



Technical Exhibit A
General Location Map
Work area along Mississippi and Illinois Rivers

<u>GENERAL INFORMATION / PERSONNEL</u>			
CONTRACTOR NAME: _____		CONTRACT NUMBER: _____	
CONTRACTOR:			
NAME: _____			
ADDRESS: _____			
PHONE NO: AC () _____		FAX NO: AC () _____	
CONTRACTOR'S AUTHORIZED REPRESENTATIVE:			
NAME: _____			
ADDRESS: _____			
PHONE NO: REG. AC () _____		IRREG. AC () _____	
CONTRACTOR SUPERVISOR (S):			
NAME: _____			
ADDRESS: _____			
PHONE NO: AC () _____		AC () _____	
NAME: _____			
ADDRESS: _____			
PHONE NO: AC () _____		AC () _____	
CONTRACTOR SCHEDULE / EMPLOYEES:			
AREA / PHASE OF WORK: _____			
SUPERVISOR: _____		START DATE: _____	
END DATE: _____		NUMBER: _____	
EMPLOYEES: SKILL / TRADE: _____		NUMBER: _____	
EMPLOYEES: SKILL / TRADE: _____		NUMBER: _____	
EMPLOYEES: SKILL / TRADE: _____		NUMBER: _____	
WORK / CREW DESCRIPTION / DETAIL: _____			
AREA / PHASE OF WORK: _____			
SUPERVISOR: _____		START DATE: _____	
END DATE: _____		NUMBER: _____	
EMPLOYEES: SKILL / TRADE: _____		NUMBER: _____	
EMPLOYEES: SKILL / TRADE: _____		NUMBER: _____	
EMPLOYEES: SKILL / TRADE: _____		NUMBER: _____	
WORK / CREW DESCRIPTION / DETAIL: _____			
____ APPROVED			
SIGNATURE _____		SIGNATURE _____	
DATE _____		DATE _____	
CONTRACTOR AUTHORIZED REPRESENTATIVE		CONTRACTING OFFICER REPRESENTATIVE	
CONTRACTOR WORK PLAN			

Technical Exhibit D-1
Contractor Contact Information

<u>QUALITY CONTROL PROGRAM</u>	
CONTRACTOR NAME: _____ CONTRACT NUMBER: _____	
METHODS OF CORRECTING DEFICIENCIES (DESCRIBE):	
1.	
2.	
3.	
AREA / PHASE OF WORK: _____	
QUALITY CONTROL INSPECTOR NAME: _____	
SCHEDULE INSPECTIONS (DESCRIBE):	
1.	
2.	
3.	
4.	
UNSCHEDULED INSPECTIONS (DESCRIBE):	
1.	
2.	
3.	
4.	
____ APPROVED	
<div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <div style="border-top: 1px solid black; height: 1.2em;"></div> CONTRACTOR AUTHORIZED REPRESENTATIVE	<div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div> <div style="border-top: 1px solid black; height: 1.2em;"></div> CONTRACTING OFFICE REPRESENTATIVE
CONTRACTOR WORK PLAN	

Technical Exhibit D-4
Contractor Quality Control Plan

<u>ACCIDENT PREVENTION PROGRAM</u>			
CONTRACTOR NAME: _____		CONTRACT NUMBER: _____	
ADMINISTRATIVE PLAN			
Willingness to correct safety hazards detected by the Corps is commendable, but a poor substitute for a positive program that prevents or detects and corrects hazards.			
Contractor 1	Contract Name & Number 2		Date 3
Project Superintendent 4	Shifts / day 5	Hours / shift 5a	Maximum employees / shift 5b
Superintendent's training in Corps' safety requirements 6			
Major Units of Equipment 7			
Who will inspect equipment? 8	Inspector's qualifications 8a		Inspection frequency? 8b
Who is responsible for operators' physicals? 9	Location of all records 10		Day and hour weekly safety meeting 11
Who is responsible for employee training? 12	Who will orient new employees? 13		
Who is responsible for clean-up? 14	Where will drinking water be obtained? 15		
Who will investigate accidents? 16	Who is responsible for providing personal protective equipment? 17		
Name Doctors, Hospitals & Ambulance services with whom arrangements have been made for this contract.			
Doctor 18	Hospital 18a		Ambulance 18b
What form of communication will be used to summon ambulance? 18c _____			
____ APPROVED			
SIGNATURE CONTRACTOR AUTHORIZED REPRESENTATIVE		DATE CONTRACTING OFFICER REPRESENTATIVE	
CONTRACTOR WORK PLAN			

Technical Exhibit D-5
Contractor Accident Prevention Program

<u>ACCIDENT PREVENTION PROGRAM (CONT')</u>									
CONTRACTOR NAME: _____ CONTRACT NUMBER: _____									
ADMINISTRATIVE PLAN									
Names of first aid attendants having certificates				Type of certificate and expiration date		Names of U.S.C.G. licensed boat operators, type of license and expiration date			
19				19a		20			
21 Fire Fighting Equipment				22 First Aid Kits		23 Wash Facilities		24 Toilets	
No.	Rating	Type	Location	No.	Type	No.	Type	No.	Type
What flammable or combustible liquids or gases will be on job site?									
25									
Where and how will flammables and combustibles be stored?									
26									
Who will be responsible for inspection and maintenance of fire fighting equipment?									
27									
If the Company has a published statement of safety policy, please transmit a copy with the return of your Accident Prevention Program.									
On a separate sheet submit your proposed layout of temporary buildings and facilities (including subcontractors) and traffic patterns including access roads, haul roads, R.R.s, utilities, etc.									
<p>The _____ will pursue a positive program of training,</p> <p style="text-align: center;">(Company)</p> <p>inspections and hazard control throughout the term of this contract. Mr./ Ms. _____</p> <p>has the responsibility and authority for enforcing them.</p> <p>_____</p>									
____ APPROVED									
SIGNATURE CONTRACTOR AUTHORIZED REPRESENTATIVE				DATE		SIGNATURE CONTRACTING OFFICER REPRESENTATIVE			
CONTRACTOR WORK PLAN									

Technical Exhibit D-6
Contractor Accident Prevention Program Cont.

ACCIDENT PREVENTION PROGRAM (CONT')			
CONTRACTOR NAME: _____		CONTRACT NUMBER: _____	
JOB HAZARD ANALYSIS			
1. Contract No.	2. Project	3. Facility	
4. Data	5. Location	6. Estimated Start Date	
7. Item	8. Phase of Work	9. Safety Hazard	10. Precautionary Action Taken
____ APPROVED			
SIGNATURE _____ DATE _____ CONTRACTOR AUTHORIZED REPRESENTATIVE		SIGNATURE _____ DATE _____ CONTRACTING OFFICER REPRESENTATIVE	
CONTRACTOR WORK PLAN			

Technical Exhibit D-7
Contractor Job Hazard Analysis

ANNUAL PEST CONTROL REPORT
U.S. ARMY CORPS OF ENGINEERS
ST. LOUIS DISTRICT, RIVERS PROJECT OFFICE
Instructions on Back

PLANNED _____ **ACTUAL** _____ **YEAR** _____
OUTGRANT

Name _____ Number _____

APPLICATOR

Name _____
Agency _____ / _____ Company _____
Address _____
City _____
State _____ Zip _____ Phone Number (_____)
License No. _____

AREA

County _____ State _____ Area Measurement _____

Name _____
Description _____

PEST

Description _____ Quantity _____

PESTICIDE

Trade Name _____ Quantity _____
EPA Class _____ EPA Reg.# _____ Applications _____

Preparer Printed Name and Title _____ Preparer Signature _____ Date _____

OFFICIAL USE ONLY

Approved _____ Disapproved _____

Approver Printed Name and Title _____ Approver Signature _____ Date _____

Reason for Disapproval / Notes on Approval _____

Technical Exhibit E-1

Instructions for Completing Annual Pest Control Report
U.S. Army Corps of Engineers, St. Louis District, Rivers Project Office

Planned / Actual: Check either actual data for previous year or planned data for upcoming year.

Outgrant Name: If applicable, the agency, company or individual holding the lease, easement or permit.

Outgrant Number: If applicable, the lease, easement, or permit number.

Applicator Name / Agency / Company / Address / Phone Number: Pesticide applicator name, agency or company, address, and phone number.

Applicator License No. / State: Pesticide applicator license number and license state.

Area Measurement: Total measured area / volume of application area in acres, sq. yards, sq. feet, cu. feet, etc.

Area Name: Application area common name, examples; River Access Area, Ag Field No. 24, Machinery compound, etc.

Area Description: Application area description, examples; restrooms, docks, shoreline riprap, cultivated field, food plot, levee, parking areas, fence line, trail, etc.

Pest Description: Target pests' description, examples; Johnson grass, broadleaf weeds, woody vegetation, mosquitoes, spiders, mice, gophers, pigeons, etc.

Pest Quantity: Target pests estimated population by density, or other description, examples; complete infestation, 4 plants / sq meter, 8 stems / acre, etc.

Pesticide Trade Name: Pesticide full trade name that appears on label, and common name if different than trade name.

Pesticide Quantity: Pesticide amount applied to the application area for each application described in gallons, quarts, pints, fluid ounces, etc.

Pesticide EPA Class: General-use or restricted-use. If restricted-use pesticide, include a written justification, including:

1. Specific reasons why a general-use pesticide cannot achieve an acceptable level of control.
2. Other technical guidance in the selection process, including specific contact names and recommendations received.
3. Specific actions taken to ensure that proper safeguards are employed in the application.

Pesticide EPA Reg. No.: Pesticide EPA registration number that appears on the label.

Pesticide Applications: Total number of pesticide applications for this area for the year.

Technical Exhibit F

Boundary Line Work Specifications

BOUNDARY LINE MONUMENTATION AND DELINEATION STANDARDS.

1. General. Monumentation and delineation will be in accordance with EM 1110-1-1-2 and in accordance with the following specifications and drawings. When field situations dictate, variances in standards may be necessary and field procedures used will be documented, approved by the Project Manager and standardized for future use.

2. Clearing. Within that area from any boundary post to the next sequential boundary post;

(a) Within the boundaries of the US Government,

(b) Within two (2) feet of the boundary line being the vertical limits, and

(c) Within three (3) feet to seven (7) feet of the ground level at each boundary post being the horizontal limits, the following shall be removed;

(1) All live and woody vegetation less than four (4) inches diameter to within four (4) inches of the ground surface,

(2) All live and dead parts of woody vegetation greater than four (4) inches diameter back to the next branching part of the stem,

(3) All herbaceous vegetation,

(4) All vegetation within fences that can be removed without damaging the integrity of the fence to within a minimum of six (6) inches of any part of the fence, and

(5) Within the area of the extension of the vertical clearing limits to the ground surface, all natural existing debris and generated slash larger than one (1) inch in diameter or three (3) feet in length shall be removed.

3. Line and Witness Tree Blazes. All line and witness tree blazes shall be painted.

(a) Paint. Paint shall be blue boundary marking paint brushing type specifically designed for boundary marking.

4. Boundary Posts. Boundary posts shall be seven (7) foot, high tensile, high strength, hot-dip galvanized five sided flanged channel two (2) inch steel posts with three-eighths (3/8) inch pre-drilled holes, suitable for management and boundary signs placement.

5. Management Signs. Management signs shall be approved sign type, .080 gauge aluminum alloy, nine (9) inch by nine (9) inch, with reflective sheathing lettering and with two (2) five-sixteenths (5/16) drilled holes to accommodate boundary posts.

6. Boundary Signs. Boundary signs shall be approved sign type, .080 gauge aluminum alloy, six (6) inch by six (6) inch, with reflective sheathing lettering and with two (2) five-sixteenths (5/16) drilled holes to accommodate boundary posts.

7. Boundary Post/Signs Placement. Boundary posts shall be placed;

- (a) That a minimum of posts are placed,
- (b) On the boundary line,
- (c) Seven (7) feet from all boundary line monuments, and
 - (1) Whenever the ground level obstructs the lower three (3) foot horizontal clearing limits, or
 - (2) Whenever the distance between boundary posts exceeds four hundred (400) feet.
- (d) On public road and levee right-of-way lines,
 - (1) At the intersection of the boundary line,
 - (2) Seven (7) feet from the intersection of the boundary line offset from boundary lines within rights-of-way, and
- (e) Whenever the distance between boundary posts exceeds four hundred (400) feet,
- (f) Within five (5) degrees vertical,
- (g) Within fifty-six (56) inches and fifty-two (52) inches extending above the ground surface,
- (h) With the flanged side of the post open toward private property,
- (i) With affixed management and/or boundary signs,
 - (1) With lettering facing private property,
 - (2) Within fifteen (15) degrees parallel of the boundary line,
 - (3) With the top of the top sign flush with the top of the boundary post, and
 - (4) With cap screws and nuts.

8. **Witness Pots.** Witness posts shall be five (5) foot six (6) inch, high tensile, high strength, hot-dip galvanized five sided flanged channel two (2) inch steel posts with three-eighths (3/8) inch pre-drilled holes, suitable for witness sign placement.

9. **Witness Signs.** Witness signs shall be approved sign type, .080 gauge aluminum alloy, three and three-quarter (3 3/4) inch by five and one-half (5 1/2) inch, with reflective sheathing lettering and with two (2) five-sixteenths (5/16) drilled holes to accommodate boundary posts.

10. **Witness Post / Signs Placement.** Witness posts shall be placed;

(a) Within six (6) inches of all line, reference and witness corner monuments,

(b) Within five (5) degrees of vertical,

(c) Within thirty-eight (38) inches and thirty-four (34) inches extending above the ground surface,

(d) With the flanged side of the post open toward private property,

(e) With affixed witness sign,

{1) With lettering facing private property,

(2) With the top of the witness sign flush

(3) With the top of the witness post, and

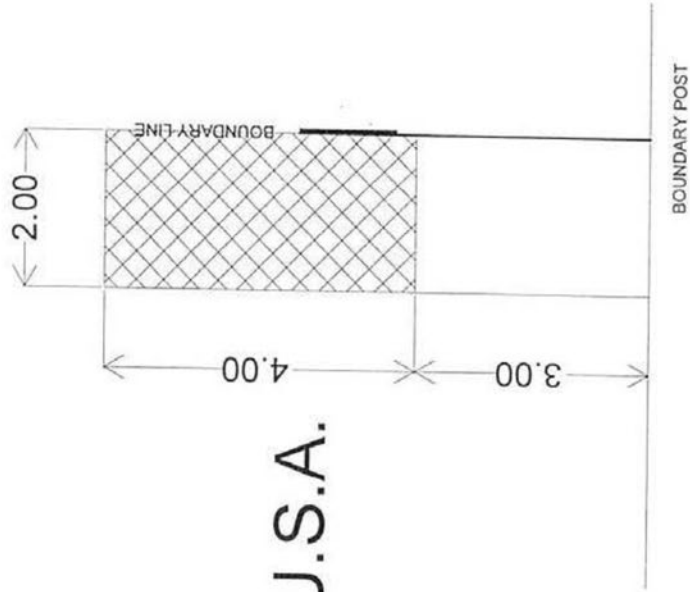
(4) With cap screws and nuts.

11. **Cap Screws and Nuts.** Cap screws shall be five-sixteenths (5/16) inch diameter and one and one-half (1 1/2) inches length, zinc chromate coarse thread hex head standard strength low carbon steel grade two (2). Nuts shall be five sixteenths (5/16) inch zinc chromate coarse threaded steel full finished.

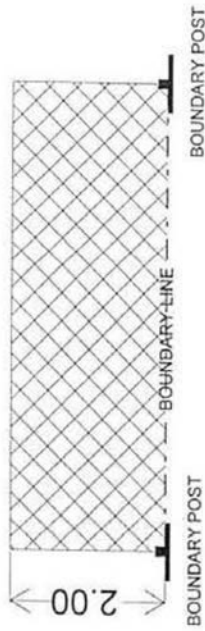
US ARMY CORPS OF ENGINEERS
ST. LOUIS DISTRICT
MISSISSIPPI RIVER NINE FOOT NAVIGATION PROJECT
BOUNDARY LINE DELINEATION

U.S.A.

U.S.A.



SECTION - HORIZONTAL CLEARING LIMITS

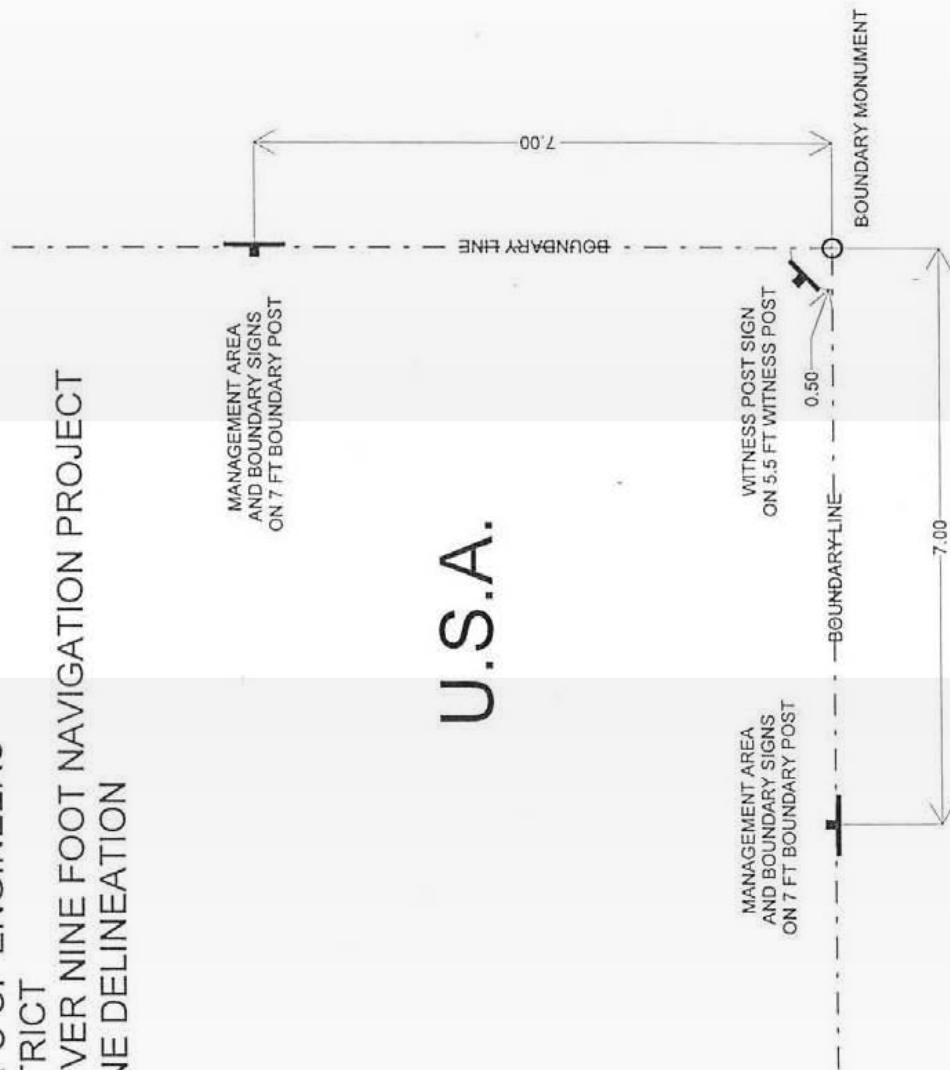


PLAN - VERTICAL CLEARING LIMITS

TYPICAL CLEARING LIMITS
DIMENSIONS SHOWN IN FEET

US ARMY CORPS OF ENGINEERS
ST. LOUIS DISTRICT
MISSISSIPPI RIVER NINE FOOT NAVIGATION PROJECT
BOUNDARY LINE DELINEATION

U.S.A.



TYPICAL PLAN AT OPEN FIELD ANGLE POINT
DIMENSIONS SHOWN IN FEET

US ARMY CORPS OF ENGINEERS
ST. LOUIS DISTRICT
MISSISSIPPI RIVER NINE FOOT NAVIGATION PROJECT
BOUNDARY LINE DELINEATION

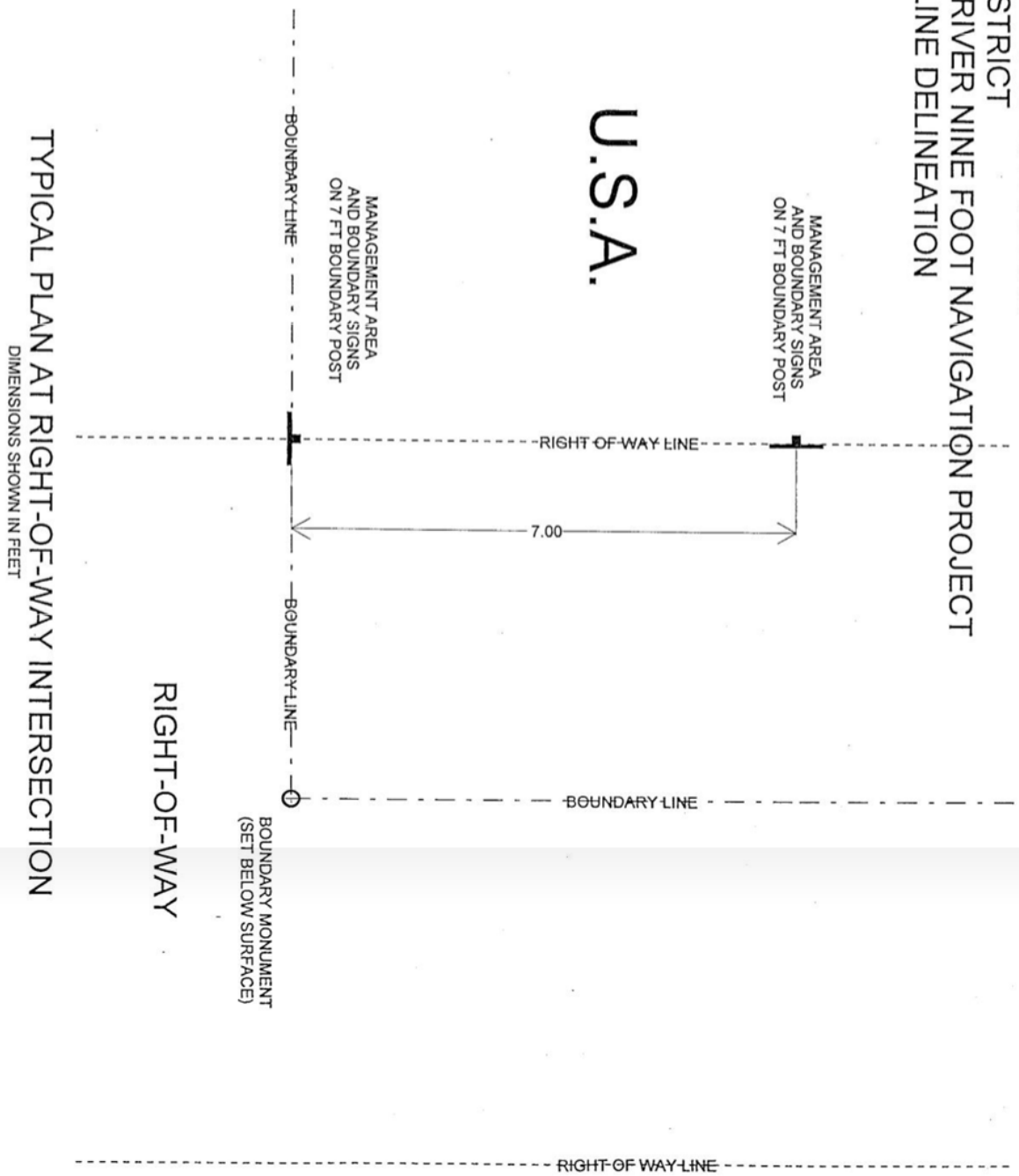


Exhibit F-1
RIVERS PROJECT BOUNDARY MAINTENANCE AND INSPECTION
REPORT FORM

Date: _____
Group _____ No. _____ / _____ Work _____ Area _____

_____ and Angle Point # _____
Personnel/Laborers: _____
Between Angle Point # _____

Coordinates: X _____ Y _____

Description of Problem:

____ Missing Monument ____ Encroachment ____ Other

Please Return Weekly.

Exhibit F-2
RIVERS PROJECT OFFICE BOUNDARY MAINTENANCE AND
INSPECTION MISSING ANGLE POINT MONUMENTS

Date: _____

Group No. / Work Area _____

AP# _____

Coordinates: X _____ Y _____

Notes: _____

Supervisor: _____

Exhibit F-3
RIVERS PROJECT BOUNDARY MAINTENANCE AND INSPECTION
NEXT WEEK'S WORK PROJECTION

Date: _____

Planned Group No. / Work Area _____

Planned hours of work for each day during the upcoming week:

Monday: _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

The following personnel will work during the upcoming week:

