

NYSDEC Division of Environmental Remediation						Department of Environmental Conservation		Contract No. D009812 DEC Insp. – None DEC PM – Robert Strang Contractor Supt. – None Engineer PM – Matthew Hoskins Engineer Insp. – Anthony Raposo and Maya Wells	
Site Location: 270-280 Duffy Avenue, Hicksville, New York									
Weather Conditions									
General Description	Cloudy	AM	Rain	PM					
Temperature	65°F	AM	65°F	PM					
Wind	9 mph SSE	AM	12 mph SSE	PM					
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".									
Were there any changes to the Health & Safety Plan?					*Yes	<input checked="" type="radio"/> No	NA		
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	<input checked="" type="radio"/> NA		
Were there any nuisance issues reported/observed on this date?					*Yes	<input checked="" type="radio"/> No	NA		
Health & Safety Comments Site-specific HASP was followed accordingly.									
Summary of Work Performed		Arrived at site:	1015	Departed Site:	1215				
<p>TRC Engineers, Inc. (TRC) conducted an annual site inspection at the Alsy Manufacturing, Inc. Site located at 270 through 280 Duffy Avenue in Hicksville, New York (the Site) on Friday, November 11, 2022. The objectives of the Site inspection were to confirm Site usage, evaluate general Site conditions, and evaluate the condition of the Site cover system and on- and off-Site monitoring wells.</p> <p>Upon arrival, TRC conducted an inspection of the asphalt cover system and determined it to be in good condition with only minor cracks observed. Previous damage to asphalt paving in the southern portion of the Site resulting from the damaged power line has been repaired. All inspected Site wells were in good condition. TRC could not locate monitoring wells AMS-1 and MW-3. TRC suspects that monitoring well AMS-1 had been paved over and MW-3 is covered by soil and grass.</p> <p>Site and monitoring well inspection forms were completed in accordance with the 2020 Site Management Plan prepared by D&B Engineers and Architects, P.C.</p>									
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".									
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No	<input checked="" type="radio"/> NA		
Were there any vehicles which were not tarped?					*Yes	No	<input checked="" type="radio"/> NA		
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	<input checked="" type="radio"/> NA		
Personnel and Equipment									
Individual		Company		Trade		Total Hours			
Anthony Raposo		TRC		Project Manager		2			
Maya Wells		TRC		Environmental Engineer		2			
Equipment Description		Contractor/Vendor			Quantity	Used			
N/A		N/A			N/A	N/A			
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*		
N/A	N/A	N/A	N/A	N/A		N/A	N/A		
*On-Site scale for off-site shipment, delivery ticket for material received									
Equipment/Material Tracking Comments: No equipment used on Site. No materials imported to Site. No materials exported from Site.									

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
N/A	N/A	Yes	No
Site Representatives			
Name	Representing		
N/A	N/A		
Project Schedule Comments			
None.			
Issues Pending			
TRC could not locate monitoring wells AMS-1 and MW-3. TRC recommends reinstallation of AMS-1 and locating of MW-3 through the use of a metal detector and hand digging and installation of a post or surveying flag for future reference.			
Interaction with Public, Property Owners, Media, etc.			
None.			

Include (insert) figures with markups showing location of work and job progress



Site Photographs (Descriptions Below)	
	
Minor cracking in asphalt cover system, facing southwest.	Minor cracks in loading dock area, facing west.
	
Monitoring well ERM-3, facing south.	Repair to damaged asphalt cover, facing southwest.
Comments	
None.	
Site Inspector(s): Maya Wells and Anthony Raposo	Date: 11/11/2022

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐ No ☒

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

ON-SITE WASTE STORAGE

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90-day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically, and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

* BART – Best Available Retrofit Technology

ENGINEERING AND INSTITUTIONAL CONTROL INSPECTION FORM

I. Site Background Information

A. Site Name and Location:

Site name as it appears on the Environmental Easement: Alsy Manufacturing, Inc.

Name of the current property owner(s): Milvado Property Group

Site Street Address: 270-280 Duffy Avenue

Municipality (-ies): _____ County (-ies): Nassau County

Blocks: G

Lots: 148 and 191

Source information obtained from: Nassau County Tax Map

B. Person responsible for preparing Engineering and Institutional Control Evaluation Form:

Person's Name: Maya Wells

Person's Title: Environmental Engineer

Company Name: TRC Engineers, Inc.

Relationship to the Site (check as appropriate): Owner _____ Operator _____

Lessee _____ Person Who Conducted the Cleanup _____

Other (describe) Consultant for NYSDEC

Street Address: 1430 Broadway, 10th Floor

City: New York State: New York

Telephone Number: (646) 565 - 0980

Fax Number: () -

E-mail Address: MWells@TRCcompanies.com

C. Case Specific Information (Complete all that apply)

- Site Name: Alsy Manufacturing, Inc.
- Site Registry Number: 130027
- Date of final Remediation Report and/or Certificate of Completion: N/A
- Name and program of assigned Project Manager at issuance of Environmental Easement:
N/A

D. Existing Site Conditions

- Describe the physical characteristics of the site (features, topography, drainage, vegetation, access, etc.). If necessary, attach additional sheets.

Site consists of two commercial office and warehouse buildings with associated asphalt
parking areas and landscaped areas which contain few trees and shrubs. The Site is open
with access/egress from Duffy Avenue south of the Site. The Site houses multiple storm drains
throughout the paved areas and Site topography is relatively level.

- Describe the current site operations/use. If necessary, attach additional sheets.

Multiple commercial businesses utilize the site for office and warehouse uses.

- Describe visual integrity/condition engineering control. If necessary, attach additional sheets.

[illegible]

A. Environmental Easement and Engineering Control Information (Complete below)

- Book Number: N/A

Page Number: N/A

Date the date the Environmental Easement was filed in the office of the county recording officer: N/A

- Have any amendments and/or additional filings been recorded that may modify or supersede the Environmental Easement? N/A

Yes ____ No ____

If “Yes”, provide an explanation. If necessary, attach additional sheets.

B. Evaluation of Engineering and Institutional Controls

1. Zoning or Land Use Changes (Complete below)

- a. Land use at the time the Environmental Easement was filed (check all that apply): N/A

Non-Residential ____ Residential ____ Agricultural ____ Other ____

- b. Current land use (check all that apply):

Non-Residential ____ Residential ____ Agricultural ____ Other ____

- c. Has there been an actual or pending zoning or land-use change?

Yes ____ No ____

2. Inspections (Complete below)

Have periodic inspections of the site identified any excavation or other disturbance activities that have taken place within the restricted areas?

Yes ____ No ____

Date(s) of Disturbance: _____

Duration of Disturbance: Years ____ Months ____ Days ____

Date the NYSDEC was notified: _____

Date Work Plan Approved: _____

Description of the disturbance and methods to address the disturbance. If necessary, attach additional sheets.

Name of Contact Person Relative to the Disturbance:

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

3. Changes to Laws and Regulations (Complete below)

- a. Are there any subsequently promulgated or modified environmental laws or regulations, which apply to the site?

Yes ____ No ____

- b. If "Yes", has the evaluation also determined that the Environmental Easement and engineering control, as applicable, meets the requirements of the new laws and regulations?

Yes ____ No ____

- c. The Environmental Easement and engineering control, as applicable that did not meet the requirements of the new laws and regulations has been addressed in the following manner to bring them into compliance. If necessary, attach additional sheets.

N/A

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: AMS-2

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

N/A
N/A
Steel

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

YES	NO

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
4
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

Located in parking space close to curbed grass area next to sidewalk with overhead power lines

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in asphalt parking lot

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

DATE/TIME: 11/11/2022

WELL ID.: ERM-1

MONITORING WELL FIELD INSPECTION LOG

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

N/A
N/A
Steel

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

YES	NO

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
4
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

accessible; no obstructions

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in asphalt parking lot

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: ERM-3

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: ERM-3

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

N/A

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

YES	NO

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
4
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

Accessible; no obstructions

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located curbside of residential home in grass sidewalk buffer

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

Well I.D. marked in Sharpie marker on well cap

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: LMS-1

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT? "WATER" cover used

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

N/A
N/A
Steel

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

YES	NO

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
2
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

Located in northern most area of Site, near dirt barrier (contains trees, leaf debris, some grass, and overhead power lines) that separates Site and railroad tracks

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in asphalt parking lot

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: LMS-2

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

N/A
N/A
Steel

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

YES	NO

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
2
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

Located in laned traffic area of parking lot; not in close proximity to above ground obstructions

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in asphalt parking lot

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: LMS-3

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

N/A
N/A
Steel

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

YES	NO

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
2
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

Located in parking space; accessible once additional vehicles are not present

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in parking lot

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: LMS-4

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

N/A
N/A
Steel

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

YES	NO

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
2
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

located in close proximity to 270 Duffy Ave building

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in asphalt parking lot

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: LMS-5

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

N/A
N/A
Steel

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

YES	NO

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
2
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

accessible; no obstructions

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in parking lot

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: MW-1

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

N/A

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

N/A

PROTECTIVE CASING MATERIAL TYPE:

Steel

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

YES	NO

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

N/A

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

N/A

MEASURE WELL DIAMETER (Inches):

2

WELL CASING MATERIAL:

PVC

PHYSICAL CONDITION OF VISIBLE WELL CASING:

good

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

N/A

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

several feet from street into landscaped area

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located in landscaped area

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch

SITE NAME: Alsy Manufacturing, Inc.

SITE ID.: 130027

INSPECTOR: AR/MW

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 11/11/2022

WELL ID.: MW-2

	YES	NO
WELL VISIBLE? (If not, provide directions below)		

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

YES	NO

WELL I.D. VISIBLE?

WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:

YES	NO

SURFACE SEAL PRESENT?

SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)

PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

HEADSPACE READING (ppm) AND INSTRUMENT USED.....

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

N/A
N/A
Steel

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)

WELL MEASURING POINT VISIBLE?

YES	NO

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

N/A
N/A
2
PVC
good
N/A
N/A

DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY.

In close proximity to guy wire attached to utility pole

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

Located curbside of residential home in grass sidewalk buffer

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

(e.g. Gas station, salt pile, etc.):

None.

REMARKS:

None.

Sketch



D&B ENGINEERS
AND
ARCHITECTS, P.C.

ALSY MANUFACTURING, INC. SITE
HICKSVILLE, NEW YORK

MONITORING WELL LOCATION MAP

FIGURE 2-1