EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)
Indiana Department of Environmental Management

TO BE COMPLETED BY IDEM
Date Submitted *(month/day/year)*
ELTF Control Number

INSTRUCTIONS: *This form should be submitted when applying for a reimbursement request or a resubmittal of reimbursement request. Another form is available for ELTF Eligibility Requests.* ***Please click on the link below to view the most recent submittal instructions.*** *Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages as described in the INSTRUCTIONS for completing the application.* ***Do not include social security numbers on any supporting backup documentation.***

http://idem.in.gov/files/forms_eltf_claim_instructions.doc

TO BE COMPLETED BY APPLICANT

SECTION 1 - APPLICANT INFORMATION

Name of Applicant Northwestern Consolidated School Corporation		Please enter a Tax ID Number or Social Security Number Tax ID Number:	35-6006424
Mailing Address of Applicant *(number and street)* 4920 West 600 North	City, State (Abbr.) ZIP Code Fairland, Indiana 46126	SSN:	
Name of Second Party for Joint Check *(if applicable)*. Check will be issued to applicant and party listed below, and mailed to the above address. Capital Environmental Enterprises, Inc.			
Name of Contact Person Concerning Claim Issues Davies Batterton	Contact Company Name Capital Environmental Enterprise	Contact Telephone Number *(with area code)* 317-240-8085	
Contact E-mail Address ceeindy@aol.com	Social Security Number Included in Backup Documents? ☐ Yes ☑ No		
Was there Private Insurance that may cover this Release? ☐ Yes ☑ No	Name of Insurance Company	Policy number	

SECTION 2 -SITE INFORMATION

Facility Identification Number 14093	Date Incident Reported to IDEM *(month/day/year)* 2/2/2012	LUST Incident Number 201202501
Name of Facility Northwestern Consolidated School Corporation	IDEM Project Manager Stephen Onochie	County Where Facility Is Located Shelby
Address of Facility *(NOTE: enter 911 street address.)* 4920 West 600 North	City, State (Abbr.) ZIP Code Fairland, IN 46126	

SECTION 3 - REIMBURSEMENT REQUESTS

Request Covers Work Performed During the Following Period *(month/day/year)* From: 7/26/2016 To: 10/28/2016

Type of Work Performed:
☐ Investigation ☑ CAP ☑ Quarterly Monitoring ☐ NFA ☐ Emergency Response

Identify the Type of Claim Application:

☐ Initial Dollar Claim Application *(This is the first request for payment from the ELTF.)*

☐ Subsequent Claim Application *(One or more claims have been submitted to the ELTF. None of the costs requested in this claim application have been previously submitted.)*

☑ Subsequent Claim Application and Resubmittal of Denied Costs *(This claim application includes new costs and costs that have been denied by the IDEM. The portion of the claim that was previously submitted must be identified below as being previously submitted and include the dollar value of the original claim.)*

Original Amount Requested:	Claim Number Assigned By IDEM:

☐ Complete Claim Resubmittal *(A claim was submitted to IDEM and was denied in full. To have a previously denied claim reevaluated, a new application for each claim must be submitted, that includes the amount of the original request, and the claim number assigned by IDEM.* ***(See instructions.)***

Original Amount Requested for Denied Costs:	Claim Number Assigned By IDEM:

☐ Third Party Claim *(If you have been held responsible for damages to a third party and are submitting the judgment or settlement agreement for reimbursement as a third party claim.* ***Please submit proof that a copy of this claim has been sent to the Indiana Attorney General.)***

☐ Final Claim (*This is for the last claim submitted after the NFA has been issued.*)

Enter the Total Costs for the Claim from the Attached "Pay Requests" *(including resubmitted costs if applicable)* $ 12,597.22	
Enter the Total Resubmitted Costs (*if applicable*) $	IDEM Date Stamp

EXCESS LIABILITY TRUST FUND APPLICATION

State Form 47139 (R14 / 6-16)
Indiana Department of Environmental Management

TO BE COMPLETED BY IDEM
Date Submitted *(month/day/year)*
ELTF Control Number

TO BE COMPLETED BY APPLICANT *(continued)*

Most Recent Technical Determination *(check one)*:

- ☐ Emergency Measures *(Attach a completed "Confirmation of Emergency Response Status" form signed by the IDEM project manager, or the IDEM Emergency Response On-Scene Coordinator.)*
- ☐ Site Characterization Performed in Accordance with the UST Guidance Manual and 329 IAC 9-5 *(Attach a copy of the letter from IDEM stating that the site is fully characterized.)*
- ☐ Approved CAP *(Attach a copy of your "Corrective Action Plan Approval" letter from the IDEM.)*
- ☑ Approved CAP Implementation *(Attach a copy of your "Corrective Action Plan Implementation Approval" letter from the IDEM if available.)*
- ☐ No Further Action required *(Attach a copy of your "No Further Action" letter from the IDEM.)*
- ☐ Site Conditions Do Not Warrant Preparation of a CAP *(You must provide documentation that IDEM has determined that a CAP should not be prepared. Please contact the IDEM project manager.)*

SECTION 4 - SIGNATURE OF UST OWNER, UST OPERATOR, PROPERTY OWNER, ATTORNEY IN FACT, AND/OR ASSIGNEE OF RIGHTS

I swear or affirm to the best of my knowledge and belief that the costs presented herein represent the reimbursable costs actually incurred in the performance of site characterization or corrective action related to this site during the period of time indicated on this application. I swear or affirm that all charges presented as part of this application were necessary to the performance of site characterization or corrective action. I also swear that I have not altered the calculations in this electronic form. I understand that pursuant to Indiana Code 13-23-9-6, I may be subject to criminal prosecution for submitting false and/or inaccurate information on this application.

In accordance with 328 IAC 1-3-1(a), the applicant must be a UST owner, UST operator, subsequent property owner, or person assigned the right of reimbursement. In accordance with 328 IAC 1-5-1(b), the assignor of rights (UST owner, UST operator, property owner, or attorney in fact) must sign the application in addition to the assignee of rights. Persons that have been assigned rights and also have appropriate power of attorney should sign both signature blocks.

Signature of Assignee of Rights		Date Signed *(month/day/year)*	
Mr./Ms.	Print Name	Title	Company

Signature of UST Owner, UST Operator, Property Owner, or Attorney In Fact		Date Signed *(month/day/year)*	
Laura L Mullen		11/23/16	
Mr./Ms.	Print Name Laura L. Mullen	Title Corp. Treasurer	Company Northwestern Consol. School Dist. Shelby Co

If applicable, a copy of the signed Assignment of Rights under 328 IAC 1-3-1 must be attached. If applicable, a copy of the signed Power of Attorney must also be attached. If the Assignment of Rights or the Power of Attorney has been modified or amended, a current copy must be attached.

MAILING INSTRUCTIONS: Please mail one single-sided paper copy (including a printout of this application and all back up information) and one CD or DVD with a PDF file (exact match of paper copy) and Excel file (.XLS) with the application information to the following address:

Indiana Department of Environmental Management
Excess Liability Trust Fund
100 North Senate Avenue, Room 1101
Indianapolis, IN 46204-2251

THE INDIANA UNDERGROUND STORAGE TANK
EXCESS LIABILITY TRUST FUND

STATE OF Indiana

COUNTY OF Shelby } SS:

AFFIDAVIT REGARDING PAYMENT OF COSTS INCIDENT NUMBER: 201202501

Laura Mullen, being of sound mind and majority, and being duly cautioned and sworn in accordance with law (*in accordance with IC 13-23-9-6, I may be subject to criminal prosecution for the knowing and intentional submission of false statements in this affidavit*), make the following statement based upon personal information and under penalty of perjury:

1. I certify that I am the applicant or that I have been duly authorized to sign this affidavit on behalf of the applicant submitting a claim for the qualifying occurrence listed above to the Indiana Excess Liability Trust Fund. I have obtained all necessary or applicable approvals for such authorization.

2. **Per 328 IAC 1-3-5**, all costs incurred and/or paid for work performed in the identified claim are reflected in the attached invoice summary listing and pay requests. All costs reflected in the attached invoice summary listing and pay requests were incurred and/or paid for corrective action related to the incident specified above.
   Per 328 IAC 1-5-1 (c), proof of payment documentation is and will be maintained on file for a minimum of four (4) years after the date the application for payment was submitted or four (4) years after completion of corrective action, whichever is later.*
   Credits, rebates, refunds or other similar payments or inducements made to the owner/operator or received by the owner/operator or applicant have been subtracted from the costs submitted for reimbursement.

3. The following is a correct business address and telephone number at which I can be reached:

Company Northwestern Consolidated School Corporation	Title Treasurer	E-mail Address
Address *(number and street or rural route)* 4920 West 600 North		Telephone number 317-835-7461
City Fairland	State Indiana	ZIP code 46126
Signature of affiant Laura L Mullen		Date signed *(month/day/year)* 11/23/2016

STATE OF Indiana

COUNTY OF Shelby } SS:

Sworn to and subscribed in my presence this 23rd day of November, 20 16

Signature of Notary Public Kathy R. Cord	County of residence Shelby
Printed or typed name of Notary Public Kathy R. Cord	Date commission expires *(month/day/year)* F 02/05/2017

*** The Indiana Department of Environmental Management reserves the right to require cancelled checks as proof of payment at any time.**

This form may not be altered. The Indiana Department of Environmental Management reserves the right to deny any application that is submitted with an altered affidavit.

The Notary Seal must be included and must be legible when copied.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We Protect Hoosiers and Our Environment.
100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Michael R. Pence
Governor

Thomas W. Easterly
Commissioner

March 25, 2015

VIA CERTIFIED MAIL 91 7190 0005 2710 0039 3623

Mr. Steven Miller
NW Consolidation School Corp.
4920 W 600 N
Fairland, IN 46126
Phone: 574-583-7513

Dear Mr. Miller:

Re: Corrective Action Plan
Implementation Approval
Northwestern Con. School District
4920 W 600 N
Fairland, Indiana 46126
FID# 14093
LUST# 201202501

The Indiana Department of Environmental Management (IDEM) reviewed the file pertaining to a release of petroleum product for the Northwestern Consolidation School District located at 4920 W 600 N in Fairland, Indiana. The following document was reviewed.

- Corrective Action Plan Implementation Report, prepared by Capital Environmental Enterprises, dated January 28, 2015

Based on the review of document submitted to IDEM, the Corrective Action Plan Implementation (CAPI) report is approved. Listed below are comments.

Comments:

1. During April 2014, the consultant installed four monitoring wells, two ground water extraction wells, and one Soil Vapor Extraction (SVE) well. From June 18-19, 2014, a Dual Phase Extraction (DPE) pilot study was performed to determine the appropriate number and spacing of extraction wells for the full-scale DPE system. Using information gained from the pilot test, construction of the full-scale system occurred from October through December 2014. The pilot test was properly performed and the full-scale DPE system conforms to the approved CAP.

2. In accordance with the approved CAP, quarterly ground water monitoring is reportedly ongoing. System start-up occurred on January 5, 2015. Discharge water samples were collected at the time of start-up; however, analytical results were not included in the current document. Analytical results from the system discharge should be submitted quarterly along with the standard quarterly ground water monitoring data. Review of this data is necessary to determine if the system is operating effectively.

IDEM's approval of the CAPI Report does not guarantee that the Applicant or the proposed remedial actions are eligible for reimbursement from the Excess Liability Trust Fund (ELTF) and does not constitute approval of costs under IC 13-23-9-2. Submitted costs associated with the implementation of this CAP will be reviewed in accordance with 328 IAC 1 by an ELTF cost reviewer.

You must submit Quarterly Monitoring Reports (QMRs) in accordance with the approved CAP. To obtain an electronic copy of the QMR form, call (317) 232-8900 or email LeakingUST@idem.IN.gov. The requested information should be submitted following the OLQ Document Submittal Guidelines found at www.IN.gov/idem/6578.htm. For more information regarding document and data submittal guidelines, sampling and analysis requirements or technical information, visit the LUST Home Page at www.IN.gov/idem/4997.htm or contact the site project manager. Please submit all items to the following address:

Indiana Department of Environmental Management
Underground Storage Tank Branch
Leaking Underground Storage Tank Section
IGCN 1101
100 North Senate Avenue
Indianapolis, IN 46204-2251

If for any reason you should need to discontinue or amend your approved CAP, this office must be notified immediately. If you have any questions, please contact me at 317/234-3306 or toll free from within Indiana at 800/451-6027. I can also be reached via email at: sonochie@idem.in.gov.

Sincerely,

Stephen Onochie
Senior Environmental Manager 1
Leaking Underground Storage Tank Section
Office of Land Quality

Ecopy:
IDEM File
James Carr, Capital Environmental

INVOICE SUMMARY

INSTRUCTIONS: *The following summary represents all invoices which reflect costs incurred during corrective action. The list will be utilized to verify that all costs represented on the accompanying pay request forms have been presented in an original invoice. Proof of payment should be represented by canceled check or affidavit.* ***Do not include social security numbers on any supporting backup documentation.***

Name of Applicant	Incident Number
Northwestern Consolidated School Corporation	201202501

TO BE COMPLETED BY APPLICANT

NAME OF VENDOR ***(Subsequent Claims should be entered first and followed by Resubmittals.)***	**INVOICE NUMBER**	**INVOICE DATE** *(month/day/year)*	**TOTAL INVOICE AMOUNT**	**REQUESTED AMOUNT**	**PROOF OF PAYMENT**
Capital Environmental Enterprises, Inc.	16081	10/31/2016	$12,597.90	$12,597.22	
Subsequent Totals ***(Resubmittals only under this line.)***			**$12,597.90**	**$12,597.22**	
Resubmittal Totals			**$0.00**	**$0.00**	
		Grand Totals	**$12,597.90**	**$12,597.22**	

SUBSEQUENT PAY REQUEST # 1

INSTRUCTIONS: *Complete this form for all initial dollar, complete claim resubmittal, and subsequent claim applications.* ***Only list costs associated with one invoice on each pay request. Do not include social security numbers on any supporting backup documentation.***

Select the date range for the costs incurred. In the DESCRIPTION column, select the item from the dropdown list for which you are seeking reimbursement (ex. mileage, technician). In the TASK PERFORMED column please describe the activity for which the item was used (ex. installation of 4 - 2" diameter 10 L.F. monitoring wells, hauling 20 tons of contaminated soil 10 miles to disposal facility, preparing CAP). Only list one item and one task per line. The costs will automatically be calculated. ***For detailed instructions on completing this form please click on the Instructions link located on the Application Worksheet.***

Select Date:	6/1/16-Present		
Invoice Number	Incident Number	Name of Applicant	Name of Vendor
16081	201202501	Northwestern Consolidated School Corporation	Capital Environmental Enterprises, Inc.

TO BE COMPLETED BY APPLICANT									TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF
SPM	Project Planning & Oversight	11.75	Hours	$132.75	$1,559.81	XXXXXXXXXX	XXXX	$1,559.81	$0.00	
PM	Tech. Doc. Prep.	10.75	Hours	$109.00	$1,171.75	XXXXXXXXXX	XXXX	$1,171.75	$0.00	
Staff	Quarterly Sampling Oversight	9.25	Hours	$91.50	$846.38	XXXXXXXXXX	XXXX	$846.38	$0.00	
Tech	System Maintenance & Monitoring	30.00	Hours	$62.75	$1,882.50	XXXXXXXXXX	XXXX	$1,882.50	$0.00	
Drafting	Quarterly CAD Map Drafting	3.00	Hours	$53.50	$160.50	XXXXXXXXXX	XXXX	$160.50	$0.00	
Clerical	Documentation & General Clerical	11.00	Hours	$37.00	$407.00	XXXXXXXXXX	XXXX	$407.00	$0.00	
Mileage	Vehicle travel to & from site	256.00	Miles	$0.540	$138.24	XXXXXXXXXX	XXXX	$138.24	$0.00	
Copies	Quarterly Report copies- 2 to IDEM, 1 to client	216.00	Pages	$0.15	$32.40	XXXXXXXXXX	XXXX	$32.40	$0.00	
Laboratory	Water Analysis for System Monitoring	1.00	Lump	$25.00	$25.00	$0.00	10%	$27.50	$0.00	
Laboratory	Water Analysis for System Monitoring	1.00	Lump	$25.00	$25.00	$0.00	10%	$27.50	$0.00	
Laboratory	Water Analysis for System Monitoring	1.00	Lump	$25.00	$25.00	$0.00	10%	$27.50	$0.00	
Laboratory	Water Analysis for Quarterly Sampling	20.00	Lump	$60.00	$1,200.00	$0.00	10%	$1,320.00	$0.00	
Bailer	Well Purging & Quarterly Sampling	16.00	Lump	$20.00	$320.00	XXXXXXXXXX	XXXX	$320.00	$0.00	
Water Level	Detecting Well Depth	2.00	Days	$15.00	$30.00	XXXXXXXXXX	XXXX	$30.00	$0.00	
Decon	Decontamination	2.00	Days	$15.00	$30.00	XXXXXXXXXX	XXXX	$30.00	$0.00	
PID	Remediation System Monitoring & Maintenance	4.00	Days	$90.00	$360.00	XXXXXXXXXX	XXXX	$360.00	$0.00	
pH Meter	Remediation System Monitoring & Maintenance	9.00	Days	$24.00	$216.00	XXXXXXXXXX	XXXX	$216.00	$0.00	
Gloves	Quarterly Sampling	36.00	Pairs	$0.19	$6.84	$0.01	10%	$7.53	$0.00	
Gloves	Remediation System Monitoring & Maintenance	27.00	Pairs	$0.19	$5.13	$0.01	10%	$5.65	$0.00	
Ice	Preservation of Quarterly Samples	4.00	Bags	$1.99	$7.96	$0.00	0%	$7.96	$0.00	
Utilities	Electric Service 7/6/16 - 8/5/16	1.00	Lump	$1,349.00	$1,349.00	$0.00	XXXX	$1,349.00	$0.00	
Utilities	Electric Service 8/5/16 - 9/7/16	1.00	Lump	$1,455.00	$1,455.00	$0.00	XXXX	$1,455.00	$0.00	
Utilities	Electric Service 9/7/16 - 10/10/16	1.00	Lump	$1,215.00	$1,215.00	$0.00	XXXX	$1,215.00	$0.00	

DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF

DESCRIPTION	TASK PERFORMED	UNITS	TYPE	UNIT COST	TOTAL W/O MARKUP OR TAX	TAX (NO MARKUP)	% MARK-UP	AMOUNT REQUESTED	AMOUNT DISALLOWED	REF

Capital Environmental Enterprises, Inc.

3440 South Post Road
Indianapolis, Indiana 46239

Invoice

Date	Invoice #
10/31/2016	16081

Bill To	Ship To
Northwestern Consolidated School Laura Mullen 4920 West 600 North Fairland, IN 46126	

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		10/21/2016			12025A

Quantity	Item Code	Description	Price Each	Amount
		QUARTERLY MONITORING & DPE SYSTEM MONITORING & MAINTENANCE: 7/26/16 through 10/28/16		
11.75	SPM	Senior Project Manager hours	132.75	1,559.81
10.75	PM	Project Manager Hours	109.00	1,171.75
9.25	SPP	Staff Project Person hours	91.50	846.38
30	FT	Field Technician hours	62.75	1,882.50
3	Draft	Draft Person hours	53.50	160.50
11	Cl	Clerical hours	37.00	407.00
256	Mileage	Vehicle travel to and from site	0.54	138.24
216	Copies	Quarterly Report Copies: 2 to IDEM & 1 to client	0.15	32.40
		WATER ANALYSIS		
1	Lab	Benzene 624 Sampled 7/20/16	27.50	27.50
1	Lab	Benzene 624 Sampled 8/28/16	27.50	27.50
1	Lab	Benzene 624 Sampled 9/26/16	27.50	27.50
20	Lab	VOC	66.00	1,320.00
16	Supplies	Bailers for Quarterly Sampling	20.00	320.00
2	Equipment	Water Level Indicator for Quarterly Sampling	15.00	30.00
2	Supplies	Decontamination Supplies for Quarterly Sampling	15.00	30.00
4	Equipment	PID for Remediation System Maintenance & Monitoring	90.00	360.00
9	Equipment	pH Meter for Remediation System Maintenance & Monitoring	24.00	216.00
36	Supplies	Pairs of Gloves for Quarterly Sampling	0.22	7.92
27	Supplies	Pairs of Gloves for Remediation System Maintenance & Monitoring	0.22	5.94
4	Supplies	Ice for Quarterly Sampling	1.99	7.96
		UTILITIES		
1	Misc	Electric Service 7/6/16-8/5/16	1,349.00	1,349.00
1	Misc	Electric Service 8/5/16-9/7/16	1,455.00	1,455.00
1	Misc	Electric Service 9/7/16-10/10/16	1,215.00	1,215.00
			Total	$12,597.90

DAVIES H. BATTERTON, R.E.H.S.
PROJECT MANAGER

EDUCATION

B.S., Environmental Science - Purdue University; Lafayette, Indiana 1975

EXPERIENCE

Capital Environmental Enterprises, Inc. 1992 - present
Project Manager
Responsible for management of facility inspections, UST removals, closures, and installations, site remediations, Phase I site assessments. Activities include Phase I assessments, asbestos inspections and sampling, lead inspection and sampling, report writing and OSHA training.

Capital Environmental & Engineering, Inc.
Project Manger 1990-1992

Phoenix Consulting, Inc. 1990
Principal Project Manager
Selected Responsibilities: Conducted environmental site assessments, lead inspections, underground storage tank closures and safety training.

ATEC 1989-1990
Project Manager
Selected Responsibilities: Conducted environmental site assessments of various types of property. Performed hazardous waste inspection audits of large industrial facilities. Conducted groundwater monitoring well installations, soil boring programs and other subsurface investigations.

Indiana State Board of Health
Chief- General Sanitation Section 1981-1989
Selected Responsibilities: Administration of several licensing and enforcement programs, including day care centers, mobile home parks, waste haulers and wastewater treatment plant inspections. Development of the wastewater management program, including standards for land application.

Environmental Scientist 1978-1981

Inspected numerous facilities including camp grounds, agricultural labor camps and youth camps.

Decatur County Health Department 1975-1978

Environmental Scientist

Selected Responsibilities: Management of the county's food service inspection, sewage disposal and vector control programs.

AFFILIATION

National Environmental Health Association
Indiana Environmental Health Association
Registered Environmental Health Specialist
Certified Asbestos Inspector
Underground Storage Tank Certification, Indiana

MEDICAL QUALIFICATIONS AND HEALTH AND SAFETY TRAINING

Mr. Batterton is medically qualified and safety trained in accordance with OSHA 29 CFR 1910.120 to enter hazardous waste sites.

TRAINING

Pesticide Applicator Training, Office of the State Chemist, Purdue University, West Lafayette, Indiana, 1977.
Childhood Lead Poisoning Control Workshop, Louisville, Kentucky, 1988.
Lead in School Drinking Water, EPA, Chicago, Illinois, 1989.
RCRA Hazardous Waste Update, ICFAR, Indianapolis, Indiana 1989.
Environmental Crimes Conference, US Department of Justice, Indianapolis, Indiana, 1992.
Lead Training for Inspectors, Environmental Management Institute, Indianapolis, Indiana, 1995.
Asbestos Building Inspection Training, Environmental Management Institute, Indianapolis, Indiana, 1995.

SUMMARY OF EXPERIENCE IN ENVIRONMENTAL COMPLIANCE & GROUNDWATER RESOURCES

JAMES E. CARR, LPG

Environmental Site Investigations

Management of numerous site investigations for retail petroleum facilities since 1988, including Amoco (bp), Shell, and Mobil (Exxon Mobil). Project responsibilities have included site characterizations, preparation of site assessment reports and corrective action plans, monitoring project budgets and timelines, resource allocation, and ensuring clients were in compliance with state and federal regulations.

Conducted investigatory field work and prepared reports for other sites, including bulk storage facilities, state (INDOT, IDNR, Indiana State Police) and federal facilities, transportation terminals, unoccupied sites for potential property sales, school bus garages, auto repair and hospital facilities, a mobile home park, an airport, an abandoned industrial site, and wastewater treatment plants.

Prepared RI/FS studies for larger industrial sites in Shelbyville, Anderson, Muncie, and Elkhart, Indiana.

Tasks preliminary to report preparation for sites include drilling oversight, field geologic description of soil samples, soil and groundwater sample collection, hand augering for samples, slug testing, and review of background information databases. Contaminants included various petroleum constituents, chlorinated solvents, and inorganic compounds.

Performed Environmental Site Assessments requested by prospective property purchasers.

Site investigations for various contaminants as follow ups to findings of Phase I's, not part of any IDEM program.

Drilling oversight has included monitoring wells and recovery wells to depths up to 125 feet, through unconsolidated material and bedrock formations in several states (Indiana, Illinois, Wisconsin, Michigan, Mississippi, Florida, and Wyoming). On-site geologist for hollow stem auger, cable-tool, rotary drilling operations, and geoprobe sampling.

Oversight for remedial activities including thermal soil treatment (Illinois), SVE system installation (Wisconsin), quarterly groundwater monitoring at sites undergoing remediation; angular drilling to confirm mine shaft locations in a mine abandonment program (Michigan). Collected samples (analysis for lead and rare earth elements - REE), and managed inventory of treated soil at an REE mine site in California. Oversight of lead treatment for soil and structure demolition at a former battery disposal site in Muncie, Indiana. Remedial responsibilities also included UST closures and removal of contaminated soil.

Groundwater Projects

Assisted small public water suppliers in preparing wellhead protection plans

Designed three-dimensional groundwater flow model (MODFLOW) and a contaminant transport model (MOC) to simulate groundwater flow and contaminant migration in Shelby County Indiana.

Utilized MODFLOW to simulate a multilayered hydrogeologic system near Gillette, Wyoming to predict the effects of coal mining on groundwater levels throughout the expected life of the mines and after reclamation.

Use of FLOWPATH (at an airport site in northern Indiana where jet fuel and aviation fuel constituents had impacted an aquifer near a wellfield) to determine the effective capture radius of a treatment system.

Use of MOC to predict capture zones for remedial wells in order to prevent sulfate from migrating toward a wellfield. Injection wells had been used to set up flow barriers, and the model was used to verify earlier predictions.

Landfill Geology and Hydrology Evaluation

Preparation of the Geological Attachment for a Landfill Permit Application in southern Indiana.

Used the Hydrogeological Evaluation of Landfill Performance (HELP) computer model in landfill projects. In one case the purpose was to determine the potential for leachate migration into an aquifer; in another, to calculate the amount of cover needed to properly close a landfill. Evaluated the potential risk posed by settling ponds / landfills owned by a power company (for a water utility in southeastern Indiana). Also conducted groundwater monitoring compliance programs for landfills in northern Indiana.

EDUCATION / TRAINING:

B.S. Degree in Geology received from Indiana University, 1982
M.S. Degree in Geology received from Northern Arizona University, 1986
40-Hour Hazwoper course (1987), with annual updates
Certified Professional Geologist #1384 (1993)
Member, Indiana Geologists (since 1996)
Risk Assessment Methodology (RAM-W) applied to Vulnerability Assessments for water utilities, Cincinnati, 2003
River Basin Modeling Course (HSPF), Madison Wisconsin, 2002
Phase I Environmental Site Assessments course, 2006

STAFF PROJECT PERSON
9.25

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME: James E. Carr

WEEK OF September 19, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
9/19/16(M)						
9/20/16(T)	NW Schools	12025	6.50	SPP ~~Project Manager~~	Spvsn of Remed (monitor)	Quarterly monitoring and oversight
9/21/16(W)	NW Schools	12025	2.75	SPP ~~Project Manager~~	Spvsn of Remed (monitor)	Quarterly monitoring and oversight
9/22/16(Th)						
9/23/16(F)						

TOTAL HOURS: 9.25

PROJECT MANAGER
1.5

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME: James E. Carr WEEK OF September 26, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
9/26/16(M)	NW Schools	12025	0.50	Project Manager	Tech Document Prep	Quarterly monitoring report
9/27/16(T)						
9/28/16(W)						
9/29/16(Th)						
9/30/16(F)	NW Schools	12025	1.00	Project Manager	Tech Document Prep	Quarterly monitoring report
TOTAL HOURS: 1.5						

PROJECT MANAGER
0.25

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME: James E. Carr

WEEK OF October 3, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
10/3/16(M)						
10/4/16(T)						
10/5/16(W)						
10/6/16(Th)						
10/7/16(F)	NW Schools	12025	0.25	Project Manager	Tech Document Prep	Quarterly monitoring report
TOTAL HOURS: 0.25						

SENIOR PROJECT MANAGER
0.75

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF July 25, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
7/25/16(M)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	~~Sampling Scheduling~~
7/26/16 (T)	Northwest	12025	0.75	Senior Project Mgr	Planning & Oversight	Net DMr MMR/ System operation review
7/27/16(W)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
7/28/16(TH)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
7/29/16(F)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
TOTAL HOURS:						

SENIOR PROJECT MANAGER
0.5

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF August 15, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
8/15/16(M)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
8/16/16 (T)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
8/17/16(W)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
8/18/16(TH)	Northwest	12025	0.5	Senior Project Mgr	Planning & Oversight	Sampling Scheduling
8/19/16(F)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
TOTAL HOURS:						

SENIOR PROJECT MANAGER
2.0

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF August 22, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
8/22/16(M)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
8/23/16 (T)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
8/24/16(W)	Northwest	12025	1.75	Senior Project Mgr	Planning & Oversight	NET DMR MMR
8/25/16(TH)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	~~Sampling Scheduling~~
8/26/16(F)	Northwest	12025	0.25	Senior Project Mgr	Planning & Oversight	Net DMR MMR
TOTAL HOURS:						

Senior Project Manager
0.5

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF August 29, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
8/29/16(M)	Northwest	12025	0.5	Senior Project Mgr	Planning & Oversight	Sampling Scheduling
8/30/16 (T)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
8/31/16(W)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/1/16(TH)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/2/16(F)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
TOTAL HOURS:						

Senior Project Manager
0.5

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF September 12, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
9/12/16(M)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/13/16 (T)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/14/16(W)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/15/16(TH)	Northwest	12025	0.25	Senior Project Mgr	Planning & Oversight	Quarterly Sampling Scheduling
9/16/16(F)	Northwest	12025	0.25	Senior Project Mgr	Planning & Oversight	Quarterly Sampling Scheduling
TOTAL HOURS:						

Senior Project Manager
1.0

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF September 19, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
9/19/16(M)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/20/16 (T)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/21/16(W)	Northwest	12025	0.5	Senior Project Mgr	Planning & Oversight	Sampling Discussion
9/22/16(TH)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/23/16(F)	Northwest	12025	0.5	Senior Project Mgr	Planning & Oversight	System Oversight
TOTAL HOURS:						

Senior Project Manager
2.5

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF September 26, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
9/26/16(M)	Northwest	12025	1.75	Senior Project Mgr	Planning & Oversight	NET DMR MMR/System Repair
9/27/16 (T)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/28/16(W)	Northwest	12025	0.75	Senior Project Mgr	Planning & Oversight	Net DMR MMR
9/29/16(TH)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
9/30/16(F)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	~~System Oversight~~
TOTAL HOURS:						

PROJECT MANAGER
5.0

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF October 3, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
10/3/16(M)	Northwest	12025	2.25	Project Mgr	Tech. Doc. Prep	Quarterly Report
10/4/16 (T)	Northwest	12025	1.5	Project Mgr	Tech. Doc. Prep	Quarterly Report
10/5/16(W)	Northwest	12025	1.25	Project Mgr	Tech. Doc. Prep	Quarterly Report
10/6/16(TH)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
10/7/16(F)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	~~System Oversight~~
TOTAL HOURS:						

SENIOR PROJECT MANAGER
2.5

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton

WEEK OF October 10, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
10/10/16(M	Northwest	12025	2.5	Senior Project Mgr	Final Review	Quarterly Report
10/11/16 (T)	Northwest	12025		~~Project Mgr~~	~~Tech. Doc. Prep~~	~~Quarterly Report~~
10/12/16(W	Northwest	12025		~~Project Mgr~~	~~Tech. Doc. Prep~~	~~Quarterly Report~~
10/13/16(TH	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
10/14/16(F)	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	~~System Oversight~~
TOTAL HOURS:						

Senior Project Manager
1.5

CAPITAL ENVIRONMENTAL ENTERPRISES, INC

NAME:Davies H. Batterton WEEK OF October 24, 2016

DATE/DAY	PROJECT NAME	PROJECT #	HOURS	CLASSIFICATION	CATEGORY	TASK/ACTIVITY DESCIPTION
10/24/16(M	Northwest	12025		~~Senior Project Mgr~~	~~Final Review~~	~~Quarterly Report~~
10/25/16 (T)	Northwest	12025	1.5	Senior Project Mgr	Planning & Oversight	Net DMR MMR
10/26/16(W	Northwest	12025		~~Project Mgr~~	~~Tech. Doc. Prep~~	~~Quarterly Report~~
10/27/16(TH	Northwest	12025		~~Senior Project Mgr~~	~~Planning & Oversight~~	
10/28/16(F)	Northwest	12025		Senior Project Mgr	Planning & Oversight	System Oversight
TOTAL HOURS:						

CLERICAL
5.5
QUARTERLY DATA INPUT
+ DOCUMENT REPRODUCTION

FIELD TECH
2
REMEDIATION SYSTEM
MAINTENANCE + MONITORING

NAME: Andrew Carson Week Of: 7/25 – 7/29

PROJECT NAME	PROJECT #	M/25	T/26	W/27	TH/28	F/29	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16041		1.5					1.5	REPORT, DATA INPUT, DOCUMENT REPRODUCTION
[redacted]	16042		1.5					1.5	REPORT, DATA INPUT, DOCUMENT REPRODUCTION
[redacted]	05095			2.5				2.5	QUARTERLY DATA INPUT, DOCUMENT REPRODUCTION
* NW	12025			3	2.5			5.5	QUARTERLY DATA INPUT, DOCUMENT REPRODUCTION
[redacted]	16040			.25				0.25	PHONE CALL TO CLIENT
* NW	12025					2		2	REMEDIATION SYSTEM MAINTENANCE + MONITORING
PROJECT TIME			3	5.75	2.5	2		13.25	
ADMIN TIME			1	1.25	5.5	5		12.75	POST + PAY BILLS
SICK TIME			4					4	60
VACATION TIME		8						8	4 12
TOTAL HOURS		8	8	7	8	7		38	76

FIELD TECH
1.5
REMEDIATION SYSTEM
MAINTENANCE + MONITORING

NAME: Andrew Alarcon Week Of: 8/8 - 8/12

PROJECT NAME	PROJECT #	M/ 8	T/ 9	W/ 10	TH/ 11	F/ 12	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16043	0.5	2.5					3	REPORT DATA INPUT + DOCUMENT REPRODUCTION
[redacted]	16045	4	3.5	7.5	7	5		27	PHASE I DATA INPUT + RECORD SEARCH
[redacted]	05095	1.5	0.5					2	QUARTERLY DATA INPUT + DOCUMENT REPRODUCTION
* NW	12025		1.5					1.5	PH, PID, CLEAN TANK + SCREEN REMEDIATION SYSTEM MAINTENANCE + MONITORING
[redacted]						2.0		2	UST SITE VISIT
[redacted]									
PROJECT TIME		6	8	7.5	7	7		35.5	
ADMIN TIME					1	0.5		1.5	
SICK TIME									
VACATION TIME									
TOTAL HOURS		6	8	7.5	8	7.5		37	

FIELD TECH
I
REMEDIATION SYSTEM
MAINTENANCE + MONITORING

NAME: ANDREW Olson Week Of: 8/15 - 8/19

PROJECT NAME	PROJECT #	M/15	T/16	W/17	TH/18	F/19	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	05095	3						3	REPORT SCAN, REPRODUCTION, + BINDING QUARTERLY
[redacted]	16045	5	1					6	PHASE I SCAN, REPRODUCTION, + BINDING ; INVOICING + DELIVERY
[redacted]	16046		3					3	SITE SAFETY PLAN, EQUIPMENT DROP OFF
[redacted]	16047		2.5					2.5	LOCATE REQUEST, SITE SAFETY PLAN
[redacted]					2	1.5		3.5	DOCUMENT REPRODUCTION
[redacted]	16048				1	4		5	JOB PREP, SAMPLING
* NW	12025				1			1	MONITOR + SYSTEM MAINT. PREP
PROJECT TIME		8	6.5		4	5.5		24	
ADMIN TIME		.5	1	7.5	3.5	3		15.5	
SICK TIME									
VACATION TIME									
TOTAL HOURS		8.5	7.5	7.5	7.5	8.5		39.5	

PROJECT MANAGER
2
TECH. DOC. PREP.

FIELD TECH
2
SAMPLE PICK UP + DELIVERY

NAME: Andrew Ostrom Week Of: 8/22 - 8/26

PROJECT NAME	PROJECT #	M/ 22	T/ 23	W/ 24	TH/ 25	F/ 26	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16047	2	4.5	0.5	5.5				JOB PREP; SITE VISIT
[redacted]	16049	3							SITE SAFETY PLAN
* [redacted] NW	12025		2						CLIENT MEETING SAMPLE PICKUP + LAB RUN
[redacted]	16050			2.5					SAMPLING
[redacted]	16048			2					REPORT + INVOICE
* NW	12025					2			NET DMR
PROJECT TIME		5	6.5	5	5.5	2			
ADMIN TIME		3	1.5	3	2.5	6			
SICK TIME									
VACATION TIME									
TOTAL HOURS		8	8	8	8	8		40	

FIELD TECH
1.5
REMEDIATION SYSTEM
MAINTENANCE + MONITORING

NAME: Andrew Carlow Week Of: 9/5 - 9/9

PROJECT NAME	PROJECT #	M/ 5	T/ 6	W/ 7	TH/ 8	F/ 9	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16051	[redacted]	3	1.5	.5				SAMPLING ; REPORT ; INVOICING
[redacted]	06094	[redacted] LABOR	1.5						MAP REVISIONS FOR CAPA
[redacted]	14044		1.5						GW FLOW MAP FOR QUARTERLY
[redacted]	16046			1					JOB PREP
[redacted]	16047			1.5		1			JOB PREP
[redacted]	16053			3.5					JOB PREP + SAMPLING + LAB RUN
* NW	12015				1.5				REMEDIATION SYSTEM SAMPLE PH + MAINTENANCE
[redacted]	16039				.5				PHONE CALL + INVOICE PAYMENT
[redacted]	16055					3			JOB PREP; ASBESTOS INSPECTION + SAMPLING
[redacted]						1			JOB PREP
PROJECT TIME			6	7.5	2.5	5			
ADMIN TIME		8	2	1	5.5	2.5			
SICK TIME									
VACATION TIME									
TOTAL HOURS		8	8	8.5	8	7.5		40	

FIELD TECH

13.5

QUARTERLY SAMPLING

REMEDIATION SYSTEM
MAINTENANCE + MONITORING

NAME: Andrew Clarson Week Of: 9/19 – 9/23

PROJECT NAME	PROJECT #	M/19	T/20	W/21	TH/22	F/23	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16056	3				1.5			SAMPLING, REPORT + INVOICE
[redacted]	14044	1.5				.5			REPORT
[redacted]	16052	1.5							REPORT + INVOICE
[redacted]	16058	1	3						JOB PREP, WALKTHRU
[redacted]	16059	1	1			2			MAILING BOXES + PAYMENTS, LOCATE REQUEST SITE SAFETY PLAN
[redacted]	16060		3.5			2			
* NW				8	4				QUARTERLY JOB PREP, SAMPLING, LAB RUN
[redacted]	16061				1				LAB RUN
[redacted]	16057				2				REPORT + INVOICE
[redacted]	16053					.5			PAYMENT RECEIPT
* NW						1.5			REMEDIATION SYSTEM MONITORING
PROJECT TIME		8	7.5	8	7	8			
ADMIN TIME			.5		1				
SICK TIME									
VACATION TIME									
TOTAL HOURS		8	8	8	8	8		40	

PROJECT MANAGER
1.5
TECH. DOC. PREP.

FIELD TECH
1.5
REMEDIATION SYSTEM
MAINTENANCE + MONITORING

NAME: ANDREW OAKDEN Week Of: 9/26 – 9/30

PROJECT NAME	PROJECT #	M/26	T/27	W/28	TH/29	F/30	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]		3							PROPOSAL
[redacted]	16059	1.5							JOB PREP
[redacted]	16058	1.5		3	4	3.5			REPORT ; 9/30 TANK TEST WELL SAMPLE + COURTHOUSE RECORDS SEARCH
* NW	12025	.5	1.0						PLANNING SYSTEM MONITORING + MAINTENANCE ; REMEDIATION SYSTEM SAMPLE
[redacted]		.5		.5					PROPOSAL
[redacted]	16062		3.5			.5			ASBESTOS SAMPLING ; CALL CLIENT, ORDER POST COAT
[redacted]	16063		3.5						ASBESTOS SAMPLING
* NW				1.5					NPDES MMR/DMR
[redacted]	16047			3	3				REPORT
[redacted]	05095					3.25			WELL SAMPLING + LAB RUN
PROJECT TIME		7	8	8	7				
ADMIN TIME					1	.75			
SICK TIME									
VACATION TIME									
TOTAL HOURS		7	8	8	8	8		39	

DRAFTING

3

CAD MAPS FOR QUARTERLY REPORT

NAME: Andrew Oakley Week Of: 10/3 - 10/7

PROJECT NAME	PROJECT #	M/ 3	T/ 4	W/ 5	TH/ 6	F/ 7	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]		8	8	8					
[redacted]	16065				1				JOB PREP
[redacted]	16062				3				REPORT + INVOICE
[redacted]	16047				4				MAPS + REPORT
[redacted]	16064					2			SAMPLE + LAB
* NW	12025					3			QUARTERLY MAPS (CAD)/REPORTS
[redacted]	06094					3			QUARTERLY MAPS (CAD)/REPORTS
PROJECT TIME					8	8			
ADMIN TIME									
SICK TIME									
VACATION TIME									
TOTAL HOURS		8	8	8	8	8		40	

CLERICAL
2.5
QUARTERLY DOCUMENT REPRODUCTION
+ REPORT BINDING

NAME: Andrew Orlow Week Of: 10/10 - 10/14

PROJECT NAME	PROJECT #	M/10	T/11	W/12	TH/13	F/14	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16047	2.5							REPORT BINDING + DUPLICATION
* NW	12025	2.5							DOCUMENT DUPLICATION (QUARTERLY) REPORT BINDING
[redacted]	06094	2.5							DOCUMENT DUPLICATION (QUARTERLY) REPORT BINDING
[redacted]	16046		7	2.5					MAPS, REPORT, DOCUMENT DUPLICATION REPORT BINDING, INSTALL DISKS, INVOICE + MAIL
[redacted]	16067			3.5					
[redacted]	16065			1.5	9	2			COLLECTING EQUIPMENT; SAMPLING; EQUIPMENT DROP-OFF + DATA RETRIEVAL
[redacted]	16058					5			REPORT, SITE MAP, PICS DOC
PROJECT TIME		7.5	7	7.5	9	7			
ADMIN TIME		0.5	1	0.5					
SICK TIME									
VACATION TIME									
TOTAL HOURS		8	8	8	9	7		40	

CLERICAL

3

DOCUMENT DUPLICATION
+ DATA ENTRY

NAME: Andrew Parson Week Of: 10/17 - 10/21

PROJECT NAME	PROJECT #	M/ 17	T/ 18	W/ 19	TH/ 20	F/ 21	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16058	2.5			1				SAMPLING GROUNDWATER
[redacted]	16058	4		4	0.5				REPORT, COPIES, BLUEBOLTS, + INVOICE
[redacted]	16065	1.5	1	2.5					REPORT, MAPS, + INVOICE
[redacted]		.5							PROPOSAL
[redacted]	16069		3.5	1.5					REPORT
[redacted]	16046		.5			1			WB BASE
[redacted]	05095				3.5	1.5			QUARTERLY MAPS CAD DRAWING QUARTERLY REPORT
* NW	12025					3			DOCUMENT DUPLICATION DATA ENTRY
[redacted]						1			PROPOSALS
PROJECT TIME		8.5	5	8	5	6.5			
ADMIN TIME			1.5		2	1.5			
SICK TIME									
VACATION TIME									
TOTAL HOURS		8.5	6.5	8	7	8		38	

PROJECT MANAGER
1.5
TECH. DOC. PREP.

FIELD TECH
2.5
- REMEDIATION SYSTEM MAINTENANCE + MONITORING
- SAMPLE LAB RUN

NAME: ANDREW CALDON Week Of: 10/24 - 10/28

PROJECT NAME	PROJECT #	M/24	T/25	W/26	TH/27	F/28	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
[redacted]	16038	1	.5	5	5	3			REPORT + MAPS
[redacted]	16070	0.5	2			2			WALK ; REPORTS
[redacted]	16071	0.5	2			2			WALK ; REPORT
* NW	12025	1.5	1						REMEDIATION SYSTEM MAINT. + MONITOR LAB RUN
[redacted]	16066		1.5						LOCATE + SSP
[redacted]	05095			2.5					QUARTERLY REPORT, DOCUMENT REPRODUCTION
* NW	12025				1.5				NPDES NOT DMR/MMR
[redacted]	16072				.5				JOB PREP
PROJECT TIME		3.5	7	7.5	7	7			
ADMIN TIME		4.5	1	.5		1			
SICK TIME									
VACATION TIME									
TOTAL HOURS		8	8	8	7	8		39	

FIELD TECH
1.5

NAME: Kevin Kredit Week Of: 6-12-16 / 6-18-16

PROJECT NAME	PROJECT #	M/ 6/13	T/	W/	TH/	F/	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
* NW		1.5						1.5	VOC Sampling, pH sampling
									system check
PROJECT TIME									
ADMIN TIME									
SICK TIME									
VACATION TIME									
TOTAL HOURS		1.5						1.5	

FIELD TECH
1.5

NAME: ~~NW~~ Kevin Kredit Week Of: 7/17/16 - 7/23/16

PROJECT NAME	PROJECT #	M/	T/	W/20	TH/	F/	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
* NW				1.5				1.5	sampling - ph (int & eff)
PROJECT TIME									
ADMIN TIME									
SICK TIME									
VACATION TIME									
TOTAL HOURS								1.5	

FIELD TECH
1.5

NAME: ~~NW~~ Kevin Kredit Week Of: 8/21/16 - 8/27/16

PROJECT NAME	PROJECT #	M/ 21	T/	W/	TH/	F/	S/	TOTAL HOURS	ACTIVITY DESCRIPTION
* NW		1.5						1.5	sampling and pH testing
PROJECT TIME									
ADMIN TIME									
SICK TIME									
VACATION TIME									
TOTAL HOURS								1.5	

Northwest Schools System Maintenance Checklist

Date	Flow Reading	Clean Screen	Clean Tank	Sweep	Oil Change	Influent PH	Effluent PH	Comments
4/4/16	416770	—	—	—	—	8.46 4:31p	8.52 4:34p	system running KR
4/25/16	430400	✓	✓	—	—	950-955 8.0	950-955 7.8	PID: ∅ AO
4/27/16	434980	—	—	—	—	8.1 8:40-850	7.9 845-850	PID: ∅ AO
4/29/16	439740	✓	✓	✓	—	925-928 8.1	925-928 7.8	PID: ∅ AO
5/10/16	467920	✓	✓	✓	—	335-337 8.1	335-337 7.9	PID: ∅ AO
5-16-16	473900	—	—	—	—	8.57 4:26p	8.61 4:27p	system running KR
5/25/16	488430	✓	✓	✓	—	1035-1038 8.3	1036-1038 8.0	PID: ∅ AO
5/31/16	498040	—	—	—	—	4:30p/4:31p 8.19	4:31p/4:33p 8.23	system running KR
6/9/16	508370	✓	✓	✓	—	12:15/12:17 8.1	12:16/12:17 8.0	PID: ∅ AO
6/13/16	513300	—	—	—	—	4:59p/5:00p 8.1	4:27p/4:29p 8.1	system running KR
6/16/16	514080	✓	✓	✓	—	4:40-442 8.2	4:41-443 8.1	SHUT DOWN SYSTEM FOR QUARTERLY PREP.
6/30/16	516900	✓	✓	✓	—	5:02-504 8.2	503-505 8.0	PID: ∅ AO
7/1/16	517810	—	—	—	—	9:01-902 8.1	9:02-904 8.1	PID: ∅ AO
7/15/16	535110	✓	✓	—	—	249-251 8.0	250-252 7.9	PID: ∅ AO
7/20/16		—	—	—	—	—	—	system running KR
7/29/16	551430	✓	✓	✓	—	9:05-907 8.1	9:06-908 7.9	PID: ∅ AO
8/9/16	562680	✓	✓	✓	—	345-347 8.3	8.0 346-347	PID: ∅ AO
8/22/16	579910	—	—	—	—	5:26p/5:26p 8.2	5:28p/5:28p 8.9	KR
8/23/16	580890	✓	✓	✓	—	1:20-1:22 8.2	1:21-1:23 8.1	AO
9/8/16	597810	✓	✓	—	—	9:36-9:38 8.3	9:36-9:38 8.0	AO

Northwest Schools System Maintenance Checklist

Date	Flow Reading	Clean Screen	Clean Tank	Sweep	Oil Change	Influent PH	Effluent PH	Comments
9/23/16	605420	✓	✓	✓	—	8.2 4:28-4:30	~~4:28-4:30~~ 8.0	PID: Ø AO
9/26/16	606000	—	—	—	—	8.4 5:05p/5:06p	4:57p/5:00p 8.4/22.8	[illegible]
10/24/16	639520	✓	✓	—	—	8.2 4:15-4:17	8.1 4:15-4:17	PID: Ø AO
10/24/16	639550	—	—	—	—	8.4 5:41p	8.5 5:44p	[illegible]

FORD TRUCK

MILEAGE LOG					
Date	Project #	Project Name	Beginning Mileage	Ending Mileage	Total Mileage
7/12/16	—	ADMIN	24696	24770	74
8/3/16	16043	[redacted]	24770	24859	89
8/3/16	160	[redacted]	24859	24880	21
8/3/16	—	ADMIN	24880	24959	79
8/4/16	14044	[redacted]	24959	24975	16
8/4/16	—	ADMIN	24975	25051	86
8/5/16	—	[redacted]	25051	25384	333
8/5/16	—	ADMIN	25384	25400	
8/22/16	16047	[redacted]	25400	25533	
	—	ADMIN	25533	25622	
8/25/16	16047	[redacted]	25622	25643	21
8/30/16	—	ADMIN	25643	25688	45
8/30/16	14044	[redacted]	25688	25704	18
8/30/16	—	ADMIN	25704	25770	68
8/31/16	16051	[redacted]	25770	25873	103
9/6/16	Roanoke	[redacted]	25873	26176	303
	—	Admin	26176	26265	89
9/12/16	16047	[redacted]	26265	26363	98
9/13/16	16038	[redacted]	26363	26407	44
9/13/16	—	ADMIN	26407	26502	95
9/14/16		[redacted]	26502	26549	47
9/14/16	—	ADMIN	26549	26603	54
9/15/16	—	ADMIN	26603	26686	83
9/15/16	06094	[redacted]	26686	26917	231
		ADMIN	26917	26992	75
* 9/21/16	12025	NW	26992	27042	50
		ADMIN	27042	27139	97

FORD TRUCK

MILEAGE LOG					
Date	Project #	Project Name	Beginning Mileage	Ending Mileage	Total Mileage
9/22/16	12025	NW	27139	27167	28
9/22/16	16061	[redacted]	27167	27197	30

CAPITAL ENVIRONMENTAL ENTERPRISES, INC.
WEEKLY MILEAGE REPORT

NAME:	ANDREW CALDAN		
DATE:	9/23/16	9/27/16	
JOB NUMBER OR BUSINESS TYPE: (Please describe)	12025 NW SYSTEM MAINTENANCE	12025 NW SYSTEM MONITORING	
ENDING MILEAGE:	66369	66689	
BEGINNING MILEAGE:	66353	66664	
TOTAL MILEAGE:	16	25	= 41
PAID AT $0.54 :		0.54	
TOTAL DUE:	22.14		
CHECK NUMBER:	11797		
DATE PAID:	9/29/16		
APPROVED BY:			

REVISED: 2014

CAPITAL ENVIRONMENTAL ENTERPRISES, INC.
WEEKLY MILEAGE REPORT

NAME:	Andrew Olson
DATE:	9/8/16
JOB NUMBER OR BUSINESS TYPE: (Please describe)	12025 NW
ENDING MILEAGE:	65157
BEGINNING MILEAGE:	65141
TOTAL MILEAGE:	16
PAID AT $0.54 :	0.54
TOTAL DUE:	8.64
CHECK NUMBER:	11799
DATE PAID:	9/16/16
APPROVED BY:	

REVISED: 2014

CAPITAL ENVIRONMENTAL ENTERPRISES, INC.
WEEKLY MILEAGE REPORT

NAME:	Andrew Orozco
DATE:	8/23/16
JOB NUMBER OR BUSINESS TYPE: (Please describe)	NW 12025
ENDING MILEAGE:	63666
BEGINNING MILEAGE:	63626
TOTAL MILEAGE:	40
PAID AT $0.54 :	0.54
TOTAL DUE:	21.60
CHECK NUMBER:	11779
DATE PAID:	8/25/16
APPROVED BY:	

REVISED: 2014

CAPITAL ENVIRONMENTAL ENTERPRISES, INC.
WEEKLY MILEAGE REPORT

NAME:	Andrew Carson
DATE:	8/18/16
JOB NUMBER OR BUSINESS TYPE: (Please describe)	12025 NW
ENDING MILEAGE:	63162
BEGINNING MILEAGE:	63146
TOTAL MILEAGE:	16
PAID AT $0.54 :	0.54
TOTAL DUE:	8.64
CHECK NUMBER:	11777
DATE PAID:	8/19/16
APPROVED BY:	

REVISED: 2014

CAPITAL ENVIRONMENTAL ENTERPRISES, INC.
WEEKLY MILEAGE REPORT

NAME:	Andrew Olson
DATE:	8/9/16
JOB NUMBER OR BUSINESS TYPE: (Please describe)	NW 12025
ENDING MILEAGE:	62251
BEGINNING MILEAGE:	62235
TOTAL MILEAGE:	16
PAID AT $0.54 :	0.54
TOTAL DUE:	8.64
CHECK NUMBER:	11775
DATE PAID:	8/12/16
APPROVED BY:	

REVISED: 2014

CAPITAL ENVIRONMENTAL ENTERPRISES, INC.
WEEKLY MILEAGE REPORT

NAME:	Andrew Carson
DATE:	7/29/16
JOB NUMBER OR BUSINESS TYPE: (Please describe)	12025 NW
ENDING MILEAGE:	61541
BEGINNING MILEAGE:	61524
TOTAL MILEAGE:	17
PAID AT $0.54 :	0.54
TOTAL DUE:	9.18
CHECK NUMBER:	11775
DATE PAID:	8/12/16
APPROVED BY:	

REVISED: 2014

CAPITAL ENVIRONMENTAL ENTERPRISES, INC.
WEEKLY MILEAGE REPORT

NAME:	Andrew Olson		
DATE:	10/24/16	10/25/16	
JOB NUMBER OR BUSINESS TYPE: (Please describe)	12025 NW	12025 NW	
ENDING MILEAGE:	69388	69477	
BEGINNING MILEAGE:	69372	69461	
TOTAL MILEAGE:	16	16	= 32
PAID AT $0.54 :		0.54	
TOTAL DUE:	17.28		
CHECK NUMBER:	11849		
DATE PAID:	10/31/16		
APPROVED BY:			

REVISED: 2014

12025

WELCOME TO
MARATHON MINIMART #3
3511 S. POST RD
INDPLS. IN 46239
00000121350
S AND S GAS STATION LLC
3511 S POST RD
INDIANAPOLIS IN 46239

<CUSTOMER COPY>

Description	Qty	Amount
SMALL ICE BAG	1	1.99
SMALL ICE BAG	1	1.99
Subtotal		3.98
Tax		0.00
TOTAL		**3.98**
CREDIT $		3.98

ZIP CODE APPROVED
CARD TYPE: VISA
INVOICE: 084805
ACCT NUMBER: 7202
TRANS TYPE: SALE
AUTH: 04562G 00 DOC: 34041
YOU SAVED $0.00 WHILE USING YOUR
MPC VISA CARD
MARATHON CARD

DEALER#: 00000121350 Term ID: 05
Earn up to $.25 on
Marathon purchases
with Marathon Visa

THANKS,COME AGAIN
317-862-1120
ST# AB123 TILL XXXX DR# 1 TRAN# 1020392
CSH: 3 09/22/16 08:48:12

12025

WELCOME TO
MARATHON MINIMART #3
3511 S. POST RD
INDPLS. IN 46239
00000121350
S AND S GAS STATION LLC
3511 S POST RD
INDIANAPOLIS IN 46239

<CUSTOMER COPY>

Description	Qty	Amount
SMALL ICE BAG	1	1.99
SMALL ICE BAG	1	1.99
Subtotal		3.98
Tax		0.00
TOTAL		**3.98**
CREDIT $		3.98

ZIP CODE APPROVED
CARD TYPE: VISA
INVOICE: 092536
ACCT NUMBER: 7202
TRANS TYPE: SALE
AUTH: 03347G 00 DOC: 28069
YOU SAVED $0.00 WHILE USING YOUR
MPC VISA CARD
MARATHON CARD

DEALER#: 00000121350 Term ID: 05
Earn up to $.25 on
Marathon purchases
with Marathon Visa

THANKS,COME AGAIN
317-862-1120
ST# AB123 TILL XXXX DR# 1 TRAN# 1029804
CSH: 3 09/21/16 09:25:45

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME
1048015230	9051953126	06/01/2016	1045685	CAPITAL ENVIRONMENTAL ENTERPRISES

PO/RELEASE	ORDERED BY	SHIP VIA	PAYMENT TERMS	ORDER DATE
6.1.16		CUPU	1% 10 NET 30	06/01/2016

DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIPD	UOM	QTY B/O	CYLINDER SHPD	CYLINDER RETD	UNIT PRICE	UOM	AMOUNT
8052795934 GLV DSPBL EXAM NTRL PF LG 9.6" BLU	MCRFFS-700-L	10	BX				9.61	BX	96.10 T

Sale subtotal: 96.10

POSTED
6/6/16 AO

PAID
JUN 14 2016
✓11729 $102.83

100 GLOVES PER BOX X 10 BOXES = 1000 GLOVES = 500 PAIRS

96.10 ÷ 500 PAIRS = 0.19 / PAIR

TAX 6.73 ÷ 500 PAIRS = 0.01 / PAIR

Sales Tax: 6.73

AMOUNT 102.83

Airgas www.airgas.com

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1045685
ATTN DAVE BATTERTON
CAPITAL ENVIRONMENTAL ENTERPRISES
3440 SOUTH POST ROAD
INDIANAPOLIS IN 46239-8301

FOR WIRE TRANSFER PAYMENTS:
AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053

For change of address
email to: sdiv_adrss@airgas.com
or call 678-903-7716

V 1.1.13 0022890

ENVision Laboratories, Inc.
1439 Sadlier Circle West Drive
Indianapolis, IN 46239
Tel: (317)351-8632
Fax: (317)351-8639

Invoice

Date	Invoice #
7/22/2016	342739

Bill To

Capital Environmental
3440 S. Post Rd.
Indianapolis, In 46239
Attn: Dave Batterton

Terms
Net 30

Description	Qty	Rate	Amount
Capital Env: NW			
ENVision 2016-2046			
624 Benzene	1	25.00	25.00

POSTED
8/3/16 AD

PAID
AUG 11 2016
✓11771 $25.00
($1225.00)

Thank you

Total $25.00

ENVision Project #: 2016-2046 Page 1 of 1

CHAIN OF CUSTODY RECORD

ENVision Laboratories, Inc. [1439 Sadlier Circle West Drive, Indianapolis, IN 46239] Phone: 317-351-8632 Fax: 317-351-8639

Client: Capital Environmental	Invoice Address:
Report Address: 3440 S. Post Rd. Indpls., IN 46239	Project Name: NW
Report To: Davies Batterton	Lab contact:
Phone: 317/240-8085	Sampler:
e-mail: ceeindy@aol.com	P.O. #:
Desired TAT: (Please Circle one) 1-2 day 3-6 day Std (7 bus. Days)	QA/QC Required: (Circle One) Level II Level III Level IV

REQUESTED PARAMETERS

Sample Integrity:
Cooler Temp: 4 °C
Samples on ice? Yes No
Samples Intact? Yes No
Custody Seal? Yes No
ENVision provided bottles? Yes No
Vials free of head space? Yes No N/A
pH Checked? Yes No N/A
Method 5035 collection used? YES NO
5035 samples received within 48rhs of collection? Yes No

Sample ID	Coll. Date	Coll. Time	Comp (C) Grab (G)	Matrix	GCMS Method 624 Benzene						HCl	HNO3	H2SO4	NaOH	Other	None	ENVision Sample ID
EFF - 7-20-16	7-20-16	5:47p	G	water	✓						3						16-14618

COMMENTS:

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
[signature]	7-20-16	5:58p	[signature]	7/20/16	5:58p
[signature]	7-21-16	9:30a	[signature]	7-21-16	9:30

ENVision Laboratories, Inc.
1439 Sadlier Circle West Drive
Indianapolis, IN 46239
Tel: (317)351-8632
Fax: (317)351-8639

Invoice

Date	Invoice #
8/23/2016	343079

Bill To
Capital Environmental 3440 S. Post Rd. Indianapolis, In 46239 Attn: Dave Batterton

POSTED
9/8/16 AO

Terms
Net 30

Description	Qty	Rate	Amount
Capital Env: NW			
ENVision 2016-2388			
624 Benzene	1	25.00	25.00

PAID
SEP 2 2016
✓11808 $25.00
(1,815.50)

Thank you

Total $25.00

ENVision Project #: 2016.2008 Page____of____

CHAIN OF CUSTODY RECORD

ENVision Laboratories, Inc. [1439 Sadlier Circle West Drive, Indianapolis, IN 46239] Phone: 317-351-8632 Fax: 317-351-8639

Client: Capital Environmental	Invoice Address:
Report Address: 3440 S. Post Rd. Indpls., IN 46239	Project Name: NW
Report To: Davies Batterton	Lab contact:
Phone: 317/240-8085	Sampler:
e-mail: ceeindy@aol.com	P.O. #:
Desired TAT: (Please Circle one) 1-2 day 3-6 day Std (7 bus. Days)	QA/QC Required: (Circle One) Level II Level III Level IV

REQUESTED PARAMETERS

Sample Integrity:
Cooler Temp: 2 °C
Samples on ice? Yes No
Samples Intact? Yes No
Custody Seal? Yes No
ENVision provided bottles? Yes No
Vials free of head space? Yes No N/A
pH Checked? Yes No N/A
Method 5035 collection used? YES NO
5035 samples received within 48rhs of collection? Yes No

Sample ID	Coll. Date	Coll. Time	Comp (C) Grab (G)	Matrix	GCMS Method 624 Benzene						HCl	HNO3	H2SO4	NaOH	Other	None	ENVision Sample ID
EFF 8-22-16	8-22-16	5:28p	G	Water	X						3						16-17080

COMMENTS:

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
[signature]	8/22/16	5:30p	[signature]	8/22/16	5:30p
[signature]	8/23/16	2:03p	[signature]	8-23-16	14:03

ENVision Laboratories, Inc.
1439 Sadlier Circle West Drive
Indianapolis, IN 46239
Tel: (317)351-8632
Fax: (317)351-8639

Invoice

Date	Invoice #
9/27/2016	343468

Bill To
Capital Environmental 3440 S. Post Rd. Indianapolis, In 46239 Attn: Dave Batterton

Terms
Net 30

Description	Qty	Rate	Amount
Capital Env: NW			
ENVision 2016-2774			
624 Benzene	1	25.00	25.00

POSTED
10/18/16

Thank you

Total $25.00

ENVision Project #: 2016-2774 Page____of____

CHAIN OF CUSTODY RECORD

ENVision Laboratories, Inc. [1439 Sadlier Circle West Drive, Indianapolis, IN 46239] Phone: 317-351-8632 Fax: 317-351-8639

Client: Capital Environmental	Invoice Address:
Report Address: 3440 S. Post Rd. Indpls., IN 46239	Project Name: NW
Report To: Davies Batterton	Lab contact:
Phone: 317/240-8085	Sampler:
e-mail: ceeindy@aol.com	P.O. #:
Desired TAT: (Please Circle one) 1-2 day 3-6 day Std (7 bus. Days)	QA/QC Required: (Circle One) Level II Level III Level IV

REQUESTED PARAMETERS

Sample Integrity:
Cooler Temp: 3 °C
Samples on ice? (Yes) No
Samples Intact? (Yes) No
Custody Seal? Yes (No)
ENVision provided bottles? (Yes) No
Vials free of head space? (Yes) No N/A
pH Checked? (Yes) No N/A
Method 5035 collection used? YES NO
5035 samples received within 48rhs of collection? Yes No

Sample ID	Coll. Date	Coll. Time	Comp (C) Grab (G)	Matrix	GCMS Method 624 Benzene						HCl	HNO3	H2SO4	NaOH	Other	None	ENVision Sample ID
Eff 9-26-16	9-26-16	4:57p	G	water	✓						3						16-20005

COMMENTS:

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
[signature]	9/26/16	5:05p	[signature]	9/26/16	5:05p
[signature]	9/27/16	9:21a	THawson	9-27-16	9:21

ENVision Laboratories, Inc.
1439 Sadlier Circle West Drive
Indianapolis, IN 46239
Tel: (317)351-8632
Fax: (317)351-8639

Invoice

Date	Invoice #
9/22/2016	343410

Bill To
Capital Environmental 3440 S. Post Rd. Indianapolis, In 46239 Attn: Dave Batterton

POSTED
10/7/16

Terms
Net 30

Description	Qty	Rate	Amount
Capital Env: NW ENVision 2016-2720			
8260 VOC	19	60.00	1,140.00

Thank you

Total $1,140.00

ENVision Proj#: 20160-2720 Page 1 of 2

CHAIN OF CUSTODY RECORD

ENVision Laboratories, Inc. | 1439 Sadlier Circle West Drive | Indianapolis, IN 46239 | Phone: (317) 351-8632 | Fax: (317) 351-8639

Client: CAPITAL	Invoice Address:
Report Address: 3440 S. POST RD. INDIANAPOLIS, IN 46239	Project Name: NW
Report To: PAUL BATTERTON	Lab Contact:
Phone: 317-240-8085	Sampled by:
Fax: 37-241-8180	P.O. Number:
Desired TAT: (Please Circle One) 1-2 days 3-6 days Std (7 bus. days)	QA/QC Required: (circle if applicable) Level III Level IV

REQUESTED PARAMETERS

Sample Integrity:
Cooler Temp: 5 °C
(Circle)
Samples on Ice? Yes No
Samples Intact? Yes No
Custody Seal: Yes No
ENVision provided bottles: Yes No
VOC vials free of head-space: Yes No N/A
pH checked? Yes No N/A
Method 5035 collection used? Yes No
5035 samples received within 48 hr of Collection? Yes No

Please indicate number of containers per preservative below

Sample ID	Coll. Date	Coll. Time	Comp (C) Grab (G)	Matrix	VOC							HCl	HNO_3	H_2SO_4	NaOH	Other	None	ENVision Sample ID
MW-1	9/21/16	1230	G	WATER	✓							3						16-19559
MW-2	9/21/16	1200			✓							3						16-19560
MW-3	9/21/16	1140			✓							3						16-19561
MW-4	9/21/16	310			✓							3						16-19562
MW-5	9/22/16	1050			✓							3						16-19563
MW-6	9/21/16	315			✓							3						16-19564
MW-7	9/21/16	250			✓							3						16-19565
MW-8	9/22/16	1020			✓							3						16-19566
MW-9	9/22/16	1025			✓							3						16-19567
MW-10	9/22/16	945			✓							3						16-19568
MW-11	9/21/16	235			✓							3						16-19569

Comments:

Relinquished by:	Date	Time	Received by:	Date	Time
[signature]	9/22/16	1206	[signature]	9/22/16	1206

ENVision Proj#: 2611 0272 0 Page 2 of 2

CHAIN OF CUSTODY RECORD

ENVision Laboratories, Inc. | 1439 Sadlier Circle West Drive | Indianapolis, IN 46239 | Phone: (317) 351-8632 | Fax: (317) 351-8639

Client: CAPITAL	Invoice Address:
Report Address: 3440 S. POSTED, INDIANAPOLIS, IN 46239	Project Name: NW
Report To: DAVE BATTERTON	Lab Contact:
Phone: 317-[illegible]	Sampled by:
Fax: [illegible]	P.O. Number:
Desired TAT: (Please Circle One) 1-2 days 3-6 days Std (7 bus. days)	QA/QC Required: (circle if applicable) Level III Level IV

REQUESTED PARAMETERS

Sample Integrity:
Cooler Temp: 5 °C (Circle)
Samples on Ice? Yes No
Samples Intact? Yes No
Custody Seal: Yes No
ENVision provided bottles: Yes No
VOC vials free of head-space: Yes No N/A
pH checked? Yes No N/A
Method 5035 collection used? Yes No
5035 samples received within 48 hr of Collection? Yes No

Please indicate number of containers per preservative below

Sample ID	Coll. Date	Coll. Time	Comp (C) Grab (G)	Matrix	VOC							HCl	HNO_3	H_2SO_4	NaOH	Other	None	ENVision Sample ID
MW-12	9/21/16	220	G	WATER	✓							3						16-19570
MW-13	9/22/16	950			✓							3						16-19571
MW-14	9/21/16	1135			✓							3						16-19572
MW-15	9/21/16	1230			✓							3						16-19573
OW-2	9/21/16	1205			✓							3						16-19574
DUP-1	9/21/16	—			✓							3						16-19575
DUP-2	9/22/16	—			✓							3						16-19576
TRIP BLANK	—	—			✓							3						16-19577

Comments:

Relinquished by:	Date	Time	Received by:	Date	Time
[signature]	9/22/16	1206	[signature]	9/22/16	1206

YNNN

Rush Shelby Energy
2777 S 840 W
PO Box 55
Manilla IN 46150-0055

Your Touchstone Energy® Cooperative

Billing Questions: (765) 544-2600 or (800) 706-7362
Outage Information: (800) 284-3452
www.rse.coop

Payments must be RECEIVED IN THE REMC OFFICE PRIOR TO 5:00 P.M. on specified dates to avoid a late payment charge.

Payments must be RECEIVED IN THE REMC OFFICE prior to specified dates to avoid disconnection of electrical service for nonpayment.

Failure to receive bill does not exempt you from monthly payment, late charges, or disconnection.

The late payment charge is 3% of net billing.

Account is considered paid when payment is received in our office. You should allow 4-5 days for delivery.

NIGHT DEPOSITORY is available for your convenience.

OFFICE HOURS: 8:00 a.m. - 5:00 p.m. Mon. - Fri.

Your payment and any returned checks may be processed electronically.

2138 1 MB 0.416 5 2138
CAPITAL ENVIRONMENTAL ENT C-8 P-10
3440 S POST RD
INDIANAPOLIS IN 46239-8301

COMPARISONS	Days Service	Total kWh	Avg. kWh/Day
Current Billing Period	33	7920	240
Previous Billing Period	33	9760	296
Same Period Last Year	30	8640	288

Cycle: 2 Service Location: 4758 W 600 N

ACCOUNT NUMBER	NAME	RATE	TELEPHONE	MAP LOCATION	BILLING DATE
81851000	CAPITAL ENVIRONMENTAL ENT	GS-3	(317) 240-8085	C2-33-72-C	10/12/2016

SERVICE FROM	SERVICE TO	NO DAYS	READING PREVIOUS	READING PRESENT	MULTIPLIER	KWH USAGE	METER NUMBER	TYPE SERVICE
09/07/2016	10/10/2016	33	3166	3364	40.0000	7920	71198056	ELECTRIC

PREVIOUS BALANCE	1,455.00	
PAYMENTS RECEIVED	1,455.00CR	
BALANCE FORWARD		0.00
ELECTRIC		1,135.37
STATE SALES TAX		79.48
OPERATION ROUNDUP		0.15
AMOUNT DUE ELECTRIC		1,215.00

POSTED
10/18/16

PAID
OCT 20 2016
✓11828 $1215.00

ESTIMATED	
CURRENT NET DUE BY 10/31/2016	1,215.00
TOTAL DUE	1,215.00
Gross Amount Due After 10/31/2016	1,249.06

PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

YNNN

Rush Shelby Energy
2777 S 840 W
PO Box 55
Manilla IN 46150-0055

Your Touchstone Energy® Cooperative

Billing Questions: (765) 544-2600 or (800) 706-7362
Outage Information: (800) 284-3452
www.rse.coop

Payments must be RECEIVED IN THE REMC OFFICE PRIOR TO 5:00 P.M. on specified dates to avoid a late payment charge.

Payments must be RECEIVED IN THE REMC OFFICE prior to specified dates to avoid disconnection of electrical service for nonpayment.

Failure to receive bill does not exempt you from monthly payment, late charges, or disconnection.

The late payment charge is 3% of net billing.

Account is considered paid when payment is received in our office. You should allow 4-5 days for delivery.

NIGHT DEPOSITORY is available for your convenience.

OFFICE HOURS: 8:00 a.m. - 5:00 p.m. Mon. - Fri.

Your payment and any returned checks may be processed electronically.

2101 1 MB 0.416 5 2101
CAPITAL ENVIRONMENTAL ENT C-8 P-10
3440 S POST RD
INDIANAPOLIS IN 46239-8301

COMPARISONS	Days Service	Total kWh	Avg. kWh/Day
Current Billing Period	30	8920	297
Previous Billing Period	29	4400	152
Same Period Last Year	31	5280	170

Cycle: 2 Service Location: 4758 W 600 N

ACCOUNT NUMBER	NAME	RATE	TELEPHONE	MAP LOCATION	BILLING DATE
81851000	CAPITAL ENVIRONMENTAL ENT	GS-3	(317) 240-8085	C2-33-72-C	08/11/2016

SERVICE FROM	SERVICE TO	NO DAYS	READING PREVIOUS	READING PRESENT	MULTIPLIER	KWH USAGE	METER NUMBER	TYPE SERVICE
07/06/2016	08/05/2016	30	2699	2922	40.0000	8920	71198056	ELECTRIC

PREVIOUS BALANCE	759.00	
PAYMENTS RECEIVED	759.00CR	
BALANCE FORWARD		0.00
ELECTRIC		1,260.24
STATE SALES TAX		88.22
OPERATION ROUNDUP		0.54
*** AMOUNT DUE ELECTRIC ***		1,349.00

POSTED
8/16/16

PAID
AUG 26 2016
√11784 $ 1349.00

REGULAR	
CURRENT NET DUE BY 08/29/2016	1,349.00
TOTAL DUE	1,349.00
Gross Amount Due After 08/29/2016	1,386.81

PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT

INNN

Rush Shelby Energy
2777 S 840 W
PO Box 55
Manilla IN 46150-0055

Your Touchstone Energy® Cooperative

Billing Questions: (765) 544-2600 or (800) 706-7362
Outage Information: (800) 284-3452
www.rse.coop

Payments must be RECEIVED IN THE REMC OFFICE PRIOR TO 5:00 P.M. on specified dates to avoid a late payment charge.

Payments must be RECEIVED IN THE REMC OFFICE prior to specified dates to avoid disconnection of electrical service for nonpayment.

Failure to receive bill does not exempt you from monthly payment, late charges, or disconnection.

The late payment charge is 3% of net billing.

Account is considered paid when payment is received in our office. You should allow 4-5 days for delivery.

NIGHT DEPOSITORY is available for your convenience.

OFFICE HOURS: 8:00 a.m. - 5:00 p.m. Mon. - Fri.

Your payment and any returned checks may be processed electronically.

2127 1 MB 0.416 5 2127
CAPITAL ENVIRONMENTAL ENT C-8 P-10
3440 S POST RD
INDIANAPOLIS IN 46239-8301

COMPARISONS	Days Service	Total kWh	Avg. kWh/Day
Current Billing Period	33	9760	296
Previous Billing Period	30	8920	297
Same Period Last Year	32	6960	218

Cycle: 2 Service Location: 4758 W 600 N

ACCOUNT NUMBER	NAME	RATE	TELEPHONE	MAP LOCATION	BILLING DATE
81851000	CAPITAL ENVIRONMENTAL ENT	GS-3	(317) 240-8085	C2-33-72-C	09/13/2016

SERVICE FROM	SERVICE TO	NO DAYS	READING PREVIOUS	READING PRESENT	MULTIPLIER	KWH USAGE	METER NUMBER	TYPE SERVICE
08/05/2016	09/07/2016	33	2922	3166	40.0000	9760	71198056	ELECTRIC

PREVIOUS BALANCE	1,349.00	
PAYMENTS RECEIVED	1,349.00CR	
BALANCE FORWARD		0.00
ELECTRIC		1,359.14
STATE SALES TAX		95.14
OPERATION ROUNDUP		0.72
*** AMOUNT DUE ELECTRIC ***		1,455.00

POSTED
9/22/16 AO

PAID
SEP 22 2016

✓11813 $1455.00

REGULAR	
CURRENT NET DUE BY 09/30/2016	1,455.00
TOTAL DUE	1,455.00
Gross Amount Due After 09/30/2016	1,495.77

PLEASE DETACH AND RETURN BOTTOM PORTION WITH PAYMENT