

EXHIBIT 90

WE DEF ARMY
 ADDRESS P.O. BOX 333500
 FORT LEWIS

UTILITY DEFENSE, ARMY
 LOCATION FORT LEWIS

WA 96433-9500

WA 96433-9500 FROM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTING REPORT (DMR)
 WA000211
 PERMIT NUMBER
 001-A
 DISCHARGE NUMBER

NAJCCP (SUBR 03)
 F - FINAL
 WASTEWATER FACILITY SILD POINT

1.2040-0004

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 2006 | 10 | 01 | | 2006 | 10 | 31 |

*** NO DISCHARGE !!! ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------|---|---------------------|---------------|--------|--------------------------|---------------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| D, 5-DAY (20 DEG. C) | | 4456 | ***** | (26) | ***** | 186 | ***** | (19) | | | |
| 310 6 0 0 W SEM/INFLUENT | | PERMIT REQUIREMENT | REPORT NO AVG | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | | | |
| D, 5-DAY (20 DEG. C) | | 452 | 600 | (26) | ***** | 19 | 25 | (19) | | | |
| 310 1 0 0 W SEM/INFLUENT | | PERMIT REQUIREMENT | REPORT NO AVG | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | | | |
| FLUENT GROSS VALUE | | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 400 1 0 0 W SEM/INFLUENT | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| FLUENT GROSS VALUE | | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| LIBS, TOTAL SPENDED | | 5379 | ***** | (26) | ***** | 224 | ***** | (15) | | | |
| 530 6 0 0 W SEM/INFLUENT | | PERMIT REQUIREMENT | REPORT NO AVG | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | | | |
| LIBS, TOTAL SPENDED | | SAMPLE MEASUREMENT | 304 | 360 | (26) | ***** | 13 | 15 | (19) | | |
| 330 1 0 0 W SEM/INFLUENT | | PERMIT REQUIREMENT | REPORT NO AVG | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | | | |
| FLUENT GROSS VALUE | | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| TROGEN, AMMONIA | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| TAL (AS N) | | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 310 1 0 0 W SEM/INFLUENT | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| FLUENT GROSS VALUE | | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| RODEN, NITRITE | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| AL (AS N) | | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 15 1 0 0 W SEM/INFLUENT | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| FLUENT GROSS VALUE | | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | |

TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER

DATE

AREA CODE NUMBER YEAR DAY

TYPED OR PRINTED

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Reported on June & Dec. DMRC

10/1/00

G 635

NAME DEF ARMY
 ADDRESS P. O. BOX 333500
 PUBLIC WORKS, AFZH-PWU-R, H/S-17
 FORT LEWIS WA 98433-9500
 FACILITY DEFENSE, ARMY
 LOCATION FORT LEWIS WA 98433-9500

NATIONAL POLLUTANT
 DISCHARGE

WASTE ELIMINATION SYSTEM (NPDES)
 DISCHARGE REPORT (DMR)

WA0021
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
 F - FINAL
 WASTEWATER FACILITY GOLD POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 06 | 10 | 01 | | 06 | 10 | 31 |

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-------|--------------------------|---------|---------|-----------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| NITROGEN, NITRATE TOTAL (AS N) 0620 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ** | (19) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT | MG/L | | | |
| NITROGEN, Kjeldahl TOTAL (AS N) 0625 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ** | (19) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT | MG/L | | | |
| TOTAL COLIFORM, MPN, MED: 44.50 0615 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6 | 9 | (13) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 200 | MG GEO | DAILY GEO | 100ML | | |
| IRON, IN CONDUIT OR TREATMENT PLANT 0050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 2.9 | ***** | (08) | ***** | ***** | ***** | *** | Ø | | |
| | PERMIT REQUIREMENT | NO REQ | ***** | MGD | ***** | ***** | ***** | **** | | | |
| CHLORINE, TOTAL DIHAL 0060 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | Ø.34 | (19) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | DAILY | MG/L | | | |
| 5-DAY PERCENT REMOVAL 010 K 0 0 PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | 89 | ***** | ***** | (23) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | 80 | ***** | ***** | PER-CENT | | | |
| LEADS, SUSPENDED PERCENT REMOVAL 011 K 0 0 PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | 94 | ***** | ***** | (25) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | 80 | ***** | ***** | PER-CENT | | | |

| | | | | | | |
|--|---|--|-----------|--------|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO |

STATEMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Reported on June & Dec DMRS

G 636

NAME DEE ARMY
 ADDRESS P X 339500
 WORKS, AFZH-PNU-R, M/S-17
 FORT LEWIS WA 98433-9500
 FACILITY DEFENSE, ARMY
 LOCATION FORT LEWIS WA 98433-9500

UNIVERSAL POLLUTION ELIMINATION SYSTEM (UPUES) DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 03)
 F - FINAL
 WASTEWATER FACILITY SOLO POINT

Approved No. 2040-0004

WA002 PERMIT NUMBER 001 A DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | | |
|------|-----|-----|----|------|-----|-----|
| YEAR | MO. | DAY | TO | YEAR | MO. | DAY |
| 00 | 00 | 01 | | 00 | 00 | 01 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------|---|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| HYDROCARBONS, PETROLEUM | | ***** | ***** | | ***** | ***** | | (19) | | | |
| EFFLUENT GROSS VALUE | | | | *** | | | | MG/L | | | |
| | | | | | | | | | | | |
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|--|---|--|-----------|--------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ANALYSIS OF NWTPH-GX to meet 2006 TO MONITOR - EFFLUENT (Gasoline 0.6) (Diesel 0.33) (Lube oil 2.69)

PERMIT REVOKED WITH II REPORT EFFLUENT (GASOLINE 0.6) (DIESEL OIL 0.33) (LUBE OIL 2.69)

EXHIBIT 91

WORKS, AFZH-PWD-R, H/S-17
 LEWIS WA 98433-9500
 FACILITY LEWIS, ARMY
 LOCATION FORT LEWIS WA 98433-9500

WACD
 PE
 NUMBER

001 A
 DISCHARGE NUMBER

WASTE (SUBR 03)
 F - FINAL
 WASTEWATER FACILITY SOLO POINT
 G 640

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 2006 | 11 | 01 | | 2006 | 11 | 30 |

*** NO DISCHARGE 11/1 ***
 NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|----------------|----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-DAY (20 DEG. C) 00310 G C 0 RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 4513 | ***** | (26) | ***** | 137 | ***** | (19) | Ø | | |
| | PERMIT REQUIREMENT | REPORT NO AVG | ***** | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | | | |
| BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 583 | 793 | (26) | ***** | 18 | 24 | (19) | Ø | | |
| | PERMIT REQUIREMENT | 1902 NO AVG | 2852 WKLY AVG | LBS/DY | ***** | 30 NO AVG | 45 WKLY AVG | MG/L | | DAILY | DW |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.5 | | 7.2 | (12) | Ø | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | 8.5 MAXIMUM | | SU | | DAILY | |
| SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 6215 | ***** | (26) | ***** | 188 | ***** | (19) | Ø | | |
| | PERMIT REQUIREMENT | REPORT NO AVG | ***** | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | | DAILY | DW |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 572 | 661 | (26) | ***** | 17 | 2Ø | (19) | Ø | | |
| | PERMIT REQUIREMENT | 1902 NO AVG | 2852 WKLY AVG | LBS/DY | ***** | 30 NO AVG | 45 WKLY AVG | MG/L | | DAILY | DW |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | MG/L | | SEMI-ANNUAL | GRAB |
| NITROGEN, NITRITE TOTAL (AS N) 00615 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | Ø | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | MG/L | | SEMI-ANNUAL | GRAB |

| | | | | | | |
|--|---|--|-----------|--------|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 reported on June & Dec DMRS BOD for 11-6 is estimate based on available data potential solvent spill to systems. NORMAL RAW 11-7-06

ADDRESS: BOX 339500
 LIC WORKS, AFZH-PWU-R, W/S-17
 FORT LEWIS WA 98433-9500
 FACILITY DEFENSE, ARMY
 LOCATION FORT LEWIS WA 98433-9500
 ATTN: []

WGT 54
 NUMBER
 COI A
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 11 01 TO 00 11 30

(SUBR 03)
 F - FINAL
 WASTEWATER FACILITY SOLO POINT
 *** NO DISCHARGE !!! ***
 NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYP |
|---|--------------------|---------------------|---------|--------|--------------------------|---------|---------------|-----------------|--------|-----------------------|------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| NITROGEN, NITRATE TOTAL (AS N) 00620 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ** | (13) | 0 | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT | MG/L | | | |
| NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ** | (13) | 0 | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT | MG/L | | | |
| FECAL COLIFORM, MPN, EC MED, 44.5C 31615 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 4 7 | (13) | 0 | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 200 MG GED | 400 MGLY GED | 100ML | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 | SAMPLE MEASUREMENT | 4.0 | ***** | (03) | ***** | ***** | ***** | | 0 | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | NO AVG | ***** | MGD | ***** | ***** | ***** | *** | | | |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.80 | (13) | 0 | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | DAILY MX | MG/L | | | |
| BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | 86 | ***** | ***** | (23) | 0 | | |
| PERCENT REMOVAL | PERMIT REQUIREMENT | ***** | ***** | *** | 50 MN % RMV | ***** | ***** | PER-CENT | | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | 90 | ***** | ***** | (23) | 0 | | |
| PERCENT REMOVAL | PERMIT REQUIREMENT | ***** | ***** | *** | 50 MN % RMV | ***** | ***** | PER-CENT | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: []
 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED: []
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: []
 TELEPHONE: [] DATE: []
 AREA CODE: [] NUMBER: [] YEAR: [] MO: [] DAY: []

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *** Report flow June & Dec DMRS
 * Analyzer Failed - No Flow - clogged with gunk - cleaned by operator
 Problem corrected

ADDRESS: BOX 335500

IC WORKS, AFZH-PWU-R, M/S-17
LEWIS WA 98433-9500

FACILITY DEFENSE, ARMY

LOCATION FORT LEWIS

WA 98433-9500 FROM

WA 4
F JMBER

001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 06 | 11 | 01 | | 06 | 11 | 30 |

MAJOR (SUBR 03)
F - FINAL
WASTEWATER FACILITY SOLO POINT

*** NO DISCHARGE !!! ***

NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| HYDROCARBONS, PETROLEUM B2180 1.00 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | *** | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | REPORT | MG/L | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

TYPED OR PRINTED

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PER PER - Reported with EI Report / ANALYSIS OF EA (TPH-GX-ND) - (NWTPH-D) EXTENDED BY GC/FID - Diesel 0.12 / Lub oil 0.58
" EMT (TA) (GX-0.2) - (NWTPH-D) EXTENDED BY GC/FID - Diesel 0 / Lub oil 0.19

EXHIBIT 92

ADDRESS

40X 335500
WATER WORKS, APZH-PNU-R, N/S-17
FORT LEWIS WA 98433-3500

WATER NUMBER

DISCHARGE NUMBER

DISCHARGE CODE
F - FINAL
WASTEWATER FACILITY SLOD POST

FACILITY DEFENSE, ARMY

LOCATION FORT LEWIS

ATTN:

WA 98433-3500 FROM

| MONITORING PERIOD | | | | | | |
|-------------------|-----|-----|----|------|-----|-----|
| YEAR | MO. | DAY | TO | YEAR | MO. | DAY |
| 2006 | 12 | 1 | | 2006 | 12 | 31 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

G 651

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------|----------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-DAY (20 DEG. C) 00310 0 0 0 RAW SEW/INFLUENT | | 4242 | ***** | (26) | ***** | 110 | ***** | (19) | 0 | | |
| | | PERMIT REQUIREMENT | REPORT | ***** | ***** | REPORT | ***** | | | | |
| BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE | | 655 | 812 | (26) | ***** | 17 | 21 | (19) | 0 | | |
| | | PERMIT REQUIREMENT | MO AVG | WKLY AVG | ***** | MO AVG | WKLY AVG | MG/L | | | |
| PH 00400 1 0 0 EFFLUENT GROSS VALUE | | | | | 6.7 | | 7.2 | (12) | 0 | | |
| | | PERMIT REQUIREMENT | MINIMUM | MAXIMUM | ***** | ***** | ***** | PH | | | |
| SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT | | 5730 | ***** | (26) | ***** | 148 | ***** | (19) | 0 | | |
| | | PERMIT REQUIREMENT | REPORT | ***** | ***** | REPORT | ***** | | | | |
| | | PERMIT REQUIREMENT | MO AVG | ***** | ***** | MO AVG | ***** | MG/L | | | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | | 640 | 735 | (26) | ***** | 17 | 19 | (19) | 0 | | |
| | | PERMIT REQUIREMENT | MO AVG | WKLY AVG | ***** | MO AVG | WKLY AVG | MG/L | | | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE | | | ***** | ***** | ***** | ***** | 2.76 | (19) | 0 | | |
| | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | ***** | | | |
| | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | MG/L | | | |
| NITROGEN, NITRITE TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE | | | ***** | ***** | ***** | ***** | 0.3 | (19) | 0 | | |
| | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | ***** | | | |
| | | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | MG/L | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ANALYSIS OF EEE (TPH-GX-AID) - (NWTPH-D) Extended by GC/FID - Diesel 0.73/Lube oil 0.36 mg/L
I TPH-GX-0.26 - (NWTPH-D) Extended by GC/FID - Diesel 1.82 mg/L/Lube oil 0.72

Exhibit 92

PERMITTEE: **AEBS (Include Facility Name/Location if Different)**

NAME: **GE, ARMY**
 ADDRESS: **BOX 330300**
PUBLIC WORKS, AFZH-PHU-R, M/S-17
FORT LEWIS WA 98433-9500
 FACILITY: **DEFENSE, ARMY**
 LOCATION: **FORT LEWIS WA 98433-9500**
 ATTN: **B**

NATIONAL POLLUTION DISCHARGE

ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

Form Approved. WB No. 2040-0004

WADSWORTH 4
 PERMIT NUMBER

001 6
 DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 06 | 12 | 01 | | 06 | 12 | 31 |

MAJOR (SURR 03):
 F - FINAL
 WASTEWATER FACILITY SOLD POINT

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

G 652

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-------|--------------------------|---------|------------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| NITROGEN, NITRATE TOTAL (AS N) 00620 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 20.4 | (19) | 0 | SENT GRAB ANNUAL | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT | | | | |
| NITROGEN, NITROGEN TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 6.2 | (19) | 0 | SENT GRAB ANNUAL | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT | | | | |
| CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | N/D* | (19) | 0 | SENT GRAB ANNUAL | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT INST. MAX | | | | |
| COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.031 | (19) | 0 | SENT GRAB ANNUAL | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT INST. MAX | | | | |
| LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | N/D* | (19) | 0 | SENT GRAB ANNUAL | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT INST. MAX | | | | |
| NICKEL, TOTAL (AS NI) 01062 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.003 | (19) | 0 | SENT GRAB ANNUAL | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT INST. MAX | | | | |
| NICKEL, TOTAL (AS NI) 01067 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.002 | (19) | 0 | SENT GRAB ANNUAL | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT INST. MAX | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|-----------|--------|------|----|-----|
| AREA CODE | NUMBER | YEAR | MO | DAY |
| | | | | |

COMMENTS AND

ANATION OF ANY VIOLATIONS (Reference all attachments here)

#AEON - De te
 R/Broschids Semi Annual Results - TOTAL Solids (kg dry) (Total volatile Solids (kg dry) 65.7% - 11(7.6) - TRN(1200 mg) 15.0(410 mg) (NH3-N 5393 mg/kg) - Total P (12700 mg/kg) - ARS(16.3 mg/kg) - Lead (3.8 mg/kg) - Manganese (1.1 mg/kg) - Zinc (10 mg/kg) - Copper (52.1 mg/kg)

ADDRESS: BOX 99500
LIC WORKS, AFZH-PWU-R, N/S-17
FORT LEWIS WA 98433-9500
FACILITY DEFENSE, ARMY
LOCATION FORT LEWIS WA 98433-9500
ATTN: [redacted]

54 NUMBER 001 II DISCHARGE NUMBER

MAJOR (SUOR 03)
F - FINAL
WASTEWATER FACILITY GOLD POINT
C-655

MONITORING PERIOD table with columns YEAR, MO, DAY TO YEAR, MO, DAY

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

Main monitoring data table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE.

Signature and date section: NAME/TITLE PRINCIPAL EXECUTIVE OFFICER, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT, TELEPHONE, DATE.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NON-Detected
* ERROR - NO correction mercury will be noted on Jan 2007

Residuals - Hydrocarbon Results (Detected)
Diesel WD - Lube oil (4350 mg/kg) - gasoline (ND)

ADDRESS

BOX 351500

WASTEWORKS, 402N-DWD-R, M/S-17

PORT LENOX

MO 38403 3500

FACILITY DEFENSE, ARMY

LOCATION PORT LENOX

WA 38403-3500 FROM

ATTN: 0

WA NUMBER

001 A DISCHARGE NUMBER

(BWR 03) F - FINAL WASTEWATER FACILITY GOLD POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 06 | 12 | 01 | | 06 | 12 | 31 |

*** NO DISCHARGE *** NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYP |
|---|--------------------|---------------------|---------|-------|--------------------------|---------|---------|------------|--------|-----------------------|------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL B1011 K O O | SAMPLE MEASUREMENT | ***** | ***** | | 87 | ***** | ***** | (20) | | | |
| PERCENT REMOVAL | PERMIT REQUIREMENT | ***** | ***** | *** | 00 | ***** | ***** | PER - CENT | | ONCE A MONTH | |
| HYDROCARBONS, PETROLEUM 02180 I O O | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | REPORT | MG/L | | ONCE A MONTH | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
AREA CODE NUMBER YEAR MO D

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).
*** EXHAUSTIVE RESULTS FOR HYDROCARBONS / Chimpum - Sampled Plant PGE - ANALYSIS THAT WILL BE NOTED IN DMR WHEN RESULTS ARE WILL BE IN DMR JAN 2007 DMR / Collected - sent to be noted on DMR. Purpose, Plant Efficiency Traps CAT.

EXHIBIT 93

PERMIT NAME: DEFENSE, ARMY
 ADDRESS: PO BOX 334300, MAIL STOP 17
 PUBLIC WORKS, AFZK-PWU-9, H/B-17
 FORT LEWIS WA 98403-9300
 FACILITY LOCATION: DEFENSE, ARMY
 FORT LEWIS WA 98403-9500 FROM
 ATTN: [Signature]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form OMB 0004

WA021954
 PERMIT NUMBER

CG1 A
 DISCHARGE NUMBER

MAJOR (SUDB 03)
 F - FINAL
 WASTEWATER FACILITY SOLID POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 01 | 01 | | 07 | 01 | 31 |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|--------|--------------------------|---------|---------|---------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| BOD, 5-DAY (20 DEG. C) 00310 0 0 0 RAW SEM/INFLUENT | | 4013 | ***** | (26) | ***** | 68 | ***** | (19) | | |
| | | PERMIT REQUIREMENT | | LBS/DY | | | | MG/L | | |
| BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE | | 922 | 1002 | (26) | ***** | 16 | 17 | (19) | | |
| | | PERMIT REQUIREMENT | | LBS/DY | | | | MG/L | | |
| PH | | ***** | ***** | | 6.4 | 7.5 | | (12) | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | PERMIT REQUIREMENT | | *** | | | | SU | | |
| SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEM/INFLUENT | | 6143 | ***** | (26) | ***** | 104 | ***** | (19) | | |
| | | PERMIT REQUIREMENT | | LBS/DY | | | | MG/L | | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | | 797 | 943 | (26) | ***** | 14 | 16 | (19) | | |
| | | PERMIT REQUIREMENT | | LBS/DY | | | | MG/L | | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | ***** | ** | (19) | | |
| | | PERMIT REQUIREMENT | | *** | | | | MG/L | | |
| NITROGEN, NITRIC TOTAL (AS N) 00615 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | ***** | ** | (19) | | |
| | | PERMIT REQUIREMENT | | *** | | | | MG/L | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 TYPED OR PRINTED:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I also declare that there are no other persons providing false information. Including the possibility of bias and impairment of knowledge violations.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 253 966-1760
 DATE: 07 02 07
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Reported on June & Dec DMRs. ANALYSIS OF NWTAT-D FOR JAN 2007 BECAUSE OF PRIOR PROBLEMS (ATQC)
 (Influent (Diesel-ND) (Lube oil: 0.99 mg/l) Effluent (Diesel-ND) (Lube oil: 0.58 mg/l)

PERMITTEE **ESS (Include Facility Name/Location if Different)**

NAME **DEFENSE, ARMY**
 ADDRESS **PO BOX 333500, MAIL STOP 17,
 PUBLIC WORKS, AFZH-RAU-R, #/5-17,
 FORT LEWIS WA 98433-9500**

FACILITY **DEFENSE, ARMY**
 LOCATION **FORT LEWIS WA 98433-9500**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

Form OM 0004

WA0021954
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR (SUBR 03)
 P - FINAL
 WASTEWATER FACILITY GOLD POINT

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 07 | 01 | 01 | | 07 | 01 | 31 |

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-----------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| NITROGEN, NITRATE TOTAL (AS N) | 00620 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ** | (19) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MG/L | | | | | | | |
| NITROGEN, NITROGEN TOTAL (AS N) | 00625 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ** | (19) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MG/L | | | | | | | |
| FECAL COLIFORM, MPN/100 ML | 01615 1 0 0 | ***** | ***** | MPN/100ML | ***** | 12 | 23 | (13) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MPN/100ML | | | | | | | |
| FLOW, IN CONDUIT OR THIRD TREATMENT PLANT | 50650 1 0 0 | 7.1 | ***** | MGD | ***** | ***** | ***** | (03) | 0 | | |
| EFFLUENT GROSS VALUE | | MG MGD | | MGD | | | | | | | |
| CHLORINE, TOTAL RESIDUAL | 50060 1 0 0 | ***** | ***** | MG/L | ***** | ***** | 0.45 | (19) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MG/L | | | | | | | |
| BOD, 5-DAY PERCENT REMOVAL | 01010 K 0 0 | ***** | ***** | PERCENT | 72 | ***** | ***** | (23) | 0 | | |
| PERCENT REMOVAL | | | | PERCENT | | | | | | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL | 01011 K 0 0 | ***** | ***** | PERCENT | 85 | ***** | ***** | (23) | 0 | | |
| PERCENT REMOVAL | | | | PERCENT | | | | | | | |

NAME/TITLE **PRINCIPAL EXECUTIVE OFFICER**

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision of someone in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the data and the persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **253 966-1760** DATE **07 02 07**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

** Reported on June & Dec DMRs / 600's line 1/2/07-1/6/07-1/10/07-1/22/07-1/25/07-1/30/07-1/31/07-1/30/07-1/31/07 are all normal. All other dates are estimated based on available data. DO depletion was greater than dilutions req. potential increased slightly due to influent system.

06/18/2007 12:20
 PAGE 25/26

PERMITTEE (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Facility ID: J-0004

NAME: DEFENSE, ARMY
 ADDRESS: PD BOX 399500, MAIL STOP 17
 PUBLIC WORKS, AFZR-PWO-W, H/S-17
 FORT LEWIS WA 98433-9500
 FACILITY: DEFENSE ARMY
 LOCATION: FORT LEWIS WA 98433-9500

WA0021954
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR (SUBR 03)
 F - FINAL
 WASTEWATER FACILITY SOLID POINT

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 07 | 02 | 01 | | 07 | 02 | 28 |

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|--------|--------------------------|---------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| BOD, 5-DAY (20 DEG. C) 00310 6 0 0 RAW SEW/INFLUENT | | 4402 | ***** | (.26) | ***** | 116 | ***** | (.19) | | |
| | | REPORT | ***** | | | REPORT | ***** | | | |
| | | NO AVG | | LBS/DY | | NO AVG | | MG/L | | |
| BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE | | 666 | 681 | (.26) | ***** | 16 | 18 | (.19) | | |
| | | REPORT | ***** | | | REPORT | ***** | | | |
| | | NO AVG | NO AVG | LBS/DY | | NO AVG | MAXIMUM | MG/L | | |
| PH | | ***** | ***** | | | ***** | ***** | (.12) | | |
| | | ***** | ***** | *** | | ***** | ***** | | | |
| | | ***** | ***** | *** | | ***** | ***** | SW | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | *** | | ***** | ***** | | | |
| SOLIDS, TOTAL SUSPENDED 00530 6 0 0 RAW SEW/INFLUENT | | 5547 | ***** | (.26) | ***** | 147 | ***** | (.19) | | |
| | | REPORT | ***** | | | REPORT | ***** | | | |
| | | NO AVG | | LBS/DY | | NO AVG | | MG/L | | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | | 634 | 795 | (.26) | ***** | 17 | 21 | (.19) | | |
| | | REPORT | ***** | | | REPORT | ***** | | | |
| | | NO AVG | NO AVG | LBS/DY | | NO AVG | NO AVG | MG/L | | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | ***** | *** | (.19) | | |
| | | ***** | ***** | *** | | ***** | ***** | MG/L | | |
| | | ***** | ***** | *** | | ***** | ***** | MG/L | | |
| NITROGEN, NITRITE TOTAL (AS N) 00615 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | ***** | *** | (.19) | | |
| | | ***** | ***** | *** | | ***** | ***** | MG/L | | |
| | | ***** | ***** | *** | | ***** | ***** | MG/L | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 253 967-3991
 DATE: 07 03 08
 AREA CODE: NUMBER: YEAR: MO: DAY:

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 ** Reported on June & Dec DMRs Analysis of NWTPHDX for Feb 2007 because of prior problems on/oc Influent (Discol-2.09 mg/L) (Cube out 2.09 mg/L) Effluent (63- Liebe on 1) (0.15- Diesel)

PERMITTEE NAME: DEFENSE, ARMY
 ADDRESS: PO BOX 339500, MAIL STOP 17
 PUBLIC WORKS, AFZH-PWD-R, M/S-17
 FORT LEWIS WA 98433-9500

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

FORM 1 J-0004

WA0021954 PERMIT NUMBER

001-A DISCHARGE NUMBER

MAJOR (SUPER 03) FINAL WASTEWATER FACILITY SOLD POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 02 | 01 | | 07 | 02 | 28 |

FACILITY LOCATION: DEFENSE, ARMY FORT LEWIS WA 98433-9500 FROM

NO DISCHARGE *** NOTE: Read instructions before completing this form

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|---------|--------------------------|---------|---------|-------|---------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| NITROGEN, NITRATE TOTAL (AS N) | 00820 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ***** | (19) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MG/L | | | | | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | 00625 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ***** | (19) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MG/L | | | | | | | |
| FECAL COLIFORM, MPN EC MED, 44.50 | 31615 1 0 0 | ***** | ***** | MPN | ***** | ***** | ***** | (19) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MPN | | | | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | 50030 1 0 0 | 4.5 | ***** | MGD | ***** | ***** | ***** | | 0 | | |
| EFFLUENT GROSS VALUE | | | | MGD | | | | | | | |
| CHLORINE, TOTAL RESIDUAL | 50060 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ***** | (19) | 0 | | |
| EFFLUENT GROSS VALUE | | | | MG/L | | | | | | | |
| BOD, 5-DAY PERCENT REMOVAL | 81010 K 0 0 | ***** | ***** | PERCENT | 85 | ***** | ***** | (23) | 0 | | |
| PERCENT REMOVAL | | | | PERCENT | | | | | | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL | 81011 K 0 0 | ***** | ***** | PERCENT | 88 | ***** | ***** | (23) | 0 | | |
| PERCENT REMOVAL | | | | PERCENT | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: [Signature] TELEPHONE: 253 967 3191 DATE: 07 03 08

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature] AREA CODE: NUMBER: YEAR: MO: DAY:

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *** Reported on June & Dec DMRs. Results from Bed Point #12 & #19 will be reflected on March DMR. 3/16/07

05/18/2007 12:20 [b)(6) PAGE 20/25

EXHIBIT 94

EXHIBIT 95

PERMIT
NO.

DRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

F. OMB #0-0004

ADDRESS: FORT LEWIS, ARMY
PO BOX 339500, MAIL STOP 17
PUBLIC WORKS, AFZH-PWU-R, M/S-17
FORT LEWIS WA 98433-9500

FACILITY LOCATION: DEFENSE, ARMY
FORT LEWIS WA 98433-9500

ATTN: SUPERVISOR

HA0021954
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR (SUBR-03)
F. FINAL
WASTEWATER FACILITY SOLD POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 08 | 01 | | 07 | 03 | 31 |

NO DISCHARGE
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|---|---------------------|---------|--------|--------------------------|------------------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| BOD, 5-DAY (20 DEG. C) | | 4359 | ***** | (26) | ***** | 99 | ***** | (19) | Ø | |
| 00310 6 0 0 RAW SEW/INFLUENT | | REPORT NO AVG | ***** | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | Ø | |
| BOD, 5-DAY (20 DEG. C) | | 640 | 704 | (26) | ***** | 15 | 16 | (19) | Ø | |
| 00310 1 0 0 EFFLUENT GROSS VALUE | | REPORT NO AVG | ***** | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | Ø | |
| PH | | ***** | ***** | | 6.3 | ***** | 7.1 | (12) | Ø | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | ***** | ***** | SU | Ø | |
| SOLIDS, TOTAL SUSPENDED | | 5593 | ***** | (26) | ***** | 127 | ***** | (19) | Ø | |
| 00530 6 0 0 RAW SEW/INFLUENT | | REPORT NO AVG | ***** | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | Ø | |
| SOLIDS, TOTAL SUSPENDED | | 681 | 748 | (26) | ***** | 15 | 17 | (19) | Ø | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | | REPORT NO AVG | ***** | LBS/DY | ***** | REPORT NO AVG | ***** | MG/L | Ø | |
| NITROGEN, AMMONIA TOTAL (AS N) | | ***** | ***** | | ***** | ***** | ***** | (19) | Ø | |
| 00610 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | ***** | ***** | MG/L | Ø | |
| NITROGEN, NITRITE TOTAL (AS N) | | ***** | ***** | | ***** | ***** | ***** | (19) | Ø | |
| 00615 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | ***** | ***** | MG/L | Ø | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R (b)(6)
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(b)(6)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
253 967 3191 07 04 09
TELEPHONE DATE
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ANALYSIS of NWTPHDX for March 07 because of air problems. Reported on June 8. Doc DMRS / comment: Diesel .37 % ; Low oil .25 %

06/18/2007 12:20 (b)(6) PAGE 14/26

ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

Form OMB 40004

NAME: **ARMY**
 ADDRESS: **PO BOX 339500, MAIL STOP 17**
PUBLIC WORKS, AFZK-PHU-R, M/S-17
FORT LEWIS WA 98433-3500

WAC021354
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR FACILITY (SUBR 03)
FINAL WASTEWATER FACILITY SOLID POINT

ACTIVITY: **DEFENSE, ARMY**
 LOCATION: **FORT LEWIS WA 98433-3500**

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 03 | 01 | | 07 | 04 | 01 |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-----------|--------------------------|---------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| NITROGEN, NITRATE TOTAL (AS N) | 00620 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ***** | (19) | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | MG/L | | | | | | |
| NITROGEN, NITROGEN TOTAL (AS N) | 00625 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ***** | (19) | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | MG/L | | | | | | |
| FECAL COLIFORM, MPN EC MED, 44.5F | 31615 1 0 0 | ***** | ***** | MPN/100ML | ***** | ***** | ***** | (13) | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | MPN/100ML | | | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | 30050 1 0 0 | 5.3 | ***** | MGD | ***** | ***** | ***** | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | NO AVG | | MGD | | | | | | |
| CHLORINE, TOTAL RESIDUAL | 30060 1 0 0 | ***** | ***** | MG/L | ***** | ***** | ***** | (19) | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | MG/L | | | | | | |
| BOD, 5-DAY PERCENT REMOVAL | 31010 K 0 0 | ***** | ***** | PERCENT | 84 | ***** | ***** | (20) | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | PERCENT | | | | | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL | 31011 K 0 0 | ***** | ***** | PERCENT | 88 | ***** | ***** | (20) | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | PERCENT | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

☐☐

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 253 967-3191
 DATE: 07 04 09
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Reported on June & Dec DMRs.

06/18/2007 12:20 (b)(6) PAGE 15/26

PERMITTEE: DEFENSE ARMY (Include Facility Name/Location if Different)

NAME: DEFENSE ARMY
 ADDRESS: PO BOX 300500, MAIL STOP 17
 PUBLIC WORKS, AFZH-PWU-R, W/S-17
 FORT LEWIS WA 98433-9500
 FACILITY: DEFENSE ARMY
 LOCATION: FORT LEWIS WA 98433-9500 FROM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

WA0021954 PERMIT NUMBER
 001 A DISCHARGE NUMBER

MAJOR (SUBR 03)
 F - FINAL
 WASTEWATER FACILITY SOLD POINT

For OMB d. 0-0004

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 07 | 03 | 01 | | 07 | 03 | 31 |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------|--------------------|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| HYDROCARBONS, PETROLEUM | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ** | (19) | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | **** | | | | MG/L | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 (b)(6)

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(b)(6)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 253 967 3191
 DATE: 07 04 07
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Per Permit attached with I/E Report

06/18/2007 12:20 (b)(6) PAGE 16/26

EXHIBIT 96

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NDMR)

WATER QUALITY MONITORING SYSTEM (WQMS) MONITORING REPORT (DMR)

REPORT DATE: 05/18/2007

FACILITY NAME: **ARMY CASE, ARMY**
 ADDRESS: **PO BOX 33500, MAIL STOP 17**
PUBLIC WORKS, AFZ-H-PWD-R, N/S-17
FORT LEWIS, ARMY DEFENSE, ARMY
 LOCATION: **FOR FORT LEWIS**
 PERMIT NUMBER: **WA0021954**
 DISCHARGE NUMBER: **001 A**
 MONITORING PERIOD: **07/04/07 TO 07/04/07**
 FROM: **NA 98403-9500** TO: **NA 98403-9500**
 FROM: **06/05/07** TO: **06/05/07**

NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|---------|--------|--------------------------|---------|---------|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 100: 5-DAY (20 DEG. C) | 4135 | | (25) | | 117 | | 0 | | |
| 10310: 0 0 0 (108 SEW./INFLUENT) | REPORT | | LB5/DY | | | | 0 | | |
| 100: 5-DAY (20 DEG. C) | 579 | 671 | (25) | | 16 | | 0 | | |
| 10310: 1 0 0 (108 SEW./INFLUENT) | REPORT | | LB5/DY | | | | 0 | | |
| 10400: 1 0 0 (SUSPENSIBLE SOLIDS, TOTAL) | 5626 | | (26) | 5.8 | 7.8 | | 12 | | |
| 10530: 5 0 0 (SUSPENSIBLE SOLIDS, TOTAL) | REPORT | | LB5/DY | | | | 0 | | |
| 10530: 1 0 0 (SUSPENSIBLE SOLIDS, TOTAL) | 663 | 742 | (26) | | 19 | | 0 | | |
| 10610: 1 0 0 (NITROGEN, AMMONIA TOTAL (AS N)) | REPORT | | LB5/DY | | | | 0 | | |
| 10610: 1 0 0 (NITROGEN, AMMONIA TOTAL (AS N)) | REPORT | | LB5/DY | | | | 0 | | |
| 10615: 1 0 0 (NITROGEN, NITRATE TOTAL (AS N)) | REPORT | | LB5/DY | | | | 0 | | |
| 10615: 1 0 0 (NITROGEN, NITRATE TOTAL (AS N)) | REPORT | | LB5/DY | | | | 0 | | |

TELEPHONE: **(b)(6)**
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: **(b)(6)**
 OFFICER OR AUTHORIZED AGENT: **(b)(6)**
 AREA CODE: **253** NUMBER: **969-3771** YEAR: **07** MO: **05** DAY: **09**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Reported on June 5, 2007. All parameters were within permitted limits. Potential spill to system - normal sample retained following bag.

FORM ADDRESS (Include Facility Name/Location if Different)

NAME DEFENSE, ARMY
 ADDRESS PO BOX 339500, MAIL STOP 17
 PUBLIC WORKS, AFZH-PWD-R, M/S-17
 FORT LEWIS WA 98433-9500
 FACILITY DEFENSE, ARMY
 LOCATION FORT LEWIS WA 98433-9500

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

WA0021954 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL WASTEWATER FACILITY SOLO POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 04 | 01 | TO | 07 | 04 | 30 |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------|--------|--------------------------|---------|---------|---------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| NITROGEN, NITRATE TOTAL (AS N) | | ***** | ***** | | ***** | ***** | ** | (19) | | |
| 00620 1 0 0 | | ***** | ***** | *** | | | | | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | **** | | | | MG/L | | |
| NITROGEN, NITROGEN TOTAL (AS N) | | ***** | ***** | | ***** | ***** | ** | (19) | | |
| 00625 1 0 0 | | ***** | ***** | *** | | | | | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | **** | | | | MG/L | | |
| FECAL COLIFORM, MPN/100 ML | | ***** | ***** | | ***** | ***** | | (19) | | |
| EC MED. 44.50 | | ***** | ***** | *** | 8 | 8 | 23 | | | |
| 31615 1 0 0 | | ***** | ***** | **** | | | | 100ML | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | **** | | | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | | ***** | ***** | (03) | ***** | ***** | ***** | | | |
| 50050 1 0 0 | | ***** | ***** | | | | | | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | MBD | | | | | | |
| CHLORINE, TOTAL RESIDUAL | | ***** | ***** | | ***** | ***** | 0.36 | (19) | | |
| 50060 1 0 0 | | ***** | ***** | *** | | | | | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | **** | | | | MG/L | | |
| BOD, 5-DAY PERCENT REMOVAL | | ***** | ***** | | 85 | ***** | ***** | (23) | | |
| 01010 K 0 0 | | ***** | ***** | *** | | | | | | |
| PERCENT REMOVAL | | ***** | ***** | **** | | | | PERCENT | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL | | ***** | ***** | | 82 | ***** | ***** | (23) | | |
| 01011 K 0 0 | | ***** | ***** | *** | | | | | | |
| PERCENT REMOVAL | | ***** | ***** | **** | | | | PERCENT | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE DATE
 257 967-319 07 05 89
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 ** Analysis of NPDES for April 2007 conducted by Inspector Problems (A/PC) Reported on June 5 Dec DMRS / EC (Diesel - NO mg/L, lead oil: 0.759 mg/L) total (Diesel - 0.323 mg/L, lead oil: 0.51 mg/L)

06/18/2007 12:20 [PAV] PAGE 10/26

PERMITTEE *ADDRESS (Include Facility Name/Location if Different)*
 NAME DEFENSE, ARMY
 ADDRESS PO BOX 333500, MAIL STOP 17
 PUBLIC WORKS, AFZR-PWD-R, W/S-17
 FORT LEWIS WA 98433-9500
 FACILITY DEFENSE, ARMY
 LOCATION FORT LEWIS WA 98433-9500

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (NPDES) (DMR)

EPA FORM 403
 OMB NO. 2030-0004

WA0021354
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR (SUBR 03)
 F - FINAL
 WASTEWATER FACILITY SLOD POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | | | | | | |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------|--------------------|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| HYDROCARBONS, PETROLEUM | | ***** | ***** | | ***** | ***** | ***** | | | | |
| EFFLUENT GROSS VALUE | | | | **** | | | | MG/L | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 233 967 3411
 DATE 07 05 09
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**
 Per Permit Reported with IF Report

06/18/2007 12:20
 (b)(6)
 PAGE 11/25

EXHIBIT 97

PERMIT NAME (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE

WASTEWATER ELIMINATION SYSTEM (WQDES) MONITORING REPORT (DMR)

3-0004

DEFENSE, ARMY
 ADDRESS PD BOX 339500, MAIL STOP 17
 PUBLIC WORKS, AFZH-PWU-R, W/S-17
 FORT LEWIS WA 98433-9500
 FACILITY DEFENSE, ARMY
 LOCATION FORT LEWIS WA 98433-9500

WQ0021954
 PERMIT NUMBER

061 A
 DISCHARGE NUMBER

MAJOR (SUPER 03)
 F - FINAL
 WASTEWATER FACILITY SODO POINT

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 05 | 01 | | 07 | 05 | 31 |

*** DISCHARGE ***
 NOTE: Read Instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|---------|-------|--------------------------|--------------------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 100, 5-DAY (20 DEG. C) | 3885 | ***** | (26) | ***** | 156 | ***** | (19) | | | |
| 10310 5 0 0 LAW SEW/INFLUENT | REPORTING REQ. AVG | | LBS/DY | | REPORTING REQ. AVG | | MG/L | | | |
| 100, 5-DAY (20 DEG. C) | 471 | 498 | (26) | ***** | 19 | 20 | (19) | | | |
| 10310 1 0 0 EFFLUENT GROSS VALUE | REPORTING REQ. AVG | REPORTING REQ. AVG | LBS/DY | | REPORTING REQ. AVG | REPORTING REQ. AVG | MG/L | | | |
| PH | ***** | ***** | | | 6.1 | 7.0 | (12) | | | |
| 10400 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | *** | *** | | | SD | | | |
| SOLIDS, TOTAL SUSPENDED | 5121 | ***** | (26) | ***** | 246 | ***** | (19) | | | |
| 10530 0 0 0 LAW SEW/INFLUENT | REPORTING REQ. AVG | ***** | LBS/DY | | REPORTING REQ. AVG | | MG/L | | | |
| SOLIDS, TOTAL SUSPENDED | 512 | 623 | (26) | ***** | 21 | 25 | (19) | | | |
| 10530 1 0 0 EFFLUENT GROSS VALUE | REPORTING REQ. AVG | REPORTING REQ. AVG | LBS/DY | | REPORTING REQ. AVG | REPORTING REQ. AVG | MG/L | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | ***** | ***** | | ***** | ***** | ** | (19) | | | |
| 10610 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | *** | *** | | | MG/L | | | |
| NITROGEN, NITRITE TOTAL (AS N) | ***** | ***** | | ***** | ***** | ** | (19) | | | |
| 10613 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | *** | *** | | | MG/L | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

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(b)(6)
 TELEPHONE DATE
 253 967 3131 07 06 08
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Reported on June & Dec DMRs (effluent) - no oil and grease (5 mg/l) (oil and grease) (5 mg/l) (oil and grease) (5 mg/l)

06/18/2007 12:20 (b)(6) PAGE 04/26

ERMITTEE **DEFENSE, ARMY** (Include Facility Name/Location if Different)

ADDRESS **PO BOX 339500, MAIL STOP 17
PUBLIC WORKS, FTZH-PNU-R, W/S-17
FORT LEWIS WA 98433-3500**

NATIONAL POLLUTANT ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

WA0021334 PERMIT NUMBER
0019 DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
WASTEWATER FACILITY SOLD POINT

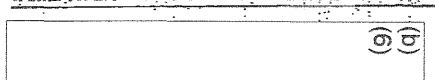
FORM CMB-1-0004

MONITORING PERIOD


| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 07 | 05 | 01 | | 07 | 05 | 01 |

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-------|--------------------------|---------|---------|----------|---------|------------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| NITROGEN, NITRATE TOTAL (AS N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ** | (19) | φ | | |
| 00629 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | | | | | | | |
| EFFLUENT GROSS VALUE | | | | **** | | | | MG/L | | PERM | ANNUAL |
| NITROGEN, NITRATE TOTAL (AS N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ** | (19) | φ | | |
| 00625 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | | | | | | | |
| EFFLUENT GROSS VALUE | | | | **** | | | | MG/L | | PERM | ANNUAL |
| FECAL COLIFORM, MPN/100 ML | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 19 | 34 | (13) | φ | | |
| 31615 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | | | | | | | |
| EFFLUENT GROSS VALUE | | | | **** | | | | 100ML | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 3.0 | ***** | (03) | ***** | ***** | ***** | | φ | | |
| 50050 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | | | | | | | |
| EFFLUENT GROSS VALUE | | | | MGD | | | | | | ONLY IN RECORDING LOGS | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | φ.22 | (19) | φ | | |
| 50060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | | | | | | | |
| EFFLUENT GROSS VALUE | | | | **** | | | | MG/L | | | |
| 30% 5-DAY PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | 87 | ***** | ***** | (23) | φ | | |
| 31010 K 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | | | | | | | |
| PERCENT REMOVAL | | | | **** | | | | PER-CENT | | PERM | ANNUAL |
| SOLIDS, SUSPENDED PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | 90 | ***** | ***** | (23) | φ | | |
| 31011 K 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | | | | | | | |
| PERCENT REMOVAL | | | | **** | | | | PER-CENT | | PERM | ANNUAL |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information and data submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE
 253 967 3131
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 DATE
 07 06 08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 **
 Reported on June 5 Dec DMRS/INF Sample (Date) 0.199 mg/L (Lab) 2.57 mg/L problem was corrected
 ANALYSIS OF WWTPHDX FOR ^{April} May 2007. Because of permit violation of SR PH reported on April 08

05/18/2007 12:20
 (h/v/a)
 PAGE 05/26

ERMITTE NAME: PUBLIC DEFENSE, ARMY
 ADDRESS: 60 BOX 397500, MAIL STOP 17
 PUBLIC WORKS, AFZM-PRD-R, A/S-17
 FORT LEWIS
 LOCATION: FORT LEWIS
 FACILITY: WASTEWATER FACILITY 5600 POINT

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (DMR)
 PERMIT NUMBER: WA00021354
 DISCHARGE NUMBER: 001 A
 MONITORING PERIOD: YEAR 07 MO 01 TO YEAR 07 MO 31

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR CONCENTRATION | | | UNITS | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------|---------------------------|---------|---------|-------|--------------------------|---------|---------|--------|-----------------------|-------------|
| | AVERAGE | MINIMUM | MAXIMUM | | MINIMUM | AVERAGE | MAXIMUM | | | |
| HYDROCARBONS, PETROLEUM | *** | *** | *** | MG/L | *** | *** | *** | 0 | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
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| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, this document, the information and those persons already responsible for gathering the data, are true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED: NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: (b)(6)
 OFFICER OR AUTHORIZED AGENT: (b)(6)
 TELEPHONE: 253 967-3131
 DATE: 07 06 08
 AREA NUMBER: 253 967-3131
 MO: 07, DAY: 06, YEAR: 08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 *** Per Permit Reported with IIT Report

EXHIBIT 98



DEPARTMENT OF THE ARMY
WESTERN REGIONAL MEDICAL COMMAND
AND MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON 98431-1100

REPLY TO
ATTENTION OF

MCHJ-PV-IH

30 August 2006

MEMORANDUM FOR Chief, Public Works, Utilities Division, Wastewater Treatment Plant, AFZH-PWU, ATTN: (b)(6), Building 7973, Fort Lewis, WA 98433

SUBJECT: Industrial Hygiene Workplace Exposure Assessment (WEA) Review of the (b)(6) Wastewater Treatment Plant, Bldg 7500, Fort Lewis, WA 98433

1. The baseline WEA for Wastewater Treatment Plant, (WWTP) was completed on 19 April 2004. The Periodic WEA was accomplished by this service on 18 August 2006 in accordance with Title 29, Code of Federal Regulations (CFR), 2001 rev, Section 1960.25 (c), Qualifications of Safety and Health Inspectors and Agency Inspections. Any changes are noted below.

2. Current Personnel List: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) and (b)(6) All of Public Works is being restructured. Note that personnel currently working in this area may change 1 October 2006.

3. Noise Exposure: Personnel working in this shop are not required to be monitored on the Hearing Conservation Program as stated in the initial workplace exposure assessment. Noise levels experienced by personnel in this section ranged between 75 and 92 decibels (A) weighting. Both plugs and muffs are available for workers use.

4. Chemical Use: Both MSDS binders are maintained in building 7500. They were reviewed and there have been no significant changes in chemical usage since the initial WEA. However, the MSDS binder in the common area did not have the required chemical inventory sheet.

5. Personal Protective Equipment: Personnel in this shop are provided with safety shoes, boots, rubber boots, rain gear, leather gloves, ear plugs, ear muffs, safety glasses, Carhartt bib overalls and coats. Face shields chemical goggles, rubber aprons and rubber gloves are available to protect workers from hazards of the job. All PPE was in good repair and sufficient to protect workers.

6. Ergonomics: Personnel working in this shop are not required to perform tasks which have the potential to cause work related musculoskeletal injuries. Management emphasizes proper lifting and handling methods. Multiple workers (buddy system) is used to perform duties where a potential exists to create an injury. No immediate concerns are noted at this time and practices appear to be working properly.

Exhibit 98

MCHJ-PV-IH

SUBJECT: Industrial Hygiene Workplace Exposure Assessment (WEA) Review of the (b)(6) Wastewater Treatment Plant, Bldg 7500, Fort Lewis, WA 98433

7. Existing Engineering Controls: Dilution Ventilation. In the initial inspection, laboratory hoods were addressed. Lab hoods are not used for any current analysis. They were used years ago when the lab performed oil and grease analysis, but this is no longer performed. Both hoods are still being calibrated by a contractor for future potential use.
8. Confined Space issues: There are 23 confined spaces at the WWTP (See Attachment 1.) Several of these were unmarked. DA Civilians do occasionally enter some of these spaces using an in-house permit system for inspection purposes after they have been cleaned and maintained. However air monitoring equipment to ensure the atmosphere is safe to enter without respiratory protection is not maintained at WWTP. This equipment should be available to WWTP workers at all times and must be calibrated routinely under the manufacturers recommendation. The permit should require monitoring the atmosphere prior to entry to ensure it is safe, and entry should not be conducted without adherence to the permit requirements. Also, WWTP Confined Space SOP was not on the premises during our visit. The Confined Space SOP should be maintained on the WWTP premises at all times.
9. Water Sampling: Sample collection is automated by a time integrated sampling device which fills a large sample container. This container is collected at midnight each night when it is approximately 2/3 full. There is very little chance of a splash hazard. All analysis is either gravimetric or through Hach pillow packet reagents, so there is very low hazard from analytical processes in the Lab.
10. Pump maintenance and repair: Methylene chloride was listed as used in the 2004 report, but this is no longer used. It had been the greatest hazard in that operation.
11. Digester 3 (Gas Storage Unit) had a gas pipe break. This pipe transferred waste gases (primarily methane and Hydrogen Sulfide) from the digester to the boiler and waste gas burner. The pipe has a temporary repair by use of a flex hose. The boiler was effectively shut down and bypassed to reduce emissions of gas, but this still poses a potential hazard if the pressure becomes great enough to burst the flex hose. Repair of this pipe should be expedited. There is no SOP for such materials failures at the WWTP.

12. For further inquires please contact (b)(6) at 968-4344 or the undersigned at 968-4345.

/s/

(b)(6) CHEM
Chief, Industrial Hygiene Service
Department of Preventive Medicine

Confined Space Inventory Waste Water Treatment

| <u>BLDG</u> | <u>AREA</u> |
|-------------|---|
| 7501 | All grated influent channels & valve pits |
| 7501 | Grit chambers |
| 7502 | sludge thickener |
| 7502 | scum concentrator |
| 7503 | Chlorine Contact Chamber #2 |
| 7503 | scum pit |
| 7503 | final effluent bypass pit |
| 7503 | Chlorine Contact chamber #1 |
| 7504 | Primary Effluent bypass pit |
| 7504 | Primary effluent channel |
| 7504 | Primary Clarifier #4 |
| 7504 | Primary Clarifier #3 |
| 7504 | Primary Clarifier #2 |
| 7504 | Primary Clarifier #1 |
| 7504 | t-valve pits |
| 7505 | Tickling filter effluent splitter box |
| 7505 | trickling filter effluent splitter box |
| 7505 | secondary scum pit |
| 7505 | Secondary Clarifier #2 |
| 7505 | Secondary clarifier #1 |
| 7511 | primary digester #1 |
| 7511 | Primary Digester #2 |
| 7511 | Secondary Digester |

EXHIBIT 99

MCHJ-PV-IH (40-5f)

8 June 2005

MEMORANDUM FOR Chief, Occupational Health, Preventive
Medicine Service, Madigan Army Medical Center, Tacoma WA 98431

SUBJECT: Industrial Hygiene Workplace Exposure Assessment Review of the (b)(6)
Wastewater Treatment Plant, Bldg 7500, Fort Lewis, Wa 98433

1. A copy of the subject workplace exposure assessment review is enclosed. This assessment was conducted to comply with Army Regulation 40-5, Preventive Medicine and is provided to help facilitate your medical surveillance program for employees who belong to the Similar Exposure Group; WS, WL and WG-4742 – Utility Systems Repairer/Operator and GS-0404 Biological Science Laboratory Technician assigned to the PW Wastewater Treatment Plant.
2. If you have questions concerning the enclosed please contact (b)(6) at phone 968-3174 or the undersigned at 968-4331.

(b)(6)

Encl
as

Chief, Industrial Hygiene Service
Department of Preventive Medicine

Workplace Exposure Assessment (WEA) Review
Directorate of Public Works
Wastewater Treatment Plant
8 June 2005

The baseline WEA for the Wastewater Treatment Plant was completed on 19 April 2004. The annual WEA was completed by this service on 8 June 2005 in accordance with Title 29, Code of Federal Regulations (CFR) rev, Section 1960.25 (c), Qualifications of Safety and Health Inspectors and Agency Inspections. Any changes are noted below.

Personnel Assigned:

| Name | Position | Job Series |
|--------|--|------------|
| (b)(6) | Utility Systems Repairer/Operator/Supr | WS4742 |
| (b)(6) | Utility Systems Repairer/Operator/Ldr | WL4742 |
| (b)(6) | Utility Systems Repairer/Operator | WG4742 |
| (b)(6) | Utility Systems Repairer/Operator | WG4742 |
| (b)(6) | Utility Systems Repairer/Operator | WG4742 |
| (b)(6) | Utility Systems Repairer/Operator | WG4742 |
| (b)(6) | Utility Systems Repairer/Operator | WG4742 |
| (b)(6) | Utility Systems Repairer/Operator | WG4742 |
| (b)(6) | Utility Systems Repairer/Operator | WG4742 |
| (b)(6) | Biological Science Lab Technician | GS404 |

Noise: Personnel working in this shop should are not required to be monitored on the Hearing Conservation Program as stated in the initial workplace exposure assessment. Noise levels experienced by personnel in this section ranged between 75 and 92 decibels (A) weighting. Both plugs and muffs are available for workers use.

Chemical Use: There have been no significant changes in chemical usage since the initial WEA.

Personal Protective Equipment: Personnel in this shop are provided with safety shoes, boots, rubber boots, rain gear, leather gloves, ear plugs, ear muffs, safety glasses, carhartt bib overalls and coats. Face shields chemical goggles, rubber aprons and rubber gloves are available to protect workers from hazards of the job. All PPE was in good repair and sufficient to protect workers.

Ergonomics: Personnel working in this shop are not required to perform tasks which have the potential to cause work related musculoskeletal injuries. Management emphasizes proper lifting and handling methods. Multiple workers (buddy system) is used to perform duties where a potential exists to create an injury. No immediate concerns are noted at this time and practices appear to be working properly.

Occupational Surveillance Considerations:

Occupational Vision Program

Existing Engineering Controls: Laboratory Hoods, Dilution Ventilation

Environmental monitoring / Sampling needed:

None at this time

(b)(6)

Industrial Hygiene Technician

(b)(6)

Chief, Industrial Hygiene Service

EXHIBIT 100

MCHJ-PV-IH (40-5f)

1 June 2005

MEMORANDUM FOR Chief, Occupational Health, Preventive
Medicine Service, Madigan Army Medical Center, Tacoma WA 98431

SUBJECT: Industrial Hygiene Workplace Exposure Assessment Review of the (b)(6) Water and
Sewer Shop, Bldg 7913, Fort Lewis, Wa 98433

1. A copy of the subject workplace exposure assessment review is enclosed. This assessment was conducted to comply with Army Regulation 40-5, Preventive Medicine and is provided to help facilitate your medical surveillance program for employees who belong to the Similar Exposure Group; WL and WG-4206 - Exterior Plumbers and WG-5716 - Equipment Operator assigned to the PW Water and Sewer Shop.

2. If you have questions concerning the enclosed please contact (b)(6) at phone 968-3174 or the undersigned at 968-4331.

(b)(6)

Encl
as

J. GREGORY P. O'NEILL, M.D.
Chief, Industrial Hygiene Service
Department of Preventive Medicine

Workplace Exposure Assessment (WEA) Review
Directorate of Public Works
Water and Sewer Shop
1 June 2005

The baseline WEA for the Water and Sewer Shop was completed on 14 July 2003. The annual WEA was completed by this service on 14 May 2005 in accordance with Title 29, Code of Federal Regulations (CFR) rev, Section 1960.25 (c), Qualifications of Safety and Health Inspectors and Agency Inspections. Any changes are noted below.

Personnel Assigned:

| Name | Position | Job Series |
|--------|--------------------------|------------|
| (b)(6) | Exterior Plumber, Leader | WL4206-09 |
| (b)(6) | Exterior Plumber | WG4206-09 |
| (b)(6) | Exterior Plumber | WG4206-09 |
| (b)(6) | Exterior Plumber, Helper | WG4206-07 |
| (b)(6) | Equipment Operator | WG5716-09 |

Noise: Personnel working in this shop should continue to receive annual audiograms as stated in the initial workplace exposure assessment. Noise levels experienced by personnel in this section ranged between 72 and 102 decibels (A) weighting. Both plugs and muffs are available for workers use.

Chemical Use: There have been no significant changes in chemical usage since the initial WEA.

Asbestos: Personnel are periodically exposed to cement asbestos while repairing water mains located across Ft Lewis. Exposure is limited and monitoring is not practical due to the limited unscheduled frequency. Repairs to water main are made using the wet method (dust control) and replacement pipe consists of C-900 PVC or steel pipe. See below for respiratory protection required.

Personal Protective Equipment: Personnel in this shop are provided with safety shoes, boots, rubber boots, rain gear, leather gloves, ear plugs, ear muffs, safety glasses, carhartt bib overalls and coats. Face shields and rubber gloves are available to protect workers from hazards of the job. All PPE was in good repair and sufficient to protect workers. Designated workers are required to wear respirators with P100 filters while performing work on cement asbestos pipe.

Ergonomics: Personnel working in this shop are not required to perform tasks which have the potential to cause work related musculoskeletal injuries. Management emphasizes proper lifting and handling methods. Multiple workers (buddy system) is used to perform duties where a potential exists to create an injury. No immediate concerns are noted at this time and practices appear to be working properly.

Occupational Surveillance Considerations:

Hearing Conservation Program

Respiratory Protection Program

Occupational Vision Program

Existing Engineering Controls: None required

Environmental monitoring / Sampling needed:

None at this time

(b)(6)

Industrial Hygiene Technician

(b)(6)

Chief, Industrial Hygiene Service

EXHIBIT 101



DEPARTMENT OF THE ARMY
MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON 98431

REPLY TO
ATTENTION OF:

MCHI-PV-IH

7 Jun 2005

MEMORANDUM FOR Director, Public Works, -ATTN: AFZH-PW (b)(6), MS-17,
Fort Lewis WA 98433

SUBJECT: Annual Workplace Exposure Assessment (WEA), Water and Sewer Shop, Bldg 7913

1. ~~Purpose~~ This memorandum provides findings. SAB (b)(6)
(b)(6) performed an annual WEA of the Water and Sewer Shop, Bldg 7913 on 14 May
2005. (b)(6) provided information and assistance.

2. Background.

a. IAW AR 385 -10, Army Safety Program, industrial hygiene at the direction of the Surgeon General will provide technical guidance to Army Staff and the Army Medical Department in the evaluation and control of actual or potential occupational health hazards in Army work areas. WEAs are provided as a courtesy to commanders, supervisors, Safety and Occupational Health for use in the management of the Occupational Health Program.

b. We performed a baseline Workplace Exposure Assessment (WEA) in 14 July 2003. The Priority Action Code (PAC) of 1 was based on hazard potential, and established the need for an annual review of this work site.

c. During the WEA, we reviewed the findings and recommendations from the initial WEA survey and compliance with the following Occupational Health and Safety Administration (OSHA), and Department of the Army (DA) programs: Hearing Conservation, Hazard Communication, Confined Space, and Respiratory Protection. Significant findings and recommendations are listed below.

3. Findings.

a. Personnel working in this section are periodically required to repair water mains constructed of cement asbestos pipe. All cutting of the asbestos pipe is performed using the wet method for dust control.

Exhibit 101

MCHJ-PV-IH

SUBJECT: Annual Workplace Exposure Assessment (WEA), Water and Sewer Shop, Bldg 7913

b. Personnel performing maintenance on asbestos containing material (cement asbestos water mains) have not received required asbestos training. Any repair or maintenance of ACM including thermal system insulation is classified as "class III" and can only be performed by personnel who have attended worker level asbestos training. IAW 29 CFR 1926.1101(k)(9)(v).

c. Waste asbestos generated by repair of the water main is required to be disposed IAW proper waste disposal methods.

4. Recommendations.

a. Designate specific workers to perform repairs on cement asbestos water mains. Use of a negative pressure respirator with a N100 filter will protect workers from potential airborne asbestos fibers.

b. Schedule designated workers for asbestos workers training. Contact (b)(6) for specific requirements and a source for training. (29 CFR 1926.1101(k)(9)(v)).

c. Schedule designated workers for (b)(6) testing through Occupational Health at 968-4048. (29 CFR 1910.134)

d. Contact Industrial Hygiene for assistance in developing your required respiratory protection program at phone 968-4331. (29 CFR 1910.134)

e. Contact (b)(6) for guidance on waste disposal requirements following a water main repair.

We would like to thank you and your workers for their cooperation and assistance during this survey. If you have any questions or comments concerning this evaluation, please contact (b)(6) at 968-3174 or Chet Kahla at 968-4335.

(b)(6)

Encl
as

Chief, Industrial Hygiene Service
Department of Preventive Medicine

CF:

Chief, M & R,

(b)(6)

PW Asbestos Mgr,

(b)(6)

Garrison Safety Office

(b)(6)

7 June 2005

MEMORANDUM FOR Chief, Occupational Health, Preventive
Medicine Service, Madigan Army Medical Center, Tacoma WA 98431

SUBJECT: Industrial Hygiene Workplace Exposure Assessment Review of the DPW, Water
Treatment Plant, Bldg 7973, Fort Lewis, Wa 98433

1. A copy of the subject workplace exposure assessment review is enclosed. This assessment was conducted to comply with Army Regulation 40-5, Preventive Medicine and is provided to help facilitate your medical surveillance program for employees who belong to the Similar Exposure Group, WL and WG-5409-- Water Plant Operators assigned to the PW Water Treatment Plant.

2. If you have questions concerning the enclosed please contact (b)(6) at phone 968-3174 or the undersigned at 968-4331.

(b)(6)

Encl
as

Chief, Industrial Hygiene Service
Department of Preventive Medicine

Workplace Exposure Assessment (WEA) Review
Directorate of Public Works
Water Treatment Shop
7 June 2005

The baseline WEA for the Water Treatment Shop was completed on 14 May 2003. The annual WEA was completed by this service on 14 May 2005 in accordance with Title 29, Code of Federal Regulations (CFR) rev. Section 1960.25 (c), Qualifications of Safety and Health Inspectors and Agency Inspections. Any changes are noted below.

Personnel Assigned:

| Name | Position | Job Series |
|--------|------------------------------|------------|
| (b)(6) | Water Plant Operator, Leader | WL5409-09 |
| (b)(6) | Water Plant Operator | WG5409-09 |
| (b)(6) | Water Plant Operator | WG 5409-09 |
| (b)(6) | Water Plant Operator | WG-5409-09 |
| (b)(6) | Water Plant Operator | WG 5409-09 |

Noise: Personnel working in this shop are still required to receive annual audiograms as stated in the initial workplace exposure assessment. Noise levels experienced by personnel in this section ranged between 82 and 106 decibels (A) weighting. Both plugs and muffs are available for workers use.

Chemical Use: There have been no significant changes in chemical usage since the initial WEA. The laboratory flow hood meets the requirement of NFPA 45 for control of hazardous chemicals.

Personal Protective Equipment: Personnel in this shop are provided with safety shoes, boots, rubber boots, rain gear, leather gloves, ear plugs, ear muffs, safety glasses, carhart bib overalls and coats. Face shields and rubber gloves are available to protect workers from hazards of the job. All PPE was in good repair and sufficient to protect workers.

Ergonomics: Personnel working in this shop are not required to perform tasks which have the potential to cause work related musculoskeletal injuries. Management emphasizes proper lifting and handling methods. Multiple workers (buddy system) is used to perform duties where a potential exists to create an injury. No immediate concerns are noted at this time and practices appear to be working properly.

Occupational Surveillance Considerations:
Occupational Vision Program

Existing Engineering Controls: Laboratory Flow Hood

Environmental monitoring / Sampling needed: None at this time

(b)(6)

(b)(6)

Industrial Hygiene Technician

(b)(6)

Chief, Industrial Hygiene Service

EXHIBIT 102



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
UNITED STATES ARMY GARRISON, FORT LEWIS
BOX 339500, MAIL STOP 1AA
FORT LEWIS WASHINGTON 98433-9500

REPLY TO
ATTENTION OF

IMWE-LEW-SO

MEMORANDUM FOR RECORD

7 May 2007

SUBJECT: Report of Hazard, Waste Water Treatment Plant Digester Arm

1. Last year, while I was on leave, the office received a phone call from a (b)(6) (b)(6) expressing concerns over an event that had happened there. Digester vent arm broke off and fell onto digester. The initial response was handled by (b)(6) (b)(6) who was acting safety director, and (b)(6) who responded to the site. I spoke with (b)(6) (b)(6) on my return to duty. There was no damage to digester, but (b)(6) stated that these hazards existed:

a. The permanent vent line on a swing arm was replaced with flex line lying on top of the digester. This line is the primary means of venting hazardous gases from the digester. The concern was that the flex line does not provide the same level of safety as the permanent swing arm and line.

b. The supervisor had responded to the event, and had returned to do the work himself, but did not check in with Plant Operations per plant SOP. The hazard is that the plant is operating but the primary operator does not know there are people out working around the system.

c. The supervisor failed to use non-sparking tools during repair work on digester. Flammable gases can be present in combustible concentrations.

2. (b)(6) assessed the hazards during his initial visit. He observed the broken arm lying where it fell, but posing no immediate further danger. Fort Lewis Fire had responded, and found no emergent medical or hazardous material situation. The flex line installation, though not a permanent design solution, seems to provide adequate, safe venting, and raises and lowers with the height of the digester as the system requires. (b)(6) spoke with the supervisor involved, who admitted that (b)(6) had not followed his own SOP regarding checking in and using non-sparking tools, but that (b)(6) would observe SOP in the future.

3. There are no specific OSHA standards regarding waste water treatment plants. Rather, numerous individual different standards apply, such as the hazard communication standard (29 CFR 1910.1200), emergency response (29 CFR 1910.120), energy control, (29 CFR 1910.147), permit-required confined space entry (29 CFR 1910.146), and others. In this case, the supervisor did not follow the internal work control SOP, but there were no apparent residual violations of OSHA standards.

Exhibit 102

4. POC this action is the undersigned, IMWE-LEW-SO, 253-967-6764.

(b)(6)

Senior Safety Director

EXHIBIT 103

| | | |
|--|--|--|
| Public Works, Fort Lewis | | |
| Procedure: CONFINED SPACE ENTRY | | |
| Document ID: PWU-001 | | |
| Document Owner: (b)(6) | Approval: (b)(6) | Revision: # 1 Revision Date: 3/01/2007 |
| Title: QUALITY CONTROL SPECIALIST OPERATIONS & MAINTENANCE DIVISION | Title: PROJECT MANAGER OPERATIONS & MAINTENANCE DIVISION | Original Date: 01/07/02 |

1. **PURPOSE.** To establish policies and procedures for Public Works Operations and Maintenance Division (PW O&M) implementation of the Confined Space Program in accordance with 29 CFR 1910.146 - Permit Required Confined Spaces.

2. **APPLICABILITY.** This regulation applies to all PW employees, activities, and units, including sub-installations, under this directorate.

3. **REFERENCES.**

- a. 29 CFR 1910.146 Permit Required Confined Space.
- b. 29 CFR 1910.134 Respiratory Protection.
- c. 29 CFR 1910 Subpart Q Welding, Cutting, and Brazing
- d. 29 CFR 1910.147 Lockout/Tagout
- e. EM 385-1-1-6 Confined Space - US Army Corps of Engineers Safety and Health Manual

4. **BACKGROUND.**

a. Effective 15 April 1993 the Occupational Safety and Health Administration (OSHA) requires that employers develop and manage a program for Permit-required Confined Spaces (ref. a). This statutory regulation is applicable to government agencies by Executive Order 12196.

b. The PW O&M Division Confined Space Entry program is intended to meet the above regulation and more importantly, to protect the safety of workers who may enter into confined Spaces by minimizing or eliminating the hazards related to such entries.

c. Definitions and abbreviations used in this regulation are located in the glossary.

5. GENERAL REQUIREMENTS.

a. O&M Sections will evaluate each workplace to determine if they contain confined spaces and permit required confined spaces. Sections will also maintain an inventory of all of their confined spaces. The decision logic at Appendix A will assist you in evaluating a space to meet this requirement. Technical support is also available at Preventive Medicine Service, Industrial Hygiene Branch.

b. If the workplace contains permit-confined spaces, then exposed employees will be informed, by posting danger signs (Appendix B) or by other effective means. Note that spaces that are locked or require the use of a tool to open do not require a danger sign (for example manholes do not require a sign because they require a tool to open).

c. If the Section decides that its employees will enter confined spaces, it will implement the confined space entry program below.

6. CONFINED SPACE ENTRY PROGRAM.

a. Entry Without Permit/Attendant. Confined spaces may be entered without the need for a written permit or attendant provided that:

(1) The space is determined not to be a permit required confined space, (Appendix A) or

(2) The space can be maintained in a safe condition for entry by mechanical ventilation alone (Note that any hot work or chemical use will introduce air contaminants into the confined space thus requiring a permit required confined space permit);

(3) All spaces will be considered permit-required confined spaces until pre-entry procedures demonstrate otherwise. By using the checklist at Appendix C and following the atmospheric test procedures at Appendix D, the lead worker will be able to determine if entry into the confined space requires a permit. If all questions are answered yes, entry into the confined space is authorized without the use of the confined space entry permit. If any of the questions on the checklist are answered "NO" the confined space will not be entered. The LEAD WORKER will do the completion of the checklist. This checklist will be kept at the job site for the duration of the job. If circumstances dictate an interruption in the work, then confined space must be re-evaluated and a new checklist must be completed.

(4) If an initial entry of the confined space is necessary to obtain the data required for safe entry, the entry will be in accordance with a permit required confined space entry;

b. Permit Required Confined Space Entry. (PRCS)

(1) All permit required confined space entries will have a written Safe Operating Plan (SOP) which specifies the parameters for safe entry. The minimum information for an acceptable SOP is contained in Appendix E.

(2) With each Permit Required Confined Space Entry there must be an Authorizing Supervisor, Attendant, Authorized Entrant(s) and Detector Monitor. Each will be trained and know the duties of their position as specified in Appendix F. Note that the Supervisor and/or the Attendant can be the Detector Monitor.

(3) Confined Space Training: All participants involved in a Confined Space Entry shall be trained by a Certified Confined Space Trainer.

(a) Trained employees shall be individually issued a card (to be carried on their person), reflecting the type and date of official training completion.

(b) Training records shall be maintained (at a minimum), in a secure training database.

(4) The Confined Space Entry Permit (Appendix G) must be completed before approval can be given to enter a permit required confined space. The authorized supervisor will complete the permit. This permit verifies completion of surveillance, testing, space ventilation, entry procedures, and rescue procedures. This permit must be kept at the worksite for the duration of the job. If circumstances cause an interruption in the work or change in the conditions for which entry was approved, a new Confined Space Entry Permit must be completed.

(5) The surrounding area will be surveyed to avoid hazards such as drifting vapors from tanks, piping, or sewers. Pedestrian, vehicle, or other barriers will be used to protect entrants from external hazards.

(6) The confined space atmosphere will be tested to determine whether dangerous air contamination and/or oxygen deficiency exists. A direct reading gas monitor will be used. The gas monitor shall be standardized throughout the organization. The authorized supervisor will perform air monitoring only after successfully completing gas detector training for their monitor (training by the monitor's manufacturer constitutes acceptable monitor training). The minimum parameters to be monitored are oxygen, LEL (Lower Explosive Limit) and the specific toxic(s). The SOP and the entry permit will dictate the specific toxic to be monitored. When testing for atmospheric hazards, test first for oxygen, then for combustible gases and vapors, and then for toxic gases and vapors.

(a) If the oxygen content (at sea level) is below 19.5% (oxygen deficiency) or above 23.5% (oxygen-enriched), the following will be done:

- The oxygen will be increased or decreased by ventilation.
- Following initial ventilation, the confined space will be re-tested; and if the atmosphere is still oxygen deficient or enriched the ventilating process will be repeated and the space re-tested.
- If the oxygen deficiency or enrichment cannot be corrected by three vent re-test cycles the confined space will be closed and "DANGER" signs posted. The Industrial Hygiene Branch will then be contacted for further instructions

(b) If flammable gas levels exceed 10% of the LEL, entry will not be made. The Authorizing Supervisor will contact the Fire Department for further instructions.

(c) If substances are present in concentrations in excess of the permissible exposure limits (PEL's), but there is no likelihood of an Immediately Dangerous to Life and Health (IDLH) atmosphere or engulfment, entrants will wear appropriate respiratory protection in accordance with Reference b.

- (7) All test results will be recorded on the Confined Space Entry Permit (Appendix G) and the permit will be kept at the worksite for the duration of the job. Employees will be able to review the testing results at any time.
- (8) The most hazardous conditions will govern when work is being performed in two adjoining, connecting spaces.
- (9) Mechanical ventilation systems, where applicable, will be set at 100% outside air. Where possible, open additional manholes/port holes to increase air circulation. After suitable ventilation period, repeat the testing.
- (10) At least one attendant will be outside the permit space into which entry is authorized for the duration of the entry operation.
- (11) To facilitate non-entry rescue, retrieval systems or methods will be used whenever an authorized entrant enters a permit space, unless the retrieval equipment would increase the overall risk of entry or would not contribute to the rescue the entrant. Retrieval systems will meet the following requirement:
 - (a) Each authorized entrant will use a chest or full body harness, with a retrieval line attached at the center or the entrant's back near shoulder level, or above the entrant's head.
 - (b) The other end of the retrieval line will be attached to a mechanical device or fixed point outside the permit space in a manner that rescue can begin as soon as rescue is necessary. A mechanical device will be available to retrieve personnel from vertical type permit spaces more than 5 feet deep.

APPENDIX A

Permit-required Confined Space Decision Logic

Does the space meet all of the following criteria?

1. Is large enough and so configured that an employee can bodily enter and perform assigned work; and
2. Has limited or restricted means for entry or exit (tanks, vessels, silos, storage bins, hoppers, vaults, and pits); and
3. Is not designed for continuous employee occupancy.

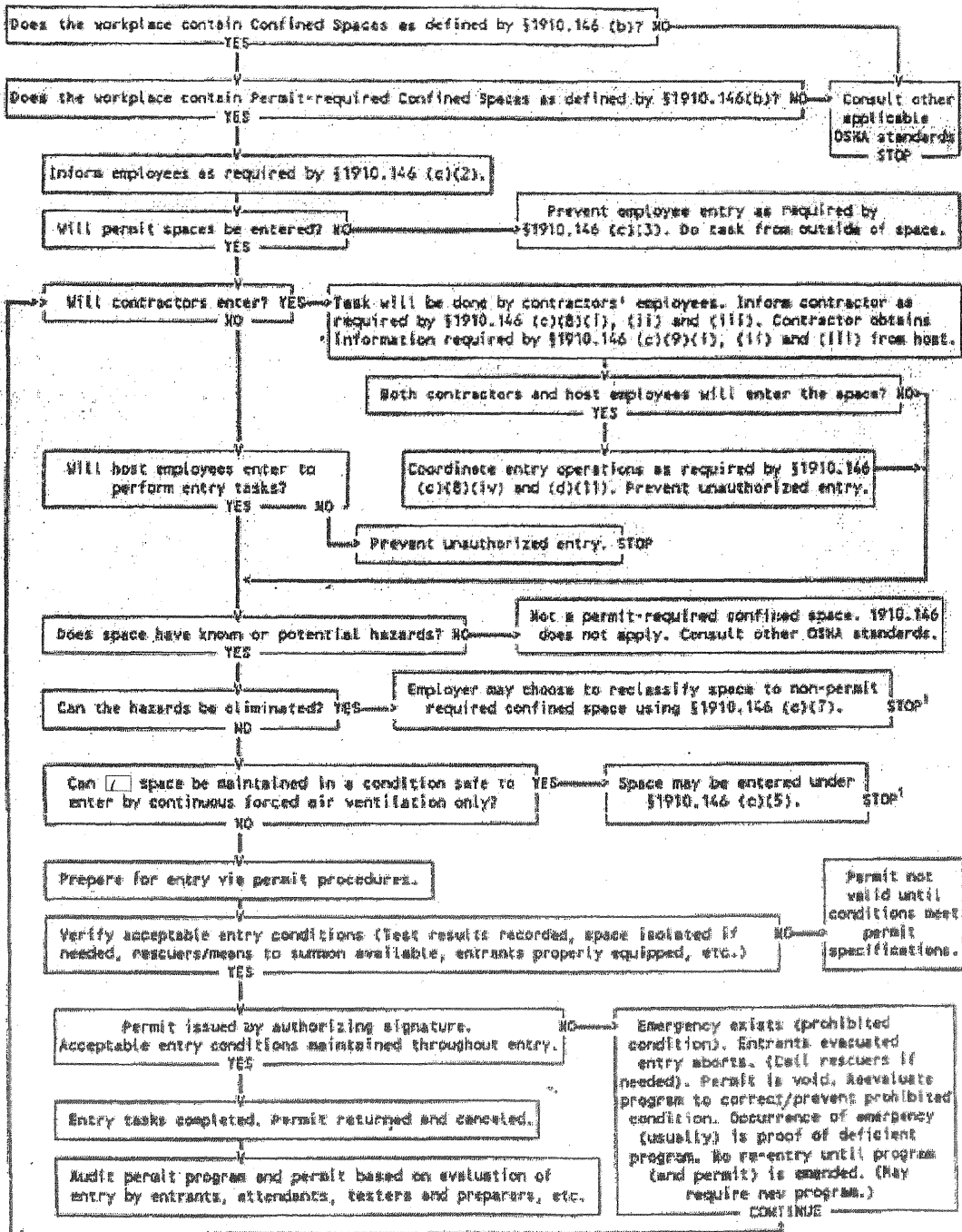
If all three questions were answered yes, then the space is considered a confined space. If one or more questions were no, the space is not a confined space and this permit-required confined space regulation will not apply.

If it has been determined that the space meets the above definition for a confined space and the space has one or more of the following characteristics the space will be considered a permit required space:

1. Contains or has the potential to contain a hazardous atmosphere; or
2. Contains a material that has the potential for engulfing an entrant; or
3. Has the internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a small cross-section; or
4. Contains any other recognized serious safety or health hazard.

Note: All confined spaces are considered permit required confined spaces until proven otherwise. By using the checklist at Appendix C you will be able to determine if entry into the confined space requires a permit. If you can answer yes to all the questions on this checklist you may enter the confined space without the use of a confined space entry permit. The completion of the checklist at Appendix C is mandatory prior to any entry.

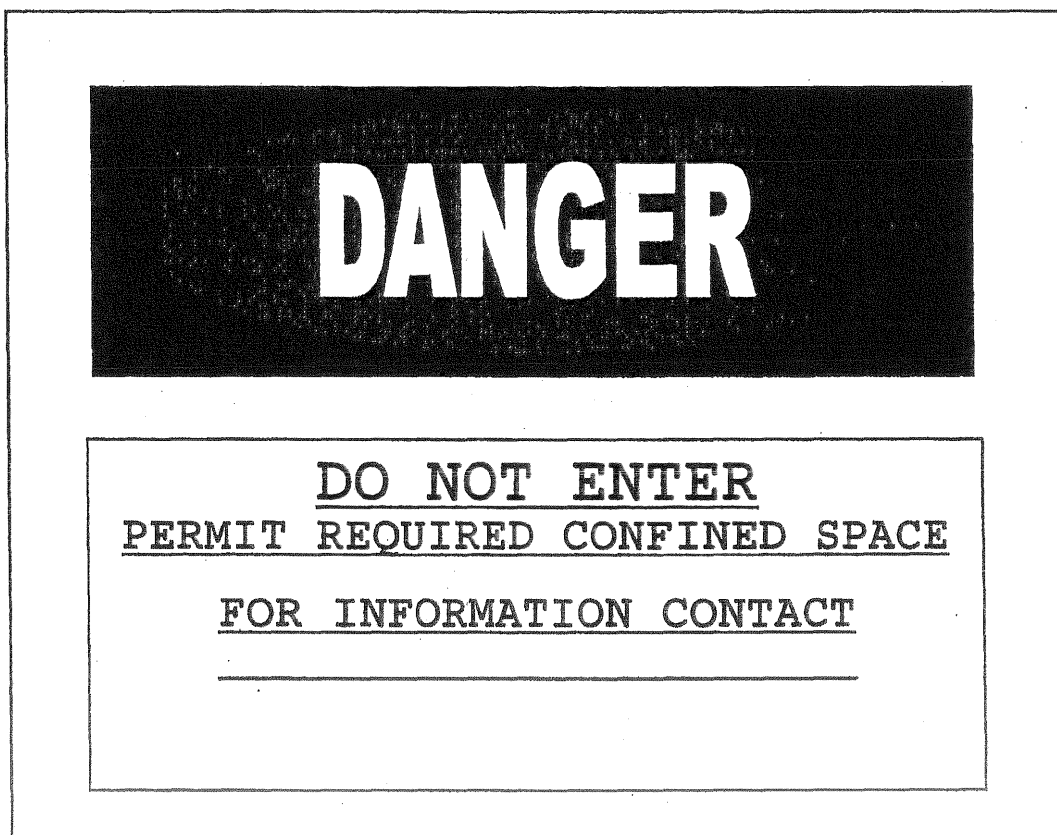
APPENDIX A TO § 1910.146—PERMIT-REQUIRED CONFINED SPACE DECISION FLOW CHART



¹ Spaces may have to be evacuated and re-evaluated if hazards arise during entry

APPENDIX B

Confined Space Placard



APPENDIX C
Pre-entry Check List

A confined space either is entered through an opening other than a door (such as a manhole or side port) or requires the use of a ladder or rungs to reach the working level. This checklist must be filled out whenever the job site meets these criteria.

| | Yes | No |
|--|-----|-----|
| 1. Did your survey of the surrounding area show it to be free of hazards such as drifting vapors from tanks, piping, or sewers? | () | () |
| 2. Does your knowledge of the task to be performed in this confined space make it likely that it will remain free of dangerous contaminants while occupied? Note that any hot work or chemical use will introduce air contaminants into the confined space thus requiring a confined space permit. | () | () |
| 3. Are you competent/trained in the operation of the gas monitor to be used; | () | () |
| 4. Has the gas monitor been calibrated this shift? | () | () |
| 5. Did you test the atmosphere of the confined space prior to entry? | () | () |
| Oxygen _____ Greater than 19.5 percent but less than 23.5 percent? | () | () |
| LEL _____ Reading below 10 percent? | () | () |
| Toxic _____ Below the PEL or TLV? | () | () |
| 6. Are the above results acceptable? | () | () |

If any of the above questions are answered "NO", DO NOT ENTER THE SPACE.

Job Location: _____

Supervisor/Lead Signature: _____ Date: _____

Comments: _____

APPENDIX D

ATMOSPHERIC TEST PROCEDURES

Prior to any entry, confined spaces and permit-required confined spaces will be tested for oxygen concentration, combustible gas, and toxic contaminants, in that order, with a direct-reading instrument or instruments before it is entered.

I. TEST CRITERIA

1. Only trained personnel will perform air monitoring as directed by the Authorizing Supervisor.
2. Initial testing of the atmosphere of a confined space will be done from outside the space by inserting a remote sampling probe into the space.
3. As applicable tests will be redone periodically, as specified on the entry permit or SOP

II. TEST PROCEDURE

1. Warm-up procedures and calibration will be performed per the manufacturers instructions
2. Tests will be performed as follows:
 - (a) Insert the probe assembly into the confined space through a vent hole or other opening and records the readings. Where no openings exist, pry open the entrance cover just enough to allow the insertion of the probe.

WARNING: Use extreme care when prying open entrance covers, an explosive buildup or pressure can occur from chemical reactions within a confined space.

- (b) Insert the probe into the space to within two feet of the top for a duration specified by the manufacturers instruction manual (at least fifteen seconds) and record the readings.
 - (c) Lower the probe to within about two feet of the bottom of the space and hold it there as (b)(1) as the manufacturers instruction manual specifies. Be careful not to immerse the probe in any standing liquid. Record the readings on the entry permit.

NOTE: If an extension tube is used for deep spaces, extend the waiting time, in accordance with the manufacturers instructions.

3. Upon initial entry, test all areas around irregular surfaces of the interior
4. If any change in conditions occurs within the subject confined space or in the vicinity (i.e. odors; distress, disorientation, or illness of entrants; equipment failure; failure of ventilation; presence of unauthorized

personnel, etc.), or if the entrant(s) leaves the space for periods in excess of thirty minutes, the atmosphere will re-tested.

III. OXYGEN DEFICIENCY OR ENRICHMENT. If the oxygen content is below 19.5% (oxygen deficiency, or above 23.5% (oxygen-enriched), the following will be done:

1. The oxygen will be increased or decreased by ventilation.
2. Following initial ventilation, the confined space will be re-tested; and if the atmosphere is still oxygen deficient or enriched the ventilating process will be repeated and the space re-tested.
3. If the oxygen deficiency or enrichment cannot be corrected by three vent re-test cycles the confined space will be closed and "DANGER" signs posted. The Industrial Hygiene Branch will then be contacted for further instructions

IV. FLAMMABILITY. If flammable gas levels exceed 10% of the LEL, no entry will be made. The authorizing supervisor will contact the Directorate of Emergency Services (DES) for further instructions.

V. TOXICITY. If substances are present in concentrations in excess of the permissible exposure limits (PEL's), but there is no likelihood of an IDLH atmosphere or of engulfment, entrants will wear appropriate respiratory protection in accordance with 29 CFR 1910.134—Respiratory protection.

APPENDIX E

Safe Operating Plan (SOP) for Permit Required Confined Space

INSTRUCTIONS FOR PREPARATION OF SAFE OPERATING PLAN

The purpose of a safe operating plan (SOP) for a Permit Required Confined Space is to ensure that all entries into confined spaces are pre-planned with sufficient detail and coordination to prevent accidents and injury to workers

Safe operating plans will be prepared for routine or predictable entries into confined spaces and will describe the hazards associated with those spaces. Routine or predictable entries are those that can be reasonably expected for the performance of scheduled or unscheduled assembly, maintenance, or inspection.

NOTE: Non-routine entries into confined spaces for which no SOP has been prepared should be coordinated with Industrial Hygiene Branch of Preventive Medicine Service.

Required Contents. SOP's will provide the following information, at a minimum:

- Purpose of proposed Entry. The reason the SOP is needed.
- Scope: The nature of the operation to be performed. Identify the affected organization division/subdivision or organization.

NOTE: Each SOP will be re-evaluated every twelve months and re-issued or canceled, as appropriate.

- Safety and health requirements: Special conditions and precautions
- Support requirements. The degree and type of support required from other organizations.

NOTE: The SOP will be coordinated with all such affected support organizations.

- Impact on other operations. The probable effect of the operation on other work being performed in the area and the precautions that will be taken to prevent a hazardous interaction.
- Emergency operations. The proposed emergency responses, including the method for removing incapacitated personnel (e.g. use of tripod or other retrieval gear) and the means for contacting the Installation Rescue Team.
- A copy of the SOP for the specific Confined Space operation will be attached to the Entry Permit
- All SOP's for Entry into Permit Required Confined Spaces will be subject to audits by the Command Safety Office, Industrial Hygiene Branch and the DES.

This is an UNCONTROLLED DOCUMENT printed 06/15/07 for reference only. The current copy is on-line on the Public Works Intranet at <https://pwonline>.

- Revisions to SOP's. The SOP will be revised if any of the following conditions occurs:
 1. The method of operation changes.
 2. Support requirements change.

APPENDIX F

Responsibilities of Authorized Entrants; Authorized Attendants; Authorized Supervisor; and Detector Monitors

Authorized Entrants:

1. Know the hazards that may be faced during entry, including information on the mode, signs or symptoms, and consequences of the exposures;
2. Properly use equipment as required by this regulation;
3. Communicate with the attendant as necessary to enable the attendant to monitor entrant status and to enable the attendant to alert entrants of the need to evacuate the space if required;
4. Alert the attendant whenever:
 - The entrant recognizes any warning sign or symptom of exposure to a dangerous situation; or
 - The entrant detects a prohibited condition.
5. Exit from the permit space as quickly as possible whenever:
 - An order to evacuate is given by the attendant or the entry supervisor,
 - The entrant recognizes any warning sign or symptom of exposure to a dangerous situation,
 - The entrant detects a prohibited condition, or
 - An evacuation alarm is activated.

Authorized Attendants:

1. Remain outside in the immediate vicinity of the confined space throughout the duration of the work effort within, except for:
 - Self-preservation;
 - When another qualified person can act as a substitute.
2. Maintain continuous contact with entrant(s).
3. Be alert to any changes in conditions in the confined space or in the vicinity. Warn entrant(s) of potential hazards, and order entrants to exit when:

- A condition not permitted by the Entry Permit or an uncontrolled hazard occurs;
- Entrants show any signs of distress;

NOTE: Symptoms of distress may include mental confusion, irrationality, irritability, dizziness, light-headedness, fullness in the head, ringing sensation in the ears, nausea, headache, labored breathing, sensation of apparent suffocation, unconsciousness, immobility, unusual behavior, failure to respond to communication, or other signs of illness or extreme discomfort.

- Any change occurs, such as the presence of toxic substances or equipment failure, that could pose a hazard to the entrants;
 - Any form of combustion occurs;
 - It is necessary to leave the post, and no qualified person is available as a substitute.
4. Warn unauthorized persons not to enter the confined space and advise entrants and the authorizing supervisor of unauthorized entries. To the extent possible, prevent unauthorized persons from entering the space.
 5. Notify the Installation Rescue Team (DES) and request emergency assistance if an emergency occurs. The DES Fort Lewis Fire Dept. will coordinate rescue resources as needed.

NOTE: The person reporting emergencies will be ready to state full details, to the degree known, of the nature, location, and duration of the emergency.

6. Make no entry for rescue purposes.

NOTE: Rescues are to be made only by Installation Authorized Rescue Teams. The attendant will provide whatever emergency assistance (i.e., operating retrieval line or apparatus) which can be rendered without making any entry.

7. Performs no duties that might interfere with the attendant's primary duty to monitor and protect the authorized entrants.

Authorizing supervisor. Supervisors authorizing entry into a confined space will:

1. Know the hazards that may be faced during entry, including information on the mode, signs or symptoms, and consequences of the exposure;
2. Prepare an entry permit for; each permit required confined space entry. Refer to the pertinent safe operating plan (SOP). Ensure and note on the permit that the pre-entry requirements have been met and that all hazards are controlled. If tests are inconclusive or indicate probable hazards, or safety of the space is uncertain, consult with Industrial Hygiene. Notify the Fire Department if a fire or explosion hazard exist.
3. Terminate the entry and cancels the permit when:

- (a) The entry operations covered by the entry permit have been completed; or
 - (b) A condition that is not allowed under the entry permit arises in or near the permit space.
4. Verify that rescue services are available and the means for summoning them are operable. On site Professional Technical Support during entry, if necessary, shall be contracted through DES.
 5. Remove unauthorized individuals who enter or attempt to enter the permit space during entry operations.
 6. Attach the pertinent SOP to the entry permit.

Detector Monitor:

1. Be trained in the operation, limitations, and maintenance of detector equipment.
2. Ensure that the detectors are in proper working order and are properly calibrated.
3. Test the permit space for oxygen content, flammability, and toxicity, as specified by the entry permit or the authorizing supervisor.
4. Record oxygen, gas/vapor, and toxicity detector readings on the entry permit.
5. Notify the Authorizing Supervisor if;
 - Tests are inconclusive;
 - Tests indicate probable hazards;
 - There are questions about the safety of the confined space.
6. Re-test the atmosphere as work proceeds, at intervals specified by the entry permit or the Authorizing Supervisor, or as changing conditions require.

APPENDIX G
Confined Space Entry Permit

SOP. Attach a safe operating plan (SOP) for spaces into which entries will be made.

CONFINED SPACE ENTRY PERMIT

COMPANY/LOCATION _____ DEPARTMENT: _____ DATE: _____

CONFINED SPACE TO BE ENTERED: _____ PERMIT EXPIRATION DATE/TIME: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

NATURE OF HAZARDS IN CONFINED SPACE: (check)

- Oxygen deficiency (less 19.5 % at sea level)
- Flammable gases or vapors (greater than 10% of the lower flammable limit, or greater than 23.5% oxygen at sea level)
- Toxic gases or vapors (greater than the permissible exposure limit)
- Mechanical hazards
- Electrical shock
- Materials harmful to the skin
- Engulfment
- Configuration hazard
- Other _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK: (check)

- Respirator
- Lifeline and safety harness
- Protective clothing
- Hearing protection
- Other _____
- Lighting (Explosive Proof)
- Fire Extinguishers
- Emergency Escape Retrieval Equipment
- Resuscitators - Inhalor

Electrical equipment/tools:

- Low voltage
- Ground-fault current interrupters
- Approved for hazardous locations

Respiratory protection (specify) _____
 Communication aid (specify) _____
 Rescue equipment (specify) _____

PREPARATION: (check)

- Notify affected departments of service interruption
- Isolate - blanked or double valve, with lock and tag
- Zero energy state (Lock Out all energy sources)
- Cleaned, drained, washed and purged
- Ventilation to provide fresh air
- Emergency response team available
- Employees informed of specific confined space hazards
- Secure area (pos, sign and flag)
- Procedures reviewed with each employee
- Atmospheric test in compliance
- Attach hot work permit
- Other _____

AUTHORIZED ENTRANTS:

AUTHORIZED ATTENDANTS:

STAND BY SAFETY PERSONNEL:

| TEST | Allowable Limits | Check (✓) if Required | Result | | Result | | Result | | Result | | Result | |
|-----------------|------------------|-----------------------|--------|----|--------|----|--------|----|--------|----|--------|----|
| | | | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Time | | | | | | | | | | | | |
| Oxygen-min. | >19.5% | | | | | | | | | | | |
| Oxygen-max. | <23.5% | | | | | | | | | | | |
| Flammability | <10% LEL / LFL | | | | | | | | | | | |
| NH ₃ | 25 ppm | | | | | | | | | | | |
| Cl ₂ | 0.5 ppm | | | | | | | | | | | |
| BF ₂ | 0.1 ppm | | | | | | | | | | | |
| CO | .2 ppm | | | | | | | | | | | |
| Toxic (specify) | | | | | | | | | | | | |
| Heat | °F/°C | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |

Name of employee conducting atmospheric monitoring: _____ Instrument(s) used: _____
 Statement of acceptable entry conditions _____

AUTHORIZATION:

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Name (Print) _____

Time: _____ Date: _____

Signature _____

Confined Spaces

Public Works Boiler Plants Permit Required Confined Spaces

11/29

| <u>Plant # 3LC Building # 09576 & 09580</u> | | Entry | <u>Plant # 6 Building # 09785</u> | | Entry |
|---|----------------------------------|--------|-----------------------------------|--------------------------------|--------|
| 1 | # 1 Boiler Fireside (09576) | Annual | 1 | # 1 Boiler Fireside | |
| 2 | # 2 Boiler Fireside (09576) | Annual | 2 | # 2 Boiler Fireside | |
| 3 | # 3 Boiler Fireside (09576) | Annual | 3 | # 3 Boiler Fireside | |
| 4 | # 5 Boiler Fireside (09580) | Annual | 4 | # 5 Boiler Fireside | Annual |
| 5 | # 5 Boiler Waterside (09580) | Annual | 5 | # 5 Boiler Waterside | Annual |
| 6 | D.A. Tank (09576) | | 9 | Stack | |
| 7 | D.A. Tank (09580) | | 11 | # 1 Boiler Waterside | |
| 8 | Stack (09580) | | 12 | # 2 Boiler Waterside | |
| 9 | # 1 Boiler Fireside (09580) | | 13 | # 3 Boiler Waterside | |
| 10 | # 2 Boiler Fireside (09580) | | 14 | # 4 Boiler Fireside | Annual |
| 11 | # 3 Boiler Fireside (09580) | | 15 | D. A. Tank | |
| 12 | # 4 Boiler Fireside (09580) | Annual | 16 | Condensate Holding Tank | |
| 13 | Stack (# 5 Boiler) | | 17 | # 1 Fuel Oil Tank Heater | |
| 14 | # 1 Fuel Oil Tank Heater (09580) | | 18 | # 2 Fuel Oil Tank Heater | |
| 15 | # 2 Fuel Oil Tank Heater (09580) | | 19 | # 3 Fuel Oil Tank Heater | |
| 16 | Flash Tank(09580) | | | | |
| 17 | Condensate Return Tank | | | | |
| | | | | | |
| | <u>Building # 01452</u> | Entry | | <u>Building # 01450</u> | Entry |
| 1 | Gabriel Boiler Fireside | Annual | 1 | Gabriel Boiler Fireside | Annual |
| | | | 2 | Hurst Boiler Fireside | Annual |
| | <u>Building # 09996</u> | | | | |
| 1 | Boiler Fireside | Annual | | <u>Building # 02162</u> | |
| | | | 1 | # 1 Boiler Fireside | Annual |
| | | | 2 | # 2 Boiler Fireside | |
| | <u>Building # 09643</u> | | 3 | # 3 Boiler Fireside | Annual |
| 1 | Boiler Fireside | | | | |
| | | | | <u>Building # 09631</u> | |
| | <u>Building # 09500</u> | | 1 | # 1 Boiler Fireside | |
| 1 | # 1 Boiler Fireside | Annual | 2 | # 2 Boiler Fireside | |
| | | | 3 | # 3 Boiler Fireside | |
| | <u>Building # 09665</u> | | 4 | # 4 Boiler Fireside | |
| 1 | # 1 Boiler Fireside | | 5 | D. A. Tank | |
| 2 | # 2 Boiler Fireside | | 6 | Condensate Tank | |
| 3 | Kewanee Boiler Fireside | Annual | | | |
| | | | | <u>Building # 02027</u> | |
| | <u>Building # 02026</u> | | 1 | Burnham Boiler Fireside | Annual |
| 1 | Burnham Boiler Fireside | Annual | 2 | Cleaver Brooks Boiler Fireside | Annual |
| 2 | Cleaver Brooks Boiler Fireside | Annual | | | |

Public Works Boiler Plants Permit Required Confined Spaces

11/29/01

| <u>Plant # 12 Building # 03295</u> | | <u>Entry</u> | <u>Plant # 10 Building # 03292</u> | | <u>Entry</u> |
|------------------------------------|------------------------------|--------------|------------------------------------|----------------------------|--------------|
| 1 | # 1 Boiler Fireside | Annual | 1 | # 1 Boiler Fireside | |
| 2 | # 2 Boiler Fireside | Annual | 2 | # 2 Boiler Fireside | |
| 3 | # 3 Boiler Fireside | Annual | 3 | # 3 Boiler Fireside | |
| 4 | # 1 Boiler Waterside | Annual | 4 | # 4 Boiler Fireside | Annual |
| 5 | # 2 Boiler Waterside | Annual | 5 | # 5 Boiler Fireside | Annual |
| 6 | # 3 Boiler Waterside | Annual | 6 | # 1 Expansion Tank | Bi-Annual |
| 7 | # 1 Scubber | | 7 | # 2 Expansion Tank | Bi-Annual |
| 8 | # 2 Scubber | | 8 | Stack | |
| 9 | # 3 Scubber | | 9 | No. 1 Fuel Oil Tank Heater | |
| 10 | # 1 E, F, G, & H Baghouse(s) | | 10 | No. 2 Fuel Oil Tank Heater | |
| 11 | # 2 E, F, G, & H Baghouse(s) | | 11 | No. 3 Fuel Oil Tank Heater | |
| 12 | # 3 E, F, G, & H Baghouse(s) | | 12 | No. 4 Fuel Oil Tank Heater | |
| 13 | Lime Slurry Tank | | 13 | No. 5 Fuel Oil Tank Heater | |
| 14 | Fly Ash Hopper | | | | |
| 15 | Stack | | | | |
| 16 | Lime Silo | | | | |
| 17 | Pug Mill | | | | |
| 18 | Slaker Room | | | | |
| 19 | Refuse Collection Pit | | | | |
| <u>Plant # 9 Building # 03152</u> | | <u>Entry</u> | <u>Plant # 11 Building # 03292</u> | | <u>Entry</u> |
| 1 | # 1 Boiler Fireside | Annual | 1 | # 1 Boiler Fireside | Annual |
| 2 | # 2 Boiler Fireside | Annual | 2 | # 2 Boiler Fireside | Annual |
| 3 | # 3 Boiler Fireside | Annual | 3 | # 1 Boiler Waterside | Annual |
| 4 | # 4 Boiler Fireside | | 4 | # 2 Boiler Waterside | Annual |
| 5 | # 5 Boiler Fireside | | 5 | Condensate Return Tank | |
| 6 | # 1 Expansion Tank | Bi-Annual | 6 | D. A. Tank | |
| 7 | # 2 Expansion Tank | Bi-Annual | 7 | Blowdown Tank | |
| 8 | Incinerator Fireside | | | | |
| 9 | Stack | | | | |
| 10 | Breeching from Incinerator | | | | |
| 11 | No. 1 Fuel Oil Tank Heater | | | | |
| 12 | No. 2 Fuel Oil Tank Heater | | | | |
| 13 | No. 3 Fuel Oil Tank Heater | | | | |
| 14 | No. 4 Fuel Oil Tank Heater | | | | |
| 15 | No. 5 Fuel Oil Tank Heater | | | | |

Confined Space Inventory

(b) Fort Lewis confined space inventory is in this linked document:



\\Lewia7-datp-211\
lewia0pw010-account

Glossary Definitions

Acceptable environmental conditions: Conditions under which workers are permitted to enter a *Confined Space*, including the permissible oxygen, flammability, and toxicity levels.

Attendant: A trained person who-remains outside a *Confined Space* and acts as an observer and contact for the *Entrants*, maintains communication, and can call immediate rescue services if needed.

Authorized Entrant: A trained employee who is designated by the *Authorizing supervisor* (or *Designee*) to enter a *Confined Space*. An *Attendant* may be an *Authorized Entrant*, rotating duties with the *Entrant*, if the *Entry Permit* so states.

Authorizing supervisor: The supervisor responsible for authorizing *Entry* into a *Confined Space* and for ensuring that safe procedures are followed for such entries.

Blanking, blinding: The absolute closure of a pipe, line, or duct, by fastening across its bore a solid plate or "cap" capable of withstanding the maximum upstream pressure.

Confined Space: See *Permit Required Confined Space*.

Designee: A person who is trained in *Confined Space Entry* and who is designated by the *Authorizing supervisor* to perform the duties of the *Authorizing supervisor* for a specific *Entry*.

Double Block and Bleed: The closure of a line, duct, or pipe by closing and locking or tagging two in-line valves and by opening and locking or tagging a drain or vent valve in the line between the two closed valves.

Emergency: Any event (including any failure of hazard control, ventilation, or monitoring equipment) occurring internally or externally to the *Confined Space* that could endanger *Entrants*.

Engulfment: The surrounding and capture of a person by finely divided particulate matter or by a liquid.

Entrant: See *Authorized Entrant*.

Entry: The act by which a person intentionally passes through an opening into a *Confined Space*. The *Entrant* is considered to have entered as soon as any part of an employee's face breaks the plane of an opening into the space.

Entry Permit: The written authorization for *Entry* into a *Confined Space* for a stated purpose during a given time, which certifies that all potential hazards have been evaluated and are controlled.

Entry Supervisor: A person (such as the employer, Forman, or crew chief) responsible for determining if acceptable *Entry* conditions are present at a permit space where *Entry* is planned, for authorizing *Entry* and overseeing *Entry* operations, and for terminating *Entry* as required by this regulation.

Note: An *Entry Supervisor* also may serve as an *Attendant* or as an *Authorized Entrant*, as (b)(1) as that person trained and equipped as required by this regulation for each role (1) or (b)(1) fills. Also, the duties of *Entry Supervisor* may be passed from one individual to another during the course of an *Entry* operation.

Harness (parachute type): A device that encircles the thighs and torso in a webbed structure, and to which a retrieval line is attached for the emergency removal of a person from a *Confined Space*.

Hazardous Atmosphere: An atmosphere presenting a potential for death, disablement, injury, or acute illness from one or more of the following causes:

- 1) The presence of less than 19.5 percent or more than 23.5 percent oxygen by volume;
- 2) The presence of a flammable gas, vapor, or mist equal to or in excess of 10 percent of its lower flammable limit (*LFL*);
- 3) A concentration of airborne combustible dust that obscures vision at a distance of five feet or less;
- 4) A concentration of any toxic, corrosive, or asphyxiate substance above the *Permissible Exposure Limit (PEL)* or above the numerical limit given for the substance in the Material Safety Data Sheet for that substance;
- 5) Any other condition that is known to present a safety or acute health hazard or is immediately dangerous to life or health.

Hot Work: An operation, such as welding, cutting, burning, heating, or the use of live electrical devices that involves actions or materials that can provide a source of ignition.

Hot Work Permit: A written authorization to perform operations (e.g., riveting, welding, cutting, burning, and heating) capable of providing a source of ignition.

Immediately Dangerous to Life and Health (IDLH): Any condition that poses an immediate threat to life may result in irreversible or immediate severe health effects, may result in eye damage or irritation, or may impair escape.

Inerting: The process of making the atmosphere of a *Confined Space* non-flammable, non-explosive, or otherwise chemically non reactive by displacing or diluting the original atmosphere with steam or a gas (such as nitrogen) that is non-reactive with the contents of that space.

Installation Rescue Team: A group of two or more employees trained and designated to perform rescues from a *Confined Space*.

NOTE: The *Installation Rescue Team* will be the (b)(1) Fire Department or their authorized equivalent

Isolation: The preventing of any potentially hazardous form of physical, mechanical, or electrical energy from entering a *Confined Space* by the use of blanking/blinding, double block-and-bleed, *Lockout* and *tag*, or some similar effective means.

Line Breaking: The intentional opening within a *Confined Space* of a pipe, line, or duct that carries flammable, toxic, or corrosive material, an inert gas, or any fluid at a pressure or temperature capable of causing injury.

Lockout: A mechanical means to close off an energy source (switch, circuit breaker, or control) by affixing an approved *Lockout* device. See OSHA Reg. 29CFR1910.47

Lower Flammability Limit (LFL): The minimum concentration of a flammable gas or vapor in air (usually expressed in percent by volume at sea level) that will ignite if an ignition source is present.

Low Hazard Confined Space: A *Confined Space* where there is an extremely low likelihood that an *IDLH* or *Engulfment* hazard could occur, and where all other serious hazards are controlled.

Non-Permitted Condition: Any condition in which a hazard potential exceeds the limits authorized by the *Entry Permit*.

Non-Permit Confined Space: A *Confined Space* that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard, have the potential to contain and hazard capable of causing death or serious physical harm.

Oxygen Deficient Atmosphere: An atmosphere containing less than 19.5 percent oxygen by volume.

Oxygen Enriched Atmosphere: An atmosphere with a concentration of more than 23.5 percent oxygen by volume.

Oxygen/Flammable Gas/Toxic Detector(s): A direct-reading instrument or instruments equipped with a remote sampling probe and capable of detecting oxygen deficiency and hazardous levels of flammable and toxic materials.

Permissible Exposure Limit (PEL): The legally established maximum eight-hour time weighted average (TWA) concentration or ceiling concentration of a contaminant.

Permit Required Confined Space: An enclosed space requiring an *Entry Permit* that a) is large enough and so configured that an employee can bodily enter and perform assigned work; b) has limited means of *Entry* or exit; c) is not designed for continuous employee occupancy; and d) has one or more of the following characteristics:

- Contains or has the potential to contain a *Hazardous Atmosphere*;
- Contains a material that might engulf an *Entrant*;
- Has an internal configuration (such as inwardly converging walls or a floor that slopes downward and tapers to a smaller cross-section) that could cause the entrapment or asphyxiation of an *Entrant*.
- Has any other recognized serious safety or health hazard.

Prohibited Condition: Any condition in a permit space that is not allowed by the permit during the period when *entry* is authorized.

Purging: The process of removing any residual hazardous substances from a *Confined Space* to provide non hazardous working conditions that can be maintained by ventilation.

Retrieval System: Equipment (including a retrieval line, chest or full-body *Harness*, wristlets, if appropriate and a lifting device or anchor) used for non-entry rescue of persons from permit spaces.

Routine Entry: An *Entry* into a *Confined Space* that can be reasonably expected or predicted.

Safe Operating Plan (SOP): A documented plan for conducting a routine or predicted *Entry* into a specific *Confined Space*, with sufficient detail and coordination to prevent accidents and injury to workers.

Tagout: The placement of a properly filled out danger/warning *tag* on an energy-isolating device (*Lockout*).
See OSHA Lockout/Tagout Regs. Ref: 29CFR1910.47

Testing: The process by which the hazards that may confront *Entrants* of a permit space are identified and evaluated. *Testing* includes specifying the tests that are to be performed in the permit space.

EXHIBIT 104

| | | |
|--|----------------------------------|--------------------------------------|
| Public Works, Fort Lewis | | |
| Procedure: DIRECTORATE OF PUBLIC WORKS OPERATIONS AND MAINTENANCE DIVISION SAFETY PLAN | | |
| Document ID: | | |
| Document Owner: | Approval: | Revision: # 1 |
| (b)(6) | (b)(6) | Revision Date: 1 MAR 2007 |
| Title QUALITY CONTROL SPECIALIST | Title PROJECT MANAGER | Original Date: 1 JULY 2002 |
| O&M DIVISION | O&M DIVISION | |

To insure that the Controlled Document Header is "tied to" the document, effective (18 August 2000), all new and revised documents will have the following information from the Header on every page of the document*:

- Document ID
- Revision number (if applicable)
- Date

(See the footer, below.)

The header (above) is for uncontrolled electronic copies. A similar header would be needed for any printed copies. The original, Signed document will NOT have any header

TABLE OF CONTENTS

- I. Purpose
- II. Scope
- III. Responsibilities
- IV. General
- V. Training

I. **PURPOSE:** To provide guidance and establish policies and procedures on how the Directorate of Public Works (DPW), Operations and Maintenance Division (O&M), manages safety.

II. **SCOPE:** This plan applies to all personnel working in O&M Division under normal working conditions or during an emergency situation. The following procedures/references shall be included as part of the Safety Plan:

- a. Public Works Safety Policy
- b. Division Emergency Operations Plans
- c. Confined Space Entry SOP
- d. Lockout/ Tagout SOP
- e. Asbestos SOP
- f. Fire Prevention and Protection SOP
- g. Excavation SOP
- h. Dig Permit SOP
- i. Hazardous Spill SOP
- j. Driver and Operator Standardization SOP
- k. Abbreviated Accident Prevention Plan (AAPP)

III. **RESPONSIBILITIES:**

a. All O&M Section supervisors will ensure full and effective implementation of the Safety Plan:

- (1) Establishing internal program standards and procedures for assigned personnel.
- (2) Ensuring established standards conform.
- (3) Continuously enforcing compliance with established standards.
- (4) Providing resources needed to begin and maintain the plan elements.
- (5) Initiate a third party investigation on all accidents using Fort Lewis Safety Office investigation procedures.
- (6) Ensure training of all affected personnel on Confined Space Entry, Lockout/ Tagout, Asbestos Awareness, Dig Permits, Hazardous Spills, Respirator Protection/PPE, Driver and Operator Certifications.
- (7) Maintain current calibration of all safety equipment, and personal protective equipment.
- (8) Enter a PCAR for all outstanding safety issues.
- (9) Ensure that an AAPP (required), is executed for all projects, is posted at each project site and is easily accessible to the affected workforce. Although an AAPP document is not required for general maintenance and repair, the worker and/or supervisor shall assess possible hazards onsite and take appropriate action.

b. Each Section Safety Coordinator will:

- (1) Be familiar with the contents, operation, and status of the O&M Safety Plan, to include detailed knowledge of each of the program elements as applied within each section.
 - (2) Perform monthly safety inspections of the section, and report findings to the Supervisor.
 - (3) Perform monthly safety meetings to include:
 - (a) Written minutes from previous meeting with subjects discussed.
 - (b) Themed safety training i.e. Forklift, Ladders, Scaffolding, Electrical Haz., Trip Haz., etc..
 - (b) Dated Sign in roster titled with the theme of the of the training .
- c. Supervisors will be familiar with the contents, operation, and status of the O&M Safety Plan, and ensure their area of operations conforms to the established standards, to include:
- (1) The required training of personnel;
 - (2) Adherence to the routine and emergency protective measures.
- d. All personnel will familiarize themselves with the Safety Plan for O&M Division and will make use of the protective measures provided.

IV. GENERAL:

- a. Written Plan. Copies of this program will be available for review in each work area.
- b. All personnel with the potential to be exposed to breathing hazards shall be "fit tested" for donning of respirator's during their occupational health physical.
- c. All shift operators shall maintain periodic radio/phone checks with each other throughout the shift.
- d. All employees working on a ladder greater than six feet in height will require a two men operation.
- e. Safety issues not sufficiently addressed in this plan shall reference EMM 385-1-1

V. TRAINING:

- a. Training shall be performed on an annual basis for Confined Space and Lockout/ Tagout and quarterly for Spill and Safety.
- b. Each section shall establish a training plan for every employee that provides all OSHA, and Army safety training.
- c. All training records will be managed by the O&M Division secretary and recorded electronically in the O&M Training folder.

Deleted: An observance of a Lockout/ Tagout shall be performed annually for all personnel authorized.

VI. REFERENCES:

- a. 29 CFR 1910.146 Permit Required Confined Space.
- b. 29 CFR 1910.134 Respiratory Protection.
- c. 29 CFR 1910.147 Control of Hazardous Energy Source.
- d. 29 CFR 1910.333 Electrical Work Practice Standards
- e. FL REG 600-55 Driver and Operator Standardization Program.
- f. Public Works Safety Policy Letter
- g. EMM 385-1-1 Safety and Health Requirements Manual (US ARMY CORPS OF ENGINEERS)

VII. APPENDICES:

- A. ABBREVIATED ACCIDENT PREVENTION PLAN

Deleted: IV

APPENDIX A

PUBLIC WORKS, FORT LEWIS, WASHINGTON
ABBREVIATED ACCIDENT PREVENTION PLAN (AAPP)

NOTE: For Pre-Project Hazard Assessment (Please Type or Print)

Date of Site Visit: _____

Project Site Location: _____

Work Order / Contract #: _____ Task / Phase: _____

Prepared by: _____ Signature: _____

Date: _____ Tele: () _____ E-mail Address: _____

Public Works Project Manager (PWPM):

Name: _____ Tel: () _____

Accepted by: Fort Lewis Safety Office (FLSO):

Name: _____ Tel: () _____ Date: _____

Notice: Public Works personnel, contractors and all subcontractors must comply with all Occupation Safety and Health Administration (OSHA) laws, state and local mandates and adhere to the requirements of EM 385-1-1, Corps of Engineers Safety and Health Requirements Manual. This AAPP is not intended to define full compliance with OSHA or other safety laws, codes or regulations. Compliance with OSHA and other safety laws, codes or regulations, and maintaining a safe work environment for contractor or subcontractor employees remains the Contractor's responsibility.

Address: _____ Tel: () _____

TL Responsibilities: The TL is responsible for communicating the requirements contained in this AAPP to all team members. The TL and/or SSHO shall hold a tailgate meeting to discuss the information contained in this AAPP and any other site-specific topics before the project activities begin. The SSHO responsibilities may be performed by the TL.

Site Safety and Health Officer (SSHO):

Name: _____ Office: _____
Address: _____ Tel: () _____

SSHO Responsibilities: The SSHO will assist the TL in the instruction/briefing and oversight of the requirements of this AAPP during site visit/project activities.

Team Members (Other than those listed above)

Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____
Name: _____ Org: _____ Tel: () _____

Team Member Responsibilities: All Team Members are required to read and be briefed on the requirements contained in this AAPP during the tailgate meeting held by the TL or SSHO. Team members will sign the TL's Site Visit Team Statement on Page 8 signifying they understand and will comply with the requirements. This statement is to be maintained in the on-site Safety Plan files through the entire life of the task order or project. The statement should be completed prior to the actual project activities taking place. It does not have to accompany the AAPP submitted for review. All team members shall identify any known allergies and required medications at the initial team meeting.

4. GENERAL DESCRIPTION OF SITE ACTIVITIES. (Check ALL that apply)

- Building
- Roof
- Equip Room
- Basement
- Crawl space
- Attic
- Hallway
- Excavation
- Other-Specify: _____
- Interstitial Space
- Flooring
- Walls
- Ceiling
- Coatings/Surfacing
- Mechanical Room
- Boiler
- Trench
- Utility Vault
- Confined Space
- Fence Line
- Off Road
- Off Path/Trail
- On Path/Trail
- On/Over Water
- Stack

5. HAZARD EVALUATION.

Check ALL hazards that could be present or encountered during the site/field visit or project activities. ALL potential hazards checked must include a brief of mitigation measures. Document each with the corresponding topic listed on Pages 6 and 7. After hazard and mitigation measures have been identified and addressed, continue completing paragraphs 6 thru 13.

- Cold Stress
- Heat Stress
- Slip/Trips/Falls
- Squatting/Bending
- Eye Hazard
- Foot Hazard
- Overhead Hazard
- Head Hazard
- Climbing Hazard
- Noise Hazard
- Hand Hazard
- Other Hazards not listed: Dust
- _____
- Excavations
- Work from Elevation
- Material Handling
- Water Hazards
- Confined Space
- Weather
- Insects
- Flammable Materials
- Toxic Materials
- Fauna
- Asbestos
- Biological
- Chemical
- Environment
- Wildlife
- Electrical
- Mechanical
- Traffic Hazard
- Tools
- Terrain
- Flora
- Lead
- Excrement
- _____
- _____
- _____

() _____ () _____ () _____

6. HAZARD EVALUATION RISK ASSESSMENT.

() HIGH RISK () MEDIUM RISK () LOW RISK

Risk Assessment Levels:

High Risk -- Those activities or tasks that present significant risk to personnel, equipment, or property, even after precautionary measures have been taken. High Risk activities are not to be conducted during site visits. Contact the TL or SSO for further direction.

Medium Risk -- Those activities or tasks that present greater risk to personnel, equipment, or property than normal site visit tasks, and require more than routine supervision.

Low Risk -- Those activities or tests that present no greater risk than normal site visit tasks. Routine supervision is appropriate.

7. COMMUNICATION. Means of communication shall be provided and identified below.

() Cell Phone () Two-Way Radio () Desk Telephone () Other: _____

NOTE: Test Communication devices at start of each shift to verify proper operation.

8. FIRST AID/CPR REQUIREMENTS. When a medical facility or physician is not accessible within five minutes of an injury to an employees for the treatment of injuries, at least one contractor/PW employee present at the site visit/project activities shall be qualified to administer First Aid and CPR and shall provide and make readily available a properly equipped First Aid Kit to treat their team members, as needed.

Special Note: Provide and Post a map with directions on how to get to the hospital.

First Aid/CPR Certified Person(s) on Team:

Name: _____ Tel: () _____
Name: _____ Tel: () _____
Name: _____ Tel: () _____
Name: _____ Tel: () _____

9. EMERGENCY RESPONSE:

Prior to the site visit/project activities, arrangements shall be made for medical treatment. When an Installation/Government/Private Facility is to provide any emergency response or medical treatment, those arrangements must be made prior to the site visit/project activities. A means of transporting injured or ill persons shall also be readily available, e.g., POV, Company Vehicle, Government Vehicle, etc. as identified below:

POV Company Vehicle Gov't Vehicle Other: _____

Emergency numbers call letters, etc., and the method(s) OTHER THAN 911, e.g. cell phone, two-way radio, etc., to summons emergency response organizations shall be identified below:

MEDICAL FACILITY _____ SUMMONS METHOD/# _____
FIRE DEPARTMENT _____ SUMMONS METHOD/# _____
MILITARY POLICE _____ SUMMONS METHOD/# _____
LOCAL POLICE _____ SUMMONS METHOD/# _____
PW PM _____ SUMMONS METHOD/# _____
SSHO _____ SUMMONS METHOD/# _____
FACILITIES POC _____ SUMMONS METHOD/# _____
OTHER _____ SUMMONS METHOD/# _____

10. TRAINING.

The Contractor/TL is responsible for briefing their employees as well as all subcontractors and shall meet the required training requirements determined by the contractor/TL/SSHO to be applicable in this AAPP.

See Paragraphs 5 and 8.

11. MINIMUM SAFETY REQUIREMENTS.

- A. If conditions change or hazards arise not previously anticipated or not covered by this AAPP, the Team Members are to stop the activities, leave the area if it is hazardous, and notify the TL and/or SSHO.
- B. Restricted or Posted areas. DO NOT ENTER without permission of the Installation or Proponent

Organization. Smoke in designated areas only.

- C. If task involves access to a remote or restricted area, the Two-Person or BUDDY System will be used. The two persons must maintain contact by line of sight and orally at all times. Emergency Communication (Two-Way Radio, Cell phone or similar device) must be maintained at all times under these conditions.
- D. Avoid overgrown vegetation, tall grass, and similar areas if possible. In seasons of insects and reptiles, protective measures such as boots, chaps, and repellants should be used when needed. The Buddy System will always be used in these areas. Emergency communication (Two-Way Radio, Cell phone, or similar device) must be maintained at all times under these conditions.
- E. Always walk facing traffic, in a single file, and each person must wear a reflective vest when walking along roadways. Flashlights are required during periods of poor visibility e.g. dawn, dusk, after dark, fog, etc.
- F. Electrical energized equipment. Do not enter switchgear room or switchyards without an escort who is familiar with the area and/or the associated hazards.
- G. Excavated Area. Do not enter trenches and holes without an escort who is familiar with the area and/or the associated hazards.

12. PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT (PPE).

- A. Appropriate clothing shall be worn to abate the hazards identified in Paragraph 5 above. Employees shall wear clothing suitable for the weather and work conditions. As a minimum, trousers, a sleeved shirt, and leather, safety toe or other protective footwear are required. Footwear will be commensurate with hazards anticipated or identified.
- B. PW and Contractor employees shall, as a minimum wear:
 - 1. A hard hat on all construction and renovation jobs or where overhead hazards exist.
 - 2. Safety glasses with side shields are required when eye hazards exist.
 - 3. Hearing protection is required when sound levels reach or exceed allowable limits.

13. ACCIDENT REPORTING. In the event of an accident, the contractor/employee will notify

the TL/SSHO/Supervisor IMMEDIATELY. The contractor is responsible for conducting accident investigations for their personnel. PW employees shall complete and submit to their supervisor, the appropriate CA accident report forms.

EXHIBIT 105

| | | |
|--|---------------------------------|-------------------------------|
| PW | | |
| Procedure: <i>Public Works SAFETY PLAN</i> | | |
| Document ID: | | |
| Document Owner: | Approval: | Revision: |
| (b)(6) | (b)(6) | Revision Date: |
| <i>Deputy Director of Public Works</i> | <i>Director of Public Works</i> | Original Date: 1 July 2002 |

Public Works SAFETY PLAN



TABLE OF CONTENTS

- I. Purpose
- II. Scope
- III. Responsibilities
- IV. General
- V. Training

I. **PURPOSE:** To provide guidance and establish policies and procedures on how the Public Works (PW) manages safety.

II. **SCOPE:** This plan applies to all personnel working in Public Works under normal working conditions or during an emergency situation. The following procedures shall be included in the Safety Plan:

- a. Public Works Safety Policy
- b. Division Emergency Operations Plans
- c. Public Works Confined Space Entry SOP
- d. Public Works Lockout/ Tagout SOP
- e. Public Works asbestos SOP

III. **RESPONSIBILITIES:**

- a. All PW supervisors and work leaders will ensure full and effective implementation of the Safety Plan:
 - (1) Establishing internal program standards and procedures for assigned personnel.
 - (2) Ensuring established standards conform.
 - (3) Continuously enforcing compliance with established standards.
 - (4) Providing resources needed to begin and maintain the plan elements.
 - (5) Initiate a third party investigation on all accidents using Fort Lewis Safety Office investigation procedures.
 - (6) Ensure training of all affected personnel on Confined Space Entry, Lockout/ Tagout, Spill response, respirator/PPE, & Safety.
 - (7) Maintain current calibration of all safety equipment, and personal protective equipment.
 - (8) Enter a PCAR for all outstanding safety issues.

- b. Each Section Safety Coordinator will:
 - (1) Be familiar with the contents, operation, and status of the PW Safety Plan, to include detailed knowledge of each of the program elements as applied within each section.
 - (2) Perform monthly safety inspections of the section, and report findings to the Supervisor per AR_____.
 - (3) Perform monthly safety meetings with written subjects discussed for each PW section per AR_____.
- c. Supervisors will be familiar with the contents, operation, and status of the PW Safety Plan, and ensure their area of operations conforms to the established standards, to include:
 - (1) the required training of personnel;
 - (2) Adherence to the routine and emergency protective measures.
- d. All personnel will familiarize themselves with the Safety Plan for Public Works, and will make use of the protective measures provided.

IV. GENERAL:

- a. Written Plan. Copies of this program will be available for review in each work area.
- b. All personnel with the potential to be exposed to breathing hazards shall be "fit tested" for donning of respirator's during their occupational health physical.
- c. All employees shall be able to attend quarterly Public Works safety meetings upon request.
- d. All shift operators shall maintain periodic radio/phone checks with each other throughout the shift.
- e. All employees working on a ladder greater than six feet in height will require a two men operation.
- f. Safety shall be the topic of the PW Staff meeting at least quarterly in conjunction with ISO 14001 review. All accidents will be reviewed at this time.

V. TRAINING:

- a. Training shall be performed on an annual basis for Confined Space and Lockout/ Tagout and quarterly for Spill and Safety. An observance of a Lockout/ Tagout shall be performed annually for all personnel authorized.
- b. Each section shall establish a training plan for every employee that provides all OSHA, and Army safety training.
- c. All training records will be managed and kept by the supervisor in his office and electronically on the PW " I " drive in the I:Util Div/Training folder.

VI. REFERENCES:

- a. 29 CFR 1910.146 Permit Required Confined Space.
- b. 29 CFR 1910.134 Respiratory Protection.
- c. 29 CFR 1910.147 Control of Hazardous Energy Source.
- d. 29 CFR 1910.333 Electrical Work Practice Standards.
- e. Public Works Safety Policy Letter dated 30 June 2002

(b)(6)

Deputy Director of Public Works

EXHIBIT 106

EXHIBIT 107

EXHIBIT 108

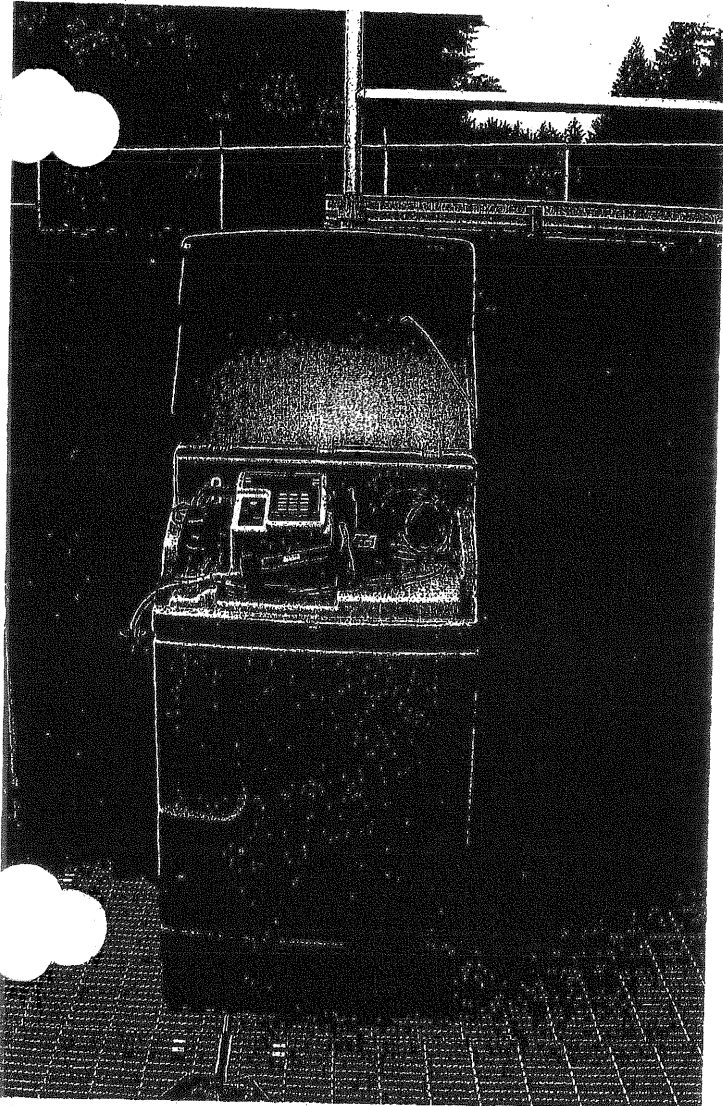


Exhibit 108

Influent Composite Sampler

EXHIBIT 109

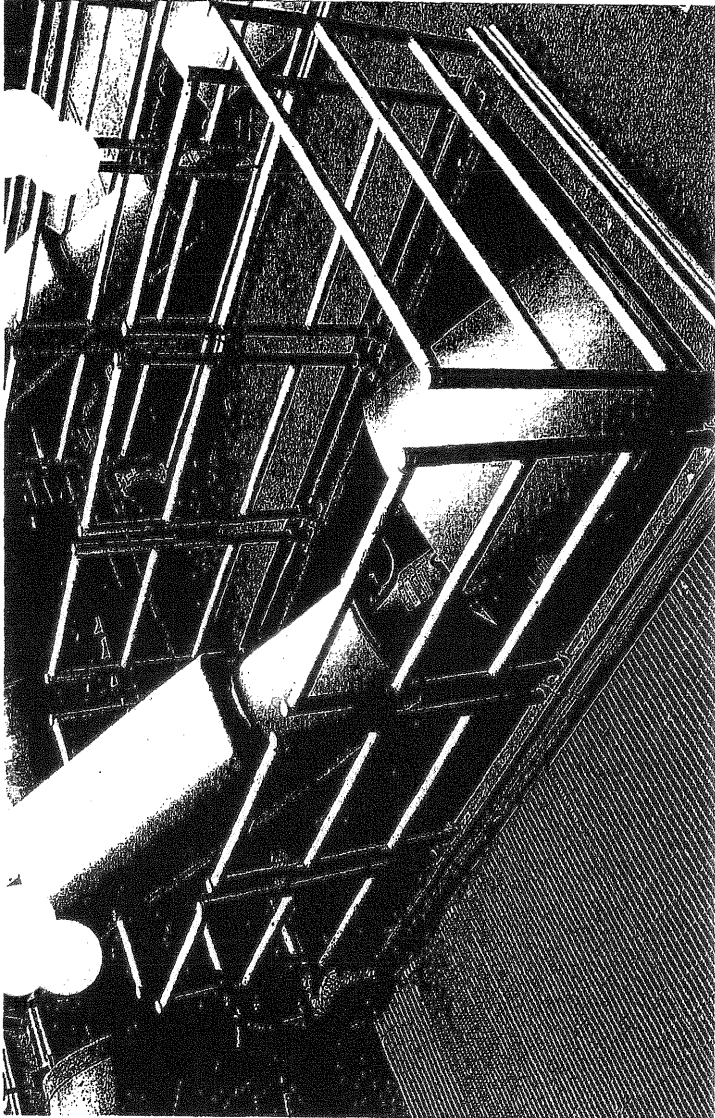


Exhibit 109

Influent Screens

EXHIBIT 110

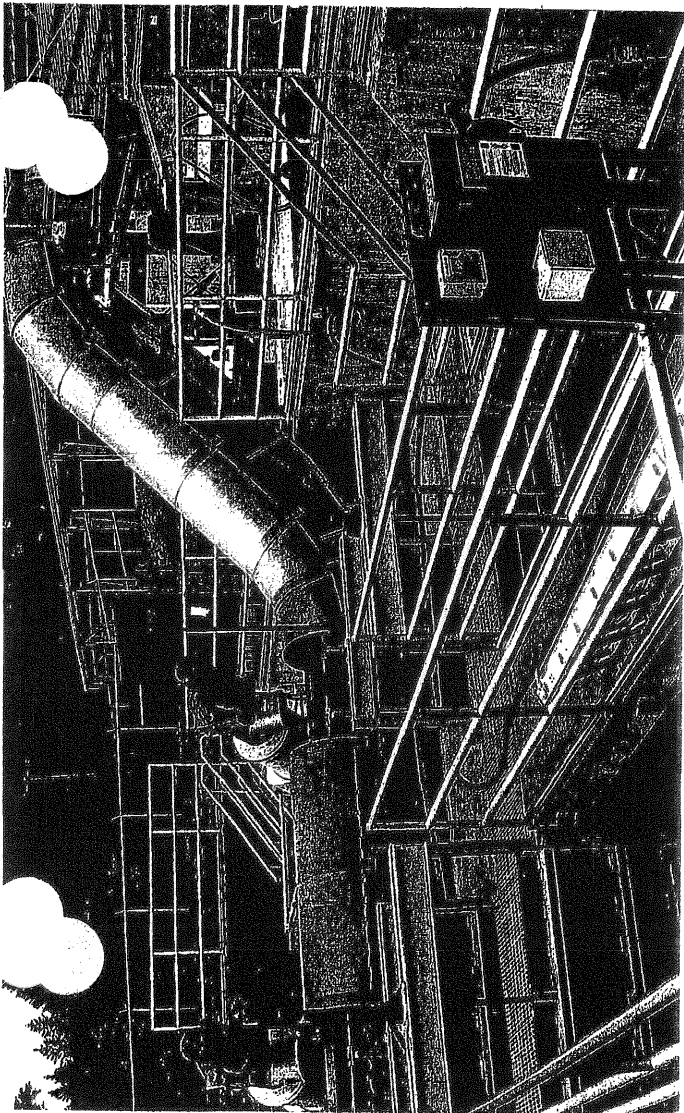


Exhibit 110

Influent Screen
Conveyor & Dumpster

EXHIBIT 111

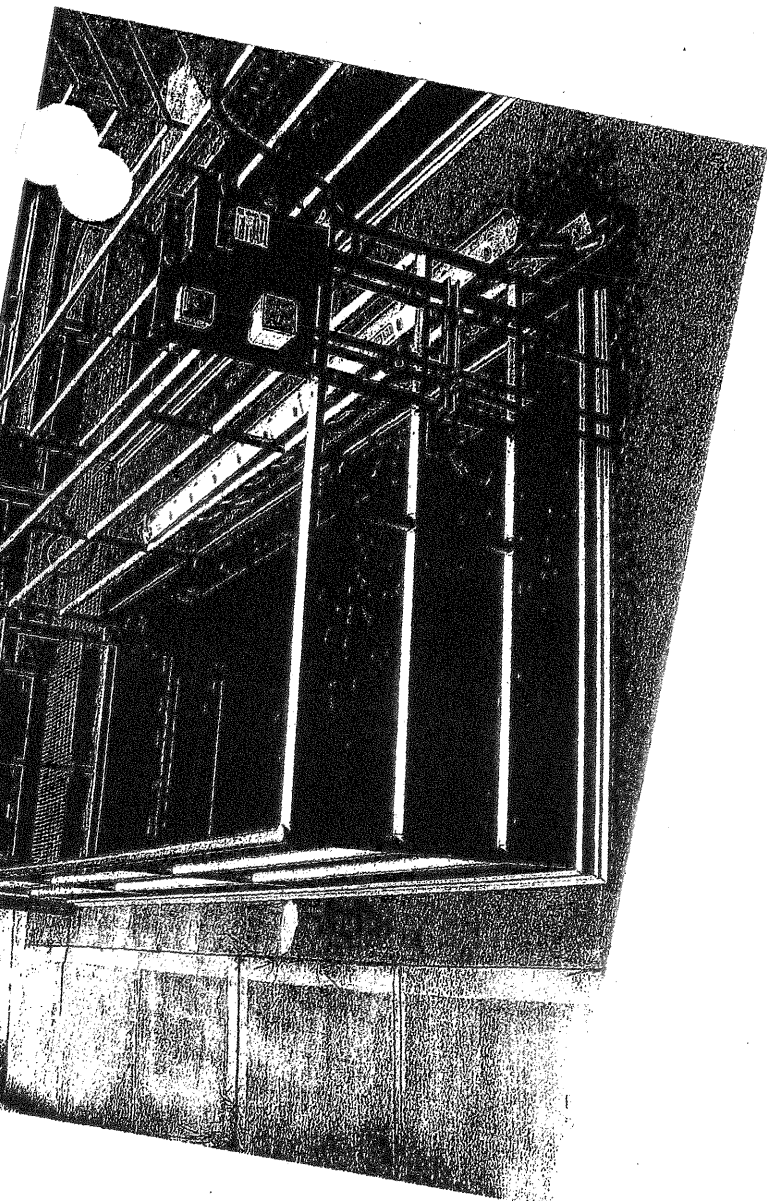


Exhibit 111
Aerated Grit
Chamber

EXHIBIT 112

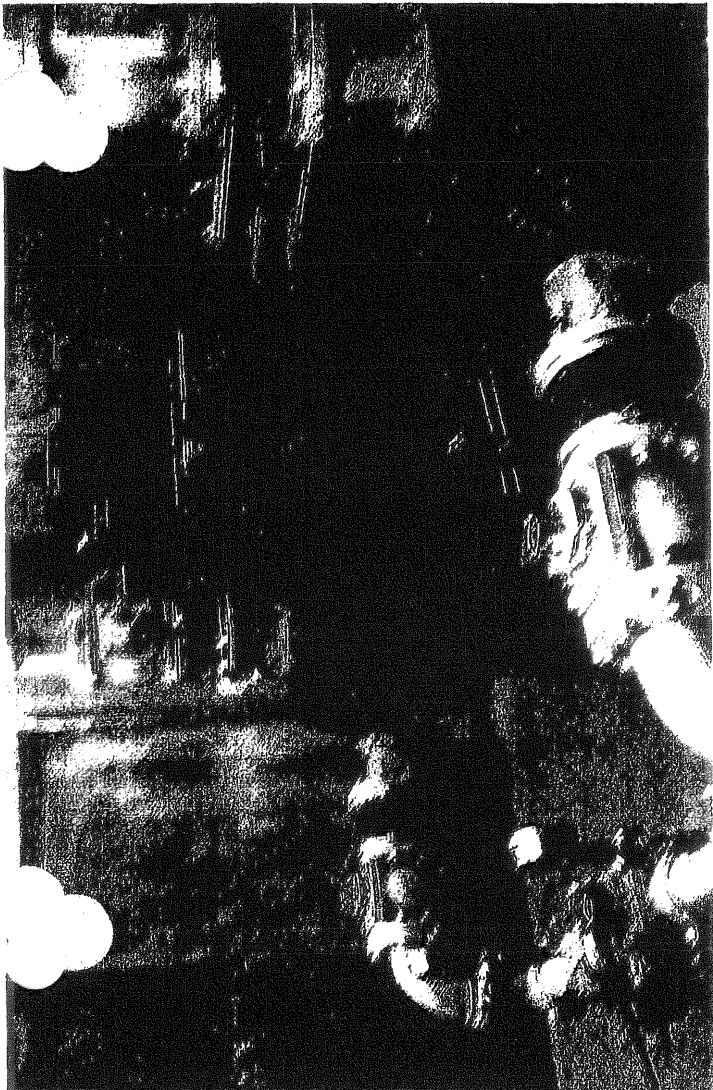


Exhibit 112

Pumps

EXHIBIT 113

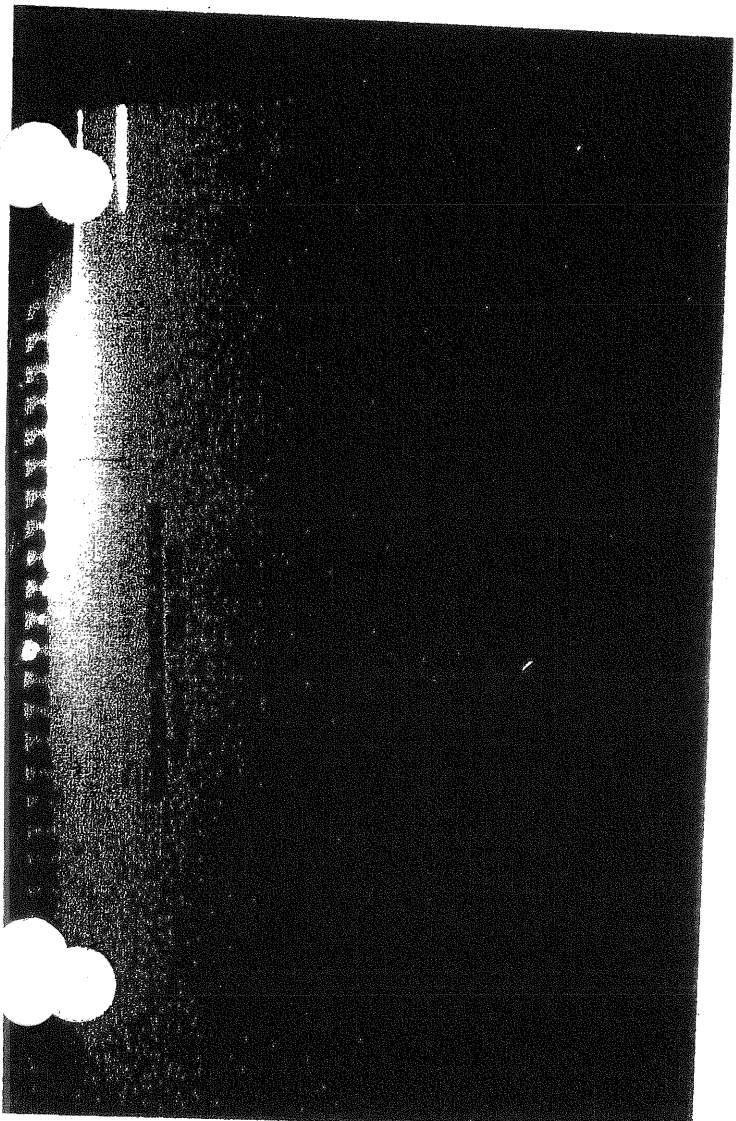


Exhibit 113

Aeration
Headworks
Narrative

EXHIBIT 114

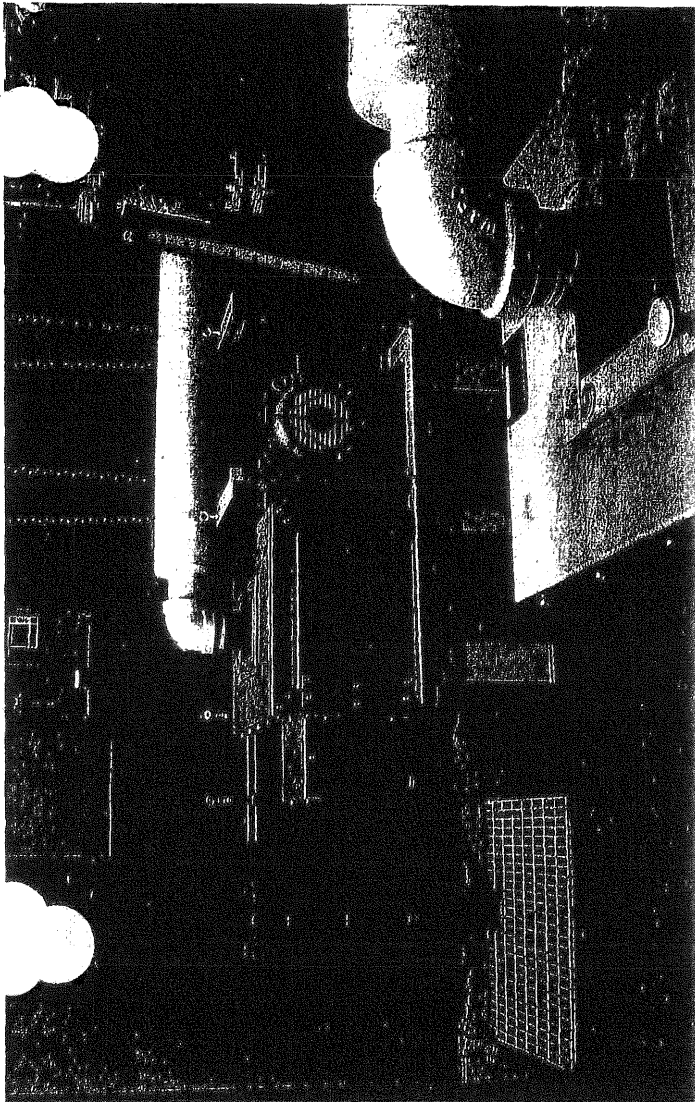


Exhibit 114

Blowers for Grit
Chamber

EXHIBIT 115

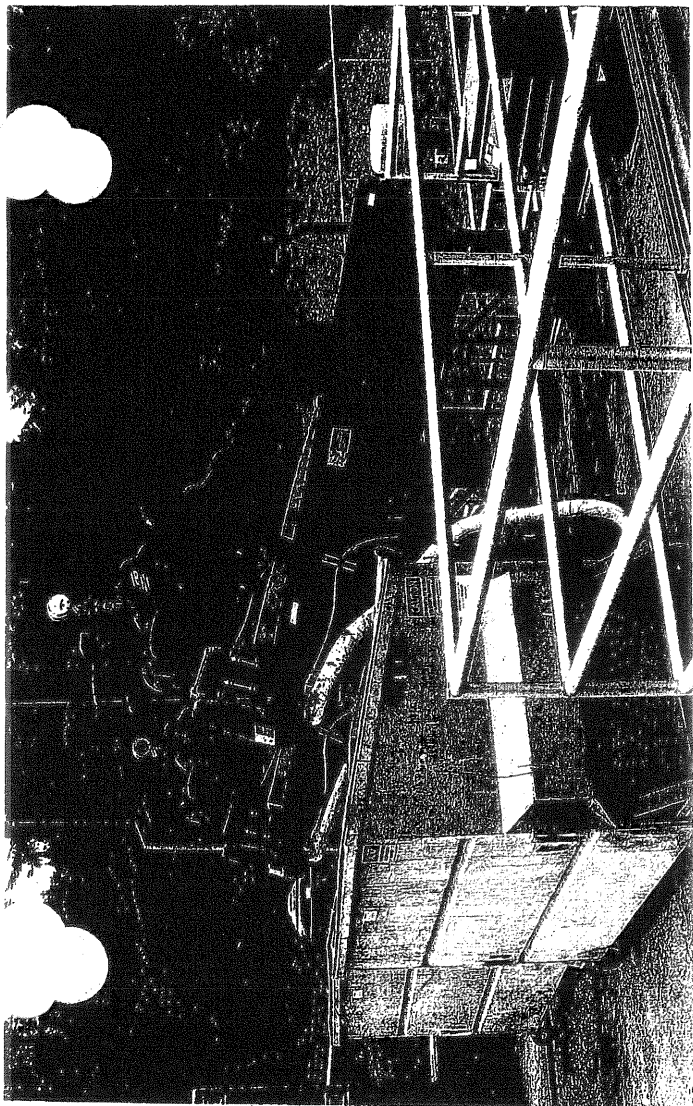


Exhibit 115

Grit removal
conveyor and
dumpster

EXHIBIT 116

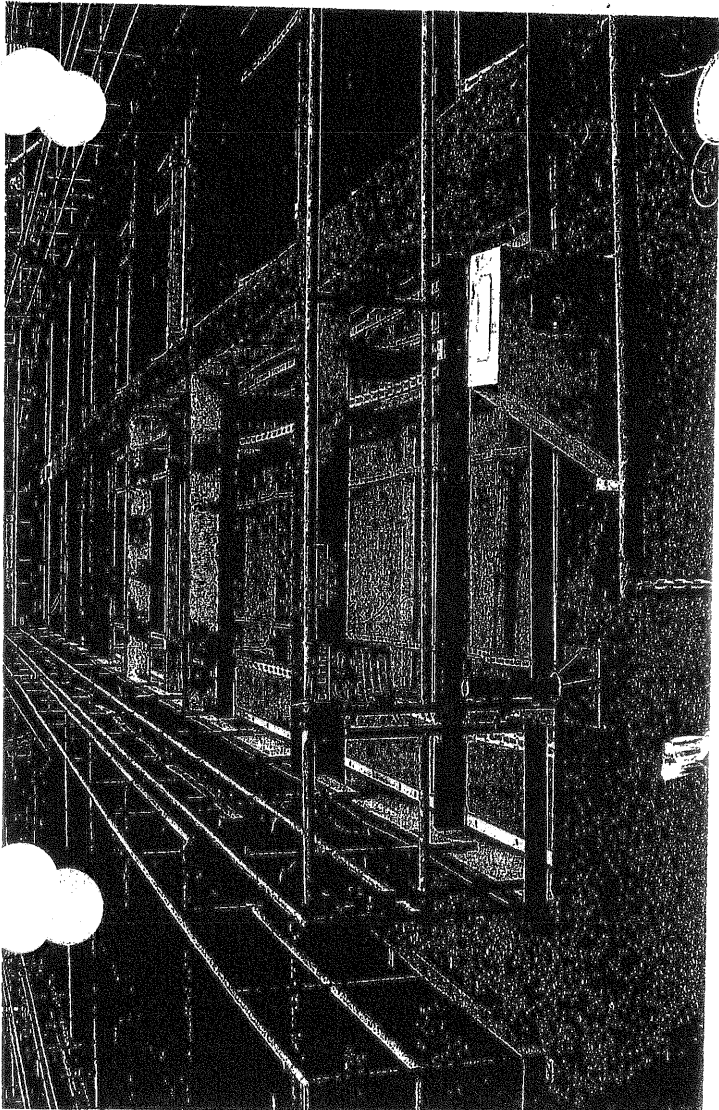


Exhibit 116

Primary
Clarifier #3

EXHIBIT 117

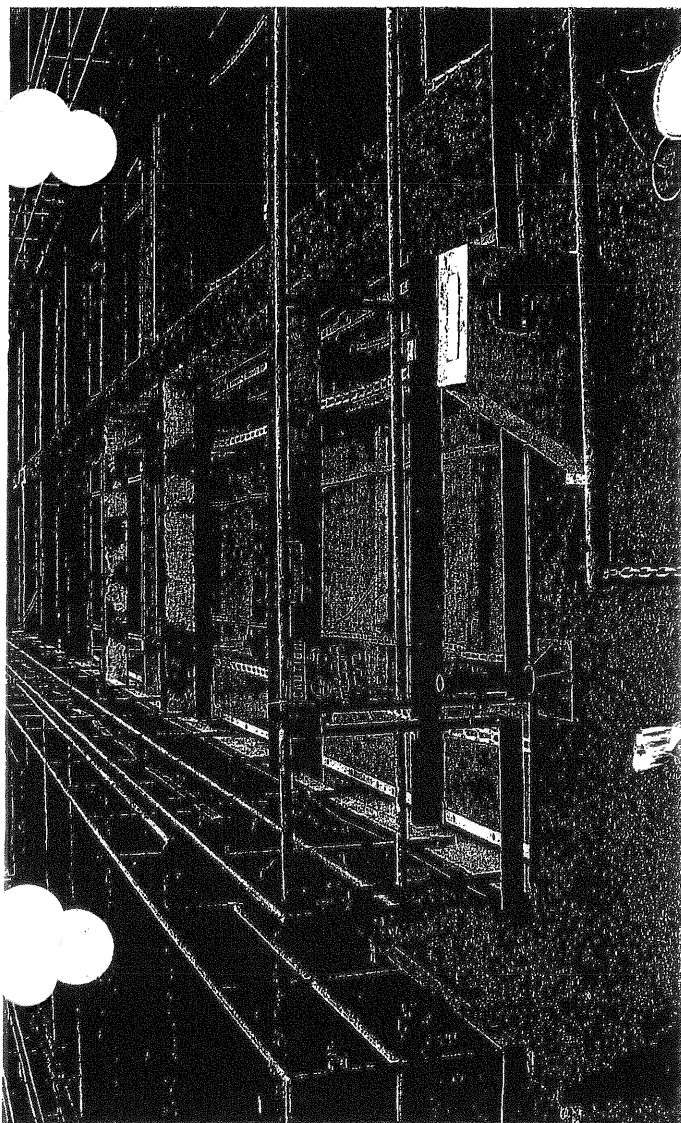


Exhibit 117

Primary
Clarifier #3 (2)

EXHIBIT 118

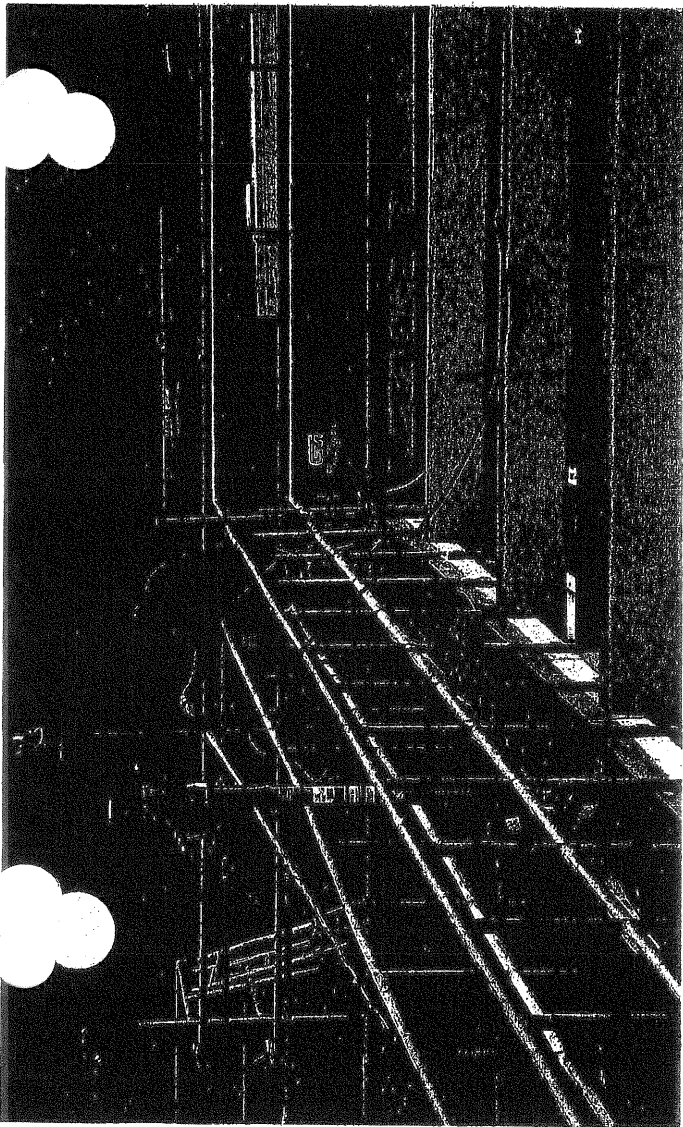


Exhibit 118

Primary
Clarifier #2

EXHIBIT 119

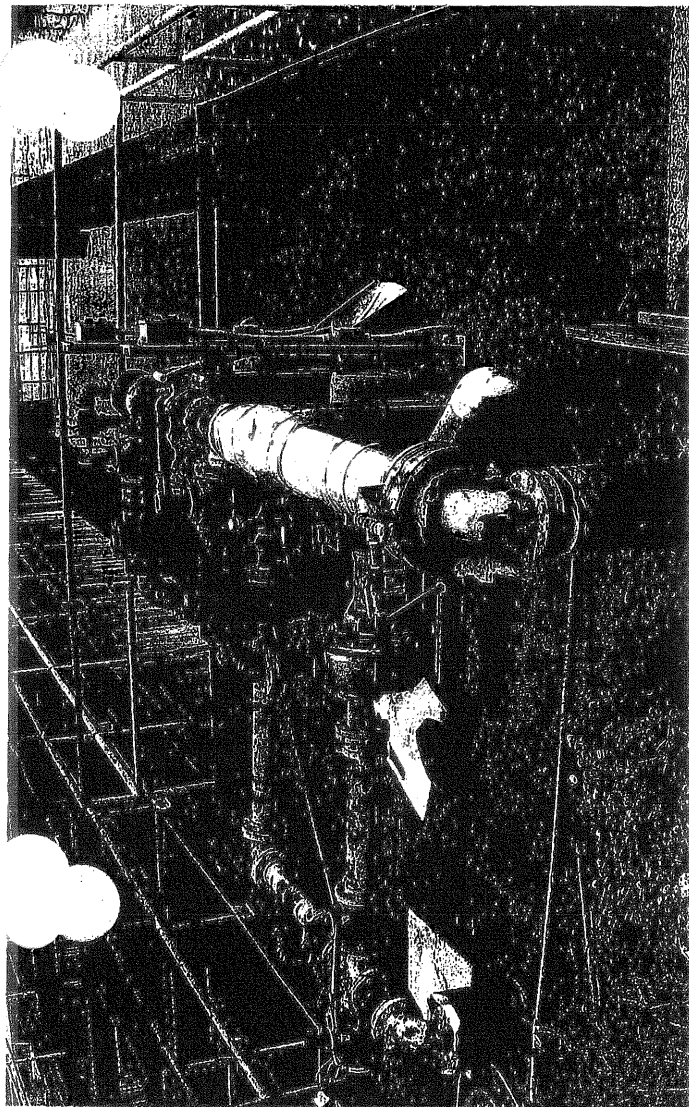


Exhibit 119

Pumps

EXHIBIT 120

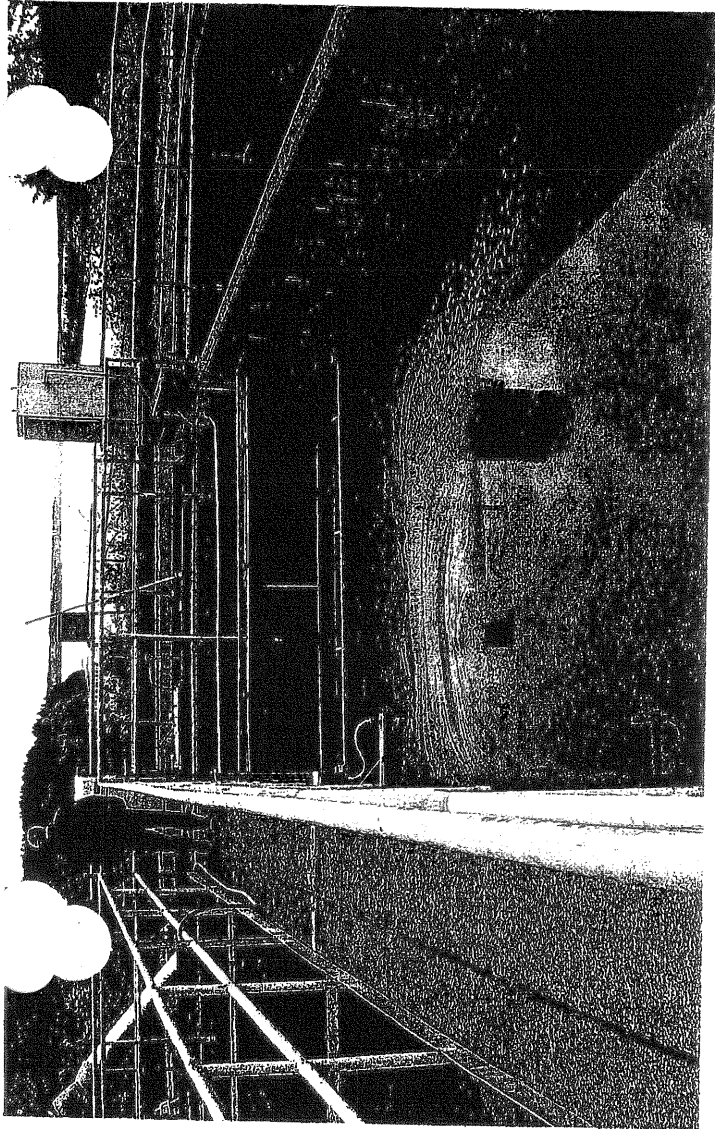


Exhibit 120

Chlorine
Contact
Chamber (CCC)

EXHIBIT 121

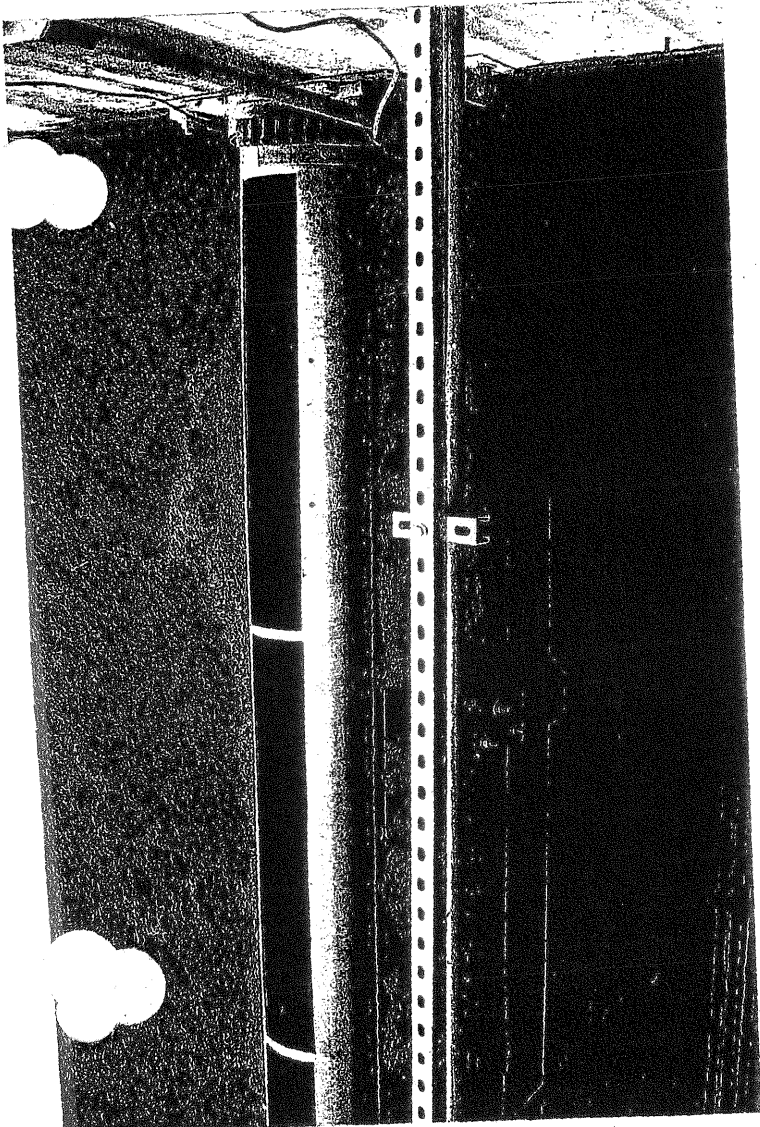


Exhibit 121

CCC Scum
Collector &
Baffle

EXHIBIT 122

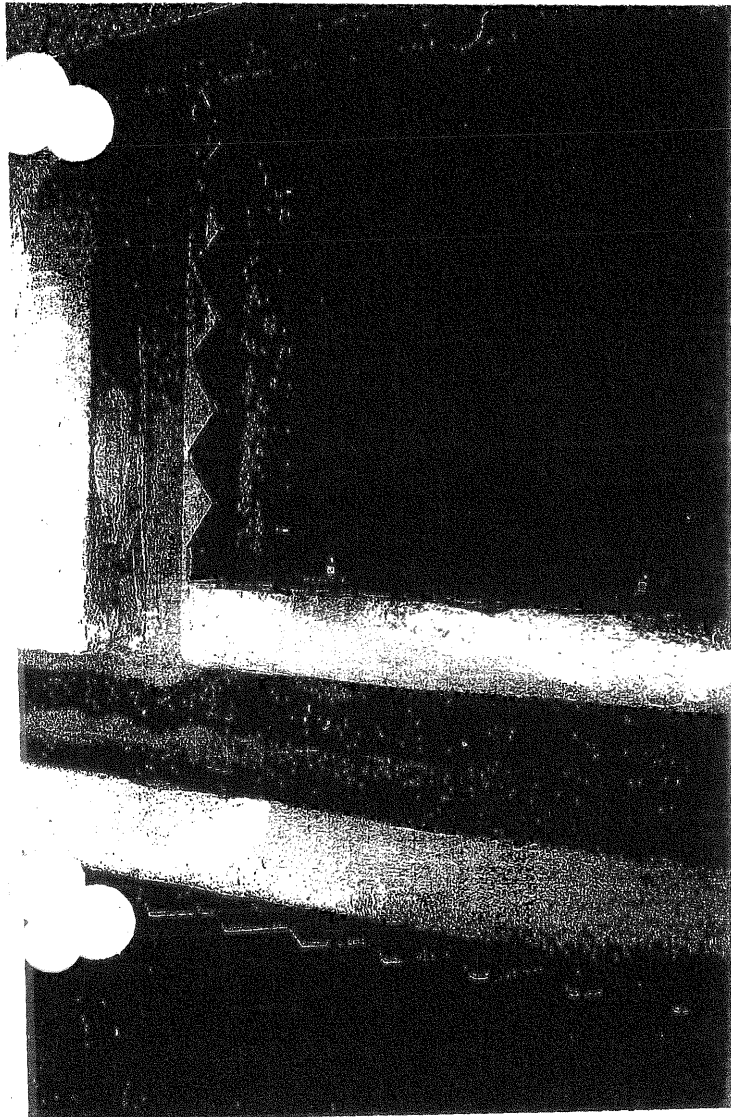


Exhibit 122

Primary
Clarifier-empty

EXHIBIT 123

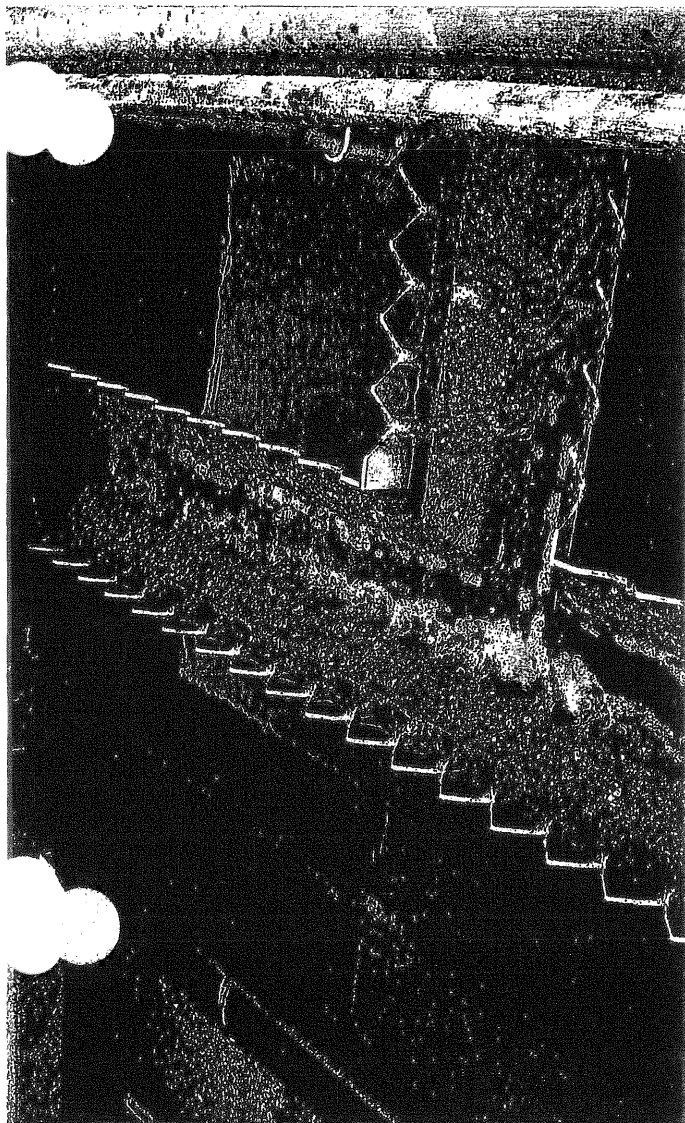


Exhibit 123

Primary
Clarifier-active

EXHIBIT 124



Exhibit 124

Primary
Clarifier-active
(2)