

### RECORDS SUBMITTAL

**INSTRUCTIONS:** This form is prepared by the record source when submitting individual records, batch data reports, or a records package to the RMDC Center. Each record submitted requires a complete form.

**MANDATORY:**  To the best of my knowledge, the record(s) have no radioactive contamination.

Signature: Jack Vigil

**RECORD TYPE:**

Project 2010  Facility

Other: CCP

UCNI

Proprietary

**RECORD SOURCE:**

Submittal Date: 11/22/04 Z No.: 087684 Name: JACK VIGIL

Originator: JACK VIGIL Organization: PT NWO-CH

**TYPE OF RECORD/ACTION TO BE TAKEN**

Individual Record  Batch Data Report  Records Package

New  Addition\*

Supersedes\*

\*Record Barcode Number: \_\_\_\_\_

**RECORD ID NUMBER:** (e.g., memo symbol number, procedure (include revision), deficiency number, batch data report number, unique record identifier if applicable):

LA-RT2-04-0004

Record Date: \_\_\_\_\_ Physical Page Count: 53  Single Sided  Double Sided

Category Number: (from page two): 04

**RECORD TITLE, SUBJECT, AND/OR KEYWORDS:**

LA-RT2-04-0004 Batch Report

**MEDIA TYPE:**

CD  Diskette  VHS  Zip  Other (specify): DVD

**RECORD CENTER USE ONLY**

Accepted Date: \_\_\_\_\_

Signature: \_\_\_\_\_

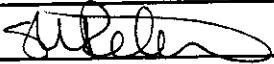
RIDs Type: \_\_\_\_\_

Controlled Copy

CCP-TP-001, Rev. 10  
CCP Project Level Data Validation and Verification

Effective Date: 08/28/2003  
Page 41 of 41

Attachment 5 - Validated BDR Change Control Form LA-RRZ-04-0004

Description of Change		
Added O's where appropriate to complete BDR from Records reqts		
SPM Printed Name	SPM Signature	Date
SM Peterman		5/26/04

Description of Change		
SPM Printed Name	SPM Signature	Date

Description of Change		
SPM Printed Name	SPM Signature	Date

Description of Change		
SPM Printed Name	SPM Signature	Date

Attachment 5 – CCP Site Project Manager Data Validation Summary

On-Line Headspace Gas Analysis (HSG)			Visual Examination (VE)	
Nondestructive Examination (NDE)	X		Nondestructive Assay (NDA)	
Direct-Canister HSG Analysis			Homogeneous Waste Analysis (HWA)	
Radiological Characterization				

BATCH DATA REPORT NUMBER: LA-RTR2-04-0004

DATE: 4/22/2004

Description of Criteria Reviewed	Criteria Met? Y/N/NA		Comments/Qualifiers
1. ITR, Tech Sup, and Facility QA checklists are complete and signed. <b>Reference Source: WAP B3-10b(2)</b> <b>Verification Source: DGL Checklist</b>	X		
2. The batch data report is complete. <b>Reference Source: WAP B3-10b(2) and WAC A.5.2</b> <b>Verification Source: Data Sheets</b>	X		
3. QAOs have been met. <b>Reference Source: WAP B3-10b(2)</b> <b>Verification Source: QC Data Sheets</b>	X		
4. Data reported with correct units and significant figures. <b>Reference Source: WAP B3-10b(2)</b> <b>Verification Source: Data Sheets</b>	X		
5. Data have been assessed correctly. <b>Reference Sources: WAP B3-10b(2) and B3-10b(3)</b> <b>Verification Source: Data Sheets</b>	X		S833682 S817178 S817176 S817174 S817172 S817165 S817163 S817162 59397 59382 59371 59326 59079
6. Is there a reference to or copy of the associated NCRs? <b>Reference Source: WAP Tables B3-11, B3-12 and B3-13</b> <b>Verification Source: NCR</b>		X	No NCRs generated
7. The applicable SPQAO Project Level Validation Checklist is complete, signed, and dated. <b>Reference Source: WAP B3-10b(2)</b> <b>Verification Source: SPQAO Checklist</b>	X		
8. <b>NDA</b> batch QC checks (e.g., weekly interfering matrix, background, performance, and transmission checks, measurement system checks) were properly performed. <b>Reference Source: WAC A.4.2 and/or WAC Table A-4.3</b> <b>Verification Source: QC Data Sheets</b>		X	NDE Batch
9. <b>HSG</b> – All data are reported with the appropriate flags. <b>Reference Source: WAP B3-10b(2)</b> <b>Verification Source: Data Sheet</b>		X	NDE Batch

Attachment 5 – CCP Site Project Manager Data Validation Summary (continued)

BATCH DATA REPORT NUMBER: LA-RTR2-04-0004 DATE: 4/22/2004

Description of Criteria Reviewed	Criteria Met? Y/N/NA		Comments/Qualifiers	
<p>10. HSG batch QC checks (e.g., on-line blanks, duplicates, and laboratory control samples) were properly performed and meet the established usability criteria. <b>Reference Sources: WAP B3-10b(2) and Table B3-3 and/or B1-1b</b> <b>Verification Source: QC Data Sheets</b></p>		X	NDE Batch	
<p>11. HSG DAC assignment is valid based upon an assessment of the data collection and evaluation necessary to make the assignment. <b>Reference Source: WAP B3-10b(2)</b> <b>Verification Source: Drum Data Form</b></p>		X	NDE Batch	
<p>12. NDE data are complete and acceptable based on the videotape or equivalent media review (independent observation and replicate scan). <b>Reference Sources: WAP , B1-3b(2) and B3-10b(2)</b> <b>Verification Source: QC Data Sheets</b></p>	X		Container numbers:	
<p>13. VE data is complete and properly reported. <b>Reference Sources: WAP B1-3b(3) and B3-10b(2)</b> <b>Verification Source: BDR</b></p>		X	Rep:	S817162
			IO:	59397
			NDE Batch	
<p>14. HWA Solid/Soil VOC batch QC checks (e.g., laboratory duplicates, blanks, and control samples) were properly performed and meet the established usability criteria. <b>Reference Sources: WAP B1-2b, B3-10b(2) and Table B3-5</b> <b>Verification Source: QC Data Sheets</b></p>		X	NDE Batch	
<p>15. HWA Solid/Soil Semi-VOC batch QC checks (e.g., laboratory duplicates, blanks, and control samples) were properly performed and meet the established usability criteria. <b>Reference Sources: WAP B1-2b, B3-10b(2) and Table B3-7</b> <b>Verification Source: QC Data Sheets</b></p>		X	NDE Batch	
<p>16. HWA Solid/Soil Total Metals Batch QC checks (e.g., duplicates, blanks, and laboratory control samples) were properly performed and meet the established criteria. <b>Reference Sources: WAP B1-2b, B3-10b(2), and Table B3-9</b> <b>Verification Source: QC Data Sheets</b></p>		X	NDE Batch	

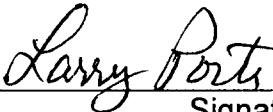
Attachment 5 – CCP Site Project Manager Data Validation Summary (continued)

**BATCH DATA REPORT NUMBER:** LA-RTR2-04-0004 **DATE:** 4/22/2004

Description of Criteria Reviewed	Criteria Met? Y/N/NA		Comments/Qualifiers
17. OSR for LANL Sealed Sources, does the waste meet the definition of sealed sources per 10 CFR 30.4 and 10 CFR 835.2 (effective January 1, 2004) and documentation included with the AK information? <b>Reference Source: WAP B-3a(1)(iii)</b> <b>Verification Source: AK information and Data Sheet</b>		X	NDE Batch
18. OSR for LANL Sealed Sources, does the Pipe Overpack Container (POC) only contain sources and packaging material (no non-packaging items are allowed in the waste container)? <b>Reference Source: WAP B-3a(1)(iii)</b> <b>Verification Source: Data Sheet</b>		X	NDE Batch
19. OSR for LANL Sealed Sources, is the sealed source a US DOT Special Form Class 7 (Radioactive Material) per 49 CFR 34.27 (effective January 1, 2004) and is this documented in the AK information? <b>Reference Source: WAP B-3a(1)(iii)</b> <b>Verification Source: AK information and Data Sheet</b>		X	NDE Batch
20. For LANL Sealed Sources, is the integrity of each sealed source validated by documented contamination survey results to meet the requirements of 10 CFR 34.27 (effective January 1, 2004), and is assembled as part of AK documentation? <b>Reference Source: WAP B-3a(1)(iii)</b> <b>Verification Source: AK information and Data Sheet</b>		X	NDE Batch
21. OSR for LANL Sealed Sources, is each source a rigid sealed container or is it in a rigid sealed container less than or equal to 4 L? <b>Reference Source: WAP B-3a(1)(iii)</b> <b>Verification Source: AK information and Data Sheet</b>		X	NDE Batch

Attachment 5 – CCP Site Project Manager Data Validation Summary (continued)

BATCH DATA REPORT NUMBER: LA-RTR2-04-0004 DATE: 4/22/2004

Description of Criteria Reviewed	Criteria Met? Y/N/NA			Comments/Qualifiers
22. OSR for LANL Sealed Sources, does the AK information document that no VOC or VOC-bearing material are constituents of the waste? <b>Reference Source: WAP B-3a(1)(iii)</b> <b>Verification Source: AK information</b>			X	NDE Batch
23. OSR for LANL Sealed Sources, does the AK information document that the outer casing of the sealed source is a non-VOC bearing material and is this verified during VE? <b>Reference Source: WAP B-3a(1)(iii)</b> <b>Verification Source: AK information and Data Sheet</b>			X	NDE Batch
<p>The data for all containers in this batch are complete, properly reported, technically reasonable, representative and meet the Quality Assurance Objectives (QAOs). On a per waste container basis, as evidenced by my review of the Batch Data Report, all data have been validated in accordance with the QAPjP (CCP-PO-001) and are acceptable. This validation was accomplished through the generation level and project level data review, validation, and verification of this Batch Data Report.</p>				
Larry Porter Site Project Manager	 Signature			3/28/05 Date

**CCP-TP-001-A3, Rev. 1**  
**CCP SPQAO Nondestructive Examination Project Level**  
**Validation Checklist and Summary**

Effective Date: 10/16/2003

**CCP SPQAO Nondestructive Examination Project Level Validation**  
**Checklist and Summary**

**BATCH DATA REPORT NUMBER:** LA-RTR2-04-0004      **EXAMINATION DATE:** 4/21/04

Description of Criteria Reviewed	Criteria Met?			Comments/Qualifiers
	Y	N	NA	
1. Batch number? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Cover Sheet</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA-RTR2-04-0004
2. Batch data report date? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/3/05
3. Implementing procedure and revision number? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCP-TP-053, Rev. 1
4. Listing of all the container numbers in the batch? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 containers
5. Twenty or fewer samples in the batch? <b>Reference Source: WAP B3-10</b> <b>Verification Source: Data Sheets and or Cover Sheet</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there a reference to or copy of the associated NCRs? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: NCR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No NCRs associated with this BDR.
7. Technical Supervisor Checklist? <b>Reference Source: WAP B3-10a</b> <b>Verification Source: TS Checklist</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The original review date was crossed out and replaced with a second review date. RTR personnel have been asked not to cross out initial review dates if another review is requested.
8. Facility QA Officer Checklist? <b>Reference Source: WAP B3-10a</b> <b>Verification Source: FQAO Checklist</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The original review date was crossed out and replaced with a second review date. RTR personnel have been asked not to cross out initial review dates if another review is requested.
9. A radiography data form was submitted for each waste container in the batch? <b>Reference Source: WAP B3-4</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is each data sheet signed and dated by the operator? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is there a documented reference to the videotape for each container? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA-RTR2-04-0004 A (DVD) LA-RTR2-04-0004 B
12. Date of radiography examination? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4/21/04
13. TRUCON Code? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA211, LA116-119, LA125

**CCP SPQAO Nondestructive Examination Project Level Validation  
Checklist and Summary**

**BATCH DATA REPORT NUMBER:** LA-RTR2-04-0004      **EXAMINATION DATE:** 4/21/04

Description of Criteria Reviewed	Criteria Met? Y/N/NA			Comments/Qualifiers
14. Waste Matrix Code? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S5400 and S3120
15. Indication of Liner? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Indication of liner type? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Indication of number of layers of confinement? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Amount of free liquid? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Indication of sealed containers > 4L? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Absence of prohibited items? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Indication of vented rigid liner? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Container gross weight recorded? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Indication of heavy and/or sharp object braced? <b>Reference Source: TRAMPAC 2.7</b> <b>Verification Source: Data</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Fill factor reported in percent (%)? <b>Reference Source: CCP Technical Procedures</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Verification that the physical form matches the waste stream description? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Verification that the physical form matches the Waste Matrix Code? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Operator signature release and date? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**CCP SPQAO Nondestructive Examination Project Level Validation  
Checklist and Summary**

**BATCH DATA REPORT NUMBER:** LA-RTR2-04-0004      **EXAMINATION DATE:** 4/21/04

Description of Criteria Reviewed	Criteria Met? Y/N/NA			Comments/Qualifiers
28. Space for Comments? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Estimate of each material parameter weight? (Kg) <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Description of each material parameter? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. The replicate scan and independent observation were performed on different waste containers? <b>Reference Source: WAP B1-3b(2)</b> <b>Verification Source: Data Sheets and/or BDR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Replicate scan was performed once per day, or once per batch, whichever is LESS frequent? <b>Reference Source: WAP B1-3b(2)</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S817162
33. An independent observation was performed once per day, or once per batch, whichever is LESS frequent? <b>Reference Source: WAP B1-3b(2)</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59397
34. The MPWs of the replicate scan are within $\nabla$ 50% of the weights of the original scan? <b>Reference Source: CCP Technical Procedures</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. The MPWs of the independent observation scan are within $\nabla$ 50% of the weights of the original scan? <b>Reference Source: CCP Technical Procedures</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Operational checks for the radiography equipment were performed prior to analysis? <b>Reference Source: WAP B3-4</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Operational checks were performed daily? <b>Reference Source: WAP B3-4</b> <b>Verification Source: Measurement Control Report</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**CCP-TP-001-A3, Rev. 1**  
**CCP SPQAO Nondestructive Examination Project Level**  
**Validation Checklist and Summary**

Effective Date: 10/16/2003

**CCP SPQAO Nondestructive Examination Project Level Validation**  
**Checklist and Summary**

BATCH DATA REPORT NUMBER: LA-RTR2-04-0004 EXAMINATION DATE: 4/21/04

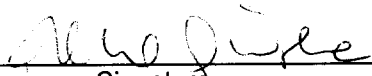
Description of Criteria Reviewed	Criteria Met?			Comments/Qualifiers
	Y	N	NA	
38. All the appropriate QC forms (replicate scan, independent observation, operational checks)? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: QC Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Weight Scale Calibration Check? <b>Reference Source: CCP Technical Procedures</b> <b>Verification Source: Measurement Control Report</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Scale Weight Check? <b>Reference Source: CCP Technical Procedures</b> <b>Verification Source: Measurement Control Report</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Lines-Pair Resolution Test Check? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Measurement Control Report</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. DGL Video/audio check? <b>Reference Source: WAP Table B3-11</b> <b>Verification Source: Measurement Control Report</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Was the person performing the replicate scan a qualified radiography operator different from the individual who performed the original scan? <b>Reference Source: WAP B1-3b(2)</b> <b>Verification Source: Data Sheets and/or Training Records</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Was the independent observer a qualified radiography operator different from the individual who performed the initial observation? <b>Reference Source: WAP B1-3b(2)</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**CCP-TP-001-A3, Rev. 1**  
**CCP SPQAO Nondestructive Examination Project Level**  
**Validation Checklist and Summary**

**Effective Date: 10/16/2003**

**CCP SPQAO Nondestructive Examination Project Level Validation**  
**Checklist and Summary**

**BATCH DATA REPORT NUMBER:** LA-RTR2-04-0004 **EXAMINATION DATE:** 4/21/04

Description of Criteria Reviewed	Criteria Met? Y/N/NA			Comments/Qualifiers
45. A videotape or equivalent media with a unique identifier was submitted for each waste container in the batch? <b>Reference Source: WAP B3-4</b> <b>Verification Source: Data Sheets</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Training qualifications for all radiography personnel are acceptable? <b>Reference Source: WAP Table B3-10</b> <b>Verification Source: Training Records</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Is CCP-TP-001-A6 included?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<p>The container QC checks were properly performed and meet the Quality Assurance Objectives (QAOs). Proper procedures were followed during data reduction and analysis. The batch is complete, acceptable, and includes all supporting data and documentation required by the QAPjP.</p>				
Irene Quintana Site Project QA Officer		 Signature		3/16/05 Date

Attachment 7 - CCP Radiography Batch Data Report Cover Sheet

Batch Data Report No.: LA-RTR 2-04-0004

Date: 4/22/04

4/21/04  
 4/22/04  
 4/21/04

Waste Container ID Number	
1 11.10.04	<del>LA0000000</del> 59397 (ID) LM 9-9-04
2 11.10.04	<del>LA0000000</del> 59079
3 11.10.04	<del>LA0000000</del> 59326
4 11.10.04	<del>LA0000000</del> 59382
5 11.10.04	<del>LA0000000</del> 59371
6	S 833682
7	S 817176
8	S 817178
9	S 817174
10	S 817172
11	S 817165
12	S 817163
13	S 817162 (R) LM 9-9-04
14	
15	
16	
17	
18	
19	
20	

*Paul Vigil*  
 4/28/04

RTR Independent Technical Reviewer:		
<u>JACK VIGIL</u> Print Name	<u><i>Jack Vigil</i></u> Signature	<u>4/28/04</u> Date
RTR Technical Supervisor:		
<u>PAUL MARTINEZ</u> Print Name	<u><i>Paul Martinez</i></u> Signature	<u>11-10-04</u> Date
RTR Facility Quality Assurance Officer:		
<u>JACK VIGIL</u> Print Name	<u><i>Jack Vigil</i></u> Signature	<u>4/29/04</u> Date

**ORIGINAL**

Attachment 6 - CCP Radiography Batch Data Report Table Of Contents

Batch Data Report No.: LA-RTR 2-04-0004

Date: 4/22/04 <sup>4/21/04</sup> <sub>11/10/04</sub>

Table Of Contents		
Item	Description	Page No.
1	CCP Radiography Batch Data Report Cover Sheet	1-1A
2	CCP Radiography Batch Data Report Table Of Contents	2
3	CCP RTR Measurement Control Report	3
4	CCP Radiography Data Sheets	4
5	CCP Radiography Independent Technical Reviewer Checklist	49
6	CCP Radiography Technical Supervisor Review Checklist	51
7	CCP Radiography Facility Quality Assurance Officer Review Checklist	52
8	RTR Audio/Video Media	n/a
9	Copy of NCRs (N/A, If Not Applicable)	n/a
10	Scale Calibration Check and Container Weight Information	53

4/11/24/04

Total 54

Pg. 1 = 1 and 1A

4/11/29/04

Attachment 1 - CCP RTR Measurement Control Report

CCP RTR Measurement Control Report		
Site Location: <u>LANL (Area 9)</u>		
Batch Data Report No.: <u>LA-RTR 2-04-0004</u>		
Examination Date: <u>4/21/04</u>		
Control Checks		
Audio/Video Media Recording System - Audio/Visual Checks	<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT
Image Test Pattern Test <sup>4/21/04</sup> lines-pair/cm: <u>5</u> <del>4</del> <sup>LM</sup> (Minimum acceptable is 5 lines-pair/cm) <u>5 Line pair observed</u>	<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT
Comments: <u>N/A</u> Full within acceptable limits "Image test pattern" LM 11-10-04		
RTR Operator:		
<u>Leon Martinez</u> Printed Name	<u>Leon Martinez</u> Signature	<u>4/21/04</u> Date <u>LM 11-10-04</u>

Attachment 2 - CCP Radiography Data Sheet

<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	<del>LA000000</del> 59397
Audio/Video Media Number:	Primary: <del>LA-RTR2-04-0004</del> A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev 0 LM 9-9-04
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Container Type:	55 gal. steel drum
TRUCON Code:	LA116, LA117, LA118, LA119, LA125
Waste Matrix Code:	55400
Waste Stream Number:	LA-NHD01.001
Waste Container Weights:	Tare Wt: <del>LA</del> 28.7 kg LM 11-10-04 Gross Wt: 34.5 kg
Rigid Liner Present? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil    N/A LM 11-10-04
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input type="checkbox"/> YES    N/A LM 11-10-04	<input type="checkbox"/> Vented <input type="checkbox"/> Filtered: N/A
Number of Layers of Confinement:	1
Volume Utilization Percentage:	60 %

Added N/A  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: ~~100000059397~~  
 11.10.04 cf

PLASTIC WASTE  
~~PLASTIC~~ LM 4/21/04  
 PLASTIC BAGS LM 11-10-04

Packaging Material	Estimated Weight (kg)
Steel (ST):	27.7
Plastics (PP):	<del>1.0</del> LM 11-10-04
Others:	0
Total Packaging Weight:	<del>28.7</del> 27.7 LM 11-10-04
Waste Material Parameter	Estimated Weight (kg)
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	<del>5.8</del> 6.8
Organic Matrix (OR):	0
Inorganic Matrix (IN):	0
Soils (S):	0
Total WMP Weight:	<del>5.8</del> 6.8

11/23/04  
 11/23/04  
 11/23/04



Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: ~~LA000000~~ 59397  
 11.10.04 *cf*

Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments: <p style="text-align: center;">N/A</p>		

RTR Operator:

Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	<del>LA000000</del> 59079
Audio/Video Media Number:	11-10-04 Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Container Type:	55 GAL. Steel drum
TRUCON Code:	LA116, LA117, LA118, LA119, LA125
Waste Matrix Code:	5500
Waste Stream Number:	LA-NH001 001
Waste Container Weights:	Tare Wt: _____ 28.7 27.7 kg LM 11-10-04 Gross Wt: _____ 55.5 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil    N/A 11-10-04
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input type="checkbox"/> YES    N/A LM 11-10-04	<input type="checkbox"/> Vented <input type="checkbox"/> Filtered: NA
Number of Layers of Confinement:	2
Volume Utilization Percentage:	94 %

Added w/A  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: ~~LA000000~~ 59079  
 11.10.04 cf

METAL BOLTS  
 METAL FITTINGS  
 METAL HEPA VACUUM FROM GLOVE BOX  
 PLASTIC BAGS LM 11-10-04

Packaging Material:	Estimated Weight (kg)
Steel (ST):	27.7
Plastics (PP):	<del>7.0</del> 0 LM 11-10-04
Others:	0
Total Packaging Weight:	<del>28.7</del> 27.7 LM 11-10-04
Waste Material Parameter:	Estimated Weight (kg)
Iron-based Metal / Alloys (IM):	26.8
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	<del>1.0</del> LM 11-10-04
Organic Matrix (OR):	0
Inorganic Matrix (IN):	0
Soils (S):	0
Total WMP Weight:	<del>26.8</del> 27.8 LM 11-10-04

11/10/04  
 59079  
 cf

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: L00000059079  
11.10.04 ef

Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A		

RTR Operator:

Leon Martinez  
Print Name

Leon Martinez  
Signature

7/21/04  
Date  
LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR-04-0004
Examination Date:	4/21/04
Waste Container ID:	<del>LA000000</del> 59326
Audio/Video Media Number:	<sup>11-10-04</sup> Primary: LA-RTR-04-0004 A Backup: LA-RTR-04-0004 B
Procedure and Revision No.:	CCP-TP053, Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Container Type:	55 gal. Steel Drum
TRUCON Code:	LA116, LA117, LA118, LA119, LA125
Waste Matrix Code:	55400
Waste Stream Number:	LA-NADOL.001
Waste Container Weights:	Tare Wt: <u>28.2877</u> kg. LM 11-10-04 Gross Wt: <u>56.0</u> kg.
Rigid Liner Present? <input type="checkbox"/> NO <input type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil    N/A LM 11-10-04
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input type="checkbox"/> YES    N/A LM 11-10-04	<input type="checkbox"/> Vented <input type="checkbox"/> Filtered:    NA
Number of Layers of Confinement:	1
Volume Utilization Percentage:	<u>64</u> %

Added N/A  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: ~~LA000000~~ 59326  
 11.10.04 g

METAL CANISTERS (dense)  
 PLASTIC WASTE (BAG)

Packaging Material	Estimated Weight (kg)
Steel (ST):	27.7
Plastics (PP):	0.5 0 Lm 11-10-04
Others:	0
Total Packaging Weight:	28.2 27.7
Waste Material Parameter	Estimated Weight (kg)
Iron-based Metal / Alloys (IM):	27.2
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	1.1 1.1 Lm 11-10-04
Organic Matrix (OR):	0
Inorganic Matrix (IN):	0
Soils (S):	0
Total WMP Weight:	27.8 28.3 Lm 11-10-04

0.5 0 Lm 11-10-04  
 1.1 1.1 Lm 11-10-04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 1A00000059326  
 11.10.04 cf

Are there liquid wastes (i.e., Free liquids) present?	Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables (D001) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Does the physical form of the waste match the Waste Stream description?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments: <div style="text-align: center; font-size: 2em;">N/A</div>			

RTR Operator:

Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR-04-0004
Examination Date:	4/21/04
Waste Container ID:	LA600059382
Audio/Video Media Number:	Primary: LA-RTR-04-0004 A Backup: LA-RTR-04-0004 B
Procedure and Revision No.:	CCP-TP-053 Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Container Type:	55 GAL. Steel Drum
TRUCON Code:	LM 4/21/04 LA11, LA16, LA17, LA18, LA19, LA25
Waste Matrix Code:	55400
Waste Stream Number:	LA-NAD01.001
Waste Container Weights:	Tare Wt: <del>27.7</del> 28.2 kg. LM 11-10-04 Gross Wt: 45.0 kg.
Rigid Liner Present? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil    N/A LM 11-10-04
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input type="checkbox"/> YES    N/A LM 11-10-04	<input type="checkbox"/> Vented <input type="checkbox"/> Filtered: NA
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Added N/A  
 LM 11-10-04



Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: LA00000059382  
11.10.04 CF

PLASTIC ELECTRICAL BOXES  
WIRE (NSW)  
RUBBER GASKET MATERIAL  
PLASTIC WASTE (BANDING)

Packaging Material:	Estimated Weight (kg)
Steel (ST):	27.7
Plastics (PP):	<del>0.5</del> 0 LM 11-10-04
Others:	0
<b>Total Packaging Weight:</b>	<b>28.2</b>
Waste Material Parameter:	Estimated Weight (kg)
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	1.0
Plastics (waste materials) (XPM):	<del>15.8</del> 16.3 LM 11-10-04
Organic Matrix (OR):	0
Inorganic Matrix (IN):	0
Soils (S):	0
<b>Total WMP Weight:</b>	<b>16.8</b> 17.3 LM 11-10-04

Date of test  
11/10/04

CCP-TP-053, Rev. 1  
 CCP Standard Real-Time Radiography (RTR)  
 Inspection Procedure

Effective Date: 04/12/2004

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: LA00000059382  
 11.10.04 *g*

Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments: <div style="text-align: center; padding: 20px;">N/A</div>		

RTR Operator:

Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	<del>LA00000059371</del>
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A
	Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Container Type:	55 gal. Steel Drum
TRUCON Code:	LA116, LA117, LA118, LA119, LA125
Waste Matrix Code:	S5400
Waste Stream Number:	LA-WAD01.001
Waste Container Weights:	Tare Wt: <del>34.1</del> 34.6 kg. LM 9-9-04
	Gross Wt: 63.0 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered: No Lid
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: ~~LAC000000~~ 59371  
 11.10.04 *g*

Screws  
 SCRAP METAL  
 METAL CONTAINERS  
 Power CORD  
 WRENCHES  
 Tweezers  
 Power tool  
 RUBBER

Packaging Material	Estimated Weight (kg)
Steel (ST):	27.7
Plastics (PP):	<del>6.9</del> 6.4 LN 9-9-04
Others:	0
Total Packaging Weight:	<del>24.6</del> 34.1 LN 9-9-04
Waste Material Parameters	Estimated Weight (kg)
Iron-based Metal / Alloys (IM):	<del>27.4</del> 27.9 LN 9-9-04
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	1.0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	0
Soils (S):	0
Total WMP Weight:	<del>28.4</del> 28.9 LN 9-9-04

0/00  
 28.9/25/04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: LA00000059371  
*11.10.04 cf*

Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments: <div style="text-align: center;">N/A</div>		

RTR Operator:  
Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (AREA 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21-04
Waste Container ID:	S833682
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 gal. steel drum
TRUCON Code:	<del>LA11</del> LA211 LM 4/21/04
Waste Matrix Code:	53120
Waste Stream Number:	LM-MINOS-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg.
	Gross Wt: 200.5 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Page 2 of 3

Container ID: S833682

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>INORGANIC <del>HOMOGENEOUS</del> WASTE (Sludge) LM 6-1-04  HOMOGENEOUS  LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	165.4
Soils (S):	0
<b>Total WMP Weight:</b>	<b>165.4</b>

C.A. P. Foster

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5833682

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )			
Are there liquid wastes (i.e., Free liquids) present?	Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )			
Does the physical form of the waste match the Waste Stream description?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments: N/A			

RTR Operator:

Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
LM 11-10-04



Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	587176
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. # 1 LA 4/21/04
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 gal. steel drum
TRUCON Code:	<del>LA211</del> LA211 LA 4/21/04
Waste Matrix Code:	53120
Waste Stream Number:	LA-M.W03-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg.
	Gross Wt: 188.5 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Page 2 of 3

Container ID: SB17176

Section 3: Container Inventory and Comments (Detailed descriptions)
Inorganic <del>Homogeneous</del> waste (Sludge) LM 6-1-04 Homogeneous LM 11-10-04

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	153.4
Soils (S):	0
<b>Total WMP Weight:</b>	<b>153.4</b>

Disposal  
 11/10/04

Container ID: 5817176

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )		
Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )		
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A		

RTR Operator:  
Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (M093)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	58171738 LM 4/21/04
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 01 LM 4/21/04
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 gal. steel drum
TRUCON Code:	LALL LA211 LM 4/21/04
Waste Matrix Code:	S3120
Waste Stream Number:	LA-MIN03-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg. Gross Wt: 189.0 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 58171728 LM 4/21/04

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>INORGANIC HOMOGENEOUS WASTE (Sludge) LM 6-1-04            HOMOGENEOUS            LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	153.9
Soils (S):	0
<b>Total WMP Weight:</b>	<b>153.9</b>

Correct 1/25/04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 58171728LM 4/21/04

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )		
Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )		
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A		

RTR Operator:

Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	5817174
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	LCP-TP-053, Rev. 01 LN 4/21/04
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 GAL. Steel Drum
TRUCON Code:	<del>LA11</del> LA211 LN 4/21/04
Waste Matrix Code:	53120
Waste Stream Number:	LA-MIN03-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg. Gross Wt: 203.5 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5817174

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>INORGANIC <del>HOMOGENOUS</del> WASTE (SLUDGE) LM 6-1-04            HOMOGENEOUS            LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	168.4
Soils (S):	0
<b>Total WMP Weight:</b>	<b>168.4</b>

5817174/01



Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5817174

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )			
Are there liquid wastes (i.e., Free liquids) present?	Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables (D001) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )			
Does the physical form of the waste match the Waste Stream description?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A			

RTR Operator:

Leon Martinez  
 Print Name

Leon Martinez  
 Signature

9/21/04  
 Date  
 2m 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	S817172
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 GAL. Steel drum
TRUCON Code:	LATT LA211 in 4/21/04
Waste Matrix Code:	S3120
Waste Stream Number:	LA-MINOS-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg. Gross Wt: 170.5 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5817172

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>INORGANIC Homogeneous waste (Sludge) LM 6-1-04            Homogeneous            LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	135.4
Soils (S):	0
<b>Total WMP Weight:</b>	<b>135.4</b>

Total WMP Weight

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: S817172

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block.)			
Are there liquid wastes (i.e., Free Liquids) present?	Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block.)			
Does the physical form of the waste match the Waste Stream description?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A			

RTR Operator:

Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	S817165
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 0   Ln 4/21/04
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 GAL. Steel drum
TRUCON Code:	<del>LA11</del> LA211 Ln 4/21/04
Waste Matrix Code:	S3120
Waste Stream Number:	LA-MIN03-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg.
	Gross Wt: 168.0 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5817165

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>INORGANIC <del>HOMOGENEOUS</del> WASTE (Sludge) LM 6-1-04            Homogeneous            LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	132.9
Soils (S):	0
<b>Total WMP Weight:</b>	<b>132.9</b>

27.7 + 7.4 = 35.1

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5812165

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )		
Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )		
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A		

RTR Operator:

Leon Martinez  
Print Name

Leon Martinez  
Signature

4/21/04  
Date  
LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 9)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	S817163
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 GAL. STEEL DRUM
TRUCON Code:	<del>LA11</del> LA211 W 4/21/04
Waste Matrix Code:	S3120
Waste Stream Number:	LA-MIN03-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg.
	Gross Wt: 171.0 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner Is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %



Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 581763

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>Inorganic <del>Homogeneous</del> waste (sludge) 6-1-04 LM            Homogeneous            LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	135.9
Soils (S):	0
<b>Total WMP Weight:</b>	<b>135.9</b>

0.581763/20/11

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: S817163

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )		
Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )		
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A		

RTR Operator:

Leon Martinez  
Print Name

Leon Martinez  
Signature

4/21/04  
Date  
LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input checked="" type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (Area 3)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4/21/04
Waste Container ID:	S817162
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053, Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

Section 2: Waste Container Data	
Container Type:	55 GAL. Steel Drum
TRUCON Code:	<del>LA11</del> LA211 Ln 4/21/04
Waste Matrix Code:	S3120
Waste Stream Number:	LA-MIN037C.001
Waste Container Weights:	Tare Wt: 35.1 kg. Gross Wt: 170.0 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5817162

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>INORGANIC <del>HOMOGENOUS</del> waste (sludge) LM 6-1-04            HOMOGENOUS            LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	134.9
Soils (S):	0
<b>Total WMP Weight:</b>	<b>134.9</b>

5817162  
 11/24/04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5817162

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )		
Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )		
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments:  N/A		

RTR Operator:  
Leon Martinez  
 Print Name

Leon Martinez  
 Signature

4/21/04  
 Date  
 LM 11-10-04

Attachment 2 - CCP Radiography Data Sheet

Section 1: General Information	
<input type="checkbox"/> RTR Examination <input checked="" type="checkbox"/> RTR Replicate Scan <input type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (AREA G)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4-21-04
Waste Container ID:	SB17162-P 4-21-04
Audio/Video Media Number:	Primary: LA-RTR2-04-0004 A Backup: LA-RTR2-04-0004 B
Procedure and Revision No.:	CCP-TP-053     Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____     Date: _____

Section 2: Waste Container Data	
Container Type:	55 GAL METAL DRUM
TRUCON Code:	P-4-21-04 LATHI LA211
Waste Matrix Code:	S3120
Waste Stream Number:	LA-MIN03-NC.001
Waste Container Weights:	Tare Wt: 35.1 kg. Gross Wt: 170.0 kg.
Rigid Liner Present? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input checked="" type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Filtered:
Number of Layers of Confinement:	1
Volume Utilization Percentage:	95 %

Container ID: 5817162

Section 3: Container Inventory and Comments (Detailed descriptions)
<p>INORGANIC WASTE (SLUDGE) M-1-02            ^            Homogeneous            LM 11-10-04</p>

Section 4: Packaging Material and Waste Material Parameters	
<b>Packaging Material:</b>	<b>Estimated Weight (kg)</b>
Steel (ST):	27.7
Plastics (PP):	7.4
Others:	0
<b>Total Packaging Weight:</b>	<b>35.1</b>
<b>Waste Material Parameter:</b>	<b>Estimated Weight (kg)</b>
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	0
Organic Matrix (OR):	0
Inorganic Matrix (IN):	134.9
Soils (S):	0
<b>Total WMP Weight:</b>	<b>134.9</b>

5/25/04  
 5/25/04

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: 5817162

Section 5: RTR Summary ( Questions answered "YES" will be explained in the Comments block )		
Are there liquid wastes (i.e., Free liquids) present? Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary ( Questions answered "NO" will be explained in the Comments block )		
Does the physical form of the waste match the Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments: <i>HA Per 4-21-04</i> <i>Replicate scan fell within acceptable limits.</i>		

RTR Operator:  
Paul Martinez  
 Print Name

*[Signature]*  
 Signature

4-21-04  
 Date *LU 11-10-04*



Attachment 2 - CCP Radiography Data Sheet

<b>Section 1 - General</b>	
<input type="checkbox"/> RTR Examination <input type="checkbox"/> RTR Replicate Scan <input checked="" type="checkbox"/> RTR Independent Observation	
Site ID and Location:	LANL (AREA G)
Batch Number:	LA-RTR2-04-0004
Examination Date:	4.22.04
Waste Container ID:	LA00000059397
Audio/Video Media Number:	<sup>11.10.04</sup> Primary: LA-RTR2-04-0004A Backup: LA-RTR2-04-0004B
Procedure and Revision No.:	CCP-TP-053 Rev. 1
NCR(s) associated with the container? (e.g., Prohibited Items)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NCR No.: _____ Date: _____

<b>Section 2 - Container</b>	
Container Type:	55 GAL METAL DRUM
TRUCON Code:	LA116, LA117, LA118, LA119, LA125
Waste Matrix Code:	55400
Waste Stream Number:	LA-NH001.001
Waste Container Weights:	Tare Wt: <del>29.7</del> 27.7 kg <sup>LA 11-0-04</sup> Gross Wt: 34.5 kg.
Rigid Liner Present? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Type of Liner: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 30-mil <input type="checkbox"/> 90-mil <input type="checkbox"/> 110-mil
Rigid Liner is Vented OR Filtered? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Vented <input type="checkbox"/> Filtered: NA
Number of Layers of Confinement:	1
Volume Utilization Percentage:	63 %

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: LA00000059397  
 11.10.04 *cf*

Section 3: Container	
<p>PLASTIC WASTE            PLASTIC BAGS 2m 11-10-04</p>	

Section 4: Packaging Material	
Packaging Material:	Estimated Weight (kg)
Steel (ST):	27.7
Plastics (PP):	<del>2.0</del> 0 <i>LM 11-10-04</i>
Others:	0
Total Packaging Weight:	<del>29.7</del> 27.7 <i>LM 11-10-04</i>
Section 5: Waste Material Parameter	
Waste Material Parameter:	Estimated Weight (kg)
Iron-based Metal / Alloys (IM):	0
Aluminum-based Metals / Alloys (AM):	0
Other Metals (OM):	0
Other Inorganic Materials (OI):	0
Cellulosics (C):	0
Rubber (R):	0
Plastics (waste materials) (XPM):	4.8 6.8 <i>LM 11-10-04</i>
Organic Matrix (OR):	0
Inorganic Matrix (IN):	0
Soils (S):	0
Total WMP Weight:	4.8 6.8 <i>LM 11-10-04</i>

*0.00000059397*  
*11-10-04*

Attachment 2 - CCP Radiography Data Sheet (continued)

Container ID: LA00000859397  
*11.10.04 CJ*

Section 5: Waste Summary (Questions answered in this section are placed in the Comments block)			
Are there liquid wastes (i.e., Free liquids) present?	Amount:	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1 in./2.5 cm in the bottom of the waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Is there residual liquid > 1% of the container volume?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Explosives present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there potentially pressurized containers or Compressed gases present?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Ignitables(D001) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Corrosives (D002) present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Reactive (D003) wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Pyrophoric materials present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Polychlorinated Biphenyls (PCBs) present that are NOT authorized under an EPA PCB waste disposal authorization?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there Non-mixed hazardous wastes present?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are incompatible wastes present (i.e., waste does NOT match TRUCON Code)? (Wastes that are incompatible with backfill, seal and panel closure materials, container and packaging materials, shipping container materials, and/or other wastes.)		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there sealed containers or Heat-sealed bags (unvented) > 4 liters?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Were there Non-approved Closure Methods used on liners/bags?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Are there indications of inadequate protection for heavy and/or sharp objects that may cause a puncture of the payload/waste container?		<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES
Section 5: Waste Summary (Questions answered in this section are placed in the Comments block)			
Does the physical form of the waste match the Waste Stream description?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the physical form of the waste match the Waste Matrix Code?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Comments: <i>Independent observation fell within acceptable limits.</i>			

RTR Operator

Print Name

*Paul Martinez*

Signature

*[Handwritten Signature]*

*4-22-04*  
 Date *LA 11-10-04*

Attachment 3 - CCP Radiography Independent Technical Reviewer Checklist

Batch Data Report No.: LA-RTR 2-04-0004

Description			
1. Data generation and reduction were conducted in a technically correct manner in accordance with the methods used?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
2. Was the correct revision of the procedure used? Procedure: <u>CCP-TP-053</u> Rev.: <u>1</u>	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
3. Are the waste material parameters (WMPs) entered correctly?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
4. Verify the hand calculations on the Radiography Data Sheet, and for each WMP, the weights are entered into the Estimated Weight column of Section 4 of Attachment 2.	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
5. Is the data reported in kilograms (kg) with the correct number of significant figures (one tenth of a kilogram)?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
6. Are there transcription errors?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
7. Does the Testing Batch Report include radiography for up to 20 containers?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
8. BDR contents are complete and match the CCP Waste RTR Batch Data Report Table Of Contents?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
9. Is all the data signed and dated in reproducible ink and by the individual(s) generating it?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
10. Is all data recorded clearly, legibly, and accurately?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
11. All changes to original data lined out, initialed and dated by the individual making the changes?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
12. Was justification made for changing the original data?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
13. Were data changes made by the individual who originally collected the data?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
14. Does the waste match the Waste Matrix Code and Waste Stream description?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
15. Are the RTR Operator's decisions regarding the Radiography documented?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
16. Is there an adequate written description of the contents of each item?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
17. Were the scale(s) in calibration prior to the radiography and documented correctly.	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
18. Were the scale checks "SAT" prior to each radiography and documented correctly?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
19. Was the audio/video media properly prepared and labeled for each waste container?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
20. Was the audio/video check performed satisfactorily and recorded on Attachment 1?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A

**Attachment 3 - CCP Radiography Independent Technical Reviewer Checklist  
 (continued)**

Batch Data Report No.: LA-RTR2-04-0004

Description			
21. Was the Image Test Pattern Test performed satisfactorily and recorded on Attachment 1?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
22. Was the Replicate Scan performed and recorded on an Attachment 2? (1 per batch or 1 per day, whichever is less frequent.)	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
23. Was the Replicate Scan RTR Operator different from the first RTR Operator?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
24. Did the Replicate Scan RTR Operator and the first RTR Operator agree on the results?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
25. Was the Independent Observation performed and recorded on an Attachment 2? (1 per batch or 1 per day, whichever is less frequent.)	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
26. Was the Independent Observation RTR Operator different from the first RTR Operator?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
27. Did the Independent Observation RTR Operator and the first RTR Operator agree on the results?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N/A
28. Are the NCR(s) associated with the RTR examination included in the BDR?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N/A

Comments:  
 n/a

I have reviewed 100% of the container specific and batch data in this report and find it acceptable for a RTR Technical Supervisor review.

Independent Technical Reviewer:  
JACK VIGIL  
 Printed Name

Jack Vigil  
 Signature

4/28/04  
 Date

Attachment 4 - CCP Radiography Technical Supervisor Review Checklist

Batch Data Report No.: LA-RTR2-04-0004

Description		
1. Has all the data received an independent technical review as evidenced by the appropriate ITR signature?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
2. Data is technically reasonable based upon the techniques used?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
3. BDR contents are complete and match the CCP Radiography Batch Data Report Table Of Contents?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
4. Was the Independent Observation performed and recorded on an Attachment 2? (1 per batch or 1 per day, whichever is less frequent.)	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
5. Was the Independent Observation RTR Operator different from the first RTR Operator?	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
6. Did the Independent Observation RTR Operator and the first RTR Operator agree on the results?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES

Comments:

*N/A* This batch was re-reviewed on 11-10-04 to make a correction to the plastic packaging field. These changes are based on a misunderstanding of what constituted plastic packaging material.

*11-10-04*

I have reviewed 100% of the container specific and batch data in this report and find it acceptable for a Facility Quality Assurance Officer review.

RTR Technical Supervisor: Paul Martinez *11-10-04*

Printed Name Paul Martinez Signature [Signature] Date 11-10-04

**Attachment 5 - CCP Radiography Facility Quality Assurance Officer Review Checklist**

Batch Data Report No.: LA-RTR2-04-0004

Description			
1.	Has all the data received an independent technical review as evidenced by the appropriate ITR signature?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
2.	Has all the data received a Technical Supervisor Review as evidenced by the appropriate TS signature?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
3.	BDR contents are complete and match the CCP Radiography Batch Data Report Table Of Contents?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
4.	Were the scale(s) in calibration prior to the radiography and documented correctly.	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
5.	Were the scale checks "SAT" prior to each radiography and documented correctly?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
6.	Was the audio/video media properly prepared and labeled for each waste container?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
7.	Was the audio/video check performed satisfactorily prior to the radiography?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
8.	Were NCRs initiated as required and dispositioned appropriately?	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A
9.	Was the correct revision of the procedure used? Procedure: <u>CCP-TP-053</u> Rev.: <u>1</u>	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
10.	Were there NO more than 20 containers in the batch?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
11.	Is the data reported in kilograms (kg) with the correct number of significant figures (one tenth of a kilogram)?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
12.	Precision QAO: Was the image Quality satisfactory?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
13.	Was the Replicate Scan performed and recorded on an Attachment 2? (1 per batch or 1 per day, whichever is less frequent.)	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
14.	Was the Replicate Scan RTR Operator different from the first RTR Operator?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
15.	Did the Replicate Scan RTR Operator and the first RTR Operator agree on the results?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
16.	Was the Independent Observation performed and recorded on an Attachment 2? (1 per batch or 1 per day, whichever is less frequent.)	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
17.	Was the Independent Observation RTR Operator different from the first RTR Operator?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A
18.	Did the Independent Observation RTR Operator and the first RTR Operator agree on the results?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A

Comments:  
n/a

I have reviewed 100% of the container specific and batch data in this report and find it acceptable for project level review.

Facility Quality Assurance Officer:  
JACK VIGIL  
Printed Name

Jack Vigil  
Signature

4/28/04  
Date

Attachment 3 - CCP Scale Calibration Check and Container Weight Information

PART I  
Scale Calibration Check Information

Scale ID #	Location	Scale Calibration Due Date	Scale Calibration Date Valid (Yes / No)	Scale Cal Check (Sat / Unsat)	Initials	Date
204226	Dome 232	6/11/04	Y	Sat	cf	4.21.04
<del>cf 4.21.04</del>						

PART II  
Container Weight Information

Container ID #	Gross Weight (Kg)	Initials	Date
S817163	171.0 Kg	cf	4.21.04
S817172	170.5 Kg	cf	4.21.04
S817178	189.0 Kg	cf	4.21.04
cf 11.10.04 LA00000059079	55.5 Kg	cf	4.21.04
cf 11.10.04 LA00000059371	63.0 Kg	cf	4.21.04
S817176	188.5 Kg	cf	4.21.04
cf 11.10.04 LA00000059382	45.0 Kg	cf	4.21.04
S833622	200.5 Kg	cf	4.21.04
cf 11.10.04 LA00000059397	34.5 Kg	cf	4.21.04
cf 11.10.04 LA00000059326	52.0 Kg	cf	4.21.04
S817174	203.5 Kg	cf	4.21.04
S817162	170.0 Kg	cf	4.21.04
S817165	168.0 Kg	cf	4.21.04
<del>cf 4.21.04</del>			

CCP Personnel/Host Site: CHARLIE LUCERO  
Drum Handler Print Name

cf  
Signature Date  
4.21.04

VPM: F. Wesley Root  
Print Name

F. Wesley Root  
Signature Date  
4-21-04