District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

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State of New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-144 July 21, 2008

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office. For permanent pits and exceptions submit to the Santa Fe Environmental Bureau office and provide a copy to the appropriate NMOCD District Office.

| <ul> <li>6.</li> <li>Fencing: Subsection D of 19.15.17.11 NMAC (Applies to permanent pits, temporary pits, and below-grade tanks)</li> <li>Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, hospital, institution or church)</li> <li>Four foot height, four strands of barbed wire evenly spaced between one and four feet</li> <li>Alternate. Please specify</li></ul>                                                                                                                                                                                                                                                                                           |                    |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--|--|
| <ul> <li>7.</li> <li>Netting: Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks)</li> <li>Screen Netting Other</li> <li>Monthly inspections (If netting or screening is not physically feasible)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |  |  |  |
| <ul> <li>8.</li> <li>Signs: Subsection C of 19.15.17.11 NMAC</li> <li>12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers</li> <li>Signed in compliance with 19.15.16.8 NMAC</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |  |  |  |
| <ul> <li>9. <u>Administrative Approvals and Exceptions</u>:<br/>Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance.</li> <li><i>Please check a box if one or more of the following is requested, if not leave blank:</i> <ul> <li>Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau consideration of approval.</li> <li>Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.</li> </ul> </li> </ul>                                                                                                                                                 | office for         |  |  |  |
| <sup>10.</sup><br><u>Siting Criteria (regarding permitting)</u> : 19.15.17.10 NMAC<br>Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of acceptable source<br>material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate district<br>office or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.<br>Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying pads or<br>above-grade tanks associated with a closed-loop system. |                    |  |  |  |
| <ul> <li>Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank.</li> <li>NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 🗋 Yes 🗌 No         |  |  |  |
| <ul> <li>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</li> <li>Topographic map; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 🗌 Yes 🗌 No         |  |  |  |
| <ul> <li>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.</li> <li>(Applies to temporary, emergency, or cavitation pits and below-grade tanks)</li> <li>Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                               | □ Yes □ No<br>□ NA |  |  |  |
| Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (Applies to permanent pits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □ Yes □ No<br>□ NA |  |  |  |
| <ul> <li>Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</li> <li>Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.</li> <li>NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                                                             |                    |  |  |  |
| <ul> <li>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.</li> <li>Written confirmation or verification from the municipality; Written approval obtained from the municipality</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes No             |  |  |  |
| <ul> <li>Within 500 feet of a wetland.</li> <li>US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes No             |  |  |  |
| <ul> <li>Within the area overlying a subsurface mine.</li> <li>Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes No             |  |  |  |
| <ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 🗌 Yes 🗌 No         |  |  |  |
| Within a 100-year floodplain.<br>- FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 🗌 Yes 🗌 No         |  |  |  |

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| 11.       Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.         Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC         Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9 NMAC         Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC         Design Plan - based upon the appropriate requirements of 19.15.17.10 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC         and 19.15.17.13 NMAC         Previously Approved Design (attach copy of design)       API Number: or Permit Number:                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 12.         Closed-loop Systems Permit Application Attachment Checklist:       Subsection B of 19.15.17.9 NMAC         Instructions:       Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.            Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9            Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC         Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC         Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC         and 19.15.17.13 NMAC                                                                                                                                                                                                                                              |
| Previously Approved Design (attach copy of design) API Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Previously Approved Operating and Maintenance Plan API Number: (Applies only to closed-loop system that use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| above ground steel tanks or haul-off bins and propose to implement waste removal for closure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 13.         Permagent Pits Permit Application Checklist:       Subsection B of 19.15.17.9 NMAC         Instructions:       Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.         Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC         Climatological Factors Assessment         Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC         Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC         Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC         Quality Control/Quality Assurance Construction and Installation Plan         Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.11 NMAC         Emergency Response Plan         Oil Field Waste Stream Characterization         Monitoring and Inspection Plan         Erosion Control Plan         Erosion Control Plan         Closure Plan - based upon the appropriate requirements of 19.15.17.9 NMAC |
| 14.         Proposed Closure:       19.15.17.13 NMAC         Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.         Type:       Drilling         Workover       Emergency         Cavitation       P&A         Permanent Pit       Below-grade Tank         Closed-loop System         Alternative         Proposed Closure Method:       Waste Excavation and Removal         Waste Removal (Closed-loop systems only)         On-site Closure Method (Only for temporary pits and closed-loop systems)         In-place Burial       On-site Trench Burial         Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 15.         Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached.         Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC         Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC         Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings)         Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC         Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC         Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                      |

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| <sup>16.</sup><br><u>Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only</u> : (19.15.17.13)<br>Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if<br>facilities are required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D NMAC)<br>more than two |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|
| Disposal Facility Name: Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |  |  |
| Disposal Facility Name: Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |  |  |  |
| Will any of the proposed closed-loop system operations and associated activities occur on or in areas that <i>will not</i> be used for future se<br>Yes (If yes, please provide the information below) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rvice and operations?    |  |  |  |
| Required for impacted areas which will not be used for future service and operations:         Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC         Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC         Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC                                                                                                                                                                                                                                                                                                                                                                                                             | .C                       |  |  |  |
| <sup>17.</sup><br><u>Siting Criteria (regarding on-site closure methods only)</u> : 19.15.17.10 NMAC<br>Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable sou<br>provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate dis<br>considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Just<br>demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.                                                                                                                                                                                                                                          | trict office or may be   |  |  |  |
| <ul> <li>Ground water is less than 50 feet below the bottom of the buried waste.</li> <li>NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Yes ☐ No<br>☐ NA       |  |  |  |
| <ul> <li>Ground water is between 50 and 100 feet below the bottom of the buried waste</li> <li>NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | □ Yes □ No<br>□ NA       |  |  |  |
| <ul> <li>Ground water is more than 100 feet below the bottom of the buried waste.</li> <li>NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |  |  |  |
| <ul> <li>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</li> <li>Topographic map; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 🗋 Yes 🗌 No               |  |  |  |
| <ul> <li>Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.</li> <li>Visual inspection (certification) of the proposed site; Aerial photo; Satellite image</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes No                   |  |  |  |
| <ul> <li>Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application.</li> <li>NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                | 🗌 Yes 🗌 No               |  |  |  |
| <ul> <li>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.</li> <li>Written confirmation or verification from the municipality; Written approval obtained from the municipality</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes No                   |  |  |  |
| <ul> <li>Within 500 feet of a wetland.</li> <li>US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 🗌 Yes 🗌 No               |  |  |  |
| <ul> <li>Within the area overlying a subsurface mine.</li> <li>Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 🗌 Yes 🗌 No               |  |  |  |
| <ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; Topographic map</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 🗌 Yes 🗌 No               |  |  |  |
| Within a 100-year floodplain.<br>- FEMA map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes No                   |  |  |  |
| <ul> <li>18.</li> <li>On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure p by a check mark in the box, that the documents are attached.</li> <li>Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC</li> <li>Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC</li> <li>Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC</li> <li>Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19.15.17.13 NMAC</li> <li>Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC</li> </ul> |                          |  |  |  |

Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC

Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cannot be achieved) Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC

Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC

Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

| 19.<br>Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name (Print): Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| e-mail address: Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 20.         OCD Approval:       Permit Application (including closure plan)         OCD Representative Signature:       Occordition         Title:       Closure Plan (only)         OCD Permit Number:                                                                                                                                                                                                                                                                                                                                                                                               |
| 21.<br><u>Closure Report (required within 60 days of closure completion)</u> : Subsection K of 19.15.17.13 NMAC<br>Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report.<br>The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this<br>section of the form until an approved closure plan has been obtained and the closure activities have been completed.<br>X Closure Completion Date: 12/22/2016 |
| <ul> <li>22.</li> <li><u>Closure Method:</u></li> <li>Waste Excavation and Removal On-Site Closure Method Alternative Closure Method Waste Removal (Closed-loop systems only)</li> <li>If different from approved plan, please explain.</li> </ul>                                                                                                                                                                                                                                                                                                                                                    |
| 23.<br><u>Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:</u><br>Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than<br>two facilities were utilized.                                                                                                                                                                                                                                                  |
| Disposal Facility Name: Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Disposal Facility Name: Disposal Facility Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Were the closed-loop system operations and associated activities performed on or in areas that <i>will not</i> be used for future service and operations?<br>Yes (If yes, please demonstrate compliance to the items below) No                                                                                                                                                                                                                                                                                                                                                                        |
| Required for impacted areas which will not be used for future service and operations:         Site Reclamation (Photo Documentation)         Soil Backfilling and Cover Installation         Re-vegetation Application Rates and Seeding Technique                                                                                                                                                                                                                                                                                                                                                    |
| 24.         Closure Report Attachment Checklist: Instructions: Each of the following items must be attached to the closure report. Please indicate, by a check         mark in the box, that the documents are attached.                                                                                                                                                                                                                                                                                                                                                                              |
| 25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Operator Closure Certification:</b><br>I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.                                                                                                                                                                                                                                                    |
| Name (Print): Steve Moskal Title: Field Environmental Coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| e-mail address:steven.moskal@bp.com Telephone:505-326-9497                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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## BP AMERICA PRODUCTION COMPANY SAN JUAN BASIN, NORTHWEST NEW MEXICO

#### BELOW-GRADE TANK CLOSURE PLAN

#### <u>Jenkins Com # 1 – Tank ID: A</u> <u>API #: 3004529234</u> Unit Letter L, Section 15, T29N, R12W

This plan will address the standard protocols and procedures for closure of below-grade tanks (BGTs) on BP America Production Company (BP) well sites. As stipulated in Paragraph A of 19.15.17.13 NMAC, BP shall close a BGT within the time periods provided in 19.15.17.13 NMAC, or by an earlier date that the New Mexico Oil Conservation Division (NMOCD) requires because of imminent danger to fresh water, public health, safety or the environment. If deviations from this plan are necessary, any specific changes will be included on form C-144 and approved by the NMOCD. BP shall close an existing BGT that does not meet the requirements of Paragraphs (1) through (4) of Subsection I of 19.15.17.11 NMAC or is not included in Paragraph (5) of Subsection I of 19.15.17.11 NMAC within five years after June 16, 2008, if not retrofit with a BGT that complies with the BP NMOCD approved BGT design attached to the BP Design and Construction Plan. BP shall close an existing BGT that does not meet the requirements of 19.15.17.11 NMAC, if not previously retrofitted to comply with the BP NMOCD approve BGT Design attached to the BP Design and Construction Plan, prior to any sale or change in operator pursuant to 19.15.9.9 NMAC. BP shall close the permitted BGT within 60 days of cessation of the BGTs operation or as required by the transitional provisions of Subsection B, D, or E of 19.15.17.17 NMAC.

#### **General Closure Plan**

- BP shall notify the surface owner by certified mail that it plans to close a BGT. Evidence of mailing of the notice to the address of the surface owner shown in the county tax records demonstrates compliance with this requirement. Notice is attached.
- 2. BP shall notify the division District III office verbally or by other means at least 72 hours, but not more than one (1) week, prior to any closure operation. The notice shall include the operator's name, and the location to be closed by unit letter, section, township and range. If the BGT closure is associated with a particular well, then the notice shall also include the well's name, number and API number.

Notice was provided and documented in the attached email.

- 3. BP shall remove liquids and sludge from the BGT prior to implementing a closure method and dispose of the liquids and sludge in a NMOCD's division-approved facility. The facilities to be used are:
  - a. BP Crouch Mesa Landfarm, Permit NM-02-003 (Solids)
  - b. JFJ Landfarm, Permit NM-01-010(B) (Solids and Sludge)
  - c. Basin Disposal, Permit NM-01-0005 (Liquids)
  - d. Envirotech Inc Soil Remediation Facility, Permit NM-01-0011 (Solids and Sludge)
  - e. BP Operated E.E. Elliott SWD #1, API 30-045-27799 (Liquids)
  - f. BP Operated 13 GCU SWD #1, API 30-045-28601 (Liquids)
  - g. BP Operated GCU 259 SWD, API 30-045-20006 (Liquids)
  - h. BP Operated GCU 306 SWD, API 30-045-24286 (Liquids)
  - i. BP Operated GCU 307 SWD, API 30-045-24248 (Liquids)
  - j. BP Operated GCU 328 SWD, API 30-045-24735 (Liquids)
  - k. BP Operated Pritchard SWD #1, API 30-045-28351 (Liquids)

# <u>All liquids and/or sludge within the BGT were removed and sent to one of the above NMOCD approved facilities for disposal.</u>

- 4. BP shall remove the BGT and dispose of it in a NMOCD approved facility or recycle, reuse, or reclaim it in a manner that the NMOCD approves. If a liner is present and must be disposed of it will be cleaned by scraping any soils or other attached materials on the liner to a de minimus amount and disposed at a permitted solid waste facility, pursuant to Subparagraph (m) of Paragraph (1) of Subsection C of 19.15.35.8 NMAC. Documentation as to the final disposition of the removed BGT will be provided in the final closure report. The BGT was transported for recycling.
- 5. BP shall remove any on-site equipment associated with a BGT unless the equipment is required for well production.

All equipment associated with the BGT has been removed.

6. BP shall test the soils beneath the BGT to determine whether a release has occurred. BP shall collect at a minimum: a five (5) point composite sample and individual grab samples from any area that is wet, discolored or showing other evidence of a release and analyze for BTEX, TPH and chlorides. The testing methods for those constituents are as follows;

| Constituents | Testing Method                      | Release Verification<br>(mg/Kg) | Sample<br>Results |
|--------------|-------------------------------------|---------------------------------|-------------------|
| Benzene      | US EPA Method SW-846 8021B or 8260B | 0.2                             | < 0.016           |
| Total BTEX   | US EPA Method SW-846 8021B or 8260B | 50                              | < 0.066           |
| TPH          | US EPA Method SW-846 418.1          | 100                             | 18                |
| Chlorides    | US EPA Method 300.0 or 4500B        | 250 or background               | 53                |

Notes: mg/Kg = milligram per kilogram, BTEX = benzene, toluene, ethylbenzene, and total xylenes, TPH = total petroleum hydrocarbons. Other EPA methods that the division approves may be applied to all constituents listed. Chloride closure standards will be determined by which ever concentration level is greatest.

# Soil beneath the BGT was sampled for TPH, BTEX, and chloride. All test parameters were below the stated limits. A field and laboratory reports are attached.

- BP shall notify the division District III office of its results on form C-141. C-141 is attached.
- If it is determined that a release has occurred, then BP will comply with 19.15.30 NMAC and 19.15.29 NMAC, as appropriate.
   <u>Sampling results reveal no evidence of a release has occurred.</u>
- 9. If the sampling demonstrates that a release has not occurred or that any release does not exceed the concentrations specified above, then BP shall backfill the excavation, with compacted, non-waste containing, earthen material; construct a division-prescribed soil cover, re-contour and re-vegetate the location. The location will be reclaimed if it is not with in the active process area.

Sampling results reveal no evidence of a release has occurred. Area was backfilled with clean, earthen material and is within the active well pad.

10. BP shall reclaim the BGT location and all areas associated with the BGT including associated access roads to a safe and stable condition that blends with the surrounding undisturbed area. BP shall substantially restore the impacted surface area to the condition that existed prior to oil and gas operations by placement of the soil cover as provided in Subsection H of 19.15.17.13 NMAC, re-contour the location and associated areas to a contour that approximates the original contour and blends with the surrounding topography and re-vegetate according to Subsection I of 19.15.17.13 NMAC.

The BGT area has been backfilled and will be reclaimed once the well has been plugged & abandoned.

11. The soil cover for closures where the BGT has been removed or remediated to the NMOCD's satisfaction shall consist of the background thickness of topsoil or one foot of suitable material to establish vegetation at the site, whichever is greater. The soil cover will be constructed to the site's existing grade and all practicable efforts will be made to prevent ponding of water and erosion of the cover material.

# The BGT area has been backfilled and will be reclaimed once the well has been plugged & abandoned.

- 12. BP shall seed the disturbed area the first growing season after closure of the BGT. Seeding will be accomplished by drilling on the contour whenever practical or by other division-approved methods. Vegetative cover will be, at a minimum, 70% of the native perennial vegetative cover (un-impacted by overgrazing, fire or other intrusion damaging to native vegetation), consisting of at least three native plant species, including at least one grass, but not including noxious weeds, and maintenance of that cover through two successive growing seasons. During the two growing seasons that prove viability, there shall be no artificial irrigation of the vegetation. The BGT area has been backfilled and will be reclaimed once the well has been plugged & abandoned.
- BP shall seed, plant and re-seed pursuant to Paragraph (3) of Subsection I of 19.15.17.13 NMAC, until the location successfully achieves the required vegetative cover.
   <u>The BGT area has been backfilled and will be reclaimed once the well has been plugged & abandoned.</u>
- Pursuant to Paragraph (5) of Subsection I of 19.15.17.13 NMAC, BP shall notify the NMOCD when it has seeded or planted and when it successfully achieves re-vegetation.
   BP will notify NMOCD when re-vegetation is successfully completed.
- 15. Within 60 days of closure completion, BP shall submit a closure report on NMOCD's form C-144, and will include the following;
  - a. proof of closure notification (surface owner and NMOCD)
  - b. sampling analytical reports; information required by 19.15.17 NMAC;
  - c. disposal facility name and permit number
  - d. details on back-filling, capping, covering, and where applicable re-vegetation application rates and seeding techniques and
  - e. site reclamation, photo documentation.

### <u>Closure report on C-144 form is included & contains a photo of the reclamation</u> <u>completion.</u>

16. BP shall certify that all information in the report and attachments is accurate, truthful, and compliant with all applicable closure requirements and conditions specified in the approved closure plan.

Certification section of C-144 has been completed.



Revised August 8, 2011

Form C-141

### State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 Submit 1 Copy to appropriate District Office in accordance with 19.15.29 NMAC.

## **Release Notification and Corrective Action**

|                                                | OPERATOR                       | Initial Report | $\boxtimes$ | Final Report |
|------------------------------------------------|--------------------------------|----------------|-------------|--------------|
| Name of Company BP America Production Company  | Contact Steve Moskal           |                |             |              |
| Address 200 Energy Court, Farmington, NM 87401 | Telephone No. (505) 326-9497   |                |             | _            |
| Facility Name JENKINS COM 001                  | Facility Type Natural Gas Well |                |             |              |
|                                                |                                |                |             |              |

Surface Owner Federal

Mineral Owner Federal

API No. 3004529234

## LOCATION OF RELEASE

| Unit Letter<br>L | Section<br>15 | Township<br>29N | Range<br>12W | Feet from the 1,720 | North/South Line<br>SOUTH | Feet from the 1,020 | East/West Line<br>WEST | County<br>SAN JUAN |
|------------------|---------------|-----------------|--------------|---------------------|---------------------------|---------------------|------------------------|--------------------|
|                  |               |                 |              |                     |                           |                     |                        |                    |

Latitude 36.72440 Longitude -108.09157

#### NATURE OF RELEASE

| Type of Release NONE - BGT CONFIRMATION SAMPLING                                                                                                    | Volume of Release N/A                   | Volume          | Recovered N/A            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------|--------------------------|
| Source of Release NOT APPLICABLE (N/A)                                                                                                              | Date and Hour of Occurrence N/A         | Date and        | Hour of Discovery N/A    |
| Was Immediate Notice Given?                                                                                                                         | If YES, To Whom?                        |                 |                          |
| 🗌 Yes 🗌 No 🛛 Not Required                                                                                                                           |                                         |                 |                          |
| By Whom?                                                                                                                                            | Date and Hour                           |                 |                          |
| Was a Watercourse Reached?                                                                                                                          | If YES, Volume Impacting the Wa         | tercourse.      |                          |
| 🗌 Yes 🖾 No                                                                                                                                          |                                         |                 |                          |
| If a Watercourse was Impacted, Describe Fully.*                                                                                                     |                                         |                 |                          |
|                                                                                                                                                     |                                         |                 |                          |
|                                                                                                                                                     |                                         |                 |                          |
|                                                                                                                                                     |                                         |                 |                          |
| Describe Cause of Problem and Remedial Action Taken.* NO INDICAT                                                                                    | ION OF ANY INTECRITY & OD MAD           | TENANCE         | DODI EME WITH THE DOT    |
| THEREFORE NO REMEDIAL ACTION NECESSARY. SAMPLING BEN                                                                                                | EATH BGT WAS CONDUCTED IMM              | DIATELY A       | FTER REMOVAL. FIELD &    |
| LABORATORY ANALYTICAL REPORTS ARE ATTACHED.                                                                                                         |                                         |                 | TERRICE THE THEE C       |
|                                                                                                                                                     |                                         |                 |                          |
|                                                                                                                                                     |                                         |                 |                          |
| Dentite the trained of the trainer that a trainer to the the No of Distance to                                                                      |                                         | CODUDECIU       |                          |
| Describe Area Affected and Cleanup Action Taken.* <u>NO CLEANUP AC</u><br>THE BGT LOCATION.                                                         | HON NECESSARY. FINAL LABORA             | TORY RESU       | LTS SUPPORT CLOSURE OF   |
| THE BUT EDUATION.                                                                                                                                   |                                         |                 |                          |
|                                                                                                                                                     |                                         |                 |                          |
| I hereby certify that the information given above is true and complete to                                                                           |                                         |                 |                          |
| regulations all operators are required to report and/or file certain release n                                                                      |                                         |                 |                          |
| public health or the environment. The acceptance of a C-141 report by the                                                                           |                                         |                 |                          |
| should their operations have failed to adequately investigate and remedia<br>or the environment. In addition, NMOCD acceptance of a C-141 report of |                                         |                 |                          |
| federal, state, or local laws and/or regulations.                                                                                                   | loes not reneve the operator of respons | sibility for co | inpliance with any other |
| reactar, state, or rocar laws and/or regulations.                                                                                                   | OIL CONSERV                             | ATION           | DIVISION                 |
| ATTAN                                                                                                                                               | OIL CONSERV                             | AIION           |                          |
| Signature:                                                                                                                                          |                                         |                 |                          |
|                                                                                                                                                     | Approved by Environmental Specialis     | st:             |                          |
| Printed Name: Steve Moskal                                                                                                                          | 11 5                                    |                 |                          |
| Title: Environmental Field Coordinates                                                                                                              | America Deter                           | Englanding D    |                          |
| Title: Environmental Field Coordinator                                                                                                              | Approval Date:                          | Expiration D    | ate:                     |
| E-mail Address: steven.moskal@bp.com                                                                                                                | Conditions of Approval:                 |                 |                          |
| E-man Address, suven.moskar@pp.com                                                                                                                  | conditions of Approval.                 |                 | Attached                 |

Date: December 22, 2016 \* Attach Additional Sheets If Necessary

Phone: (505) 326-9497

### **BP Pit Close Notification – JENKINS COM 001**

From: Railsback, Farrah (CH2M HILL) <Farrah.Railsback@bp.com>

To: Smith, Cory, EMNRD, Fields, Vanessa, EMNRD (Vanessa.Fields@state.nm.us) CC: jeffcblagg@aol.com, blagg\_njv@yahoo.com, Moskal, Steven

> BP America Production Company 200 Energy Court Farmington, NM 87401 Phone: (505) 326-9200

#### SENT VIA E-MAIL TO: CORY.SMITH@STATE.NM.US; VANESSA.FIELDS@STATE.NM.US

December 13, 2016

New Mexico Oil Conservation Division 1000 Rio Brazos Road Aztec, New Mexico 87410

#### RE: Notice of Proposed Below-Grade Tank (BGT) Closure

JENKINS COM 001 API 30-045-29234 (L) Section 15 – T29N – R12W San Juan County, New Mexico

Dear Mr. Cory Smith and Mrs. Vanessa Fields,

In regards to the captioned subject and requirements of the NMOCD pit rule, this letter is notification that BP is planning to close a 21bbl BGT that will no longer be operational at this well site. We anticipate this work to start on or around December 16, 2016.

Should you have any questions, please feel free to contact BP at our Farmington office.

Sincerely,

Steven Moskal BP Field Environmental Coordinator

(505) 326-9497

Farrah Railsback BGT Project Support 970-946-9199 -cell

This email and any attachments are intended only for the addressee(s) listed above and may contain confidential, proprietary, and/or privileged information. If you are not an intended recipient, please immediately advise the sender by return email, delete this email and any attachments, and destroy any copies of same. Any unauthorized review, use, copying disclosure or distribution of this email and any attachments is prohibited.

bp



**BP America Production Company** 200 Energy Court Farmington, NM 87401

December 13, 2016

Bureau of Land Management Whitney Thomas 6251 College Suite A Farmington, NM 87402

VIA EMAIL

Re: Notification of plans to close/remove a below grade tank Well Name: JENKINS COM 001 API #: 3004529234

Dear Mrs. Thomas,

As part of the NM "Pit Rule": 19.15.17.13 Closure Requirements, Paragraph J. BP America Production Company (BP) is required to notify the surface owner of BP's plans to close/remove a below grade tank. BP wishes to inform you of our plans to close/remove the below grade tank on its well pad located on your surface. BP plans to commence this work on or about December 16, 2016. If there aren't any unforeseen problems, the work should be completed within 10 working days.

As a point of clarification, BP will be closing the below grade tank and either operating without one or replacing it with an above ground tank, the well site will continue to operate.

If witnessing of the tank removal is required please contact me for a specific time (505)-326-9497.

Sincerely,

Steven Moskal

**BP** America Production Company

| CLIENT: BP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | API #:                                                                                                                                                                                   |                                         |                                                                                                                                                                                                                                  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| FIELD REPORT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2-1199<br>E INVESTIGATION / OTHER:                                                                                                                                                       | PAGE #: _1_ of _1_                      |                                                                                                                                                                                                                                  |  |  |
| QUAD/UNIT: L SEC: 15 TWP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SITE NAME:         JENKINS         CC           29N         RNG:         12W         PM:         NM           20'W         NW/SW         LEASE TYPE:         F                           | CNTY: SJ ST: NM                         | DATE STARTED: 12/16/16 DATE FINISHED:                                                                                                                                                                                            |  |  |
| LEASE #: NM048573                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PROD. FORMATION: PC CONTRAC                                                                                                                                                              | STRIKE<br>TOR: BP - A. SALAZAR          | ENVIRONMENTAL<br>SPECIALIST(S): NJV                                                                                                                                                                                              |  |  |
| 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WELL HEAD (W.H.) GPS COORD           GPS COORD.:         36.72440           GPS COORD.:         GPS COORD.:                                                                              | X 108.09157 DISTANCE/BE                 | ARING FROM W.H.:                                                                                                                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GPS COORD.:                                                                                                                                                                              |                                         | ARING FROM W.H.:                                                                                                                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CHAIN OF CUSTODY RECORD(S) # OR LAB US           (21)         SAMPLE DATE:         12/16/16         S           SAMPLE DATE:         S                                                   | AMPLE TIME: 0945 LAB ANALYSIS: 801      | 15B/8021B/300.0 (CI) NA                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SAMPLE DATE: SI<br>SAMPLE DATE: SI                                                                                                                                                       |                                         |                                                                                                                                                                                                                                  |  |  |
| SOIL DESCRIPTION:       SOIL TYPE: SAND SILTY SAND       SILT / SILTY CLAY / CLAY / CLAY / GRAVEL / OTHER         SOIL COLOR:       DARK YELLOWISH ORANGE       PLASTICITY (CLAYS): NON PLASTIC / SILGHTLY PLASTIC / COHESIVE / MEDIUM PLASTIC / HIGHLY PLASTIC         COHESION (ALL OTHERS):       NON COHESIVE / SILGHTLY COHESIVE / COHESIVE / LIGHLY PLASTIC / COHESIVE / MEDIUM PLASTIC / HIGHLY PLASTIC         CONSISTENCY (NON COHESIVE / SOILS):       LOOSE FIRM DENSE / VERY DENSE       DENSITY (COHESIVE CLAYS & SILTS): SOFT / FIRM / STIFF / VERY STIFF / HARD         MOISTURE:       DRY / SLIGHTLY MOIST MOIST / WET / SATURATED / SUPER SATURATED       DENSITY (COHESIVE CLAYS & SILTS): SOFT / FIRM / STIFF / VERY STIFF / HARD         MOISTURE:       DRY / SLIGHTLY MOIST MOIST / WET / SATURATED / SUPER SATURATED       MOR DETECTED: YES NO EXPLANATION -         SAMPLE TYPE:       GRAB (COMPOSITE) # OF PTS.       5       ANY AREAS DISPLAYING WETNESS: YES NO EXPLANATION -         DISCOLORATION/STAINING OBSERVED: YES NO EXPLANATION-       ANY AREAS DISPLAYING WETNESS: YES NO EXPLANATION -       ANY AREAS DISPLAYING WETNESS: YES NO EXPLANATION -         APPARENT EVIDENCE OF A RELEASE OBSERVED AND/OR OCCURRED : YES NO EXPLANATION:       EQUIPMENT SET OVER RECLAIMED AREA: YES NO EXPLANATION -       EQUIPMENT SET OVER RECLAIMED AREA: YES NO EXPLANATION -         OTHER:       NMOCCO OR BLM REPS. NOT PRESENT TO WITNESS CONFIRMATION SAMPLING.       CONFIRMATION SAMPLING. |                                                                                                                                                                                          |                                         |                                                                                                                                                                                                                                  |  |  |
| SOIL IMPACT DIMENSION ESTIMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>NA</u> ft. X <u>NA</u> ft. X                                                                                                                                                          |                                         | TIMATION (Cubic Yards) : NA                                                                                                                                                                                                      |  |  |
| SITE SKETCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          | PLOT PLAN circle: attached 0            | CD TPH CLOSURE STD: ppm                                                                                                                                                                                                          |  |  |
| ⊕<br>₩.H.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FENCE<br>BERM<br>PBGTL<br>T.B. ~ 5'<br>B.G.<br>CREST<br>SLOP                                                                                                                             |                                         | MISCELL. NOTES<br>NO:<br>REF. #: P - 739<br>/ID: VHIXONEVB2<br>PJ #:<br>Permit date(s): 08/18/08<br>DCD Appr. date(s): 08/27/08<br>ank OVM = Organic Vapor Meter<br>D ppm = parts per million<br>A BGT Sidewalls Visible: Y /(N) |  |  |
| T.B. = TANK BOTTOM; PBGTL = PREVIOUS BEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /<br>N DEPRESSION; B.G. = BELOW GRADE; B = BELOW; T.H. =<br>WAGRADE TANK LOCATION; SPD = SAMPLE POINT DESIG<br>WALL; DW- DOUBLE WALL; SB - SINGLE BOTTOM; DB - D<br>CRY DATE: 3/15/2015. | NATION; R.W. = RETAINING WALL; NA - NOT | BGT Sidewalls Visible: Y / N<br>BGT Sidewalls Visible: Y / N<br>Magnetic declination: <b>10</b> <sup>o</sup> E                                                                                                                   |  |  |

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| Hall Environmental Analysis Laboratory, Inc. |                                                   |             |             |            | Date Reported: 12/20/2016                                                               |
|----------------------------------------------|---------------------------------------------------|-------------|-------------|------------|-----------------------------------------------------------------------------------------|
| CLIENT:<br>Project:<br>Lab ID:               | Blagg Engineering<br>Jenkins Com 1<br>1612940-001 | Matrix:     | MEOH (SOIL) | Collection | ple ID: 5PC-TB@5'(21)<br>n Date: 12/16/2016 9:45:00 AM<br>d Date: 12/17/2016 7:45:00 AM |
| Analyses                                     |                                                   | Result      | PQL Qual    | Units      | DF Date Analyzed Batch                                                                  |
| EPA MET                                      | HOD 300.0: ANIONS                                 |             |             |            | Analyst: LGT                                                                            |
| Chloride                                     |                                                   | 53          | 30          | mg/Kg      | 20 12/19/2016 10:54:58 AM 29269                                                         |
| EPA MET                                      | HOD 8015M/D: DIESEL RA                            | NGE ORGANIC | s           |            | Analyst: TOM                                                                            |
| Diesel Ra                                    | ange Organics (DRO)                               | 18          | 9.8         | mg/Kg      | 1 12/19/2016 12:47:49 PM 29257                                                          |
| Motor Oil                                    | Range Organics (MRO)                              | ND          | 49          | mg/Kg      | 1 12/19/2016 12:47:49 PM 29257                                                          |
| Surr: D                                      | NOP                                               | 95.6        | 70-130      | %Rec       | 1 12/19/2016 12:47:49 PM 29257                                                          |
| EPA MET                                      | HOD 8015D: GASOLINE R                             | ANGE        |             |            | Analyst: NSB                                                                            |
| Gasoline                                     | Range Organics (GRO)                              | ND          | 3.3         | mg/Kg      | 1 12/19/2016 9:58:01 AM G39493                                                          |
| Surr: B                                      | FB                                                | 89.4        | 68.3-144    | %Rec       | 1 12/19/2016 9:58:01 AM G39493                                                          |
| EPA MET                                      | HOD 8021B: VOLATILES                              |             |             |            | Analyst: NSB                                                                            |
| Benzene                                      |                                                   | ND          | 0.016       | mg/Kg      | 1 12/19/2016 9:58:01 AM B39493                                                          |
| Toluene                                      |                                                   | ND          | 0.033       | mg/Kg      | 1 12/19/2016 9:58:01 AM B39493                                                          |
| Ethylbenz                                    | zene                                              | ND          | 0.033       | mg/Kg      | 1 12/19/2016 9:58:01 AM B39493                                                          |
| Xylenes,                                     | Total                                             | ND          | 0.066       | mg/Kg      | 1 12/19/2016 9:58:01 AM B39493                                                          |
| Surr: 4                                      | -Bromofluorobenzene                               | 96.9        | 80-120      | %Rec       | 1 12/19/2016 9:58:01 AM B39493                                                          |

Analytical Report Lab Order 1612940

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Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

| Qualifiers: | *  | Value exceeds Maximum Contaminant Level.              | В  | Analyte detected in the associated Method Blank           |
|-------------|----|-------------------------------------------------------|----|-----------------------------------------------------------|
|             | D  | Sample Diluted Due to Matrix                          | E  | Value above quantitation range                            |
|             | Н  | Holding times for preparation or analysis exceeded    | J  | Analyte detected below quantitation limits Page 1 of 6    |
|             | ND | Not Detected at the Reporting Limit                   | Р  | Sample pH Not In Range                                    |
|             | R  | RPD outside accepted recovery limits                  | RL | Reporting Detection Limit                                 |
|             | S  | % Recovery outside of range due to dilution or matrix | W  | Sample container temperature is out of limit as specified |
|             |    |                                                       |    |                                                           |

## QC SUMMARY REPORT Hall Environmental Analysis Laboratory, Inc.

**Client:** Blagg Engineering Jenkins Com 1 **Project:** 

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| Sample ID MB-29269                     | SampType: MBLK                                        | TestCode: EPA Method                 | 300.0: Anions                 |               |  |  |  |  |
|----------------------------------------|-------------------------------------------------------|--------------------------------------|-------------------------------|---------------|--|--|--|--|
| Client ID: PBS                         | Batch ID: 29269                                       |                                      |                               |               |  |  |  |  |
| Prep Date: 12/19/2016                  | Analysis Date: 12/19/2016 SeqNo: 1236684 Units: mg/Kg |                                      |                               |               |  |  |  |  |
| Analyte                                | Result PQL SPK value                                  | SPK Ref Val %REC LowLimit            | HighLimit %RPD                | RPDLimit Qual |  |  |  |  |
| Chloride                               | ND 1.5                                                |                                      |                               |               |  |  |  |  |
|                                        |                                                       |                                      |                               |               |  |  |  |  |
| Sample ID LCS-29269                    | SampType: LCS                                         | TestCode: EPA Method                 | 300.0: Anions                 |               |  |  |  |  |
| Sample ID LCS-29269<br>Client ID: LCSS | SampType: LCS<br>Batch ID: 29269                      | TestCode: EPA Method<br>RunNo: 39495 | 300.0: Anions                 |               |  |  |  |  |
|                                        | 1 21                                                  |                                      | 300.0: Anions<br>Units: mg/Kg |               |  |  |  |  |
| Client ID: LCSS                        | Batch ID: 29269<br>Analysis Date: 12/19/2016          | RunNo: 39495                         |                               | RPDLimit Qual |  |  |  |  |

Qualifiers:

- \* Value exceeds Maximum Contaminant Level.
- Sample Diluted Due to Matrix D
- Н Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- RPD outside accepted recovery limits R
- S % Recovery outside of range due to dilution or matrix
- В Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- Р Sample pH Not In Range
- RL Reporting Detection Limit
- Sample container temperature is out of limit as specified W

Page 2 of 6

1612940

WO#: 20-Dec-16

#### **Client: Blagg** Engineering

**Project:** Jenkins Com 1

.

| Sample ID                    | LCS-29257                                                                               | SampTyp                                                            | e: LC | s         | Tes         | tCode: E  | PA Method | 8015M/D: Di  | esel Rang  | e Organics |      |  |  |  |  |
|------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------|-----------|-------------|-----------|-----------|--------------|------------|------------|------|--|--|--|--|
| Client ID:                   | LCSS                                                                                    | Batch ID: 29257 RunNo: 39484                                       |       |           |             |           |           |              |            |            |      |  |  |  |  |
|                              | 12/19/2016                                                                              | Analysis Dat                                                       |       |           |             | SeqNo: 1  |           | Units: mg/k  | s: mg/Kg   |            |      |  |  |  |  |
| Analyte                      |                                                                                         | Result                                                             | PQL   | SPK value | SPK Ref Val | %REC      | LowLimit  | HighLimit    | %RPD       | RPDLimit   | Qual |  |  |  |  |
| Diesel Range                 | Organics (DRO)                                                                          | 48                                                                 | 10    | 50.00     | 0           | 96.7      | 63.8      | 116          |            |            |      |  |  |  |  |
| Surr: DNOP                   |                                                                                         | 4.3                                                                |       | 5.000     |             | 86.9      | 70        | 130          |            |            |      |  |  |  |  |
| Sample ID                    | MB-29257                                                                                | SampType: MBLK TestCode: EPA Method 8015M/D: Diesel Range Organics |       |           |             |           |           |              |            |            |      |  |  |  |  |
| Client ID:                   | PBS                                                                                     | Batch II                                                           | D: 29 | 257       | F           | RunNo: 3  | 9484      |              |            |            |      |  |  |  |  |
| Prep Date:                   | 12/19/2016                                                                              | Analysis Dat                                                       | e: 1  | 2/19/2016 | 5           | SeqNo: 1  | 236592    | Units: mg/k  | g          |            |      |  |  |  |  |
| Analyte                      |                                                                                         | Result                                                             | PQL   | SPK value | SPK Ref Val | %REC      | LowLimit  | HighLimit    | %RPD       | RPDLimit   | Qual |  |  |  |  |
|                              | Organics (DRO)                                                                          | ND                                                                 | 10    |           |             |           |           |              |            |            |      |  |  |  |  |
| Motor Oil Rang<br>Surr: DNOP | e Organics (MRO)                                                                        | ND<br>8.2                                                          | 50    | 10.00     |             | 82.3      | 70        | 130          |            |            |      |  |  |  |  |
| Suil. DNOF                   |                                                                                         | 0.2                                                                |       | 10.00     |             | 02.5      | 70        | 130          |            |            |      |  |  |  |  |
| Sample ID                    | nple ID 1612940-001AMS SampType: MS TestCode: EPA Method 8015M/D: Diesel Range Organics |                                                                    |       |           |             |           |           |              |            |            |      |  |  |  |  |
| Client ID:                   | 5PC-TB@5'(21)                                                                           | Batch II                                                           | D: 29 | 257       | F           | RunNo: 3  | 9485      |              |            |            |      |  |  |  |  |
| Prep Date:                   | 12/19/2016                                                                              | Analysis Date                                                      | e: 12 | 2/19/2016 | 5           | SeqNo: 1  | 236676    | Units: mg/K  | g          |            |      |  |  |  |  |
| Analyte                      |                                                                                         |                                                                    | PQL   |           | SPK Ref Val |           | LowLimit  | HighLimit    | %RPD       | RPDLimit   | Qual |  |  |  |  |
|                              | Organics (DRO)                                                                          | 43                                                                 | 9.5   | 47.30     | 18.28       | 51.5      | 51.6      | 130          |            |            | S    |  |  |  |  |
| Surr: DNOP                   |                                                                                         | 4.4                                                                |       | 4.730     |             | 93.7      | 70        | 130          |            |            |      |  |  |  |  |
| Sample ID                    | 1612940-001AMS                                                                          | SampTyp                                                            | e: MS | SD        | Tes         | tCode: E  | PA Method | 8015M/D: Die | esel Range | e Organics |      |  |  |  |  |
| Client ID:                   | 5PC-TB@5'(21)                                                                           | Batch II                                                           | D: 29 | 257       | F           | RunNo: 3  | 9485      |              |            |            |      |  |  |  |  |
| Prep Date:                   | 12/19/2016                                                                              | Analysis Date                                                      | e: 12 | 2/19/2016 | 5           | SeqNo: 1  | 236677    | Units: mg/K  | g          |            |      |  |  |  |  |
| Analyte                      |                                                                                         | Result                                                             | PQL   | SPK value | SPK Ref Val | %REC      | LowLimit  | HighLimit    | %RPD       | RPDLimit   | Qual |  |  |  |  |
| •                            | Organics (DRO)                                                                          | 44                                                                 | 9.9   | 49.46     | 18.28       | 53.0      | 51.6      | 130          | 4.16       | 20         |      |  |  |  |  |
| Surr: DNOP                   |                                                                                         | 4.6                                                                |       | 4.946     |             | 92.6      | 70        | 130          | 0          | 0          |      |  |  |  |  |
| Sample ID                    | LCS-29233                                                                               | SampTyp                                                            | e: LC | s         | Tes         | tCode: El | PA Method | 8015M/D: Die | esel Range | e Organics |      |  |  |  |  |
| Client ID:                   | LCSS                                                                                    | Batch II                                                           | D: 29 | 233       | F           | RunNo: 3  | 9485      |              |            |            |      |  |  |  |  |
| Prep Date:                   | 12/16/2016                                                                              | Analysis Date                                                      | e: 12 | 2/19/2016 | 5           | SeqNo: 1  | 237666    | Units: %Red  | •          |            |      |  |  |  |  |
| Analyte                      |                                                                                         | Result                                                             | PQL   | SPK value | SPK Ref Val | %REC      | LowLimit  | HighLimit    | %RPD       | RPDLimit   | Qual |  |  |  |  |
| Surr: DNOP                   |                                                                                         | 4.3                                                                |       | 5.000     |             | 86.8      | 70        | 130          |            |            |      |  |  |  |  |
| Sample ID                    | MB-29233                                                                                | SampTyp                                                            | e: ME | BLK       | Tes         | tCode: El | PA Method | 8015M/D: Die | esel Range | e Organics |      |  |  |  |  |
| Client ID:                   | PBS                                                                                     | Batch ID                                                           | D: 29 | 233       | F           | RunNo: 3  | 9485      |              |            |            |      |  |  |  |  |
| Prep Date:                   | 12/16/2016                                                                              | Analysis Date                                                      | e: 12 | 2/19/2016 | S           | SeqNo: 1  | 237667    | Units: %Red  | :          |            |      |  |  |  |  |
| Analyte                      |                                                                                         | Result I                                                           | PQL   | SPK value | SPK Ref Val | %REC      | LowLimit  | HighLimit    | %RPD       | RPDLimit   | Qual |  |  |  |  |
|                              |                                                                                         |                                                                    |       |           |             |           |           |              |            |            |      |  |  |  |  |

#### Qualifiers:

D

- \* Value exceeds Maximum Contaminant Level.
- E
- Η Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit

Sample Diluted Due to Matrix

- RPD outside accepted recovery limits R
- S % Recovery outside of range due to dilution or matrix
- В Analyte detected in the associated Method Blank
  - Value above quantitation range
- J Analyte detected below quantitation limits
- Р Sample pH Not In Range
- Reporting Detection Limit RL
- Sample container temperature is out of limit as specified W

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20-Dec-16

## QC SUMMARY REPORT Hall Environmental Analysis Laboratory, Inc.

Client:Blagg EngineeringProject:Jenkins Com 1

| Sample ID MB-29233    | SampTyp                      | e: MBLK       | Tes         | tCode: E | Code: EPA Method 8015M/D: Diesel Range Organics |             |      |          |      |  |  |
|-----------------------|------------------------------|---------------|-------------|----------|-------------------------------------------------|-------------|------|----------|------|--|--|
| Client ID: PBS        | Batch ID: 29233 RunNo: 39485 |               |             |          |                                                 |             |      |          |      |  |  |
| Prep Date: 12/16/2016 | Analysis Dat                 | e: 12/19/2016 | S           | eqNo: 1  | 237667                                          | Units: %Rec | ;    |          |      |  |  |
| Analyte               | Result                       | PQL SPK value | SPK Ref Val | %REC     | LowLimit                                        | HighLimit   | %RPD | RPDLimit | Qual |  |  |
| Surr: DNOP            | 8.9                          | 10.00         |             | 89.0     | 70                                              | 130         |      |          |      |  |  |

Qualifiers:

- \* Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified

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WO#: 1612940 20-Dec-16

## **QC SUMMARY REPORT**

## Hall Environmental Analysis Laboratory, Inc.

#### **Client:** Blagg Engineering **Project:**

Jenkins Com 1

| Sample ID RB                                                                                                                                                                                      | SampType: MBLK TestCode: EPA Method 8015D: Gasoline Range                                    |                                                          |                                                                                   |                                              |                                                                                                  |                                                                            |                                                                                     |                                       |               |      |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|---------------|------|--|--|--|--|
| Client ID: PBS                                                                                                                                                                                    | Batch ID: G39493 RunNo: 39493                                                                |                                                          |                                                                                   |                                              |                                                                                                  |                                                                            |                                                                                     |                                       |               |      |  |  |  |  |
| Prep Date:                                                                                                                                                                                        | Analysis D                                                                                   | ate: 12                                                  | 2/19/2016                                                                         | 5                                            | SeqNo: 1                                                                                         | 237109                                                                     | Units: mg/l                                                                         | Units: mg/Kg                          |               |      |  |  |  |  |
| Analyte                                                                                                                                                                                           | Result                                                                                       | PQL                                                      | SPK value                                                                         | SPK Ref Val                                  | %REC                                                                                             | LowLimit                                                                   | HighLimit                                                                           | %RPD                                  | RPDLimit      | Qual |  |  |  |  |
| Gasoline Range Organics (GRO)                                                                                                                                                                     | ND                                                                                           | 5.0                                                      |                                                                                   |                                              |                                                                                                  |                                                                            |                                                                                     |                                       |               |      |  |  |  |  |
| Surr: BFB                                                                                                                                                                                         | 900                                                                                          |                                                          | 1000                                                                              |                                              | 89.9                                                                                             | 68.3                                                                       | 144                                                                                 |                                       |               |      |  |  |  |  |
| Sample ID 2.5UG GRO LCS                                                                                                                                                                           | GROLCS SampType: LCS TestCode: EPA Method 8015D: Gasoline Range                              |                                                          |                                                                                   |                                              |                                                                                                  |                                                                            |                                                                                     |                                       |               |      |  |  |  |  |
| Client ID: LCSS                                                                                                                                                                                   | Batch                                                                                        | ID: G3                                                   | 9493                                                                              | F                                            | RunNo: 3                                                                                         | 9493                                                                       |                                                                                     |                                       |               |      |  |  |  |  |
| Prep Date:                                                                                                                                                                                        | Analysis D                                                                                   | ate: 12                                                  | 2/19/2016                                                                         | S                                            | SeqNo: 1                                                                                         | 237110                                                                     | Units: mg/l                                                                         | Kg                                    |               |      |  |  |  |  |
| Analyte                                                                                                                                                                                           | Result                                                                                       | PQL                                                      | SPK value                                                                         | SPK Ref Val                                  | %REC                                                                                             | LowLimit                                                                   | HighLimit                                                                           | %RPD                                  | RPDLimit      | Qual |  |  |  |  |
| Gasoline Range Organics (GRO)                                                                                                                                                                     | 23                                                                                           | 5.0                                                      | 25.00                                                                             | 0                                            | 91.4                                                                                             | 74.6                                                                       | 123                                                                                 |                                       |               |      |  |  |  |  |
| Gasonine Range Organics (GRO)                                                                                                                                                                     |                                                                                              |                                                          |                                                                                   |                                              |                                                                                                  |                                                                            |                                                                                     |                                       |               |      |  |  |  |  |
| Surr: BFB                                                                                                                                                                                         | 950                                                                                          |                                                          | 1000                                                                              |                                              | 95.3                                                                                             | 68.3                                                                       | 144                                                                                 |                                       |               |      |  |  |  |  |
| •••                                                                                                                                                                                               | 950                                                                                          | ype: MS                                                  |                                                                                   | Tes                                          |                                                                                                  |                                                                            | 144<br>8015D: Gase                                                                  | oline Rang                            | e             |      |  |  |  |  |
| Surr: BFB                                                                                                                                                                                         | 950<br>SampT                                                                                 | ype: MS                                                  | 3                                                                                 |                                              |                                                                                                  | PA Method                                                                  |                                                                                     | oline Rang                            | e             |      |  |  |  |  |
| Surr: BFB<br>Sample ID 1612940-001AMS                                                                                                                                                             | 950<br>SampT                                                                                 | ID: G3                                                   | 3<br>9493                                                                         | F                                            | tCode: El                                                                                        | PA Method<br>9493                                                          |                                                                                     |                                       | e             |      |  |  |  |  |
| Surr: BFB           Sample ID         1612940-001AMS           Client ID:         5PC-TB@5'(21)                                                                                                   | 950<br>SampT<br>Batch                                                                        | ID: G3                                                   | 6<br>9493<br>2/19/2016                                                            | F                                            | tCode: El<br>RunNo: 3<br>SeqNo: 1                                                                | PA Method<br>9493                                                          | 8015D: Gase                                                                         |                                       | e<br>RPDLimit | Qual |  |  |  |  |
| Surr: BFB<br>Sample ID 1612940-001AMS<br>Client ID: 5PC-TB@5'(21)<br>Prep Date:                                                                                                                   | 950<br>SampT<br>Batch<br>Analysis D                                                          | ID: G3<br>ate: 12                                        | 6<br>9493<br>2/19/2016                                                            | F                                            | tCode: El<br>RunNo: 3<br>SeqNo: 1                                                                | PA Method<br>9493<br>237111                                                | 8015D: Gase<br>Units: mg/H                                                          | <g< td=""><td></td><td>Qual</td></g<> |               | Qual |  |  |  |  |
| Surr: BFB<br>Sample ID 1612940-001AMS<br>Client ID: 5PC-TB@5'(21)<br>Prep Date:<br>Analyte                                                                                                        | 950<br>SampT<br>Batch<br>Analysis D<br>Result                                                | ate: 12                                                  | 3<br>9493<br>2/19/2016<br>SPK value                                               | F<br>S<br>SPK Ref Val                        | tCode: El<br>RunNo: 3<br>SeqNo: 1<br>%REC                                                        | PA Method<br>9493<br>237111<br>LowLimit                                    | 8015D: Gaso<br>Units: mg/k<br>HighLimit                                             | <g< td=""><td></td><td>Qual</td></g<> |               | Qual |  |  |  |  |
| Surr: BFB<br>Sample ID 1612940-001AMS<br>Client ID: 5PC-TB@5'(21)<br>Prep Date:<br>Analyte<br>Gasoline Range Organics (GRO)                                                                       | 950<br>SampT<br>Batch<br>Analysis D<br>Result<br>19<br>660                                   | ate: 12                                                  | 5<br>29493<br>2/19/2016<br>SPK value<br>16.20<br>647.9                            | F<br>S<br>SPK Ref Val<br>0                   | tCode: El<br>RunNo: 3<br>SeqNo: 1<br>%REC<br>117<br>101                                          | PA Method<br>9493<br>237111<br>LowLimit<br>61.3<br>68.3                    | 8015D: Gase<br>Units: mg/H<br>HighLimit<br>150                                      | ≺g<br>%RPD                            | RPDLimit      | Qual |  |  |  |  |
| Surr: BFB<br>Sample ID 1612940-001AMS<br>Client ID: 5PC-TB@5'(21)<br>Prep Date:<br>Analyte<br>Gasoline Range Organics (GRO)<br>Surr: BFB                                                          | 950<br>SampT<br>Batch<br>Analysis D<br>Result<br>19<br>660<br>D SampT                        | ate: 12<br>PQL<br>3.3                                    | 5<br>99493<br>2/19/2016<br>SPK value<br>16.20<br>647.9                            | F<br>S<br>SPK Ref Val<br>0<br>Test           | tCode: El<br>RunNo: 3<br>SeqNo: 1<br>%REC<br>117<br>101                                          | PA Method<br>9493<br>237111<br>LowLimit<br>61.3<br>68.3<br>PA Method       | 8015D: Gase<br>Units: mg/l<br>HighLimit<br>150<br>144                               | ≺g<br>%RPD                            | RPDLimit      | Qual |  |  |  |  |
| Surr: BFB<br>Sample ID 1612940-001AMS<br>Client ID: 5PC-TB@5'(21)<br>Prep Date:<br>Analyte<br>Gasoline Range Organics (GRO)<br>Surr: BFB<br>Sample ID 1612940-001AMSI                             | 950<br>SampT<br>Batch<br>Analysis D<br>Result<br>19<br>660<br>D SampT                        | A ID: G3<br>ate: 12<br>PQL<br>3.3<br>ype: MS<br>ID: G3   | 5<br>29493<br>2/19/2016<br>SPK value<br>16.20<br>647.9<br>5D<br>9493              | F<br>S<br>SPK Ref Val<br>0<br>Tesi<br>R      | tCode: El<br>RunNo: 3:<br>SeqNo: 1:<br>%REC<br>117<br>101<br>tCode: El                           | PA Method<br>9493<br>237111<br>61.3<br>68.3<br>PA Method<br>9493           | 8015D: Gase<br>Units: mg/l<br>HighLimit<br>150<br>144                               | Kg<br>%RPD                            | RPDLimit      | Qual |  |  |  |  |
| Surr: BFB<br>Sample ID 1612940-001AMS<br>Client ID: 5PC-TB@5'(21)<br>Prep Date:<br>Analyte<br>Gasoline Range Organics (GRO)<br>Surr: BFB<br>Sample ID 1612940-001AMSI<br>Client ID: 5PC-TB@5'(21) | 950<br>SampT<br>Batch<br>Analysis D<br>Result<br>19<br>660<br>D SampT<br>Batch               | A ID: G3<br>ate: 12<br>PQL<br>3.3<br>ype: MS<br>ID: G3   | 5<br>99493<br>2/19/2016<br>SPK value<br>16.20<br>647.9<br>5D<br>9493<br>2/19/2016 | F<br>S<br>SPK Ref Val<br>0<br>Tesi<br>R      | tCode: El<br>RunNo: 33<br>SeqNo: 12<br>%REC<br>117<br>101<br>tCode: El<br>RunNo: 33<br>SeqNo: 12 | PA Method<br>9493<br>237111<br>61.3<br>68.3<br>PA Method<br>9493           | 8015D: Gaso<br>Units: mg/ł<br>HighLimit<br>150<br>144<br>8015D: Gaso                | Kg<br>%RPD                            | RPDLimit      | Qual |  |  |  |  |
| Surr: BFB Sample ID 1612940-001AMS Client ID: 5PC-TB@5'(21) Prep Date: Analyte Gasoline Range Organics (GRO) Surr: BFB Sample ID 1612940-001AMSI Client ID: 5PC-TB@5'(21) Prep Date:              | 950<br>SampT<br>Batch<br>Analysis D<br>Result<br>19<br>660<br>D SampT<br>Batch<br>Analysis D | PQL<br>3.3<br>PQL<br>3.3<br>ype: MS<br>ID: G3<br>ate: 12 | 5<br>99493<br>2/19/2016<br>SPK value<br>16.20<br>647.9<br>5D<br>9493<br>2/19/2016 | F<br>S<br>SPK Ref Val<br>0<br>Test<br>R<br>S | tCode: El<br>RunNo: 33<br>SeqNo: 12<br>%REC<br>117<br>101<br>tCode: El<br>RunNo: 33<br>SeqNo: 12 | PA Method<br>9493<br>237111<br>61.3<br>68.3<br>PA Method<br>9493<br>237112 | 8015D: Gase<br>Units: mg/k<br>HighLimit<br>150<br>144<br>8015D: Gase<br>Units: mg/k | Kg<br>%RPD<br>poline Rang             | RPDLimit<br>e |      |  |  |  |  |

Qualifiers:

- \* Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- Holding times for preparation or analysis exceeded Η
- Not Detected at the Reporting Limit ND
- R RPD outside accepted recovery limits
- S % Recovery outside of range due to dilution or matrix
- В Analyte detected in the associated Method Blank
- Е Value above quantitation range
- J Analyte detected below quantitation limits
- Р Sample pH Not In Range
- RL **Reporting Detection Limit**
- W Sample container temperature is out of limit as specified

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## QC SUMMARY REPORT Hall Environmental Analysis Laboratory, Inc.

| Sample ID RB                              | SampT                         | ype: ME                                    | BLK            | Tes                            | PA Method    | 8021B: Volat | tiles        |          |          |      |
|-------------------------------------------|-------------------------------|--------------------------------------------|----------------|--------------------------------|--------------|--------------|--------------|----------|----------|------|
| Client ID: PBS                            | Batch ID: B39493 RunNo: 39493 |                                            |                |                                |              |              |              |          |          |      |
| Prep Date:                                | Analysis D                    | Analysis Date: 12/19/2016 SeqNo: 1237116 U |                |                                |              |              | Units: mg/K  | (g       |          |      |
| Analyte                                   | Result                        | PQL                                        | SPK value      | alue SPK Ref Val %REC LowLimit |              | HighLimit    | %RPD         | RPDLimit | Qual     |      |
| Benzene                                   | ND                            | 0.025                                      |                |                                |              |              |              |          |          |      |
| Toluene                                   | ND                            | 0.050                                      |                |                                |              |              |              |          |          |      |
| Ethylbenzene                              | ND                            | 0.050                                      |                |                                |              |              |              |          |          |      |
| Xylenes, Total                            | ND                            | 0.10                                       |                |                                |              |              |              |          |          |      |
| Surr: 4-Bromofluorobenzene                | 0.99                          |                                            | 1.000          |                                | 99.5         | 80           | 120          |          |          |      |
| Sample ID 100NG BTEX LCS                  | SampT                         | ype: LC                                    | S              | Tes                            | tCode: E     | PA Method    | 8021B: Volat | tiles    |          |      |
| Client ID: LCSS                           | Batch                         | n ID: B3                                   | 9493           | R                              | RunNo: 3     | 9493         |              |          |          |      |
| Prep Date:                                | Analysis D                    | ate: 12                                    | 2/19/2016      | S                              | eqNo: 1      | 237117       | Units: mg/K  | g        |          |      |
| Analyte                                   | Result                        | PQL                                        | SPK value      | SPK Ref Val                    | %REC         | LowLimit     | HighLimit    | %RPD     | RPDLimit | Qual |
| Benzene                                   | 0.98                          | 0.025                                      | 1.000          | 0                              | 97.8         | 75.2         | 115          |          |          |      |
|                                           |                               |                                            |                |                                |              | 007          | 110          |          |          |      |
| Toluene                                   | 0.96                          | 0.050                                      | 1.000          | 0                              | 96.3         | 80.7         | 112          |          |          |      |
|                                           | 0.96<br>0.95                  | 0.050<br>0.050                             | 1.000<br>1.000 | 0                              | 96.3<br>95.4 | 80.7<br>78.9 | 112<br>117   |          |          |      |
| Toluene<br>Ethylbenzene<br>Xylenes, Total |                               |                                            |                | -                              |              |              |              |          |          |      |

Qualifiers:

- \* Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified

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| HALL<br>ENVIRONMENTAL<br>ANALYSIS<br>LABORATORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hall Environmental A<br>Albuq<br>TEL: 505-345-3975 F<br>Website: www.hall | 4901<br>wergu<br>FAX: 5 | Hawkins NE<br>e, NM 87109<br>05-345-4107 | Sam                 | ple Log-In C               | Check List           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------|------------------------------------------|---------------------|----------------------------|----------------------|
| Client Name: BLAGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Work Order Number:                                                        | 16129                   | 40                                       |                     | RcptNo                     | 1                    |
| Received by/date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12/17/16                                                                  |                         |                                          |                     |                            |                      |
| Logged By: Lindsay Mangin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12/17/2016 7:45:00 AM                                                     |                         | /                                        | Junky Hlapp         |                            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12/17/2016 8:06:38 AM                                                     |                         | U                                        | -toucher Allerton D |                            |                      |
| Reviewed By: A 12/19/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                         | C                                        | / 5.00              |                            | 1                    |
| Chain of Custody                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | r (10) 5000             |                                          |                     |                            |                      |
| 1. Custody seals intact on sample bottles?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | Yes                     | []]                                      | No                  | Not Present                |                      |
| 2. Is Chain of Custody complete?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | Yes                     | a company                                | No                  | Not Present                |                      |
| 3 How was the sample delivered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Cour                    | er                                       |                     |                            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                         |                                          |                     |                            |                      |
| Log In<br>4. Was an attempt made to cool the samples?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | Yes                     | V                                        | No []]              | NA 🗌                       |                      |
| 5. Were all samples received at a temperature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of >0°. C to 6.0°C                                                        | Yes                     |                                          | No                  | NA                         |                      |
| 6. Sample(s) in proper container(s)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | Yes                     | <b>v</b>                                 | No                  |                            |                      |
| 7. Sufficient sample volume for indicated test(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ?                                                                         | Yes                     | $\checkmark$                             | No 📋                |                            |                      |
| 8. Are samples (except VOA and ONG) properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | y preserved?                                                              | Yes                     |                                          | No []               |                            |                      |
| 9. Was preservative added to bottles?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | Yes                     | []                                       | No 🖌                | NA 🗋                       |                      |
| 10.VOA vials have zero headspace?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | Yes                     |                                          | No 🗋                | No VOA Viais 🗹             |                      |
| 11. Were any sample containers received broke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n?                                                                        | Yes                     | [_]                                      | No 🗹                | # of preserved             |                      |
| 12.Does paperwork match bottle labels?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | Yes                     |                                          | No 🚺                | bottles checked<br>for pH: |                      |
| (Note discrepancies on chain of custody)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | 165                     | 1                                        | 10 223              |                            | or >12 unless noted) |
| 13. Are matrices correctly identified on Chain of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,                                                                         | Yes                     |                                          | No 🗍                | Adjusted?                  |                      |
| 14. Is it clear what analyses were requested?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | Yes                     |                                          | No                  | Observed by                |                      |
| 15. Were all holding times able to be met?<br>(If no, notify customer for authorization.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | Yes                     |                                          | No                  | Checked by:                |                      |
| Special Handling (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                         |                                          |                     |                            |                      |
| 16. Was client notified of all discrepancies with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | is order?                                                                 | Yes                     |                                          | No                  | NA 🗹                       |                      |
| Person Notified:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date:                                                                     |                         | T. (117) 10. (117) 11. (117) 12.         |                     |                            |                      |
| By Whom:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Via:                                                                      | eMa                     | 1 Phor                                   | ie [ ] Fax          | In Person                  |                      |
| Regarding:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                         |                                          |                     |                            |                      |
| Client Instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | an a                                  |                         |                                          |                     |                            |                      |
| 17. Additional remarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                         |                                          |                     |                            |                      |
| 18. <u>Cooler Information</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                         |                                          |                     |                            |                      |
| The state of the s | al Intact Seal No Se                                                      | al Da                   | te Sig                                   | jned By             |                            |                      |

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allowers out and the

| Chain-of-Custody Record |                        | Turn-Around               | Time:                                  | SAME                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  | н                            | AL                   | L                  | ĒR                 | V                      | TE            | 20                                                                                | N                            | МЕ          | EN T            | ГА             |        |             |                 |                      |
|-------------------------|------------------------|---------------------------|----------------------------------------|-------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------|----------------------|--------------------|--------------------|------------------------|---------------|-----------------------------------------------------------------------------------|------------------------------|-------------|-----------------|----------------|--------|-------------|-----------------|----------------------|
| Client:                 | BLAG                   | G ENGR.                   | / BP AMERICA                           | Standard                | 🛛 Rush _               | DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                              |                      |                    |                    |                        |               |                                                                                   |                              |             |                 |                |        |             |                 | •                    |
|                         |                        |                           |                                        | Project Name            |                        | and the second se | ANALYSIS LABORATORY<br>www.hallenvironmental.com |                              |                      |                    |                    |                        |               |                                                                                   |                              |             |                 |                |        |             |                 |                      |
| Mailing A               | ddress:                | P.O. BO                   | X 87                                   | JE                      | NKINS COM              | VI #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4901 Hawkins NE - Albuquerque, NM 87109          |                              |                      |                    |                    |                        |               |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         |                        | BLOOM                     | FIELD, NM 87413                        | Project #:              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      | 5-34               |                    |                        |               |                                                                                   |                              |             | -410            |                |        |             |                 |                      |
| Phone #:                | hone #: (505) 632-1199 |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    |                    |                        |               |                                                                                   |                              | ques        |                 |                |        |             |                 |                      |
| email or F              | ax#:                   |                           |                                        | Project Mana            | ger:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    |                    | T                      |               | 4)                                                                                |                              |             |                 | (1.)           |        |             |                 |                      |
| QA/QC Pa                | -                      | Level 4 (Full Validation) |                                        |                         | NELSON V               | ELEZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HMB <sup>I</sup> S (8021B)                       | s only)                      | / MRO)               |                    |                    | 15)                    |               | PO4,SO                                                                            | PCB's                        |             |                 | ter - 300.1)   |        |             | e               |                      |
| Accreditat              | ion:                   |                           |                                        | Sampler:                | NELSON V               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Se la                                            | (Ga                          | DRO                  | 1)                 | (F)                | OSIN                   |               | VO2,                                                                              | 8082                         |             |                 | / wa           |        |             | sample          |                      |
|                         | AP 🗆 Other             |                           |                                        |                         |                        | 🗆 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ŧ                                                | H                            | 1/0                  | 418                | 504                | 827                    | s             | 03,1                                                                              | se / se                      |             | (YC             | 300.0 / water  |        |             |                 | or N)                |
|                         | ype)                   |                           |                                        | Sample Temp             | erature: >             | 2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4                                                | BE +                         | (GR                  | pou                | pou                | PO                     | etal          | C(N                                                                               | icide                        | (Y          | hi-V            | 1              |        | ole         | osit            | 5 (Y 6               |
| Date                    | Time                   | Matrix                    | Sample Request ID                      | Container<br>Type and # | Preservative<br>Type   | HEALNO 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BTEX + MTDE                                      | BTEX + MTBE + TPH (Gas only) | TPH 8015B (GRO / DRO | TPH (Method 418.1) | EDB (Method 504.1) | PAH (8310 or 8270SIMS) | RCRA 8 Metals | Anions (F,Cl,NO <sub>3</sub> ,NO <sub>2</sub> ,PO <sub>4</sub> ,SO <sub>4</sub> ) | 8081 Pesticides / 8082 PCB's | 8260B (VOA) | 8270 (Semi-VOA) | Chloride (soil |        | Grab sample | 5 pt. composite | Air Bubbles (Y or N) |
| 12/16/16                | 0945                   | SOIL                      | 5PC - TB @ 5 '(21)                     | 4 oz 1                  | Cool                   | -001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V                                                | _                            | V                    |                    | -                  | -                      | _             |                                                                                   | ~                            | ~           | ~               | V              |        | _           | V               | 4                    |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    |                    | +                      | 1             |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    |                    |                        | +             | -                                                                                 |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    | +                  |                        |               |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  | _                            |                      |                    |                    | +                      | -             |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  | -                            |                      |                    |                    |                        |               |                                                                                   | _                            |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    | 1                  |                        | -             |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    |                    |                        |               |                                                                                   |                              |             |                 | _              |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    |                    |                        | +             |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    |                    | +                      | 1             | -                                                                                 |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    | 1                  |                        | $\uparrow$    |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         |                        |                           |                                        |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                              |                      |                    | 1                  |                        |               |                                                                                   |                              |             |                 |                |        |             |                 |                      |
| Date:                   | Time:                  | Relinquish                | ed by:                                 | Received by:            | \m                     | Date Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rem                                              | arks                         |                      | BILL DI            |                    |                        |               |                                                                                   |                              |             | ACT W           | /ITH C         | ORRE   | SPON        | DING            | VID                  |
| 12/16/16                | 1245                   | 191                       | ny                                     | Shieth                  | Sikele                 | 12/16/16/245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - co                                             |                              |                      | & REFE             |                    |                        |               |                                                                                   |                              |             | N               |                |        |             |                 |                      |
| Date:                   | Time:                  | Relinquish                | ed by:                                 | Received by:            | NL                     | Date Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                              |                      | VHIX               |                    |                        | _,            |                                                                                   |                              |             |                 |                |        |             |                 |                      |
| 12/10/14                | 1800                   | 1/ TH                     | - Uceta                                | Υ                       | HAR 1                  | 2/17/160745                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Refe                                             | eren                         | ce #                 |                    | P - 7              | 39                     |               |                                                                                   |                              |             |                 |                |        |             |                 |                      |
|                         | if necessary,          | samples sub               | mitted to Hall Environmental may be su | bcontracted to other a  | accredited laboratorie | es. This serves as notice of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of this p                                        | possib                       | oility.              | Any sub            | -contr             | acted                  | data          | will b                                                                            | e clea                       | rly not     | tated o         | on the         | analyt | ical re     | port.           |                      |



