

CONTRACT NUMBER DLA200-86-D-0012 RC

DELIVERY ORDER NUMBER 0009

DOR SENT 30 MAY 86

DO RECEIVED 30 MAY 86

SCHEDULED PICK UP DATE 1 MAY 86

ACTUAL PICK UP DATE 1 MAY 86

COMEBACK COPY DATE 5 MAY 86

DISCREPANCY REPORT DUE 5 MAY 86  
COMPLETED ~~3~~ 5 MAY 86



753000990884

FILE FOLDER  
EA

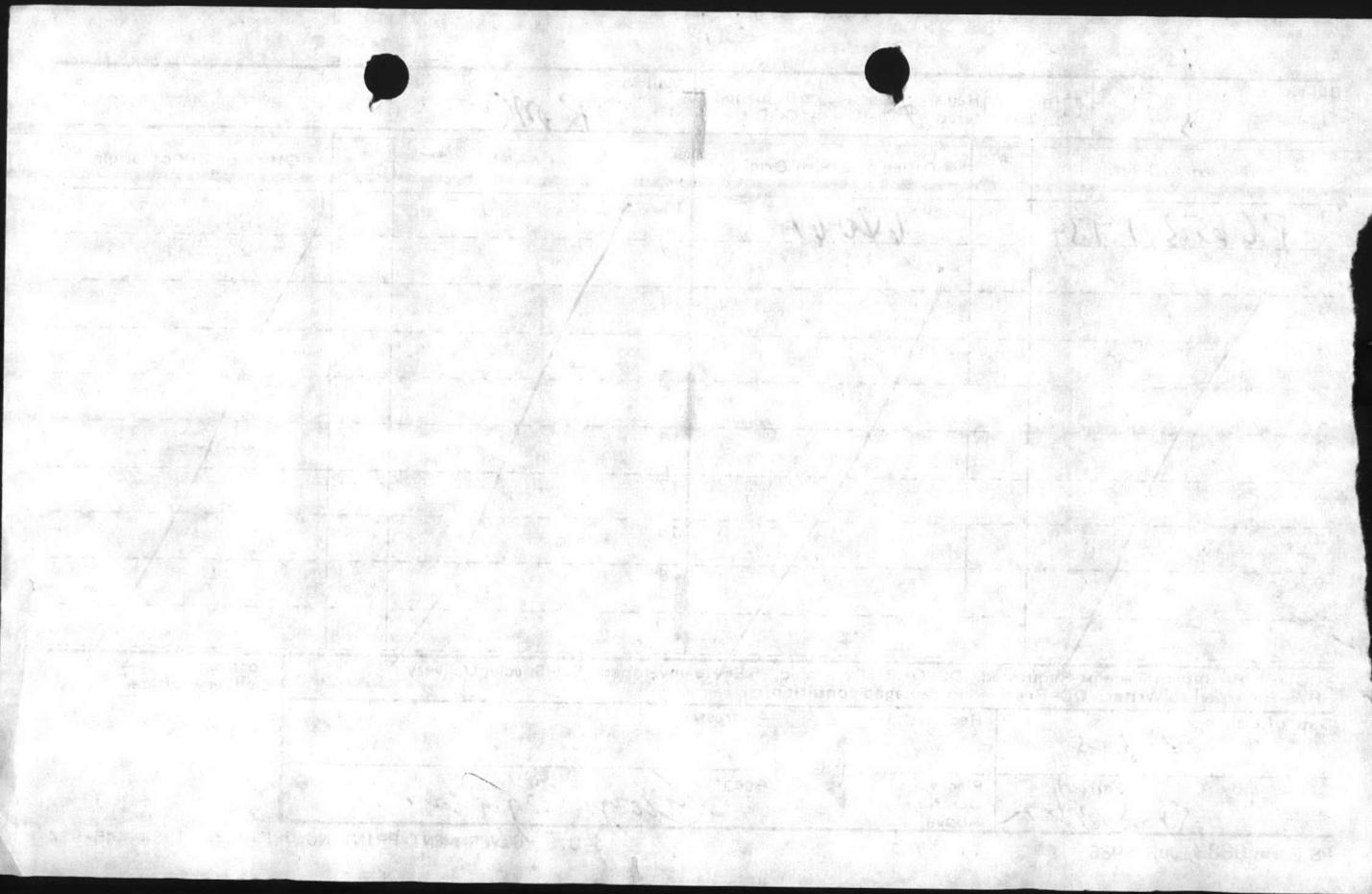
Bill No. 13  Insured  Registered  Certified  Returned COD's Mail for DRMO

No. of Article	* Code	Office or ZIP of Origin	No. of Article	* Code	Office or ZIP of Origin
1		<u>64061</u>	11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

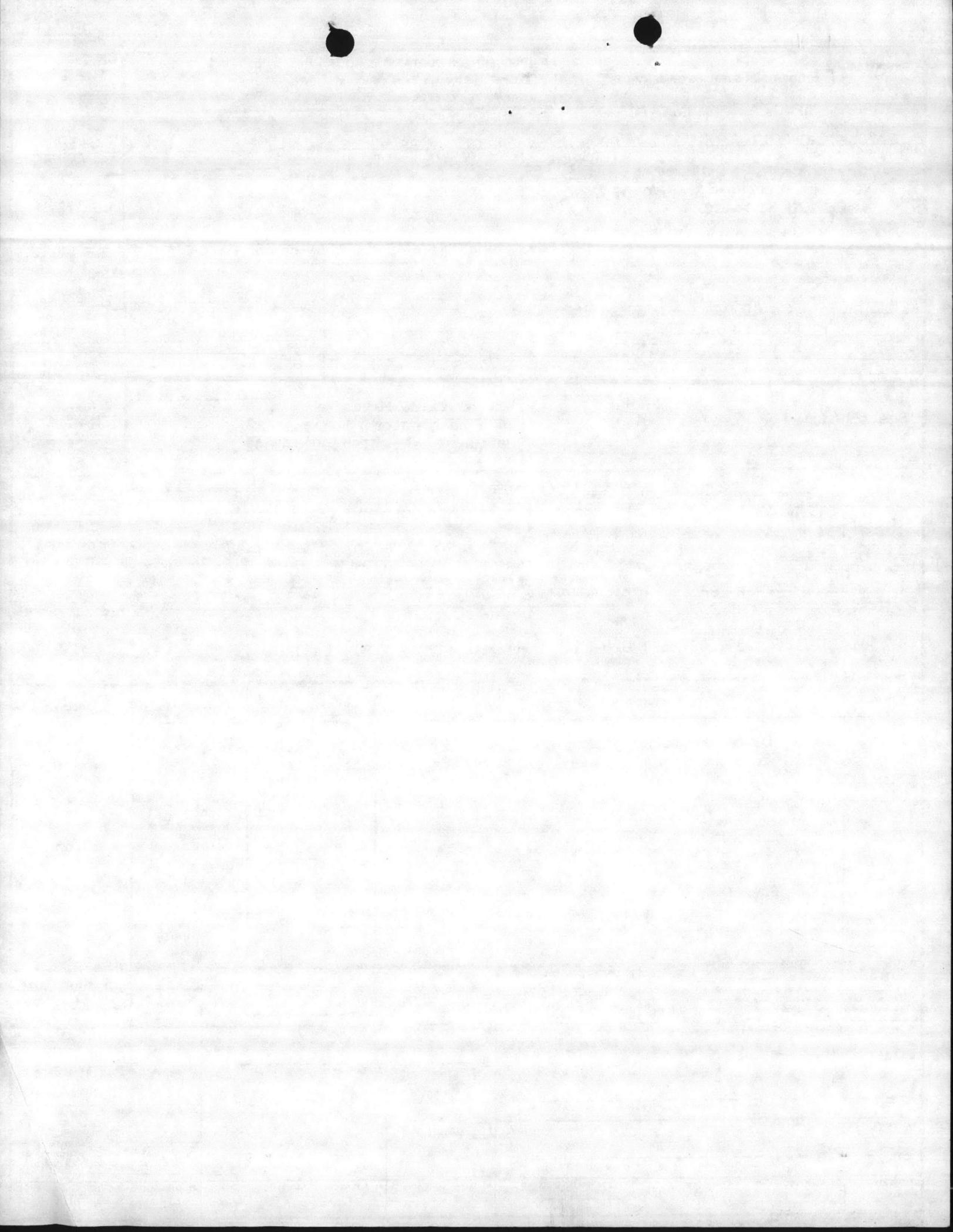
\*CODE: R=Return Receipt Requested. OS=Officially Sealed. RE=Re-enveloped. SD=Special Delivery.  
 RW=Returned to Writer. DC=Received in damaged condition.

Postmark—  
Delivery Office

Date of Delivery <u>5-8-86</u>	Received the	Addressee
Delivered by (Clerk or Carrier) <u>[Signature]</u>	Pieces Described Above	Agent <u>[Signature]</u>



<input type="checkbox"/> CHECKED BOX APPLIES <input type="checkbox"/> ORDER FOR SUPPLIES OR SERVICES		<input type="checkbox"/> REQUEST FOR QUOTATIONS NO. RETURN COPI(IES) OF THIS QUOTE BY (THIS IS NOT AN ORDER. See DD Form 1155r)			PAGE 1 OF 2 2			
1. CONTRACT/PURCH ORDER NO. DLA200-86-D-0012		2. DELIVERY ORDER NO. 0009		3. DATE OF ORDER 16 May 86		4. REQUISITION/PURCH REQUEST NO. JHM-85-0014		
6. ISSUED BY: <b>Defense Reutilization and Marketing Service (DRMS-P Bldg 210/4, 2163 Airways Blvd. Memphis, TN 38114-5297)</b> Deborah P. Jackson/(901)775-6059/1fc)				7. ADMINISTERED BY: (If other than 6) CODE		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1 DO S-1		
9. CONTRACTOR/QUOTER CODE NAME AND ADDRESS: <b>PCB DISPOSAL SYSTEMS, INC.</b> Rt. #1, Box 159 Kingsville MO 64061				10. DELIVER TO FOB POINT BY: 16 Jun86		8. DELIVERY FOB <input type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)		
14. SHIP TO: CODE See schedule				15. PAYMENT WILL BE MADE BY: CODE Def Reutil & Mktg Ser 74 N Washington, Federal Center Battle Creek, MI 49017-3092		11. CHECK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
18. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> X PURCHASE <input type="checkbox"/>		This delivery order is subject to instructions contained on this side of form only and is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your General Provisions of Purchase Order on DD Form 1155r (EXCEPT CLAUSE NO. 12 APPLIES ONLY IF THIS BOX <input type="checkbox"/> IS CHECKED, AND NO. 14 IF THIS BOX <input type="checkbox"/> IS CHECKED); special provisions 10 USC 2304(a)(8) or as specified in the schedule if within the U.S., its possessions or Puerto Rico; if otherwise under 2304(a)(8). <input type="checkbox"/> If checked, Additional General Provisions apply; Supplier shall sign "Acceptance" on DD Form 1155r and return copies.						
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 9760810.5141 5G P572.05 2527 S20-114 H61280 \$15,564.30								
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
The following items are to be picked up at DRMO FT JACKSON and disposed of in accordance with the terms and conditions of the contract.								
0111		Capacitor			75	lb	1.03	77.25
0111		Capacitor			55	lb	1.03	56.65
* If quantity accepted by the Government is same as quantity ordered, indicate by <input checked="" type="checkbox"/> mark. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA <i>Sara C. Hales</i> BY: SARA C. HALES		25. TOTAL \$15,564.30		26. DIFFERENCES
26. QUANTITY IN COLUMN 20 HAS BEEN: <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO.		28. D O VOUCHER NO.		29. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER
								42. S/R VOUCHER NO.



CONTINUATION SHEET

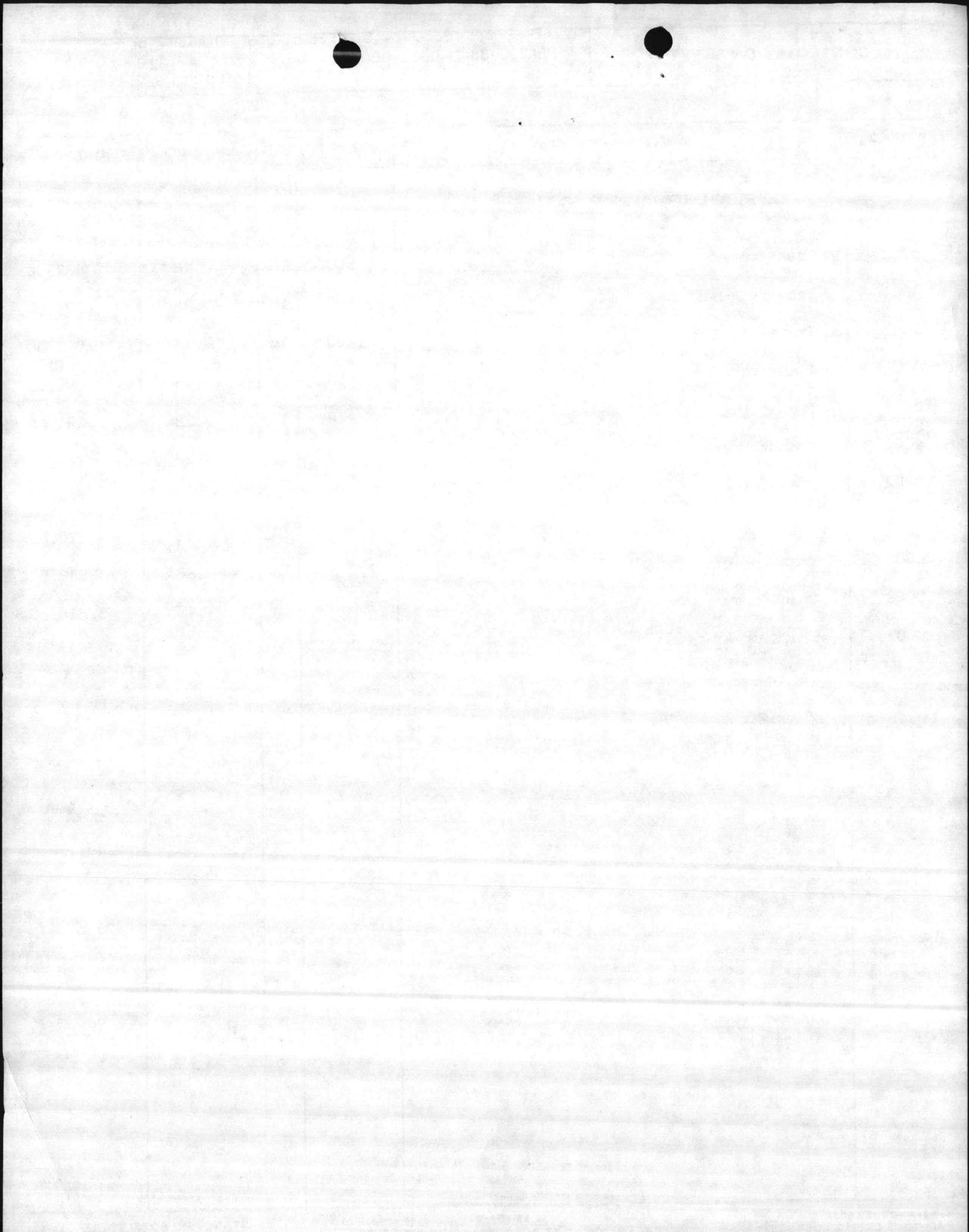
REFERENCE NO. OF DOCUMENT BEING CONTINUED  
DLA200-86-D-0012-000

PAGE OF  
2 2

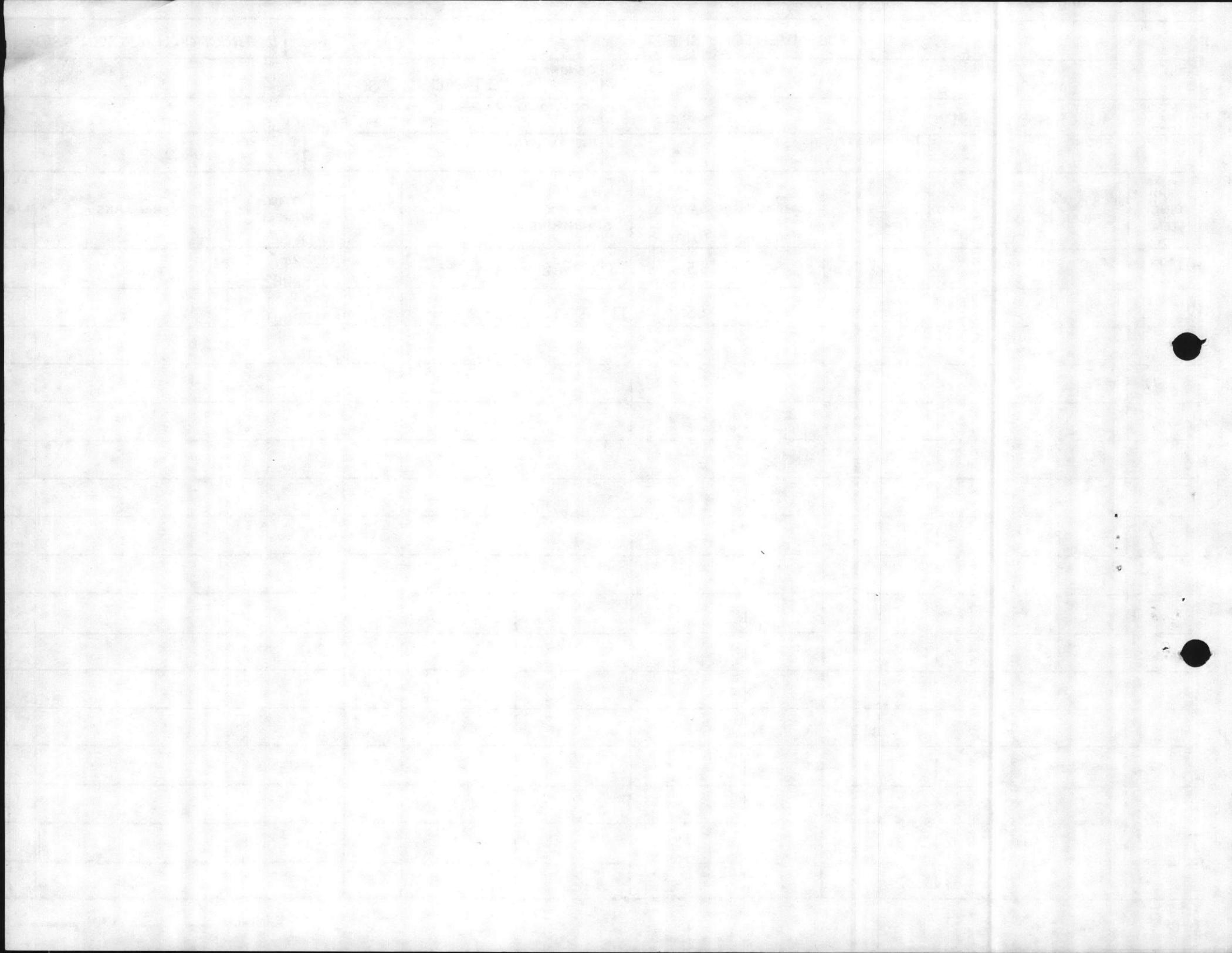
NAME OF OFFEROR OR CONTRACTOR

PAGES

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	TO BE PICKED UP AT DRMO LEJEUNE				
0002	Transformer	900	lb	.48	432.00
0004	Transformer	800	lb	.28	224.00
0002	Transformer	1200	lb	.48	576.00
0002	Transformer	400	lb	.48	192.00
0004	Transformer	470	lb	.28	131.60
0004	Transformer	400	lb	.28	112.00
0002	Transformer	200	lb	.48	96.00
0017	Drum	2,750	lb	.88	2,420.00
0001	Transformer	7,270	lb	.68	4,943.60
0003	Transformer	7,950	lb	.48	3,816.00
0001	Transformer	3,790	lb	.68	2,577.20







PCB INVENTORY SHEET

DLA 200-86-D-0012

INSTRUCTIONS ON REVERSE SIDE.

DPDO **LEJEUNE**

GENERATOR **MARINE CORPS BASE**

POINT OF CONTACT **MIR GEORGE EGGERS**

LOCATION OF MATERIAL **TR-863 / LOT #140**

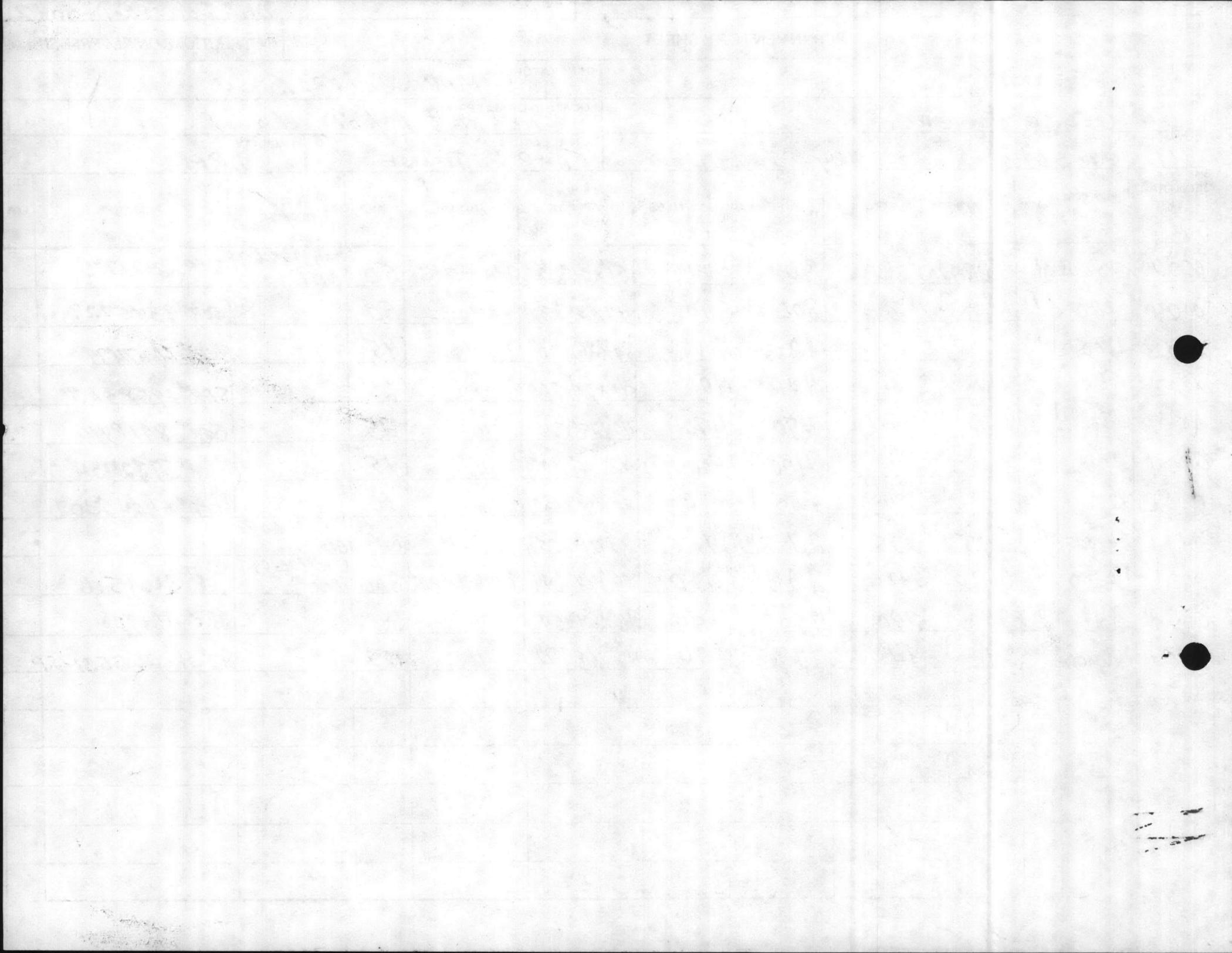
COMMERCIAL PHONE **(919)451-5613**

AUTOVON PHONE **484-5613**

INSTALLATION **CAMP LEJEUNE**

FACILITY **DRMO**

1. CONTRACT LINE ITEM	2. PCB/PPM CONCEN	3. QTY	4. APPROX GALLONS		5. APPROX GROSS WT/LBS		6. H x W x L APPROX DIMENSIONS	7. NOUN	8. KVA	9. DTID NUMBER	10. REMARKS	11. L/A
			EACH	TOTAL	EACH	TOTAL						
0002	540,000	1	DRAINED		900	900	51" x 26" x 28"	TRANSFORMER	50	M931826099 0011	SER# 3172725	
0004	120	1	"	"	800	800	47" x 34" x 32"	"	50		SER# 9345729	
0002	1800	1	"	"	1200	1200	84" x 26" x 30"	"	45		SER# 6607479	
0002	580	1	"	"	400	400	40" x 24" x 26"	"	25		SER# 6958363	
0004	78	1	"	"	470	470	46" x 25" x 26"	"	25		SER# 8918410	
0004	200	1	"	"	400	400	42" x 16" x 22"	"	15		SER# 57J2754	
0002	1250	1	"	"	200	200	38" x 18" x 20"	"	10		SER# 6424530	
0017	540,000	4	275	275	2,750	2,750	23" D x 35" H	DRUM	NA	M931826099 0013		
0001	190,000	1	3420	3420	7,270	7,270	86" x 68" x 44"	TRANSFORMER	300	M931826104 0009	SER# 3161516	
0003	94	1	290	290	7,950	7,950	96" x 84" x 54"	"	500		SER# C-861938	
0001	260,000	1	94	94	3,790	3,790	48" x 68" x 72"	"	225		SER# H-22353168P	



WEIGHT CERTIFICATE  
MCBCL 4600/2

TRAFFIC MANAGEMENT OFFICE  
MARINE CORPS BASE  
CAMP LEJEUNE, NC 28542

GROSS  23980LB 01:41PM AP 11 86	GBL/DOC #
TARE  16860LB 02:09PM AP 11 86	CARRIER  USMC
NET  7,120 LB	VEHICLE #  TRK 259101 TRCR 271329
COMMODITY  GOVERNMENT	DESTINATION  BASE MAINT.
CUSTOMER  SGT. BRUCE A. SEGEE 295562655 USMC	REMARKS
SHIPPER  Bruce A. Segee	WEIGHMASTER  Mauron B. Eddy

WRIGHT COUNTY  
MISSOURI

ISSUE B. 01/11/11 11.30

ISSUE F. 02/07/11 11.30

7150 LB

Government

Sgt. Brown A 2011

BASE 601377  
USMC

*[Handwritten signature]*

USMC

TUR 221111 TUR 221331

BASE WART.

*[Handwritten signature]*

WEIGHT CERTIFICATE  
MCBCL 4600/2

TRAFFIC MANAGEMENT OFFICE  
MARINE CORPS BASE  
CAMP LEJEUNE, NC 28542

GROSS 23980LB 01:41PM AP 11 86	GBL/DOC #
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NET 7,120 LB.	VEHICLE # TRK 259101 TRCR 271329
COMMODITY GOVERNMENT	DESTINATION BASE MAINT.
CUSTOMER SGT. BRUCE A. SEQUE 2955 62655 USMC	REMARKS
SHIPPER Bruce A. Seque	WEIGHMASTER Milton B. Eddy

USMC

TRK 221011. 0111 210101

USMC

USMC

10

GOVERNMENT

SPT. BRUCE A. ZEPPE

USMC

COR CHECKLIST		CONTRACT NUMBER	DELIVERY ORDER REQUEST CONTROL NUMBER	DATE OF REQUEST
1 DATE SENT TO		2 ITEMS TAGGED (yes/no)		4 DELIVERY ORDER NO. (DATE)
CONTRACTING OFFICE _____		WITH CONTROL NO. _____		5 SCHEDULED REMOVAL (DATE)
REGION OFFICE _____		WITH DELIVERY ORDER NO. _____		6 REQ'D NOTIFICATION (DATE) (per para C.8 of contract)
FILE _____		3 ITEMS ACCESSIBLE		8 SCHEDULED PICKUP (DATE)
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		( _____ days prior to visit)
9 INTERNAL NOTIFICATIONS				10 MANIFEST WORK COPY PREPARED (DATE)
<input checked="" type="checkbox"/> INSTALL. SPILL TEAM PH: <u>451-3333</u>				<u>1 MAY 86</u>
<input checked="" type="checkbox"/> INSTALL. COMMANDER PH: _____				11 VERIFIED MATERIAL (DATE)
<input checked="" type="checkbox"/> INSTALL. ENVIRONMENTALIST PH: <u>451-1960</u>				<u>1 MAY 86</u>
				12 VERIFIED ACCESSABILITY (DATE)
				<u>1 MAY 86</u>
CONTRACTOR ARRIVAL				
13 ARRIVAL (DATE)		20 MANIFEST		
14 JOINT INSPECTION (COR and Contractor)		<input checked="" type="checkbox"/> PROPER MANIFESTS <input checked="" type="checkbox"/> GEN. EPA I.D. NO. + MANIFEST DOC. NO. <input checked="" type="checkbox"/> GEN. NAME, ADDRESS, PHONE <input checked="" type="checkbox"/> TRANSPORTER NAME, EPA NO. <input checked="" type="checkbox"/> TSDF NAME, ADDRESS, EPA NO. <input type="checkbox"/> REPORTABLE QTY. (If applicable) <input checked="" type="checkbox"/> PROPER SHIPPING NAME } MUST BE <input checked="" type="checkbox"/> HAZARD CLASS } IN THIS ORDER <input checked="" type="checkbox"/> UN OR NA NUMBER <input checked="" type="checkbox"/> QTY. IN WEIGHT OR VOLUME <input checked="" type="checkbox"/> TYPE AND NUMBER OF CONTAINERS <input checked="" type="checkbox"/> STATE REQUIRED INFORMATION <input type="checkbox"/> NON-REGULATED LISTED LAST <input type="checkbox"/> CERTIFICATION STATEMENT SIGNED BY COR <input type="checkbox"/> TRANSPORTER SIGNATURE <input type="checkbox"/> CO-SIGNER SIGNATURE (If applicable) <input type="checkbox"/> RETAINED GENERATOR'S COPY		
<input checked="" type="checkbox"/> TRUCK <input checked="" type="checkbox"/> SPILL EQUIPMENT <input checked="" type="checkbox"/> TIE DOWNS <input checked="" type="checkbox"/> EMPTY DRUMS <input checked="" type="checkbox"/> ABSORBENT <input checked="" type="checkbox"/> PROTECTIVE CLOTHING <input checked="" type="checkbox"/> HAULING PERMITS <input checked="" type="checkbox"/> AREA FREE OF SPILLS <input checked="" type="checkbox"/> AREA FREE OF UNAUTHORIZED PERSONNEL EQUIPMENT OR MATERIAL		21 <input checked="" type="checkbox"/> ALL PROPERTY MANIFESTED		
15 OTHER PROPERTY ON TRUCK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If more space needed, use reverse) IF YES, WHOSE? <u>FORT GORDON GA.</u> WHAT? <u>5 EA TRANSFORMERS</u>		22 LOAD		
16 PICKUP REPORT		<input checked="" type="checkbox"/> SECURE <input checked="" type="checkbox"/> SAFE FOR TRANSPORTATION <input checked="" type="checkbox"/> COMPATIBLE (49 CFR 177.848)		
<input checked="" type="checkbox"/> PREPARED BY CONTRACTOR (If pickup report does not agree with Delivery Order, explain on reverse)		23 PLACARDING (49 CFR 172.500)		
17 PACKAGING (49 CFR 172.01 Columns 5a & b) (49 CFR 173.24)		<input type="checkbox"/> PROPER PLACARDS (When req'd - front, back and both sides).		
<input checked="" type="checkbox"/> DOT APPROVED PACKAGING		24 INSPECTION (COR and Contractor)		
18 MARKINGS (49 CFR 172.300)		EVERYTHING REMOVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Including packing materials and containers) (If more space needed, use reverse)		
<input checked="" type="checkbox"/> PROPER SHIPPING NAME <input type="checkbox"/> DOT IDENTIFICATION NO. <input type="checkbox"/> HAZARD WASTE MARKING (Ship. Name, UN NO.) <input type="checkbox"/> ORM MARKINGS _____ RQ (If required) <input type="checkbox"/> LIQUID - This side up/Arrows		ITEMS NOT PICKED UP _____ ANY SPILLS <u>NO</u> (If yes, explain on reverse)		
19 LABELS (49 CFR 172.400) (49 CFR 172.101 Column 4)		25 SUSPENSE FILE		
(One label ea. cont. when req'd. Two labels if at least 64 cu. ft. but less than 640 cu. ft. - one label on each opposite side.) <input checked="" type="checkbox"/> REQUIRED LABELS <input type="checkbox"/> ADDITIONAL LABELS (As required)		<input checked="" type="checkbox"/> COLLECTION SUMMARY REPORT SENT TO CONTRACTING OFFICE (DATE) _____ <input checked="" type="checkbox"/> MANIFEST COPY RETAINED <input type="checkbox"/> STATE COPY MAILED (If required) (DATE) _____ <input type="checkbox"/> IF NOT RETURNED CO. NOTIFIED (DATE) _____ <input checked="" type="checkbox"/> FILE CLOSED (DATE) <u>8 MAY 86</u>		

**INSTRUCTIONS:**

- 1. Complete a separate checklist for each Delivery Order or one-time contract. (If more than one pickup is made for a single Delivery Order, fill out a separate checklist for each pickup.)*
- 2. Retain a copy of the checklist in your Delivery Order or contract file (for one-time contracts).*
- 3. This completed checklist is to be forwarded to the appropriate contracting office within ten (10) calendar days after pickup has been made.*

76-166

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No. **NC6170022580**  
 Manifest Document No. **11 28 120040**

2. Page 1 of 1  
 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address  
 Marine Corp Base  
 Camp LeJeune, NC, Bldg. TC863, DRMO

A. State Manifest Document Number

4. Generator's Phone ( 919 ) 451-5613 (AP Phone) 484-5613

B. State Generator's ID

5. Transporter 1 Company Name  
 PCB Disposal Systems, Inc.

6. US EPA ID Number  
 MOD980962849

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone **816/732-5591**

9. Design Facility Name and Site Address  
 PCB Disposal Systems, Inc.  
 Rt. 1, Box 159  
 Kingsville, MO 64061

10. US EPA ID Number  
 MGD980962849

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone  
**816/732-5591**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.	
				No.
a. Waste PCB contaminated transformers Polychlorinated biphenyls ORM-E, UN-2315 RQ	10	CM	22,120	P
b. Waste PCB Contaminated Oil Polychlorinated biphenyls ORM-E, UN-2315 RQ	4	DM	275	Gal 2750 <sup>18</sup>
c.				
d.				

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Clean up any leaks or spills; Call Emergency Coordinator (816-732-5591/863) in case of Emergency or Questionable developments.

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

Printed/Typed Name George Eggers	Signature <i>George Eggers</i>	Date Month Day Year 5 31 86
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17. Transporter 1 Acknowledgement of Receipt of Materials	Signature <i>John Harding</i>	Date Month Day Year 5 1 86
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18. Transporter 2 Acknowledgement or Receipt of Materials	Signature	Date Month Day Year
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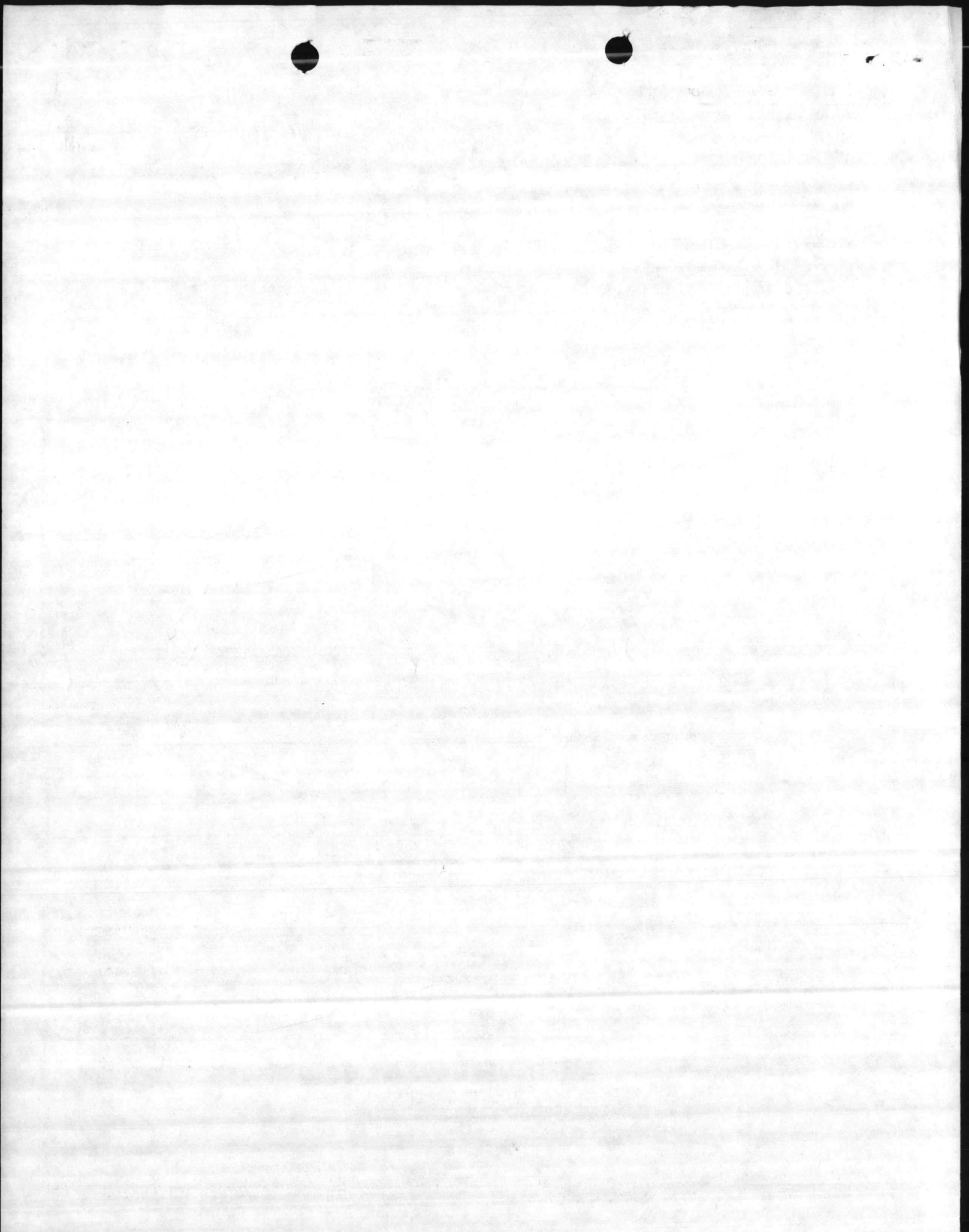
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.	Signature <i>David Taylor</i>	Date Month Day Year 05 05 86
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GENERATOR

TRANSPORTER

FACILITY



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator's US EPA ID No. NC6170022580	Manifest Document No. 100040	2. Page 1 of	Information in the shaded areas is not required by Federal law.
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3. Generator's Name and Mailing Address Marine Corp Base Camp LeJeune, NC, Bldg. TC863, DRMO	A.State Manifest Document Number
4. Generator's Phone ( 919 ) 451-5613 (AP Phone) 484-5613	B.State Generator's ID
5. Transporter 1 Company Name PCB Disposal Systems, Inc.	C.State Transporter's ID
6. US EPA ID Number MOD980962849	D.Transporter's Phone 816/732-5591
7. Transporter 2 Company Name	E.State Transporter's ID
8. US EPA ID Number	F.Transporter's Phone
9. Design Facility Name and Site Address PCB Disposal Systems, Inc. Rt. 1, Box 159 Kingsville, MO 64061	G.State Facility's ID
10. US EPA ID Number MOD980962849	H.Facility's Phone 816/732-5591

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
	No.	Type			
a. Waste PCB contaminated transformers Polychlorinated biphenyls ORM-E, UN-2315 RQ	10	CM	22,120	P	
b. Waste PCB Contaminated Oil Polychlorinated biphenyls ORM-E, UN-2315 RQ	4	DM	275 Gal		2750 <sup>LB</sup>
c.					
d.					

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
---	---

15. Special Handling Instructions and Additional Information  
Clean up any leaks or spills; Call Emergency Coordinator (816-732-5591/3562) in case of Emergency or Questionable developments.

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

Printed/Typed Name George Eggers	Signature <i>George Eggers</i>	Date Month Day Year 5-1-86
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name JOHN HARDING	Signature <i>John Harding</i>	Date Month Day Year 5-1-86
18. Transporter 2 Acknowledgement or Receipt of Materials		
Printed/Typed Name	Signature	Date Month Day Year

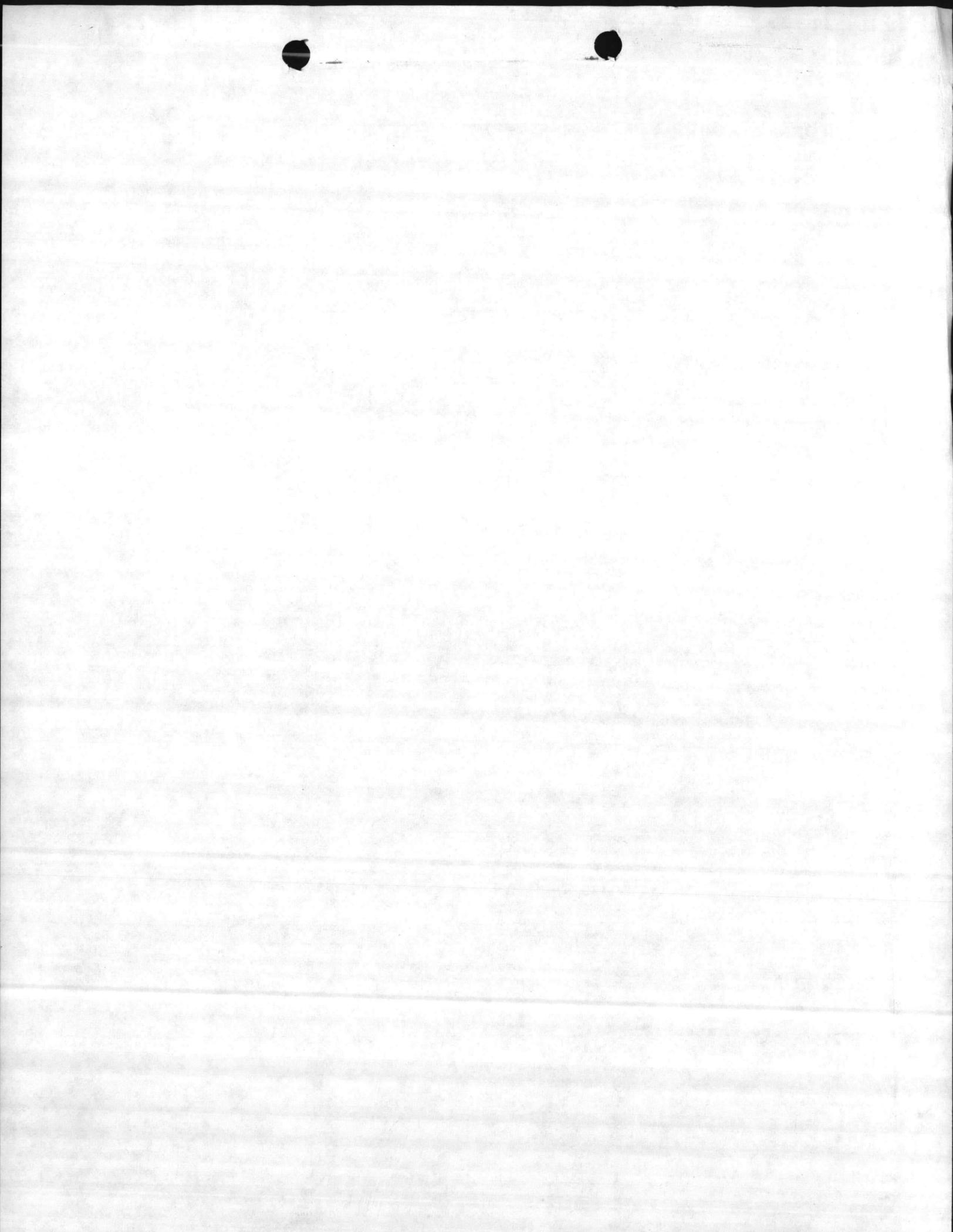
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name David Taylor	Signature <i>David Taylor</i>	Date Month Day Year 05-05-86

GENERATOR

TRANSPORTER

FACILITY





INSTRUCTIONS

1. This sheet will be used for all PCB Inventories or Delivery Orders.

2. Complete one sheet for each location.

3. Fill in the following information:

A. Contracting Officer's Representative Nominee GEORGE EGGERS  
Commerical Phone (919) 451-5613      Autovon 484-5613

B. Alternate Contracting Officer's Rep. Nominee MICHAEL CERVENAK  
Commercial Phone (919) 451-1634      Autovon 484-1634

4. Complete the top portion of each sheet.

5. Complete one line for each entry.

6. Specific instructions are as follows:

**A. One-Time Contract Inventories or Delivery Orders**

- (1) Column 1 (Contract Line Item) leave blank for PCB inventory. CLIN to be filled in on Delivery Orders.
- (2) Columns 2 (PCB/PPB Concentration) through 7 (Noun) must be completed.
- (3) Column 8 (KVA) should be filled in for electrical components. Column 9 (DTID Number) must be completed.
- (4) Column 10 (Remarks) is optional. Include any information which may be helpful to the Contracting Officer.
- (5) Column 11 (L/A, Laboratory Analysis), if you have received a laboratory analysis for this item, put an X in the blank. If you have no analysis, leave the block blank.
- (6) Leave lines "Enclosure" and "Page" blank. DPDS-HC completes these.

**B. Requirements Contract Inventories**

- (1) Column 1 (Contract Line Item) leave blank.
- (2) Column 2 (PCB/PPB Concentration) must be completed.
- (3) Columns 3 (Quantity) through 5 (Approx Gross Weight) will be completed with the PDO's estimates of numbers, gallons and weights.
- (4) Column 6 (Dimensions), complete if dimensions are known.
- (5) Column 7 (Noun) complete.
- (6) Columns ( KVA) and 9 (DTID Number) complete if information is available.
- (7) Column 10 (Remarks) is optional. Include any information which may be helpful to the Contracting Officer.
- (8) Column 11 (L/A, Laboratory Analysis), if you have received a laboratory analysis for this item, put an X in the blank. If you have no analysis, leave the block blank.
- (9) Leave lines "Enclosure" and "Page" blank. DPDS-HC completes these.

No. \_\_\_\_\_

Weight obtained by using A PATENT RECORDING BEAM

From LEJEUNE

PCB DISPOSAL SYSTEM

62550

Load of PCB TRANSFORMERS

37680

Gross

Driver

{ ON  
OFF

John Harding

24870

Tare

Fees

Date

5-1

1986

Net

37680

Weigher

Form S-51



**COLLECTION SUMMARY REPORT**

CONTRACT NO.

DLA200-86-D-00

DELIVERY ORDER NO.

0009

Please complete this form and submit it to the DPDS Contracting Officer within ten (10) working days from the time that the contractor leaves the collection site. The address of the DPDS Contracting Officer is included on Page 1 of the enclosed contract and/or delivery order.

**A. DESCRIPTION OF CHEMICAL COLLECTION SITE**

1. Actual location of chemicals

BLD TC863 / LOT 140

2. RIC

542014

3. Accountable DPDO

LEJEUNE

**B. DESCRIPTION OF MISCELLANEOUS CHEMICALS COLLECTED.** (Attach copy of DD-250 or DPDS-1697, Pickup Report, as applicable to your contract and delivery order. If not provided, state why and attach a description or copy of annotated inventory.

1. Please indicate any differences between the quantity of chemicals collected and the quantity of chemicals shown in the contract and/or delivery order. (attach additional documents as necessary)

2. Please fill in the columns describing the number of containers requiring overpacking, repacking, draining, etc., if any.

CLIN	ITEMS	QUANTITY	REMARKS
0017	DRUM OF PCB	1	OVERPACKED

**C. EVALUATION OF CONTRACTOR'S PERFORMANCE**

1. Date of contractor arrival

1 MAY 86

2. Date of contractor departure

1 MAY 86

3. Please check either S (satisfactory) or U (unsatisfactory) for each phase of contractor's performance and specify any problems and/or positive actions encountered, if any.

a. Adequacy of Contractor/COR briefing/notification

S U

b. Adequacy of repackaging

c. Final clean-up and decontamination

d. Safety of personnel

e. Number of trucks used

✓  
✓  
✓  
✓  
1

**D. DOCUMENTATION RECEIVED** Check each document received by PDO for filing

a. Manifest

b. Form DD 250 (or DPDS Form 1697)

YES NO  
✓  
✓

**E. REMARKS - INCLUDE ANY SPECIFIC COMMENTS YOU MAY HAVE REGARDING OVERALL CONTRACTOR PERFORMANCE, ANY SUGGESTIONS OR COMMENTS (on improving this contract, COR letter, Summary Report, etc.)**

1. Name of PDO submitting report

LEJEUNE

3. COR Signature

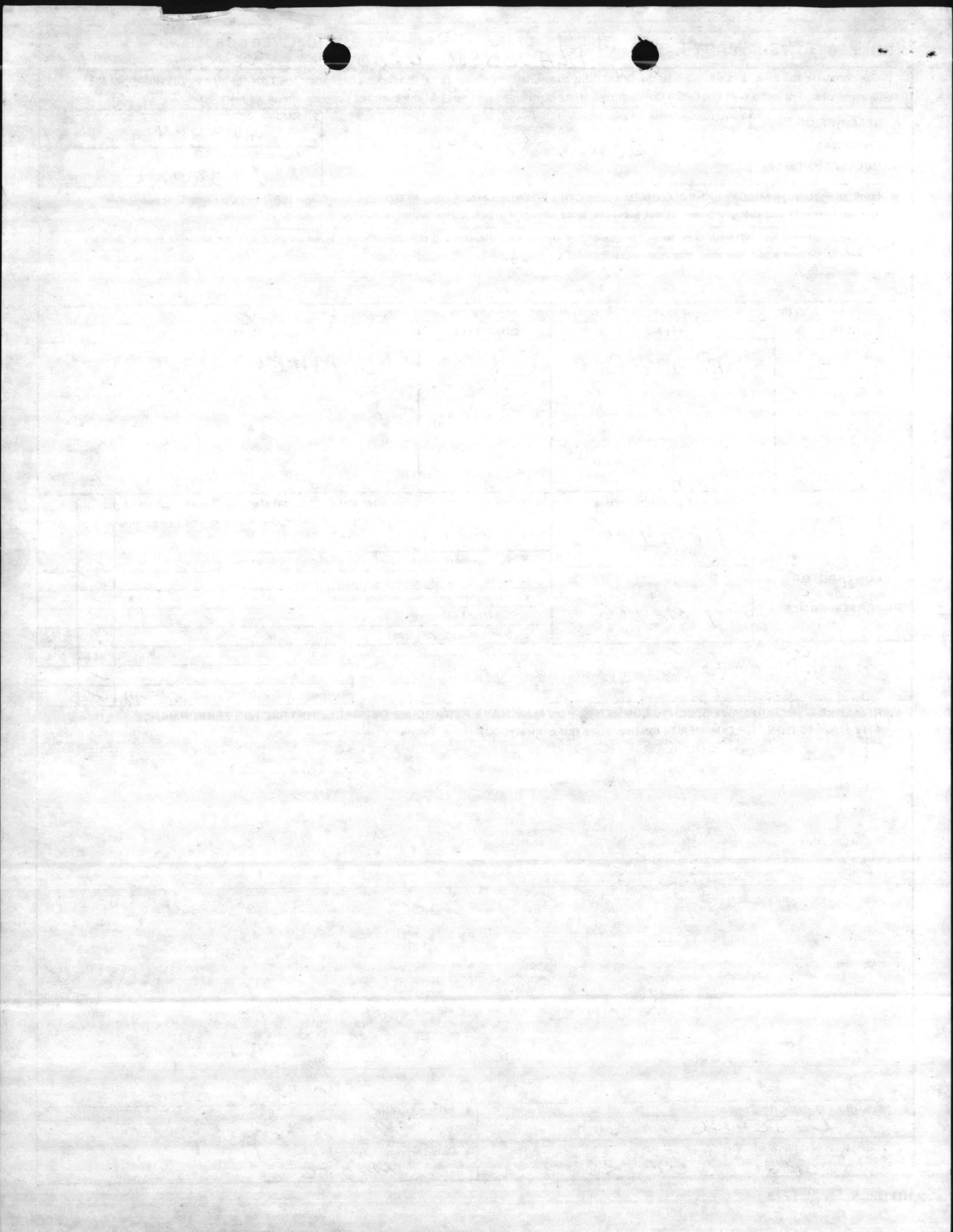
George Eggers

2. Printed or typed name of COR

GEORGE EGGERS

4. Date this report submitted

2 MAY 86





## INSTRUCTIONS

- Column 1. **CLIN:** Contract Line Item Number, as appears in contract schedule.
- Column 2. **ITEM DESCRIPTION:** Item, as appears in contract schedule.
- Column 3. **PICK-UP LOCATION:** Government installation where contractor picked up the item. Use additional lines as necessary.
- Column 4. **UNIT:** Unit of measure (e.g., pounds, gallons, etc.)
- Column 5. **QUANTITY PICKED-UP:** Actual quantity picked-up, attache explanation of any discrepancies between this quantity and the quantity specified by the contract.
- Column 6. **PICK-UP MANIFEST NUMBER(s):** List all pick-up manifests applicable to the CLIN, use additional lines if necessary. The quantity picked up on each manifest must be reported.
- Column 7. **DATE:** Date that item was picked up.
- Column 8. **REMARKS:** Indicate any differences between quantity collected and the quantity shown in the contract. Indicate the number of containers requiring overpacking, repacking, draining, etc. (Attach additional documents as necessary.) Indicate description on manifest if different from Column 2 above.

DOC. IDENT.		RI FROM	M & S	STOCK NUMBER		ADD	QUANTITY	DOCUMENT NUMBER		SUPPLEMENTARY ADDRESS		SIGNAL FUND	PROJECT	PRI. ORIBY	REQ'D DEL DATE	ADVICE	RI	UNIT PRICE	
FSC		NIIN		REQUISITIONER		DATE	SERIAL	SUPER. SERV. ADDRESS		SIGNAL	FUND	PROJECT	PRI. ORIBY	REQ'D DEL DATE	ADVICE	RI	DOLLARS CTS.		
B7J		5950 00		TRANSFORMER		A000		M9318260990011										20 00	
SHIPPED FROM BASE MAINT SHOP							SHIP TO DRMO DFDO							MARK FOR HM		PROJECT NA		TOTAL PRICE DOLLARS CTS. 140 00 <del>200 00</del>	
WAREHOUSE LOCATION		TYPE OF CARGO	UNIT PACK	UNIT WEIGHT	UNIT CUBE	U F C	N M F C	FREIGHT RATE		DOCUMENT DATE	MAT. COND.	QUANTITY					7		
F		G	H	I	J	K	L	M	N	O	P	Q	R	S					
SUBSTITUTE DATA (ITEM ORIGINALLY REQUEST'D)				FREIGHT CLASSIFICATION NOMENCLATURE															
T				U															
				ITEM NOMENCLATURE															
W				X															
SELECTED BY AND DATE		TYPE OF CONTAINER(S)		TOTAL WEIGHT		RECEIVED BY AND DATE		INSPECTED BY AND DATE											
1		TRANSFORMER PCB UNITS-TR451		3		7		6101											
PACKED BY AND DATE		NO. OF CONTAINER(S)		TOTAL CUBE		WAREHOUSED BY AND DATE		WAREHOUSE LOCATION											
4		5		6		6101		40101 26A1											
REMARKS LAB ANALYSIS REPORT ATTACHED AS TO PCB CONTENTS				DAVID K. BULLOCK PROP OFF															
AA DEMIL CODE A				BB		CC		DD		FF		GG							
FIRST DESTINATION ADDRESS				DATE SHIPPED				RECEIVER'S SIGNATURE (AND DATE)				RECEIVER'S DOCUMENT NUMBER							
11				12				14				15							
TRANSPORTATION CHARGEABLE TO				B/LADING, AWB, OR RECEIVER'S SIGNATURE (AND DATE)				RECEIVER'S DOCUMENT NUMBER											

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S/N 0102-LF-013-1000

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DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT

ARID PQ ZOM 2A HXP

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NO.	DATE	DESCRIPTION	AMOUNT	INITIALS	REMARKS
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49	1944	...	...	...	...
50	1944	...	...	...	...

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THIS SINGLE INVOICE IS RECEIVED FOR THE DOCUMENT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
DOC. IDENT.	RI FROM	M & S	FSC	STOCK NUMBER	NIIN	ADD	UNIT OF ISSUE	QUANTITY	REQUISITIONER	DATE	SERIAL	SUPPLEMENTARY ADDRESS	SIGNAL	FUND	PROJECT	PRIORITY	REQ'D DEL DATE	ADVICE	RI	UNIT PRICE	DOLLARS	CTS.																																																									
B7J			9160	00 OIL	PCBR00004		DR				9318260990013					14			NA	H		500																																																									
SHIPPED FROM	SHIP TO	MARK FOR	PROJECT	TOTAL PRICE	BASE MAINT SHOP 52	DRMO	H 49	D	X	DOLLARS	CTS.	A	B	C	D	E																																																															
WAREHOUSE LOCATION	TYPE OF CARGO	UNIT PACK	UNIT WEIGHT	UNIT CUBE	U F C	N M F C	FREIGHT RATE	DOCUMENT DATE	MAT COND	QUANTITY	S	F	G	H	I	J	K	L	M	N	O	P	Q	R	S																																																						
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SELECTED BY AND DATE	TYPE OF CONTAINER(S)	TOTAL WEIGHT	RECEIVED BY AND DATE	INSPECTED BY AND DATE	1	2	3	7	8																																																																						
PACKED BY AND DATE	NO. OF CONTAINER(S)	TOTAL CUBE	WAREHOUSED BY AND DATE	WAREHOUSE LOCATION	4	5	6	9	10																																																																						
REMARKS:	DEMIL CODE A	DATE SHIPPED	RECEIVED BY AND DATE	INSPECTED BY AND DATE	AA	BB	CC	DD	EE																																																																						
FIRST DESTINATION ADDRESS	DATE SHIPPED	RECEIVED BY AND DATE	INSPECTED BY AND DATE	WAREHOUSE LOCATION	11	12	13	14	15																																																																						
TRANSPORTATION CHARGEABLE TO	B/LADING, AWB, OR RECEIVER'S SIGNATURE (AND DATE)	RECEIVER'S DOCUMENT NUMBER	DAVID K. BULLOCK	PROP OFF	16	17	18	19	20																																																																						

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DOC. IDENT.	RI FROM	M & S	STOCK NUMBER	FSC	NIIN	ADD	UNIT OF ISSUE	QUA	DOCUMENT NUMBER	REQUISITIONER	DATE	SERIAL	SUPPLEMENTARY ADDRESS	SIGNAL	FUND	PROJ. ECT	PRI. ORITY	REQ'D DEL DATE	ADVICE	RI	UNIT PRICE	DOLLARS	CTS.																																																								
B7J			5950-00	Transfr	EA00003M9318260040009											14				NA	H	20.00																																																									
SHIPPED FROM	SHIP TO	MARK FOR	PROJECT	TOTAL PRICE	DOLLARS	CTS.	BASE MAINT SHOP 52	DRMO														60.00																																																									
WAREHOUSE LOCATION	TYPE OF CARGO	UNIT PACK	UNIT WEIGHT	UNIT CUBE	U F C	N M F C	FREIGHT RATE	DOCUMENT DATE	MAT. COND	QUANTITY	S	A	B	C	D	E							3																																																								
SUBSTITUTE DATA (ITEM ORIGINALLY REQUEST'D)	FREIGHT CLASSIFICATION NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	ITEM NOMENCLATURE	T	U	V	W	X	Y																																																														
SELECTED BY AND DATE	TYPE OF CONTAINER(S)	TOTAL WEIGHT	RECEIVED BY AND DATE	INSPECTED BY AND DATE	PACKED BY AND DATE	NO. OF CONTAINER(S)	TOTAL CUBE	WAREHOUSED BY AND DATE	WAREHOUSE LOCATION	4	5	6	7	8	9																																																																
REMARKS:	DEMIL CODE A	DATE SHIPPED	RECEIVED BY AND DATE	INSPECTED BY AND DATE	LAB ANALYSIS REPORT ATTACHED AS TO P&H CONTENTS																																																																										
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