			In	Out			I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment. I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments. If it is necessary to STOP THE JOB , I will perform TRACK ; and then amend the hazard assessments or the HASP as needed. I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.
In	Out																	
In	Out																	
In	Out																	
In	Out																	

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/> Lessons learned and best practices learned today: _____ <input type="checkbox"/> Incidents that occurred today: _____ <input type="checkbox"/> Any Stop Work interventions today? _____ <input type="checkbox"/> Corrective/Preventive Actions needed for future work: _____ <input type="checkbox"/> Any other H&S issues: _____	
--	--

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - 30051996.38x50-03/10/2021
 TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>APG PFAS SI</u>		Project Location: <u>Aburdeen Power Ground</u>	
Date:	Time:	Conducted by: <u>Dave Lynch</u>	Signature/Title: <u>Don Felt / Geologist</u>
Client:		Subcontractor companies:	

TRACKing the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

- | | | |
|---------------------------------|----------------------------|---------|
| 1 <u>Soil Sampling</u> | 3 <u>Sediment Sampling</u> | 5 _____ |
| 2 <u>Surface water sampling</u> | 4 _____ | 6 _____ |

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐

If there are none, write "None" here: NONE

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	Doc #	<input type="checkbox"/> Working at Height	
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). Check if yes:

- | | | |
|---|---|---|
| <input type="checkbox"/> Incidents from day before to review? | <input type="checkbox"/> Lessons learned from the day before? | <input type="checkbox"/> Topics from Corp H&S to cover? |
| <input type="checkbox"/> Any corrective actions from yesterday? | <input type="checkbox"/> Will any work deviate from plan? | <input type="checkbox"/> Any Stop Work Interventions yesterday? |
| <input checked="" type="checkbox"/> JSAs or procedures are available? | <input checked="" type="checkbox"/> Field teams to "dirty" JSAs, as needed? | <input checked="" type="checkbox"/> If deviations, notify PM & client |
| <input checked="" type="checkbox"/> Staff has appropriate PPE? | <input checked="" type="checkbox"/> Staff knows Emergency Plan (EAP)? | <input checked="" type="checkbox"/> All equipment checked & OK? |
| | | <input checked="" type="checkbox"/> Staff knows gathering points? |

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess** the Risks (Low, Medium, High - circle risk level). - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) (L M <u>H</u>) | <input checked="" type="checkbox"/> Motion (i.e., traffic, moving water) (L M <u>H</u>) | <input type="checkbox"/> Mechanical (i.e., augers, motors) (L M H) |
| <input checked="" type="checkbox"/> Electrical (i.e., utilities, lightning) (L M <u>H</u>) | <input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H) | <input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) (L M <u>H</u>) |
| <input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H) | <input checked="" type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M <u>H</u>) | <input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H) |
| <input checked="" type="checkbox"/> Sound (i.e., machinery, generators) (<u>L</u> M H) | <input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H) | <input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) (L M <u>H</u>) |

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

<input type="checkbox"/> Elimination	<input type="checkbox"/> Substitution	<input type="checkbox"/> Isolation
<input type="checkbox"/> Engineering controls	<input type="checkbox"/> Administrative controls	<input type="checkbox"/> Monitoring
<input type="checkbox"/> General PPE Usage	<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Exposure Guidelines	<input type="checkbox"/> Decon Procedures
<input type="checkbox"/> Emergency Action Plan (EAP)	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Work Zones/Site Control
<input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Traffic Control
		<input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Dark Lynch / AGLADIS / <i>[Signature]</i>			
Robert Page / CARA / <i>[Signature]</i>			
Ricky B. Whitney / CENTAB / <i>[Signature]</i>			

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In _____ Out _____

In _____ Out _____

In _____ Out _____

In _____ Out _____

I will **STOP** the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to **STOP THE JOB**, I will perform **TRACK**; and then amend the hazard assessments or the HASP as needed.

I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done **TRACK** and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

☐ Lessons learned and best practices learned today: _____

☐ Incidents that occurred today: _____

☐ Any Stop Work interventions today? _____

☐ Corrective/Preventive Actions needed for future work: _____

☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>AP6</u>		Project Location: <u>AP6</u>	
Date: <u>8/11/21</u>	Time: <u>05:00</u>	Conducted by: <u>C. ORTIZ</u>	Signature/Title: <u>[Signature]</u>
Client: <u>AP6</u>		Client Contact: <u>BREVILLE COMPANY</u>	Subcontractor companies: <u>GSI</u>

TRACKing the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>DPT</u>	3 _____	5 _____
2 <u>SOIL / WATER SAMPLE</u>	4 _____	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations

☐ If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Prework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	_____	<input type="checkbox"/> Working at Height	_____
<input type="checkbox"/> Energy Isolation (LOTO)	_____	<input type="checkbox"/> Excavation/Trenching	_____
<input type="checkbox"/> Mechanical Lifting Ops	_____	<input checked="" type="checkbox"/> Overhead & Buried Utilities	_____
		<input type="checkbox"/> Confined Space	_____
		<input type="checkbox"/> Hot Work	_____
		<input type="checkbox"/> Other permit	_____

Discuss following questions (for some review previous day's post activities). **Check if yes:**

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> JSAs or procedures are available?	<input type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input checked="" type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>SIP</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DPT</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input type="checkbox"/> Environment (i.e., heat, cold, ice) (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DELL</u> (L M H)	<input type="checkbox"/> Personal (i.e. alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) <u>DELL</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

☐ Elimination
☐ Engineering controls
☐ General PPE Usage
☐ Personal Hygiene
☐ Emergency Action Plan (EAP)
☐ JSA to be developed/used (specify)


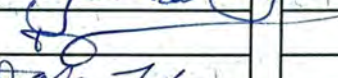


☐ Substitution
☐ Administrative controls
☒ Hearing Conservation
☐ Exposure Guidelines
☐ Fall Protection
☐ TIP conducted (specify job/JSA)

☐ Isolation
☐ Monitoring
☐ Respiratory Protection
☐ Decon Procedures
☐ Work Zones/Site Control
☐ Traffic Control
☐ Other (specify)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature

Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP

Tim Abbott GSI 
 Don Marchese GSI 
 Dale Lynch ARCADIS 
 Ricky Whitton CENAB 

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In Out

In Out

In Out

In Out

I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.

I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

☐ Lessons learned and best practices learned today: _____

☐ Incidents that occurred today: _____

☐ Any Stop Work interventions today: _____

☐ Corrective/Preventive Actions needed for future work: _____

☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____

TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>AP6</u>		Project Location: <u>AP6</u>	
Date: <u>3/12/21</u>	Time: <u>0800</u>	Conducted by: <u>C. URTOLANO</u>	Signature/Title: <u>CHA R CA</u>
Client: <u>AP6</u>		Client Contact: <u>BROOKS COMPANY</u>	Subcontractor companies: <u>CSI</u>

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>ISPT</u>	3 _____	5 _____
2 <u>SOIL NOISE SAMPLING</u>	4 _____	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐ If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Prework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable		<input type="checkbox"/> Working at Height	
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input checked="" type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). Check if yes:

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> JSAs or procedures are available?	<input type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input checked="" type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DP7</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input type="checkbox"/> Environment (i.e., heat, cold, ice) (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) (L M H)	<input type="checkbox"/> Personal (i.e. alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) <u>TRUCK</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input type="checkbox"/> Hearing Conservation <input checked="" type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Decon Procedures <input type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)
--	--	--

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Tim Niblett GST [Signature]			
Don Marchese GST [Signature]			

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In Out

In Out

In Out

In Out

I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.

I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

- ☐ Lessons learned and best practices learned today: _____
- ☐ Incidents that occurred today: _____
- ☐ Any Stop Work interventions today? _____
- ☐ Corrective/Preventive Actions needed for future work: _____
- ☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>AP6</u>		Project Location: <u>AP6</u>	
Date: <u>3/15/21</u>	Time: <u>0800</u>	Conducted by: <u>C. ORTOLANO</u>	Signature/Title: <u>ORAR CA</u>
Client: <u>AP6</u>		Client Contact: <u>BROOKE CONWAY</u>	Subcontractor companies: <u>CSI</u>

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>DPT</u>	3 _____	5 _____
2 <u>SOIL/WATER SAMPLES</u>	4 _____	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations

☐

If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	_____	<input type="checkbox"/> Working at Height	_____
<input type="checkbox"/> Energy Isolation (LOTO)	_____	<input type="checkbox"/> Excavation/Trenching	_____
<input type="checkbox"/> Mechanical Lifting Ops	_____	<input checked="" type="checkbox"/> Overhead & Buried Utilities	_____
		<input type="checkbox"/> Confined Space	_____
		<input type="checkbox"/> Hot Work	_____
		<input type="checkbox"/> Other permit	_____

Discuss following questions (for some review previous day's post activities). Check if yes :

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> JSAs or procedures are available?	<input type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess** the Risks (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DPT</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) <u>WORK/REST</u> (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DPT</u> (L M H)	<input type="checkbox"/> Personal (i.e. alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) <u>TRUCK</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input checked="" type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Decon Procedures <input type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)
--	--	--

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Don Lynch / ARMOIS / Don John			
Ricky G. Whitten / CENAB / Ricky			
Don Marchese / GSI			
Tim Viblett / GSI			
Robert Page / CIRA			

Important Information and Numbers <p>All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.</p> <p>In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.</p> <p>In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.</p> <p>In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.</p>	Visitor Name/Co - not involved in work <table style="width: 100%;"> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> </table>	In	Out			In	Out			In	Out			In	Out			<p>I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.</p> <p>I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.</p> <p>If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.</p> <p>I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.</p>
In	Out																	
In	Out																	
In	Out																	
In	Out																	

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/>	Lessons learned and best practices learned today:	
<input type="checkbox"/>	Incidents that occurred today:	
<input type="checkbox"/>	Any Stop Work interventions today?	
<input type="checkbox"/>	Corrective/Preventive Actions needed for future work:	
<input type="checkbox"/>	Any other H&S issues:	

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>AD6</u>		Project Location: <u>AD6</u>	
Date: <u>3/16/21</u>	Time: <u>0900</u>	Conducted by: <u>C. ORTOLANO</u>	Signature/Title: <u>CRAR CA</u>
Client: <u>AD6</u>	Client Contact: <u>BROOK CONWAY</u>	Subcontractor companies: <u>651</u>	

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

- | | | |
|-----------------------------|---------|---------|
| 1 <u>DPT</u> | 3 _____ | 5 _____ |
| 2 <u>SOL/WATER SAMPLING</u> | 4 _____ | 6 _____ |

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐

If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable		<input type="checkbox"/> Working at Height	
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input checked="" type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). Check if yes: ☒

- | | | |
|---|--|---|
| <input type="checkbox"/> Incidents from day before to review? | <input type="checkbox"/> Lessons learned from the day before? | <input type="checkbox"/> Topics from Corp H&S to cover? |
| <input type="checkbox"/> Any corrective actions from yesterday? | <input type="checkbox"/> Will any work deviate from plan? | <input type="checkbox"/> Any Stop Work Interventions yesterday? |
| <input type="checkbox"/> JSAs or procedures are available? | <input type="checkbox"/> Field teams to "dirty" JSAs, as needed? | <input type="checkbox"/> If deviations, notify PM & client |
| <input checked="" type="checkbox"/> Staff has appropriate PPE? | <input type="checkbox"/> Staff knows Emergency Plan (EAP)? | <input checked="" type="checkbox"/> All equipment checked & OK? |
| Comments: _____ | | <input type="checkbox"/> Staff knows gathering points? |

Recognize the hazards (check all those that are discussed) (Examples are provided) and Assess the Risks (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>STF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DPT</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) <u>WIND / RST</u> (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DPT</u> (L M H)	<input type="checkbox"/> Personal (i.e. alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) <u>TRUCK</u> (L M H)



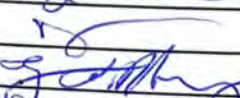
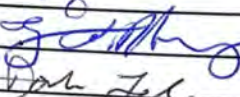
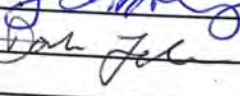
Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

<input checked="" type="checkbox"/> STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Decon Procedures <input type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Robert Page Jr CARRA 			
Ricky Whitton CENTB 			
Don Marchese GSI 			
Tim Miblett GSE 			
Dave Lynch ARIADIS 			

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In _____ Out _____

In _____ Out _____

In _____ Out _____

In _____ Out _____

I will **STOP** the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to **STOP THE JOB**, I will perform **TRACK**; and then amend the hazard assessments or the HASP as needed.

I will **not assist** a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done **TRACK** and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

- ☐ Lessons learned and best practices learned today: _____
- ☐ Incidents that occurred today: _____
- ☐ Any Stop Work interventions today? _____
- ☐ Corrective/Preventive Actions needed for future work: _____
- ☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>APG</u>		Project Location: <u>APG</u>	
Date: <u>3/17/21</u>	Time: <u>0800</u>	Conducted by: <u>C. DORTCH</u>	Signature/Title: <u>C. DORTCH</u>
Client: <u>APG</u>		Client Contact: <u>BROOK CONWAY</u>	Subcontractor companies: <u>CSI</u>

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>DPT</u>	3 _____	5 _____
2 <u>SOIL/WATER SAMPLING</u>	4 _____	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations

If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	Doc #	<input type="checkbox"/> Working at Height	
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input checked="" type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). Check if yes:

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> JSAs or procedures are available?	<input type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and Assess the Risks (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) <u>SIF</u> (L M H)	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) <u>DPT</u> (L M H)
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input type="checkbox"/> Environment (i.e., heat, cold, ice) (L M H)
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) <u>DPT</u> (L M H)	<input type="checkbox"/> Personal (i.e. alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) <u>TRUCK</u> (L M H)

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

- | | | |
|--|--|--|
| <input type="checkbox"/> Elimination
<input type="checkbox"/> Engineering controls
<input type="checkbox"/> General PPE Usage
<input type="checkbox"/> Personal Hygiene
<input type="checkbox"/> Emergency Action Plan (EAP)
<input type="checkbox"/> JSA to be developed/used (<u>specify</u>) | <input type="checkbox"/> Substitution
<input type="checkbox"/> Administrative controls
<input checked="" type="checkbox"/> Hearing Conservation
<input type="checkbox"/> Exposure Guidelines
<input type="checkbox"/> Fall Protection
<input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>) | <input type="checkbox"/> Isolation
<input type="checkbox"/> Monitoring
<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Decon Procedures
<input type="checkbox"/> Work Zones/Site Control
<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Other (<u>specify</u>) |
|--|--|--|

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Andy B. Whitten USACE <i>Andy B. Whitten</i>			
Don Marchese GSI <i>Don Marchese</i>			
Tim Niblack GSI <i>Tim Niblack</i>			
Robert Page, Jr. CARA <i>Robert Page, Jr.</i>			
Paul Lynch ARJIS <i>Paul Lynch</i>			

Important Information and Numbers

All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns.

In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager.

In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager.

In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.

Visitor Name/Co - not involved in work

In _____ Out _____

In _____ Out _____

In _____ Out _____

In _____ Out _____

I will **STOP** the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.

I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.

If it is necessary to **STOP THE JOB**, I will perform **TRACK**; and then amend the hazard assessments or the HASP as needed.

I will **not** assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done **TRACK** and I have thoroughly controlled the hazard.

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

- ☐ Lessons learned and best practices learned today: _____
- ☐ Incidents that occurred today: _____
- ☐ Any Stop Work interventions today? _____
- ☐ Corrective/Preventive Actions needed for future work: _____
- ☐ Any other H&S issues: _____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM -
TGM + project number plus date as follows: XXXXXXXX.XXXX.XXXX - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>APG</u>		Project Location: <u>APG</u>	
Date: <u>3/15/21</u>	Time: <u>0800</u>	Conducted by: <u>C. DORTCH</u>	Signature/Title: <u>C. DORTCH</u>
Client: <u>APG</u>		Client Contact: <u>BROOK COMPANY</u>	Subcontractor companies: <u>651 / 80 FT D16</u>

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

- | | |
|--------------------|---------------------------------|
| 1 <u>DPT</u> | 3 <u>DPT SOIL/WATER SAMPLES</u> |
| 2 <u>AIR KNIFE</u> | 4 _____ |
| | 6 _____ |

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐ If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable		<input type="checkbox"/> Working at Height	
<input type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input checked="" type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). Check if yes:

- | | | |
|---|--|---|
| <input type="checkbox"/> Incidents from day before to review? | <input type="checkbox"/> Lessons learned from the day before? | <input type="checkbox"/> Topics from Corp H&S to cover? |
| <input type="checkbox"/> Any corrective actions from yesterday? | <input type="checkbox"/> Will any work deviate from plan? | <input type="checkbox"/> Any Stop Work Interventions yesterday? |
| <input type="checkbox"/> JSAs or procedures are available? | <input type="checkbox"/> Field teams to "dirty" JSAs, as needed? | <input type="checkbox"/> If deviations, notify PM & client |
| <input checked="" type="checkbox"/> Staff has appropriate PPE? | <input type="checkbox"/> Staff knows Emergency Plan (EAP)? | <input checked="" type="checkbox"/> All equipment checked & OK? |
| | | <input type="checkbox"/> Staff knows gathering points? |

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) (L M H) <u>57F</u>	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) (L M H) <u>DPT / AIR KNIFE</u>
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) (L M H) <u>RAIN</u>
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) (L M H) <u>DPT / AIR KNIFE</u>	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e., car, ATV, boat, dozer) (L M H) <u>TRUCK</u>

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day) Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

<input checked="" type="checkbox"/> STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Decon Procedures <input type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign In Time	Initial & Sign out Time	I have read and understand the HASP
David Lynch / ARCOIS / [Signature]			
Justin Hoopes / soft dig / [Signature]			
James Andrews / soft dig / [Signature]			
Robert Page Jr / ARBA / [Signature]			
Ricky Gault / CENAB / [Signature]			
Tim Niblett / GST / [Signature]			
[Signature] / [Signature]			

Important Information and Numbers All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns. In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager. In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager. In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.	Visitor Name/Co - not involved in work <table style="width: 100%;"> <tr> <td style="width: 50%;">In</td> <td style="width: 50%;">Out</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>In</td> <td>Out</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>In</td> <td>Out</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>In</td> <td>Out</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	In	Out			In	Out			In	Out			In	Out			I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment. I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments. If it is necessary to STOP THE JOB , I will perform TRACK ; and then amend the hazard assessments or the HASP as needed. I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.
In	Out																	
In	Out																	
In	Out																	
In	Out																	

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/> Lessons learned and best practices learned today:	
<input type="checkbox"/> Incidents that occurred today:	
<input type="checkbox"/> Any Stop Work interventions today?	
<input type="checkbox"/> Corrective/Preventive Actions needed for future work:	
<input type="checkbox"/> Any other H&S issues:	

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>MPG</u>		Project Location: <u>MPG</u>	
Date: <u>3/19/21</u>	Time: <u>0800Z</u>	Conducted by: <u>C. ORTIZ</u>	Signature/Title: <u>CAAR OF</u>
Client: <u>MPG</u>		Client Contact: <u>BILLORE COMPANY</u>	Subcontractor companies: <u>GS1</u>

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>DPT</u>	3 _____	5 _____
2 <u>SOIL / WATER SAMPLE</u>	4 _____	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐ If there are none, write "None" here: _____

If yes, describe them here: _____

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	Doc # _____	<input type="checkbox"/> Working at Height	_____
<input type="checkbox"/> Energy Isolation (LOTO)	_____	<input type="checkbox"/> Excavation/Trenching	_____
<input type="checkbox"/> Mechanical Lifting Ops	_____	<input checked="" type="checkbox"/> Overhead & Buried Utilities	_____
		<input type="checkbox"/> Confined Space	_____
		<input type="checkbox"/> Hot Work	_____
		<input type="checkbox"/> Other permit	_____

Discuss following questions (for some review previous day's post activities). **Check if yes:** ☐ Topics from Corp H&S to cover?

<input type="checkbox"/> Incidents from day before to review?	<input type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> If deviations, notify PM & client
<input type="checkbox"/> JSAs or procedures are available?	<input type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input checked="" type="checkbox"/> All equipment checked & OK?
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) (L M H) <u>STF</u>	<input type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) (L M H) <u>DPT</u>
<input type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) (L M H) <u>WORK TREST</u>
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) (L M H) <u>DPT</u>	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e. car, ATV, boat, dozer) (L M H) <u>TRUCK</u>

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

☒ **STOP WORK AUTHORITY** (Must be addressed in every Tailgate meeting - (See statements below))

<input type="checkbox"/> Elimination <input type="checkbox"/> Engineering controls <input type="checkbox"/> General PPE Usage <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Emergency Action Plan (EAP) <input type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input type="checkbox"/> Substitution <input type="checkbox"/> Administrative controls <input checked="" type="checkbox"/> Hearing Conservation <input type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Decon Procedures <input type="checkbox"/> Work Zones/Site Control <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)
--	--	--

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Dicky b Whitten KENAB Pgs			
Dale Lyndley ARABIS JAL JAL			
Tim Niblett GSI			
Don Marchese GSI			
Shannon PLATT CARA			

Important Information and Numbers All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns. In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager. In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager. In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.	Visitor Name/Co - not involved in work <table style="width: 100%;"> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> </table>	In	Out			In	Out			In	Out			In	Out			<p>I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment.</p> <p>I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments.</p> <p>If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed.</p> <p>I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.</p>
In	Out																	
In	Out																	
In	Out																	
In	Out																	

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/>	Lessons learned and best practices learned today:	_____
<input type="checkbox"/>	Incidents that occurred today:	_____
<input type="checkbox"/>	Any Stop Work interventions today?	_____
<input type="checkbox"/>	Corrective/Preventive Actions needed for future work:	_____
<input type="checkbox"/>	Any other H&S issues:	_____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
TGM + project number plus date as follows: xxxxxxxx.xxxx.xxxx - dd/mm/year

TAILGATE HEALTH & SAFETY MEETING FORM

This form documents the tailgate meeting conducted in accordance with the Project HASP. Personnel who perform work operations on-site during the day are required to attend this meeting and to acknowledge their attendance, at least daily.

Project Name: <u>APG PFAS</u>		Project Location: _____	
Date: <u>12/15/21</u>	Time: <u>0718</u>	Conducted by: <u>Brian Lek</u>	Signature/Title: <u>[Signature] / ENVR Scientist</u>
Client: <u>USACE</u>	Client Contact: _____	Subcontractor companies: <u>UXO locate / Drilling company</u>	

TRACKING the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>Drilling</u>	3 <u>GWS</u>	5 _____
2 <u>Soil Sampling</u>	4 <u>UXO locating</u>	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☐ If there are none, write "None" here: _____

If yes, describe them here: UXO locating, moving drill around on potentially hazardous ground. UXO Contractors.

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable	_____	<input type="checkbox"/> Working at Height	_____
<input type="checkbox"/> Energy Isolation (LOTO)	_____	<input type="checkbox"/> Excavation/Trenching	_____
<input type="checkbox"/> Mechanical Lifting Ops	_____	<input type="checkbox"/> Overhead & Buried Utilities	_____
		<input type="checkbox"/> Confined Space	_____
		<input type="checkbox"/> Hot Work	_____
		<input type="checkbox"/> Other permit	_____

Discuss following questions (for some review previous day's post activities). Check if yes:

<input type="checkbox"/> Incidents from day before to review?	<input checked="" type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input type="checkbox"/> Any corrective actions from yesterday?	<input type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input checked="" type="checkbox"/> JSAs or procedures are available?	<input checked="" type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input checked="" type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input checked="" type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input checked="" type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and Assess the Risks (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) (L <u>M</u> H)	<input checked="" type="checkbox"/> Motion (i.e., traffic, moving water) (L <u>M</u> H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) (L M H)
<u>Slips, trips, and falls</u>		<u>Drill Rig</u>
<input checked="" type="checkbox"/> Electrical (i.e., utilities, lightning) (L M <u>H</u>)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) (L M <u>H</u>)
<u>Utilities</u>		<u>Cold weather</u>
<input type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input checked="" type="checkbox"/> Biological (i.e., ticks, poison ivy) (L <u>M</u> H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) (L <u>M</u> H)	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e., car, ATV, boat, dozer) (L M <u>H</u>)
		<u>Trucks</u>


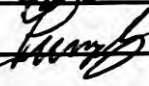


Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

<input checked="" type="checkbox"/> STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input checked="" type="checkbox"/> Elimination <input checked="" type="checkbox"/> Engineering controls <input checked="" type="checkbox"/> General PPE Usage <input checked="" type="checkbox"/> Personal Hygiene <input checked="" type="checkbox"/> Emergency Action Plan (EAP) <input checked="" type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input checked="" type="checkbox"/> Substitution <input checked="" type="checkbox"/> Administrative controls <input checked="" type="checkbox"/> Hearing Conservation <input checked="" type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input checked="" type="checkbox"/> Isolation <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Respiratory Protection <input checked="" type="checkbox"/> Decon Procedures <input checked="" type="checkbox"/> Work Zones/Site Control <input checked="" type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign in Time	Initial & Sign out Time	I have read and understand the HASP
Brian Kell / Arcadis / 	BK 0700		
Kevin Murphy / GSI / 	KM 0730		
Alber-Nobk-Nibrf / GSI / 	AN 0745		
JUSTIN COFFEY / ARCADIS / 	JHC 0730		

Important Information and Numbers All site staff should arrive fit for work. If not, they should report to the supervisor any restrictions or concerns. In the event of an injury, employees will call WorkCare at 1.800.455.6155 and then notify the field supervisor who will then notify the Project or Task Manager. In the event of a motor vehicle accident, employees will notify the field supervisor who will then notify the Project or Task Manager. In the event of a utility strike or other damage to property of a client or 3rd party, employees will immediately notify the field supervisor, who will then immediately notify the Project or Task Manager.	Visitor Name/Co - not involved in work <table style="width: 100%;"> <tr><td style="width: 50%;">In</td><td style="width: 50%;">Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> <tr><td> </td><td> </td></tr> <tr><td>In</td><td>Out</td></tr> </table>	In	Out			In	Out			In	Out			In	Out	I will STOP the job any time anyone is concerned or uncertain about health & safety or if anyone identifies a hazard or additional mitigation not recorded in the site, project, job or task hazard assessment. I will be alert to any changes in personnel, conditions at the work site or hazards not covered by the original hazard assessments. If it is necessary to STOP THE JOB, I will perform TRACK; and then amend the hazard assessments or the HASP as needed. I will not assist a subcontractor or other party with their work unless it is absolutely necessary and then only after I have done TRACK and I have thoroughly controlled the hazard.
In	Out															
In	Out															
In	Out															
In	Out															

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/> Lessons learned and best practices learned today:	_____
<input type="checkbox"/> Incidents that occurred today:	_____
<input type="checkbox"/> Any Stop Work interventions today?	_____
<input type="checkbox"/> Corrective/Preventive Actions needed for future work:	_____
<input type="checkbox"/> Any other H&S issues:	_____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Document Control Number: TGM - _____
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TAILGATE HEALTH & SAFETY MEETING FORM

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Project Name: <u>APG DFAS</u>		Project Location: <u>APG Edgewood</u>	
Date: _____	Time: <u>0714</u>	Conducted by: <u>Brian Kehr</u>	Signature/Title: <u>[Signature] ENVR Scientist</u>
Client: <u>US ARMY</u>	Client Contact: _____	Subcontractor companies: <u>GSI</u>	

TRACKing the Tailgate Meeting

Think through the Tasks (list the tasks for the day):

1 <u>Drilling</u>	3 <u>Hand Awarings</u>	5 <u>Soil Sampling</u>
2 <u>UXO locating</u>	4 <u>G/MS</u>	6 _____

Other Hazardous Activities - Check the box if there are any other Arcadis, Client or other party activities that may pose hazards to Arcadis operations ☒ If there are none, write "None" here: _____

If yes, describe them here: Yes, Drilling and UXO locating

How will they be controlled? _____

Pework Authorization - check activities to be conducted that require permit issuance or completion of a checklist or similar before work begins:

	Doc #		Doc #
<input type="checkbox"/> Not applicable		<input type="checkbox"/> Working at Height	
<input checked="" type="checkbox"/> Energy Isolation (LOTO)		<input type="checkbox"/> Excavation/Trenching	
<input type="checkbox"/> Mechanical Lifting Ops		<input type="checkbox"/> Overhead & Buried Utilities	
		<input type="checkbox"/> Confined Space	
		<input type="checkbox"/> Hot Work	
		<input type="checkbox"/> Other permit	

Discuss following questions (for some review previous day's post activities). Check if yes:

<input type="checkbox"/> Incidents from day before to review?	<input checked="" type="checkbox"/> Lessons learned from the day before?	<input type="checkbox"/> Topics from Corp H&S to cover?
<input checked="" type="checkbox"/> Any corrective actions from yesterday?	<input checked="" type="checkbox"/> Will any work deviate from plan?	<input type="checkbox"/> Any Stop Work Interventions yesterday?
<input checked="" type="checkbox"/> JSAs or procedures are available?	<input checked="" type="checkbox"/> Field teams to "dirty" JSAs, as needed?	<input checked="" type="checkbox"/> If deviations, notify PM & client
<input checked="" type="checkbox"/> Staff has appropriate PPE?	<input checked="" type="checkbox"/> Staff knows Emergency Plan (EAP)?	<input checked="" type="checkbox"/> All equipment checked & OK?
		<input checked="" type="checkbox"/> Staff knows gathering points?

Comments: _____

Recognize the hazards (check all those that are discussed) (Examples are provided) and **Assess the Risks** (Low, Medium, High - circle risk level) - Provide an overall assessment of hazards to be encountered today and briefly list them under the hazard category.

<input checked="" type="checkbox"/> Gravity (i.e., ladder, scaffold, trips) (L M H)	<input checked="" type="checkbox"/> Motion (i.e., traffic, moving water) (L M H)	<input checked="" type="checkbox"/> Mechanical (i.e., augers, motors) (L M H)
<input checked="" type="checkbox"/> Electrical (i.e., utilities, lightning) (L M H)	<input type="checkbox"/> Pressure (i.e., gas cylinders, wells) (L M H)	<input checked="" type="checkbox"/> Environment (i.e., heat, cold, ice) (L M H)
<input checked="" type="checkbox"/> Chemical (i.e., fuel, acid, paint) (L M H)	<input checked="" type="checkbox"/> Biological (i.e., ticks, poison ivy) (L M H)	<input type="checkbox"/> Radiation (i.e., alpha, sun, laser) (L M H)
<input checked="" type="checkbox"/> Sound (i.e., machinery, generators) (L M H)	<input type="checkbox"/> Personal (i.e., alone, night, not fit) (L M H)	<input checked="" type="checkbox"/> Driving (i.e., car, ATV, boat, dozer) (L M H)

Mechanical, Utilities
Chemical weapons (UXO)
Drill Rig
Trucks

Continue TRACK Process on Page 2

TAILGATE HEALTH & SAFETY MEETING FORM - Pg. 2

Control the hazards (Check all and discuss those methods to control the hazards that will be implemented for the day): Review the HASP, applicable JSAs, and other control processes. Discuss and document any additional control processes.

STOP WORK AUTHORITY (Must be addressed in every Tailgate meeting - (See statements below))		
<input checked="" type="checkbox"/> Elimination <input checked="" type="checkbox"/> Engineering controls <input checked="" type="checkbox"/> General PPE Usage <input checked="" type="checkbox"/> Personal Hygiene <input checked="" type="checkbox"/> Emergency Action Plan (EAP) <input checked="" type="checkbox"/> JSA to be developed/used (<u>specify</u>)	<input checked="" type="checkbox"/> Substitution <input checked="" type="checkbox"/> Administrative controls <input checked="" type="checkbox"/> Hearing Conservation <input checked="" type="checkbox"/> Exposure Guidelines <input type="checkbox"/> Fall Protection <input type="checkbox"/> TIP conducted (<u>specify job/JSA</u>)	<input type="checkbox"/> Isolation <input type="checkbox"/> Monitoring <input type="checkbox"/> Respiratory Protection <input checked="" type="checkbox"/> Decon Procedures <input checked="" type="checkbox"/> Work Zones/Site Control <input checked="" type="checkbox"/> Traffic Control <input type="checkbox"/> Other (<u>specify</u>)

Signature and Certification Section - Site Staff and Visitors

Name/Company/Signature	Initial & Sign In Time	Initial & Sign out Time	I have read and understand the HASP
Brian Kuhl / Arcadis / <i>[Signature]</i>	0700 <i>[Signature]</i>		
Ali Bernhagen / <i>[Signature]</i>	0700 <i>[Signature]</i>		
Kevin Humphrey / <i>[Signature]</i>	0700 <i>[Signature]</i>		
Adam P. [unclear] / CARA / <i>[Signature]</i>	0700 <i>[Signature]</i>		
HOWARD ROBINETTE / CARA / <i>[Signature]</i>	0700 <i>[Signature]</i>		

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In	Out															
In	Out															
In	Out															
In	Out															

Post Daily Activities Review - Review at end of day or before next day's work (Check those applicable and explain:)

<input type="checkbox"/> Lessons learned and best practices learned today:	_____
<input type="checkbox"/> Incidents that occurred today:	_____
<input type="checkbox"/> Any Stop Work interventions today?	_____
<input type="checkbox"/> Corrective/Preventive Actions needed for future work:	_____
<input type="checkbox"/> Any other H&S issues:	_____

Keep H&S 1st in all things

WorkCare - 1.800.455.6155

Utilities and Structures Checklist

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 3/17/21
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? #: See APC's Tracker - for ticket #
 Ticket Expiration Date: 3/4/21 (Review State Requirements)
 Utility companies notified during the One Call process See attached ticket

INFCAMAP UXO (AAA)
MISS Utility

List any other utilities requiring notification: None

Private Locator Contacted ☒ Yes ☐ No

Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? ☒ Yes ☐ No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

→ SEE APC's tracker for Well IDs & associated ticket #'s

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present: Paint Pin flags/stakes Other None

Client Provided Maps/Drawings OR Maps/Drawings requested but not provided

Client Clearance Name(s)/Affiliation(s) Soft Dig

Interview(s): Name(s)/Affiliation(s) INFCAMAP

Did person(s) interviewed indicate depths of any utilities in the subsurface?

☒ Yes, depths provided: Zone cleared is Did not know or refused to answer

Additional Comments: >30" away from utilities at varying depths

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Builts

Private Locator: (Name and Company) Soft Dig

Ground Penetrating Radar (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM)

Metal Detector

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring 5'

Other: UXO (AAA)

Marine Locator: (Name and Company)

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

orange paint
white flags

No photo
Army REGS.

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red	Yes	No
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green	Yes	No
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue	Yes	No
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green	Yes	No
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange	Yes	No
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:		Yes	No
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?		Yes	No
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist?	i.e. Purple	Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: _____

Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

See associated sketches per Field Event Stake out

Utilities and Structures Checklist

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 3/18/21
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? # 20-11345, 11346, 11378
 Ticket Expiration Date 3/18/21 (Review State Requirements)

Utility companies notified during the One Call process See attached ticket
PT&E INFAA MAP UXO (CARA)

List any other utilities requiring notification: None

Private Locator Contacted Yes No
 Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? Yes No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

20-11345 APG-BAF-DI-SO-(0-2)/GW APG-BLDG-1059-1-SO-(0-2)/GW
20-11346 APG-BAF-E-1-SO-(0-2)/GW APG-BLDG-1056-1-SO-(0-2)/GW (20-11378)

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present: Paint Pin flags/stakes Other None

Client Provided Maps/Drawings OR Maps/Drawings requested but not provided

Client Clearance Name(s)/Affiliation(s) Soft Dig

Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?
Yes, depths provided: _____ Did not know or refused to answer
 Additional Comments: _____

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Built

Private Locator: (Name and Company) _____

Ground Penetrating Radar (GPR) _____

Radiofrequency (RF Loc) _____

Electromagnetic (EM) _____

Metal Detector _____

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring

Other: UXO (CARA)

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: _____

Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

Utilities and Structures Checklist

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 3/19/12
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? #: 20-11378 20-11359
 Ticket Expiration Date: 3/13 (Review State Requirements)
 Utility companies notified during the One Call process: See attached ticket
INTRA MAP UXO (core)
MISS UTILITY

List any other utilities requiring notification: None

Private Locator Contacted Yes No

Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? Yes No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

APG-HANGU-1060-1-SO-(0-2)/GW APL-MFRI-1-SO-(0-2)/GW ~~APL-FTA-MO8-mm~~
 APG-Loading-PAD-1-SO-(0-2)/GW APL-MFRI-2-SO-(0-2)/GW ~~APL-OLD-FTA-1-SO-(0-2)/GW~~
~~APL-OLD-FTA-2-SO-(0-2)/GW~~

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present: Paint Pin flags/stakes Other None

Client Provided Maps/Drawings OR Maps/Drawings requested but not provided

Client Clearance Name(s)/Affiliation(s) Soft Dig

Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?

Yes, depths provided: _____ Did not know or refused to answer

Additional Comments: _____

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Built

Private Locator: (Name and Company) Soft Dig

Ground Penetrating Radar (GPR) (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM) (EM)

Metal Detector

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring

Other: _____

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Orange PAINT
+
White FLAGS

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name:		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: Dale Lyman

Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

**ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL)
WITH A CONFIRMED RESPONSE**

Marked
cleared UXO
area with
FLAG for
DPT location

Utilities and Structures Checklist

3/5/21

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 3/20/21
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? #: 20-11357, 20-11356

Ticket Expiration Date 3/17 (Review State Requirements) See attached ticket 20-11355
 Utility companies notified during the One Call process

INFAA MAP UXO (Cora) _____
Miss Utility _____

List any other utilities requiring notification: None

Private Locator Contacted ☒ Yes ☐ No

Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? ☒ Yes ☐ No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

APG-ABR20-1-GW APG-ABR20-2-SO-(0-2) APG-ABR27-1-SO-(0-2)
 APG-ABR26-1-SO-(0-2) APG-ABR27-1-GW APG-ABR23-1-GW
 APG-ABR3-1-SO-(0-2)

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present: Paint Pin flags/stakes Other None

Client Provided Maps/Drawings OR Maps/Drawings requested but not provided

Client Clearance Name(s)/Affiliation(s) Soft Dig

Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?

Yes, depths provided: _____ Did not know or refused to answer

Additional Comments: _____

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Built

Private Locator: (Name and Company) Soft Dig

Ground Penetrating Radar (GPR) ☒

Radiofrequency (RF Loc) _____

Electromagnetic (EM) ☒

Metal Detector _____

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing ☒

Hand Auguring ☒

Other: UXO (Cora)

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: _____

Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

Utilities and Structures Checklist

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 3/23/21
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? # 20-11358, 21-11506

Ticket Expiration Date 3/17/21 (Review State Requirements)
 Utility companies notified during the One Call process See attached ticket

INFERA MAP UXO (LARA) _____
MISS UTILITY _____
 List any other utilities requiring notification: None

Private Locator Contacted (Yes) No

Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? (Yes) No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

APG-Boneyard - 1 - GW (1,2,3,4,5,6,7)
 APG-Boneyard - 1 - SO - (0-2) (1,2,3,4,5,6,7)

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present: Paint Pin flags/stakes Other _____ None _____

Client Provided Maps/Drawings OR Maps/Drawings requested but not provided

Client Clearance Name(s)/Affiliation(s) _____

Interview(s): Name(s)/Affiliation(s) _____

INFERA MAP

Did person(s) interviewed indicate depths of any utilities in the subsurface?

Yes, depths provided:

Did not know or refused to answer

Additional Comments:

cleared zone is away from utility depths

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Builts

Private Locator: (Name and Company) Soft Dig

Ground Penetrating Radar (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM)

Metal Detector

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring ~ 5'

Other:

UXO (core)

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*

* If no, STOP WORK, call PM

Name and Signature of person completing the checklist: _____

Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

all cleared
uxo area
outlined in
orange +
wood stakes,
barbwire location
is wood
stake with
pink flag

Utilities and Structures Checklist

3/10

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 3/25/21
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? # 20-11453, 20-11451
 Ticket Expiration Date 3/29/21 (Review State Requirements) 20-11453, 20-11455
 Utility companies notified during the One Call process See attached ticket 20-11449, 20-11447
INFRAMAP UXO (CARA)
MISS UTILITIES SOFT DIG
 List any other utilities requiring notification: None

Private Locator Contacted Yes No

Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? Yes No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:		
APG-BLDG-E4081-1-SO	APG-BLDG-E4081-2-SE	APG-NOBLE-ROAD-1-SO
APG-BLDG-E4081-2-SO	APG-TANK-FIRE-1-SE	APG-NOBLE-ROAD-2-SO
APG-BLDG-E4081-1-SE	APG-CADEY-YARD-1-SO	

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)
 Utility Markings Present: Paint Pin flags/stakes Other _____ None _____

Client Provided Maps/Drawings OR Maps/Drawings requested but not provided
 Client Clearance Name(s)/Affiliation(s) INFRAMAP
 Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?

Yes, depths provided:

Did not know or refused to answer

Additional Comments: → cleared zones
730' away from utilities

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Builts

Private Locator: (Name and Company) Soft Dig

Ground Penetrating Radar (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM)

Metal Detector

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring >5'

Other: UXO (CARA)

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist?	i.e. Purple	Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name:			

* If no, STOP WORK, call PM

Name and Signature of person completing the checklist: Date Lynch

Date: 7/10/21

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

Orange paint
20' Box
Cleared UXO
area +

Soft Dig/INTRA
MAP

Cleared utility
zone

Pink flag
is ideal
boring location

Utilities and Structures Checklist

3/12

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: 3/29/21 Form Expiration Date: 7/26/21
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? #: 20-11381
 Ticket Expiration Date 3/29/21 (Review State Requirements)
 Utility companies notified during the One Call process See attached ticket
INFRA MAP UXO (cone)
miss utility Soft Dig
 List any other utilities requiring notification: None

Private Locator Contacted ☒ Yes ☐ No

Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? Yes ☐ No ☒

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

APG-BLDG-2200-1-50/GW APG-BLDG-2308-1-GW
APG-BLDG-2200-2-50

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present: Paint Pin flags/stakes Other None

Client Provided Maps/Drawings OR Maps/Drawings requested but not provided

Client Clearance Name(s)/Affiliation(s) INFRA map

Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?

Yes, depths provided: Did not know or refused to answer

Additional Comments:

cleared zone
> 30" away from utility

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Built

Private Locator: (Name and Company) Soft Dig

Ground Penetrating Radar (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM)

Metal Detector

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring > 5'

Other: UXO (cone)

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist?	i.e. Purple	Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: Dale Lynch
Date: 3/11/21

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

3/15/21

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: 3/29/21 Form Expiration Date: 3/29/21
 All utility markings must be refreshed ≤ 15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? # 20-11380 + 20-11402
 Ticket Expiration Date 20-110401 (Review State Requirements)
 Utility companies notified during the One Call process See attached ticket 20-11404
INTRA MAP VXO (Cora)
MISS Utility Soft Dig
 List any other utilities requiring notification: None

Private Locator Contacted ☒ Yes ☐ No
 Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.
 Client provided utility maps or "as built" drawings showing utilities? ☒ Yes ☐ No
APG-P1-12-1-GW
APG-P1-12-1-SD
APG-P1-12-2-GW

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.
Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:
APG-BLDG-300-1-GW APG-BLDG-300-1-SD(0-2) APG-AA5-1-GW
APG-BLDG-300-2-GW APG-BLDG-300-2-SD(0-2) APG-AA5-1-SE
APG-P1-Minfield-1-GW

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement) APG-P1-Minfield-1-SD
 Utility Markings Present: ☒ Paint ☒ Pin flags/stakes ☐ Other ☐ None APG-P1-Minfield-2-SD

Client Provided Maps/Drawings ☐ OR Maps/Drawings requested but not provided
 Client Clearance Name(s)/Affiliation(s) INTRA MAP
 Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?
☒ Yes, depths provided: estimated by
☐ Did not know or refused to answer
Soft Dig equipment

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Builts

Private Locator: (Name and Company) _____

Ground Penetrating Radar (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM)

Metal Detector

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring >5'

Other: VXO (Cora)

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. or work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vi) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: Date Lynch

Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

Utilities and Structures Checklist

3/16/21

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 3/30/21
 All utility markings must be refreshed ≤ 15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? #: _____
 Ticket Expiration Date _____ (Review State Requirements)
 Utility companies notified during the One Call process See attached ticket

WEPA map VXD (cave) _____
Miss Utility Soft Dig _____
 List any other utilities requiring notification: None

Private Locator Contacted ☒ Yes ☐ No
 Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.
 Client provided utility maps or "as built" drawings showing utilities? ☒ Yes ☐ No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:
APG-ECIS-1-GW APG-FUZL-1-SW APG-BAF-S6-1-GW
APG-FUZL-1-GW APG-FUZL-1-SE APG-BAF-S6-1-SO

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)
 Utility Markings Present: ☐ Paint ☐ Pin flags/stakes ☐ Other ☐ None

Client Provided Maps/Drawings ☐ OR ☐ Maps/Drawings requested but not provided
 Client Clearance Name(s)/Affiliation(s) _____
 Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?
☒ Yes, depths provided: _____ Did not know or refused to answer
 Additional Comments: estimated by soft dig

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Builts _____
 Private Locator: (Name and Company) Soft Dig
 Ground Penetrating Radar (GPR) _____
 Radiofrequency (RF Loc) _____
 Electromagnetic (EM) _____
 Metal Detector _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Soft Dig Methods
 Termination Depth _____ ft. bgs
 Potholing / Vacuum Extraction
 Air knife Hydro knife
 Probing
Hand Auguring > 5'

Other: VXD (cave)
 Marine Locator: (Name and Company) _____

if Hand
Auger Hit
Refusal

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vii) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: _____

Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

Utilities and Structures Checklist

3/17

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection

Project Number: 02118216.3005.8AC00

Form Completion Date: _____

Form Expiration Date: 3/30/21

All utility markings must be refreshed ≤ 15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work?

#: 20-11449 20-11450

Ticket Expiration Date _____

(Review State Requirements)

20-11453 20-11452

Utility companies notified during the One Call process

See attached ticket

INFRA MAP

VXD (long)

20-11445

MISS UTILITY

SOFT DIG

List any other utilities requiring notification: None

Private Locator Contacted

☒ Yes ☐ No

Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities?

☒ Yes ☐ No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

APG-BLDG-E5180-1-SO/GW

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

APG-Noble-Road-1-GW

APG-BLDG-E4040-1-GW

APG-BLDG-E5180-2-GW

APG-BLDG-E4081-1-GW

APG-WEIDE-1-GW / SO

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present:

☒ Paint

☒ Pin flags/stakes

☐ Other

☐ None

Client Provided Maps/Drawings

OR

Maps/Drawings requested but not provided

Client Clearance

Name(s)/Affiliation(s)

Interview(s):

Name(s)/Affiliation(s)

Did person(s) interviewed indicate depths of any utilities in the subsurface?

☒ Yes, depths provided:

☐ Did not know or refused to answer

Additional Comments:

estimated by soft dig

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Builts

Private Locator: (Name and Company)

SOFT DIG

Ground Penetrating Radar (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM)

Metal Detector

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/backup locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring > 5'

Other:

Marine Locator: (Name and Company)

1st Hand hits auger refusal

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vi) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____			* If no, STOP WORK, call PM

Name and Signature of person completing the checklist: _____
Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

**ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL)
WITH A CONFIRMED RESPONSE**

Utilities and Structures Checklist

During the site inspection look for the following: ("YES" requires additional investigation and the utility must be marked properly prior to beginning subsurface intrusive work):

Site Inspection	Utility Color Codes	Present	
A) Natural gas line present (evidence of a gas meter)?	Yellow	Yes	No
i) Feeder Lines to buildings or homes?		Yes	No
B) Evidence of electric lines:	Red		
i) Conduits to ground from electric meter or along wall?		Yes	No
ii) Conduits from power poles running into ground?		Yes	No
iii) Light poles, electric devices with no overhead lines?		Yes	No
iv) Overhead electric lines present? Marked? (See Section L)		Yes	No
C) Evidence of sewer drains:	Green		
i) Restrooms or kitchen on site?		Yes	No
ii) Sewer cleanouts present?		Yes	No
iii) Combined sewer /storm lines or multiple sewer lines?		Yes	No
D) Evidence of water lines:	Blue		
i) Water meter on site or multiple water lines?		Yes	No
ii) Fire hydrants in vicinity of work?		Yes	No
iii) Irrigation systems? (Sprinkler heads, valve boxes, controls in building)		Yes	No
E) Evidence of storm drains:	Green		
i) Open curbside or slotted grate storm drains		Yes	No
ii) Gutter down spouts going into ground		Yes	No
F) Evidence of telecommunication lines:	Orange		
i) Fiber optic warning signs in areas?		Yes	No
ii) Aboveground cable boxes or housings or wires in work area? Marked?		Yes	No
G) Underground storage tanks:			
i) Tank pit present, tank vent present?		Yes	No
ii) Product lines running to dispensers/buildings?		Yes	No
H) Do utilities enter or exit existing structures/buildings?			
If Yes, confirm the utility markings outside of structure/building match up.		Yes	No
I) Proposed excavation marked in white?	White	Yes	No
J) Unclassed utilities / anomalies marked in pink?	Pink	Yes	No
K) Overhead Utilities/Communication Lines - Look Up and MARK:			
i) Overhead electrical conduit, pipe chases, cable trays, product lines?		Yes	No
ii) Overhead fire sprinkler system?		Yes	No
L) Overhead Power lines in or near the work area:			
i) < 50 kV within 10 ft. of work area?		Yes	No
ii) >50 - 200 kV within 15 ft. of work area?		Yes	No
iii) >200-350 kV within 20 ft. of work area?		Yes	No
iv) >350-500 kV within 25 ft. of work area?		Yes	No
v) >500-750 kV within 35 ft. of work area?		Yes	No
vi) >750-1000 kV within 45 ft. of work area?		Yes	No
M) Other:			
i) Evidence of linear asphalt or concrete repair?		Yes	No
ii) Evidence of linear ground subsidence or change in vegetation?		Yes	No
iii) Unmarked manholes or valve covers in work area?		Yes	No
iv) Warning signs (Call Before you Dig, Look Up, etc.) on or adjacent to site?		Yes	No
v) Utility color markings not illustrated in this checklist? i.e. Purple		Yes	No
vi) Operating heavy equipment on unpaved/unimproved ground; review equipment route for shallow utilities crossing it and modify if necessary.		Yes	No
O) Utilities & Structures Checklist been reviewed by the PM or Designee		Yes	No*
PM or Designee Name: _____		* If no, STOP WORK, call PM	

Name and Signature of person completing the checklist: _____
Date: _____

Do not perform mechanized intrusive work within 30 inches of a utility marking without receiving pre-approval by Corporate H&S.

ALL UTILITY STRIKES REQUIRE CORPORATE H&S NOTIFICATION (EMAIL OR CALL) WITH A CONFIRMED RESPONSE

Utilities and Structures Checklist

3/19/21

THIS FORM MUST BE COMPLETED IN ENTIRETY PRIOR TO BEGINNING ANY INTRUSIVE WORK

Project: Aberdeen Proving Ground Preliminary Assessment/Site Inspection
 Project Number: 02118216.3005.8AC00
 Form Completion Date: _____ Form Expiration Date: 4/3/21
 All utility markings must be refreshed ≤15 days when work is ongoing. (15 business days post form completion date)

Pre-Field Work

Required: One Call or "811" notified 48-72 hours in advance of work? #: 70-11449
 Ticket Expiration Date _____ (Review State Requirements) 20-11450
 Utility companies notified during the One Call process See attached ticket 20-11447
INTRA MAP UXO (case) _____
Mini Utility Soft Dig _____
 List any other utilities requiring notification: None

Private Locator Contacted ☒ Yes ☐ No
 Plan private utility clearance subcontractor assignments, areas, required clearance equipment, depth of clearance needed, types of utilities. When possible re-clear 811 markings to confirm utility locations.

Client provided utility maps or "as built" drawings showing utilities? ☒ Yes ☐ No

Field Work - This must be completed on site, by staff who have a minimum of one year of field experience in identifying utilities. Review Check list with PM or designee prior to beginning intrusive work.

Mechanized intrusive work in utility Tolerance Zone (<30-in.) requires pre-approval by Corporate H&S

List Soil Boring / Well IDs or Excavation Locations applicable to this clearance checklist:

APH-BLDG-E4040-1-GW/SO APH-CASEY-YARD-1-GW
APH-G-Street-1-GW/SO

3 Reliable Lines of Evidence Required Prior to Starting any Subsurface Intrusive Work

One Call/"811" (Reliable as a line of evidence when working in public right of way or easement)

Utility Markings Present: ☒ Paint ☒ Pin flags/stakes ☐ Other ☐ None

Client Provided Maps/Drawings ☐ OR ☐ Maps/Drawings requested but not provided

Client Clearance Name(s)/Affiliation(s) _____

Interview(s): Name(s)/Affiliation(s) _____

Did person(s) interviewed indicate depths of any utilities in the subsurface?

☒ Yes, depths provided:

☐ Did not know or refused to answer

Additional Comments: estimated by soft dig

Site Inspection (Complete Page 2 & Photo Document Marked Utilities & Utility Structures)

Public Records / Maps / As-Built

Private Locator: (Name and Company) Soft Dig

Ground Penetrating Radar (GPR)

Radiofrequency (RF Loc)

Electromagnetic (EM)

Metal Detector

Soft Dig Methods

Termination Depth _____ ft. bgs

Potholing / Vacuum Extraction

Air knife Hydro knife

Probing

Hand Auguring 75'

Other: UXO (case)

Marine Locator: (Name and Company) _____

Tips for Successful Utility Location (H&S Standard Section 5.6):

1. Don't forget to look up (mark above grade utilities if warranted)
2. Be on-site with Private Utility Locators
3. Ask Private Locators to "confirm" other's markings
4. Select alternate/back-up locations during clearance process
5. Mark out all known utilities. Leave nothing to question
6. No hammering - no pickaxes - no digging bars - no shortcutting
7. No excessive turning or downward force of hand augers/shovels
8. Utilities may run in or directly under asphalt/concrete
9. Clearing, grubbing, and heavy equipment may damage shallow utilities.
10. Is Spotter needed for Heavy Equipment near aboveground utilities?

if hand
Auger
hits
refusal