## 2021 PERIODIC REVIEW REPORT FRANKLIN CLEANERS SITE NYSDEC SITE NO. 130050

WORK ASSIGNMENT NO. D009809-18

## Prepared for:

# **New York State Department of Environmental Conservation Albany, New York**

Prepared by:

MACTEC Engineering and Geology, P.C. Portland, Maine

**MACTEC: 3616206123** 

**JUNE 2021** 

## 2021 PERIODIC REVIEW REPORT FRANKLIN CLEANERS SITE NYSDEC SITE NO. 130050

## WORK ASSIGNMENT NO. D009809-18

## Prepared for:

New York State Department of Environmental Conservation Albany, New York

Prepared by:

MACTEC Engineering and Geology, P.C. Portland, Maine

MACTEC: 3616206123

**JUNE 2021** 

Submitted by:

Bradley B. LaForest, CEAC

Cirl M Bousted

Brasly B. G.

Project Manager

Approved by:

Nicole Bonsteel, P.E. Technical Reviewer

## **TABLE OF CONTENTS**

LIST O	F FIGUI	RES	i
		ES	
GLOSS	SARY O	F ACRONYMS AND ABBREVIATIONS	iv
EXECU	JTIVE S	SUMMARY	1-1
1.0		VERVIEW	
		SITE DESCRIPTION	
		PHYSICAL SETTING	
		SITE HISTORY	
		CLEANUP GOALS AND REMEDIAL PROGRESS	
2.0		JATION OF REMEDY PERFORMANCE, EFFECTIVENESS, A	
		CCTIVENESS	
		INSTITUTIONAL CONTROLS/ENGINEERING CONTROLS	
		2.1.1 Institutional Controls	
		2.1.2 Engineering Controls	
		2.1.2.1 GWE&TS	
		2.1.2.2 Groundwater Monitoring Well Network	
		2.1.2.3 Alternate Water Supply (Molloy College Deep Irrigation Well)	
		2.1.2.4 Vapor Mitigation	
		OPERATION AND MAINTENANCE PLAN COMPLIANCE	
		MONITORING AND SAMPLING PLAN COMPLIANCE	
		2.3.1 LONG-TERM GROUNDWATER MONITORING	
2.0	COCT	2.3.1.1 Monitoring Well Field Inspections	
3.0	CONCL	CONTROL SUMMARYLUSIONS AND RECOMMENDATIONS	3-1
4.0			
		INSTITUTIONAL CONTROLS/ENGINEERING CONTROLS	
		OPERATION AND MAINTENANCE PLAN	
		GROUNDWATER MONITORING PROGRAM	
<b>5</b> 0		RECOMMENDATIONS	
5.0	KEFEK	ENCES	3-1

## **FIGURES**

## **TABLES**

## **APPENDICES**

Appendix A Maintenance Logs

Appendix B SPDES Permit Equivalency

Appendix C Monitoring Well Field Inspection Logs

Appendix D Data Validation Checklists

#### LIST OF FIGURES

## **Figure**

- 1.1 Site Location
- 1.2 Site Plan Offsite
- 1.3 "As-Built" Treatment System Layout
- 2.1 Monitoring Well Location Map
- 2.2 Groundwater PCE Concentration Map, 2018
- 2.3 Groundwater PCE Concentration Map, 2019
- 2.4 Groundwater PCE Concentration Map, 2020

## LIST OF TABLES

## **Table**

- 2.1 Long-Term Monitoring Sampling Matrix
- 2.2 Groundwater Monitoring Results Volatile Organic Compounds
- 2.3 Groundwater Monitoring Results Emerging Contaminants

#### GLOSSARY OF ACRONYMS AND ABBREVIATIONS

1,1-DCE 1,1-dichloroethene
1,2-DCE 1,2-dichloroethene

AS air sparging

DCE dichloroethene

EC(s) engineering control(s)

GAC granular activated carbon

GWE&TS groundwater extraction and treatment system

IC(s) institutional control(s)

μg/m³ microgram(s) per cubic meter
 μg/kg microgram(s) per kilogram
 μg/l microgram(s) per liter

NCDOH Nassau County Department of Health

NYSDEC New York State Department of Environmental Conservation

NYSDOH New York State Department of Health

O&M operation and maintenance

PCE tetrachloroethene

PFAS per- and polyfluoroalkyl substances

QA/QC Quality Assurance/Quality Control

RCRA Resource Conservation and Recovery Act
RI/FS Remedial Investigation and Feasibility Study

## GLOSSARY OF ACRONYMS AND ABBREVIATIONS (CONTINUED)

ROD Record of Decision

RSO remedial system optimization

SCGs Standards, Criteria, and Guidance

SIM selected ion monitoring

Site Franklin Cleaners
SM Site Management

SMP Site Management Plan

SPDES Stormwater Pollutant Discharge Elimination System

SSDS sub-slab depressurization system

SVE soil vapor extraction

TCE trichloroethene

TCL Target Compound List

TSCA Toxic Substance Control Act

USEPA United States Environmental Protection Agency

VOC(s) volatile organic compound(s)

#### EXECUTIVE SUMMARY

The Franklin Cleaners site (herein referred to as the Site) is located at 206-208B South Franklin Street in the Incorporated Village of Hempstead, Nassau County, New York. A groundwater extraction and treatment system (GWE&TS) associated with the Site is located approximately one mile downgradient at 1000 Hempstead Avenue in the Village of Rockville Centre, New York. The Site is a New York State Department of Environmental Conservation (NYSDEC) Class 4 Inactive Hazardous Waste Disposal Site and is listed on the New York State Registry of Inactive Hazardous Waste Sites (Site No. 130050).

Based on the requirements of the Record of Decision (ROD), dated March 30, 1998 (NYSDEC, 1998), remedial activities have been conducted at and downgradient of the Site to address chlorinated-solvent contamination associated with the historical use of the Site as a dry cleaner. Remedial goals outlined in the ROD for the Site are instituted to protect human health and the environment; these goals include:

- Reduce, control, or eliminate contaminated media to the extent practicable.
- Eliminate the threat to groundwater and indoor air by eliminating onsite soil contamination.
- Eliminate the potential for human exposure to the on-site contaminated soils.
- Eliminate the potential for exposure to contaminated groundwater.
- Provide for attainment of soil Standards, Criteria, and Guidance (SCGs) for groundwater, soil, and indoor air to the limits of the affected area, to the extent practicable.

The Site operated as a dry cleaner from 1957 through 1991 and additionally as a laundromat beginning in 1987. Operation as a dry-cleaning facility is reportedly the source of chlorinated-solvent contamination identified at the Site, as well as the groundwater plume extending from the Site. The "source area" contamination was remediated via a soil vapor extraction and air sparging (SVE/AS) system from 2004 to 2007. In February 2007, a sub-slab depressurization system (SSDS) was installed within the basement of the Site building to replace the SVE system.

A GWE&TS was installed approximately one mile downgradient of the Site and began operating in September 2004 to capture and treat the chlorinated-solvent groundwater plume. A monitoring well

MACTEC Engineering and Geology, P.C. – 3616206123

network was installed in the vicinity and downgradient of the GWE&TS to monitor the system's effectiveness at treating the plume. Following construction of the GWE&TS and associated groundwater monitoring well network, a routine groundwater monitoring sampling program was initiated.

In July 2017, the system was shut down to allow for equilibrium of the subsurface environment and for monitoring of volatile organic compound (VOC) concentrations via the existing groundwater monitoring well network.

This Periodic Review Report summarizes Site Management (SM) activities completed at the Site from March 2018 through February 2021. Based on activities completed during this period, the Site use and activities are in compliance with the Site Management Plan (SMP) requirements and the institutional controls/engineering controls (IC/ECs) remain in-place and are effective in protecting the public health and environment.

#### 1.0 SITE OVERVIEW

#### 1.1 SITE DESCRIPTION

The Franklin Cleaners Site is a New York State Department of Environmental Conservation (NYSDEC) Class 4, formerly Class 2, Inactive Hazardous Waste Site and was listed on the New York State Registry of Inactive Hazardous Waste Sites (Site No. 130050), following the identification of chlorinated-solvent contamination at the Site due to its historical use as a dry cleaner. The Site operated as a dry cleaner from 1957 through 1991 and additionally as a laundromat beginning in 1987. A dry-cleaning fluid "cooker" operated in the basement of the Site's building during its years as a dry-cleaning facility.

#### 1.2 PHYSICAL SETTING

The Site is located in a mixed residential-commercial area at 206-208B South Franklin Street in the Incorporated Village of Hempstead, Nassau County, New York (**Figure 1.1**). The Site is approximately 1/8-acre in size and includes a two-story structure with a basement, a coin-operated laundromat and a delicatessen on the first floor, and residential apartments on the second floor. The Site is bordered to the west by South Franklin Street, to the north and east by private residences, and to the south and by commercial structure.

The GWE&TS, associated with the Site, is located approximately one mile downgradient of the Site at 1000 Hempstead Avenue in the Village of Rockville Centre, Nassau County, New York (**Figure 1.1** and **Figure 1.2**). It is located on an approximately 1/4-acre area and is bounded to the north by the Southern State Parkway, to the south by Molloy College, to the west by Mercy Medical Center, and to the east by Hempstead Avenue.

The topography within the vicinity of the Site consists of gently southward-sloping plains within the Atlantic Coastal Plain. The geology underlying the Site consists of a southeastward thickening wedge of unconsolidated deposits overlying crystalline bedrock (D&B Engineers and Architects, P.C., 2012). Unconsolidated deposits of poorly sorted glacial till (very fine to coarse sand and gravel) of the Upper Glacial Aquifer make up the uppermost geologic unit. Beneath this unit lies the Magothy

Formation which consists of layers of unconsolidated sands, silts, and clays, and is approximately 500 feet thick. The Raritan Formation sits below the Magothy Formation and consists of an upper clay member, Raritan Clay (approximately 200 feet thick), and a lower sand member, Lloyd Sand Member (approximately 500 feet thick). Beneath this formation lies a gneissic bedrock at approximately 1,000 feet below land surface.

This hydrology beneath the Site consists of the Upper Glacial Aquifer (uppermost), the Magothy Aquifer (middle), and the Lloyd Aquifer (bottommost) which make up Long Island's sole-source aquifer system. The Upper Glacial Aquifer is approximately 80 feet thick beneath the Site and consists primarily of glacial outwash. Hydraulic conductivity values average approximately 250 feet per day. The Magothy Aquifer ranges from approximately 300 to 600 feet in thickness and consists mainly of fine to medium sand with some layers of silts and clays. The bottom 50 to 100 feet comprise coarse sand and gravel. Hydraulic conductivity averages 50 to 60 feet per day. The Lloyd Aquifer is confined by the overlying Raritan Clay member and the underlying bedrock and ranges in thickness from approximately 300 to 500 feet. Regional and local groundwater generally flows to the south-southwest toward small lakes, which generally discharge to various bays along Nassau County's southern shore.

#### 1.3 SITE HISTORY

In March 1990, the Nassau County Department of Health (NCDOH) investigated a complaint of tainted drinking water from a private residence located approximately 100 feet southwest and downgradient of the Site. Two private water supply wells were identified at the residence, a drinking water well (approximately 45 feet deep) and an irrigation well (approximately 32 feet deep). Samples collected from the two wells contained tetrachloroethene (PCE) concentrations of 5,500 micrograms per liter ( $\mu$ g/l) and 29,000  $\mu$ g/l, respectively. Following these detections, the residence was connected to the Village of Hempstead public water supply system (NYSDEC, 1998).

Due to the Site's upgradient location from the PCE contamination identified at the private residence, in April 1990, the NCDOH performed an inspection of the Site including collection of soil samples from soil exposed at gaps in the Site building's basement and surface soil from the rear of the property. Soil samples from the basement contained PCE concentrations of up to 9,400 micrograms

per kilogram ( $\mu$ g/kg). A sample from the rear of the property contained PCE at 650,000  $\mu$ g/kg, trichloroethene (TCE) at 1,700  $\mu$ g/kg, and dichloroethene (DCE) at 680  $\mu$ g/kg (NYSDEC, 1998).

From April to December 1992, the Nassau County Department of Public Works (NCDPW) conducted a Preliminary Site Assessment based on results from the NCDOH's 1990 groundwater and soil investigations (NCDPW, 1993). One groundwater monitoring well, FC-1, was installed upgradient of the Site to a depth of 40 feet below the ground surface and three groundwater monitoring wells, FC-2, FC-3, and FC-4, were installed downgradient of the Site, each to a depth of 37 feet below the ground surface. Groundwater samples from the four wells were collected and analyzed for volatile organic compounds (VOCs). Downgradient groundwater monitoring well FC-2 contained a PCE concentration of 83  $\mu$ g/l, which exceeded the Class GA Groundwater Standard for PCE of 5  $\mu$ g/l. Upgradient groundwater monitoring well FC-1 and downgradient groundwater monitoring wells FC-3 and FC-4 did not contain exceedances of PCE. Following this assessment, in August 1993, the Site was listed as a NYSDEC Class 2, Inactive Hazardous Waste Site (NYSDEC, 1993).

From December 1996 to April 1997, D&B Engineers and Architects, P.C. conducted a Remedial Investigation and Feasibility Study (RI/FS) to identify the source of groundwater contamination, to characterize the nature and extent of onsite groundwater contamination, and to develop an Interim Remedial Measure (IRM) for source remediation (D&B, 1998). Results were summarized in a RI/FS report, dated November 1998, and revealed elevated concentrations of PCE in Site soils and in groundwater at and downgradient of the Site. Soil samples collected from the rear portion of the property and from beneath the Site building's basement slab contained PCE detections of up to 240,000 µg/kg, specifically from beneath the basement's southeast corner in the vicinity of the fluid "cooker." Groundwater samples collected from the water table, approximately 20 to 26 feet below grade, contained elevated PCE detections (up to 1,500 µg/l at the Site and up to 780 µg/l within approximately 3,000 feet downgradient of the Site) as well as elevated levels of PCE breakdown products TCE, 1,1-dichloroethene (1,1-DCE), and 1,2-dichloroethene (1,2-DCE). Groundwater samples collected from an intermediate depth, approximately 33 to 57 feet below grade, contained elevated PCE detections (greater than 1,000 µg/l approximately 1,000 feet downgradient of the Site and greater than 100 µg/l approximately 3,500 feet downgradient of the Site), as well as elevated levels of associated breakdown products. Groundwater samples collected from a greater depth, approximately 49 to 87 feet below grade, contained elevated concentrations of PCE and its associated

breakdown products at the Site and up to 4,500 feet downgradient of the Site. This data suggested that contamination migrated deeper as it traveled further from the source area likely due to downward flow of groundwater immediately downgradient of the Site, contaminants of concern with densities/specific gravities greater than that of water, and infiltration of precipitation. Air samples collected from within the Site building (basement, first floor commercial areas and second floor residential areas), and from commercial and residential properties immediately adjacent to the Site, contained exceedances of the NYSDOH guidance value for PCE of 100 micrograms per cubic meter  $(\mu g/m^3)$ .

In January 1998, an IRM was performed at the Site to address the elevated PCE concentrations detected in indoor air samples collected from the basement, first and second floors of the onsite building. As part of this IRM, air filtration units were installed within the Site building. The units consisted of fans with integrated particulate and granular activated carbon (GAC) filters to recirculate and filter the air and to remove particulates and VOCs. A wall was constructed in the basement to isolate the areas where the former fluid "cooker" was located and where elevated PCE concentrations were detected in soil immediately beneath the basement floor slab. In March 1998, two air filtration units were installed in the basement of the commercial building immediately adjacent to the former dry cleaner building (NYSDEC, 1998).

Based on the findings of the RI/FS, the NYSDEC issued a Record of Decision (ROD) for the Site in March 1998 (NYSDEC, 1998). In order to eliminate or mitigate threats to human health and the environment, the NYSDEC selected the following Institutional Controls/Engineering Controls (ICs/ECs) to be implemented at the Site:

- Soil vapor extraction (SVE) of PCE-contaminated soils with onsite treatment of contaminated vapors using a vapor-phase GAC treatment system.
- Air sparging (AS) of shallow onsite groundwater and capture of PCE vapors by the SVE system.
- Extraction of contaminated groundwater at the leading edge of the contaminant plume for up to 20 years and treatment of water through the use of chemical precipitation and filtering of metals, and air stripping of VOCs along with GAC treatment of off gasses, if necessary.
- Offsite disposal of all spent GAC at a Toxic Substance Control Act (TSCA) and Resource Conservation and Recovery Act (RCRA)-permitted incinerator.

- Installation of a deep irrigation/monitoring well located at Molloy College, downgradient
  of the Site to replace an existing irrigation well at Molloy College located in the Upper
  Glacial aquifer.
- Long-term groundwater monitoring and groundwater use restrictions, as necessary.
- Control of indoor air contamination using air purifying, ventilation and vapor barrier systems along with a monitoring program until the "source area" remediation has been effectively completed.

From July 1999 to December 2000, remedial predesign studies were performed at and downgradient of the Site to prepare for the design and construction of a downgradient groundwater extraction and treatment system (GWE&TS) to address contamination migrating from the Franklin Cleaners Site (D&B, 2000). The studies identified that the groundwater contamination plume was approximately 400 feet wide and extended from the Site to approximately 4,500 feet south of the Site and was concentrated at approximately 80 to 95 feet below the ground surface directly above a confining clay layer. A GWE&TS was proposed to be installed approximately one mile downgradient of the Franklin Cleaners Site at the leading edge of the contaminated groundwater plume on property owned by the New York State Office of Parks, Recreation and Prehistoric Preservation. To evaluate effectiveness of the GWE&TS, a groundwater monitoring well network consisting of five wells would be installed downgradient of the system. Proposed wells ASMW-1 through ASMW-3 would be located immediately downgradient of the GWE&TS and screened from approximately 85 to 95 feet below ground surface. Proposed wells ASMW-4 and ASMW-5 would be installed in close proximity to one another and located further downgradient of the GWE&TS on the Molloy College Property. ASMW-4 was proposed to be screened approximately 85 to 95 feet below ground surface above a clay unit, and ASMW-5 would be screened directly below the clay unit at approximately 100 to 110 feet below ground surface.

Remedial activities to address contamination at the Franklin Cleaners Site began in June 2002 and were completed in September 2003. Activities included remedial excavation and restoration of a contaminated dry well, the construction, start-up, and operation and maintenance of an SVE/AS system, the installation of groundwater monitoring wells, repair and sealing of basement floor cracks, and asphalt paving at the rear of the property (D&B Engineers and Architects, P.C., 2018).

The SVE/AS system began operating in November 2003; the AS system was shut down on August 30, 2004 and the SVE system was shut down on August 20, 2005 as concentrations of PCE were below 5  $\mu$ g/l in on-site groundwater monitoring wells and concentrations of PCE in soil vapor extracted from the SVE wells were non-detectable. The SVE system was restarted on August 30, 2005, following a sub-slab soil sampling event August 10-11, 2005, wherein results indicated a PCE concentration of 128  $\mu$ g/m³ in the southern basement of the property. In February 2007, a sub-slab depressurization system (SSDS) was installed within the basement of the Site building to replace the SVE system. The SVE/AS system was decommissioned in March 2007 following start-up of the SSDS (NYSDEC, 2012a). Details of the SSDS are discussed in subsection Section 2.1.2.4.

A GWE&TS was installed approximately one mile downgradient of the Site to capture and treat the contaminated groundwater plume, and a monitoring well network was installed downgradient of the GWE&TS to monitor the system's effectiveness at treating the plume. The GWE&TS and monitoring well network are discussed in further detail in Section 2.0.

The NYSDEC completed groundwater investigations at the Franklin Cleaners Site and downgradient of the Site in December 2008, March 2009, and September 2011 in support of reclassifying the Site's Class 2 Inactive Hazardous Waste Site designation (D&B Engineers and Architects, P.C., 2018). In December 2008, three of nine monitoring wells sampled contained PCE detections, and monitoring well MW-2S, located approximately 300 feet downgradient of the Site, contained a PCE concentration of 29 μg/l, exceeding its Class GA Standard of 5 μg/l. In March 2009, groundwater samples were collected from the nine wells to confirm the results of the December 2008 sampling event. PCE was detected in monitoring well MW-2S at 7.8 μg/l again exceeding the Class GA Standard. In September 2011, a geoprobe groundwater investigation was conducted along the centerline of the groundwater plume. Groundwater grab samples were collected from 20 geoprobe locations, from the Site to approximately 3,600 feet downgradient of the Site, and from four existing groundwater monitoring wells immediately downgradient of the Site. None of the samples contained exceedances of the Class GA Standard for PCE (5 μg/l) including a sample collected from groundwater monitoring well MW-2S. Results from the groundwater investigations showed a general decline in PCE concentrations from December 2008 to September 2011.

In a letter dated November 20, 2012, the NYSDEC notified the Site owner of the Site classification change from Class 2 to Class 4. The letter indicated that hazardous waste disposal at the Site was

addressed by implementation of the selected remedy identified by the March 1998 ROD and that a significant threat to public health and the environmental no longer exists at the Site (NYSDEC, 2012b).

A remedial system optimization (RSO) evaluation was completed at the Site in 2011 and 2012 in an effort to improve the efficiency, effectiveness, and net environmental benefit of the GWE&TS. The RSO evaluation identified potential system improvements and modifications to expedite Site closure while reducing overall project costs. It was recommended that additional investigations be completed to re-delineate the vertical and horizontal extents of the groundwater plume (D&B Engineers and Architects, P.C., 2012).

In June and July 2014, a Plume Redelineation Program was completed at the Site to identify the current vertical and horizontal extents of the groundwater plume. Nine existing wells located along the plume's center line and seventeen temporary groundwater wells were sampled from shallow (approximately up to 50 feet below grade), intermediate (50 to 65 feet below grade), and deep (65 feet below grade and deeper) groundwater intervals. Results from the Plume Redelineation Program indicated that the plume occupied the same general horizontal extents as identified during the November 1998 RI/FS, however, it had greatly reduced its vertical presence in the shallow groundwater interval (up to 50 feet below grade); and that it had slightly migrated below its historical depth of 90 to 95 feet below grade with a significant reduction in concentrations (D&B Engineers and Architects, P.C., 2015).

In the 2016 Periodic Review Report for the Site, it was recommended that continued operation of the system be evaluated as operational and performance data suggested the current configuration of the system was approaching asymptomatic conditions. The system was shut down in July 2017 to allow for equilibrium of the subsurface environment and for monitoring of VOC concentrations via the existing groundwater monitoring well network (D&B Engineers and Architects, P.C., 2017). Following this shut down, concentrations of PCE have steadily decreased (D&B Engineers and Architects, P.C., 2020).

#### 1.4 CLEANUP GOALS AND REMEDIAL PROGRESS

Remedial goals outlined in the ROD for the Site were instituted to protect human health and the environment from chlorinated-solvent contamination related to historical use as a dry cleaner at and downgradient of the Site. Remedial goals outlined in the ROD included:

- Reduce, control, or eliminate contaminated media to the extent practicable.
- Eliminate the threat to groundwater and indoor air by eliminating onsite soil contamination.
- Eliminate the potential for human exposure to the onsite contaminated soils.
- Eliminate the potential for exposure to contaminated groundwater.
- Provide for attainment of soil Standards, Criteria, and Guidance (SCGs) for groundwater, soil, and indoor air to the limits of the affected area, to the extent practicable.

Soil and groundwater contamination within the "source area" was remediated via an SVE/AS system which operated at the Site from November 2003 to February 2007. Due to the availability of public water, groundwater is not currently utilized at or downgradient of the Site and therefore does not act as a potential exposure pathway.

A GWE&TS was installed approximately one mile downgradient of the Site and began operating in 2004 to capture and treat the contaminated groundwater plume. In July 2017, operation of the system was suspended as operational and performance data was approaching asymptomatic conditions and to allow for equilibrium of the subsurface environment (D&B Engineers and Architects, P.C., 2020). Monitoring of groundwater downgradient of the system is accomplished via the groundwater monitoring well network to determine if the GWE&TS should resume operations and to maintain compliance with the institutional controls/engineering controls (ICs/ECs) established for the Site. ICs/ECs are discussed in Section 2.1.

# 2.0 EVALUATION OF REMEDY PERFORMANCE, EFFECTIVENESS, AND PROTECTIVENESS

The Site Management Plan (SMP) for the Site includes an Institutional and Engineering Control Plan, Monitoring and Sampling Plan, Operation and Maintenance (O&M) Plan, and a Site Management Reporting and Certification Plan (D&B Engineers and Architects, P.C., 2020).

#### 2.1 INSTITUTIONAL CONTROLS/ENGINEERING CONTROLS

Institutional controls/engineering controls (ICs/ECs) provide added protection measures for potentially exposed receptors over and above natural attenuation mechanisms and source area remedial measures. ICs for the Site include an O&M Plan, a Monitoring and Sampling Plan, and a Site Management Plan. ECs for the Site include the GWE&TS, the groundwater monitoring well network (ASMW-1 through ASMW-7), an alternate water supply (Molloy College deep irrigation well MCOL-1), and vapor mitigation.

#### 2.1.1 INSTITUTIONAL CONTROLS

The Site Management Plan dated February 2020 includes a Monitoring and Sampling Plan and an O&M Plan for the GWE&TS and acts as an IC for the Site. Soil and groundwater contamination within the "source area" was successfully remediated via an SVE/AS system and groundwater is not currently utilized at or downgradient of the Site due to availability of public water.

#### 2.1.2 ENGINEERING CONTROLS

#### 2.1.2.1 GWE&TS

A GWE&TS was installed approximately one mile downgradient of the Site at the leading edge of the groundwater plume to capture and treat the contaminated groundwater plume. Groundwater was extracted via two 6-inch diameter extraction wells (EW-1 and EW-2) screened at a depth of 70-90 and 75-90 feet below grade, respectively, and treated by an air stripping unit inside the GWE&TS building. Treated water was then discharged to a Nassau County Department of Public Works storm sewer manhole where it eventually discharged to Smith Pond (approximately two miles south-

southwest of the GWE&TS). Exhaust from the air stripping unit was initially treated via two 1,000-pound GAC vessels before discharging to the atmosphere. This was reconfigured to bypass the GAC vessels and discharge directly to the atmosphere following continued low contaminant concentrations in the air stripper vapor-phase discharge (D&B Engineers and Architects, P.C., 2020). An "As-Built" drawing depicting the layout of the GWE&TS is included as **Figure 1.3**.

In July 2017, the GWE&TS was put into prolonged shut down as the operational and performance data set indicated the system was approaching asymptotic conditions. The shutdown allows for equilibrium of the subsurface environment and for monitoring of VOC concentrations via the existing groundwater monitoring well network (D&B Engineers and Architects, P.C., 2017). Following shutdown, quarterly groundwater monitoring was performed to assess current conditions of the groundwater plume and based on groundwater sampling data collected, the sampling frequency was reduced from quarterly to every fifth quarter in February 2020.

Although not a requirement of the March 1998 ROD for the Site, fencing and security signage within the vicinity of the GWE&TS prevents Site access. An annual inspection of fencing is to be completed in accordance with the Site's Monitoring and Sampling Plan included in the February 2020 SMP. Based on available records from the reporting period, fencing and security signage are reportedly inplace and functioning properly.

### 2.1.2.2 GROUNDWATER MONITORING WELL NETWORK

A groundwater monitoring well network (ASMW-1 through ASMW-7) was installed in 2004 approximately one mile downgradient of the Site and is sampled as part of routine long-term groundwater monitoring in accordance with the March 1998 ROD for the Site (NYSDEC, 1998). Monitoring wells ASMW-1, ASMW-2, and ASMW-3 were installed to monitor groundwater contaminant concentrations at the leading edge of the groundwater plume (in the vicinity of the GWE&TS) and screened from approximately 80 to 90 feet below ground surface above a confining clay layer. Monitoring wells ASMW-4, ASMW-5, ASMW-6, and ASMW-7 were installed downgradient of the GWE&TS and upgradient of the Village of Rockville Centre water supply wells to ensure the GWE&TS was effectively capturing the groundwater plume, and act as sentinel wells for the Village's water supply wells. ASMW-4 is screened from 100 to 110 feet below ground surface, ASMW-5 is screened from 123 to 133 feet below ground surface, ASMW-6 is screened from

122 to 123 feet below ground surface, and ASMW-7 is screened from 230 to 250 feet below ground surface. Well construction logs for the formerly installed monitoring wells are included in the February 2020 SMP (D&B Engineers and Architects, P.C., 2020). Following shutdown of the GWE&TS, groundwater samples are collected from EW-1 and EW-2 as part of long-term monitoring.

A figure depicting well locations is included as **Figure 2.1**.

### 2.1.2.3 ALTERNATE WATER SUPPLY (MOLLOY COLLEGE DEEP IRRIGATION WELL)

Based on the requirements of the March 1998 ROD for the Site, a deep irrigation well was installed on the Molloy College property (approximately one mile downgradient of the Site and approximately 240 feet east of ASMW-6) to replace an existing shallow irrigation well (MCOL-1) that had the potential to draw from the contaminated groundwater plume.

Irrigation well MCOL-1 is not sampled as part of routine long-term groundwater monitoring; however, samples collected from monitoring wells ASMW-4 through ASMW-7 (west of MCOL-1) during the reporting period did not contain detections of VOCs, with the exception of ASMW-6 which contained a PCE concentration of 0.52 µg/l during the July 2018 sampling event.

#### 2.1.2.4 VAPOR MITIGATION

Although not a required EC as part of the selected remedy for the Site in the March 1998 ROD, an SSDS was installed in February 2007 at the Franklin Cleaners Site to address chlorinated VOCs that were detected beneath the Site's basement slab following the decommissioning of the SVE/AS system. The SSDS contains four suction points in the basement slab that are connected to centrifugal fans and piping. Soil gas from beneath the slab is discharged through the piping to an exhaust stack exiting above the Site building roof. Operation of the SSDS is the responsibility of the property owner; however, inspection and maintenance activities are managed by the NYSDEC under a separate state-wide program. Based on a February 14, 2012 site inspection, the SSDS was operating as designed (D&B Engineers and Architects, P.C., 2020). Recent SSDS inspection data was not available at the time of this report.

To evaluate the potential for soil vapor intrusion impacts in the off-site area above the original PCE plume, a shallow groundwater quality investigation was initiated in 2008 and completed in 2011. Field work completed in December 2008 included sampling of six direct push probes and three existing monitoring wells. The results showed PCE in three out of the nine locations within 200 ft of the former dry cleaner. An additional set of groundwater samples was collected in March 2009 to confirm the initial results. Analytical results indicated that only one well, located about 300 ft from the site, had any detections of PCE. In 2011, additional groundwater sampling was completed along the centerline of the off-site PCE plume previously delineated during the RI in 1995. Results of groundwater grab samples collected at the water table from the 20 Geoprobe locations and 4 existing monitoring wells indicated that the shallow off-site PCE plume (encountered at approximately 20 ft bgs) has significantly decreased and is no longer considered a source of vapors.

#### 2.2 OPERATION AND MAINTENANCE PLAN COMPLIANCE

The GWE&TS was shut down in July 2017 and was not in operation during the 2018-2021 reporting period; therefore, routine and non-routine system maintenance activities outlined in the O&M Plan included in the SMP were not required. Although the system was not operational, the following general facility maintenance tasks were completed, as applicable, in adherence with the Site's O&M Plan:

- Snow removal, as needed;
- Replacement of light bulbs for emergency and GWE&TS area lighting, as needed;
- Cleaning of GWE&TS building louver inlet vent screen, as needed; and
- Removal of onsite overgrown vegetation.

Summaries of these general facility maintenance tasks are outlined below and were recorded on Site Activities Logs and Daily Inspection Reports from April 2018 through February 2021 (**Appendix A**).

- Quarter 55 (March 2018-May 2018): Routine and non-routine maintenance activities
  were not completed during this period. Facility maintenance activities were not completed
  this reporting period.
- Quarter 56 (June 2018-August 2018): Routine and non-routine maintenance activities
  were not completed during this period. Groundskeeping activities were completed once
  during this period.
- Quarter 57 (September 2018-November 2018): Routine and non-routine maintenance activities were not completed during this period. Groundskeeping activities were completed once during this period.
- Quarters 58 (December 2018-February 2019) and 59 (March 2019-May 2019): Documentation was not available.
- Quarter 60 (June 2019-August 2019): Routine maintenance activities were not completed during this period. Non-routine maintenance was performed in July 2019 which included routine groundwater sampling by the NYSDEC Remedial Services Contractor. The Contractor attempted to collect samples from EW-1 and EW-2 on July 2, 2019. The Contractor returned to the Site on July 3, 2019, to complete groundwater sampling and again attempt sample collection at EW-1 and EW-2. The second attempt to restart the GWE&TS resulted in a ground fault error displayed at EW-1 and EW-2's variable frequency drive (VFD). On July 24, 2019, the NYSDEC's call-out electrician completed troubleshooting activities at EW-1 and EW-2 and the Contractor was able to successfully collect samples from these wells. Groundskeeping activities were completed on June 6 and 18, 2019, July 1, 16, and 30, 2019, and August 14 and 29, 2019.
- Quarter 61 (September 2019-November 2019): Routine maintenance activities were not completed during this period. Non-routine maintenance activities were completed on October 2 and 3, 2019. The NYSDEC Remedial Services Contractor replaced the manhole

cover at ASMW-7 and installed bollards around the manhole. Groundskeeping activities were completed on September 12 and 24, 2019, and October 11, 2019.

- Quarter 62 (December 2019-February 2020): Documentation was not available.
- Quarter 63 (March 2020-May 2020): Routine and non-routine maintenance activities
  were not completed during this period. Groundskeeping activities were completed once
  during this period.
- Quarter 64 (June 2020-August 2020): Routine and non-routine maintenance activities
  were not completed during this period. Groundskeeping activities were completed six
  times during this period.
- Quarter 65 (September 2020-November 2020): Routine and non-routine maintenance activities were not completed during this period. General facility maintenance including groundskeeping activities and safety equipment (fire extinguisher, emergency lighting) inspections were completed six and two times, respectively, during this period.
- Quarter 66 (December 2020-February 2021): Routine and non-routine maintenance activities were not completed during this period. Groundskeeping activities were completed twice during this period.

Additional maintenance and modifications to the system are not necessary unless full-time operation resumes. Should the GWE&TS resume operation, the procedures and requirements of O&M Plan included in the February 2020 SMP shall be adhered to. Additionally, a State Pollutant Discharge Elimination System (SPDES) permit equivalency is in place for the discharge of treated groundwater from the GWE&TS to a NCDPW storm sewer located along Hempstead Avenue, east of the GWE&TS, should the system resume operations. The permit equivalency expires after December 31, 2021 (Appendix B)

#### 2.3 MONITORING AND SAMPLING PLAN COMPLIANCE

A Monitoring and Sampling Plan (included in the SMP) is in place for the GWE&TS and provides methods for evaluating the groundwater plume extending from the Site (D&B Engineers and Architects, P.C., 2020). Elements of the Monitoring and Sampling Plan include, but are not limited to:

 Requirements and protocols for inspection and maintenance, groundwater sampling and analysis, sample locations and frequency.  Assessment of remedial performance, groundwater standards compliance, and condition of the implemented ECs.

- Evaluation of prolonged shutdown of the GWE&TS.
- Reporting and Quality Assurance/Quality Control (QA/QC) requirements.

#### 2.3.1 LONG-TERM GROUNDWATER MONITORING

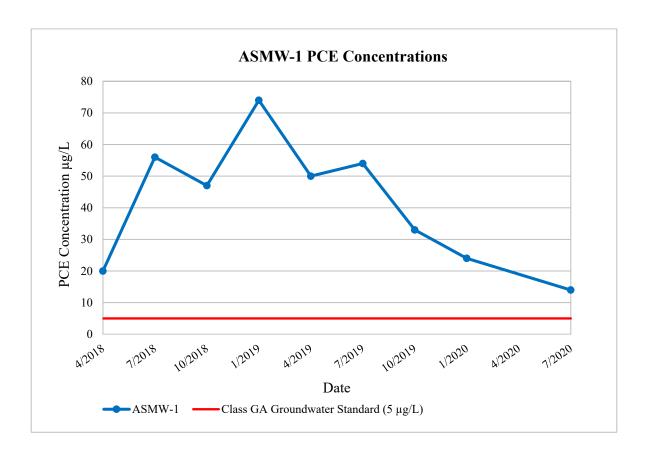
Long-term monitoring of the leading edge of the groundwater plume and downgradient of the GWE&TS is accomplished through the groundwater monitoring well network located approximately one mile south-southwest of the Site. Monitoring wells ASMW-1, ASMW-2, and ASMW-3 are used to monitor groundwater contaminant concentrations at the leading edge of the groundwater plume (in the vicinity of the GWE&TS). Monitoring wells ASMW-4, ASMW-5, ASMW-6, and ASMW-7 are used to monitor groundwater contaminant concentrations downgradient of the GWE&TS and upgradient of the Village of Rockville Centre water supply wells and serve as sentinel wells for the Village's supply wells. Extraction wells EW-1 and EW-2 are also sampled as part of long-term monitoring and are located along the southern median of the Southern State Parkway (eastbound) upgradient of the GWE&TS building. Well locations are depicted on **Figure 2.1**.

Following shutdown of the GWE&TS, quarterly groundwater monitoring was performed to assess if operation of the system should resume. Based on groundwater sampling data collected as part of the quarterly monitoring events in 2018 and 2019, the sampling frequency was reduced from quarterly to every fifth quarter in February 2020 (D&B Engineers and Architects, P.C., 2020).

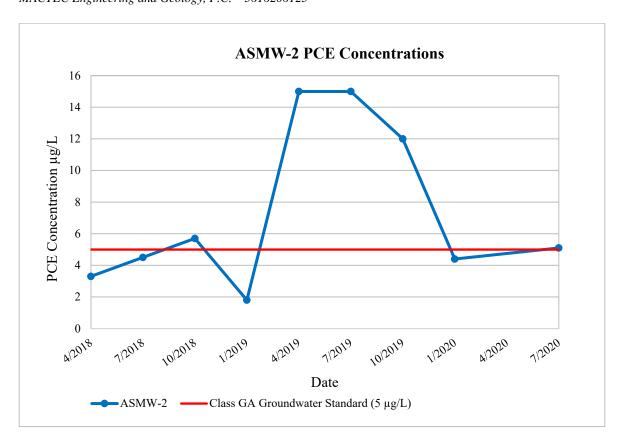
Groundwater samples were collected and analyzed for Target Compound List (TCL) VOCs via United States Environmental Protection Agency (USEPA) Method 8260C. At the request of the NYSDEC, beginning in July 2017, samples were collected for the analysis of per- and polyfluoroalkyl substances (PFAS) and 1,4-dioxane via USEPA Methods 537 (modified), and 8270 selected ion monitoring (SIM), respectively. A long-term monitoring sampling matrix reflecting the updated sampling frequency from February 2020 is included as **Table 2.1**. Analytical results for VOCs and emerging contaminants (PFAS and 1,4-dioxane) from sampling events conducted during the reporting period are included in **Tables 2.2** and **2.3**, respectively. Analytical data were reviewed in accordance with USEPA validation guidelines; available data validation checklists are included as **Appendix D**. A summary of PCE concentrations detected in the monitoring well network is

provided below. Groundwater PCE concentrations from sampling events conducted in 2018, 2019, and 2020, are depicted on **Figures 2.2**, **2.3**, and **2.4**, respectively.

ASMW-1: PCE was detected at concentrations ranging from 14  $\mu$ g/l (July 2020) to 74  $\mu$ g/l (January 2019) during the reporting period. PCE concentrations in ASMW-1 exhibited an overall decreasing trend throughout the reporting period and historically since 2003. A graph depicting PCE concentrations in ASMW-1 during the reporting period compared to the Class GA Standard for PCE (5  $\mu$ g/l) is included below.



ASMW-2: During the reporting period, PCE was detected at concentrations ranging from 1.8  $\mu$ g/l (January 2019) to 15  $\mu$ g/l (April and July 2019). Overall, PCE concentrations have exhibited an increasing trend throughout the reporting period and an overall decreasing trend since 2003. A graph depicting PCE concentrations in ASMW-2 during the reporting period compared to the Class GA Standard for PCE (5  $\mu$ g/l) is included below.



<u>ASMW-3</u>: Consistent with historical data, PCE was not detected in the groundwater samples collected from this monitoring well except for one detection of  $0.29 \,\mu\text{g/l}$  from the July 2018 sampling event.

<u>ASMW-4</u>: Consistent with historical data, PCE was not detected in the groundwater samples collected from this downgradient monitoring well during the reporting period.

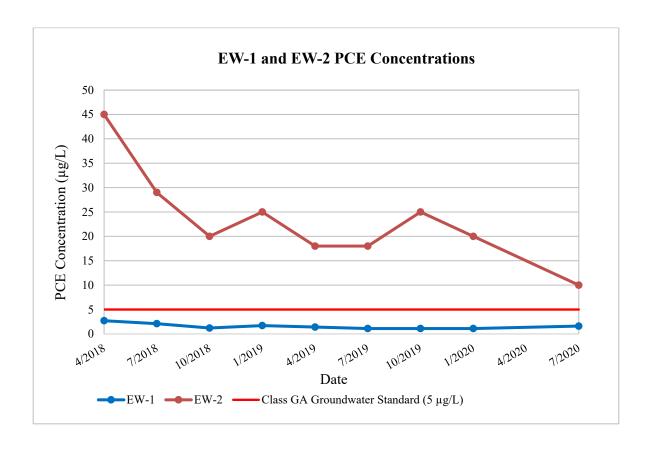
<u>ASMW-5</u>: Consistent with historical data, PCE was not detected in the groundwater samples collected from this downgradient monitoring well during the reporting period.

<u>ASMW-6</u>: Consistent with historical data, PCE was not detected in the groundwater samples collected from this downgradient monitoring well except for one detection of  $0.52 \mu g/l$  from the July 2018 sampling event.

<u>ASMW-7</u>: PCE was not detected in the groundwater samples collected from this downgradient monitoring well throughout the reporting period.

<u>EW-1</u>: During the reporting period, PCE was detected at concentrations ranging from 1.1  $\mu$ g/l (July and October 2019 and January 2020) to 2.7  $\mu$ g/l (April 2018) which are below the Class GA Standard for PCE of 5.0  $\mu$ g/l. A graph depicting PCE concentrations in EW-1 during the reporting period compared to the Class GA Standard for PCE is included below.

<u>EW-2</u>: PCE concentrations ranged from 10 μg/l (July 2020) to 45 μg/l (April 2018) during the reporting period. Overall, PCE concentrations have exhibited a decreasing trend throughout the reporting period and a decreasing trend since start-up of the treatment system in September 2004. A graph depicting PCE concentrations in EW-2 during the reporting period compared to the Class GA Standard for PCE is included below.



Collectively, the groundwater monitoring well network has demonstrated stabilized or decreasing PCE trends. Downgradient monitoring wells (ASMW-4 through ASMW-7) have exhibited non-detectable concentrations of PCE concentrations during the 2018 to 2021 reporting period with the

exception of one detection at ASMW-6 of 0.52  $\mu$ g/l (July 2018) well below the PCE Class GA Standard of 5  $\mu$ g/l.

#### 2.3.1.1 MONITORING WELL FIELD INSPECTIONS

All wells sampled as part of long-term monitoring of the groundwater plume during the reporting period were accessible, and concrete well pads (where applicable), protective casings, surface seals, well IDs, well risers, well plugs, and locks were observed to be in good condition with the following exceptions:

#### **Quarter 55 (March 2018-May 2018):**

- Well ID markers for ASMW-5 and ASMW-6 were missing.
- Bolts were missing or broken at ASMW-1, ASMW-2, and ASMW-4.
- A lock was not present at ASMW-2, ASMW-4, or ASMW-5.

#### **Quarter 56 (June 2018-August 2018):**

- Well ID markers for ASMW-5 and ASMW-6 were missing.
- The concrete pad around the manhole for ASMW-5 was in poor condition.
- A lock was not present at ASMW-4, ASMW-5, or ASMW-7.

#### Quarter 57 (September 2018-November 2018):

- Well cover for ASMW-7 was cracked.
- ASMW-2 could not be accessed for sampling on October 10, 2018, due to a downed tree.
   On October 26, 2018, the downed tree was removed and groundwater samples were collected from ASMW-2.

Quarters 58 (December 2018-February 2019) and 59 (March 2019-May 2019): Documentation not available.

#### **Quarter 60 (June 2019-August 2019):**

- ASMW-1 was observed to be missing 3 bolts.
- ASMW-2 was observed to have stripped threads at the manhole tabs.
- ASMW-7 was observed to have a crack in the well cover.

## Quarter 61 (September 2019-November 2019):

- ASMW-4 was observed to have a small crack in the manhole and was missing the well ID.
- ASMW-5 was observed to have a small crack in the manhole and was missing the well ID.

• ASMW-6 was observed to be missing the well ID.

Quarter 62 (December 2019-February 2020): Documentation not available.

Quarter 63 (March 2020-May 2020): Long-term monitoring activities were not completed during this quarter.

#### **Quarter 64 (June 2020-August 2020):**

- ASMW-4, ASMW-5, and ASMW-6 were noted to be missing their respective well ID; however, photographs included in the July 15, 2020 Daily Inspection Report depicted visible well IDs written in permanent marker on the exposed surface of the well lids.
- Photographs included in the July 14 and 15, 2020 Daily Inspection Reports depict missing bolts on well lids at ASMW-1, ASMW-2, ASMW-3, ASMW-4, and ASMW-5; however, missing bolts at these wells was not noted on the Monitoring Well Field Inspection Logs completed on July 14 and 15, 2020.

Quarters 65 (September 2020-November 2020) and 66 (December 2020-February 2021): Long-term monitoring activities were not completed during these quarters.

Available monitoring well field inspection logs from the reporting period are included as **Appendix** C.

## 3.0 COST CONTROL SUMMARY

SM costs incurred during the reporting period under the Site's previous engineering consultant or for subcontractors or utilities were not available. MACTEC was awarded Work Assignment D009809-18 for the Site on November 18, 2020. A cost summary for MACTEC's SM activities from November 2020 through February 2021 is provided below by task.

Task 1 (Scoping)				
Labor	\$14,403.83			
Task 2 (Site Management Plan)				
Labor	\$0			
Task 3 (Operation and Maintenance)				
Labor	\$323.96			
Task 4 (Monitoring and Reporting)				
Labor	\$565.62			
Task 5 (Remedial System Optimization)				
Labor	\$0			

#### 4.0 CONCLUSIONS AND RECOMMENDATIONS

Based on the requirements of the March 1998 ROD, remedial activities have been conducted at and downgradient of the Site to address chlorinated-solvent contamination associated with the historical use of the Site as a dry cleaner. The remedial goals outlined in the ROD were instituted to protect human health and the environment and include:

- Reduce, control, or eliminate contaminated media to the extent practicable.
- Eliminate the threat to groundwater and indoor air by eliminating onsite soil contamination.
- Eliminate the potential for human exposure to the onsite contaminated soils.
- Eliminate the potential for exposure to contaminated groundwater.
- Provide for attainment of soil Standards, Criteria, and Guidance (SCGs) for groundwater, soil, and indoor air to the limits of the affected area, to the extent practicable.

#### 4.1 INSTITUTIONAL CONTROLS/ENGINEERING CONTROLS

The current ICs/ECs are adequate to achieve the objectives for protection of human health and the environment. ICs for the Site, including a Monitoring and Sampling Plan and an O&M Plan for the GWE&TS, are contained in the February 2020 SMP and remain in-place and adhered to as applicable during the GWE&TS shut down.

ECs for the Site include the GWE&TS, the groundwater monitoring well network (ASMW-1 through ASMW-7), an alternate water supply (Molloy College deep irrigation well MCOL-1), and vapor mitigation.

The GWE&TS, installed approximately one mile downgradient of the Site at the leading edge of the groundwater plume, has effectively captured and treated the groundwater plume and was put into prolonged shutdown in July 2017. The groundwater monitoring well network (located approximately one mile downgradient of the Site) continues to be sampled as part of routine long-term groundwater monitoring in accordance with the March 1998 ROD for the Site for the monitoring of VOC concentrations. Data show that the groundwater plume is stable and is not migrating. Data will continue to be reviewed to determine if the GWE&TS should be restarted.

Alternate water supply, deep irrigation well MCOL-1, located on the Molloy College property downgradient of the GWE&TS was installed to replace an existing shallow irrigation well (with the same well ID) to prevent the shallow well's potential to draw from the contaminated groundwater plume. MCOL-1 is not sampled as part of routine long-term groundwater monitoring; however, samples collected from groundwater monitoring well downgradient of the GWE&TS during the reporting period did not contain detections of VOCs, with the exception of one low level detection at ASMW-6 (0.52  $\mu$ g/l, July 2018) well below the PCE GA criteria.

Fencing and security signage is utilized to prevent Site access within the vicinity of the GWE&TS. Based on available records from the reporting period, fencing and security signage are reportedly inplace and functioning properly.

Although not a required EC as part of the selected remedy, an onsite SSDS for vapor mitigation was installed in February 2007 to address chlorinated VOCs that were detected beneath the former Franklin Cleaners Site's basement slab following the decommissioning of the SVE/AS system. Operation of the SSDS is the responsibility of the property owner and inspection and maintenance activities are managed by the NYSDEC under a separate state-wide program.

## 4.2 Operation and Maintenance Plan

The GWE&TS was shut down in July 2017 and was not in operation during the reporting period; therefore, it was not necessary for routine and non-routine system maintenance activities to be completed as outlined in the O&M Plan included in the SMP. Although the system was off, general facility maintenance tasks were completed at the Site. Should the GWE&TS resume operation, the procedures and requirements of O&M Plan included in the February 2020 SMP shall be adhered to.

## 4.3 Groundwater Monitoring Program

Long-term monitoring of the leading edge of the groundwater plume and downgradient of the GWE&TS is accomplished through the groundwater monitoring well network located approximately one mile south-southwest of the Site. Data from groundwater sampling events completed during the reporting period exhibit overall decreasing trends in PCE concentrations in groundwater and are

generally stable; therefore, the system shutdown has not caused contaminant concentrations to rebound. VOC concentrations do not exceed GA standards with exception of PCE as previously discussed. VOC concentrations in the groundwater plume will continue to be examined during long-term monitoring events conducted every fifth quarter. The next sampling event will be conducted in July 2021.

#### 4.4 **RECOMMENDATIONS**

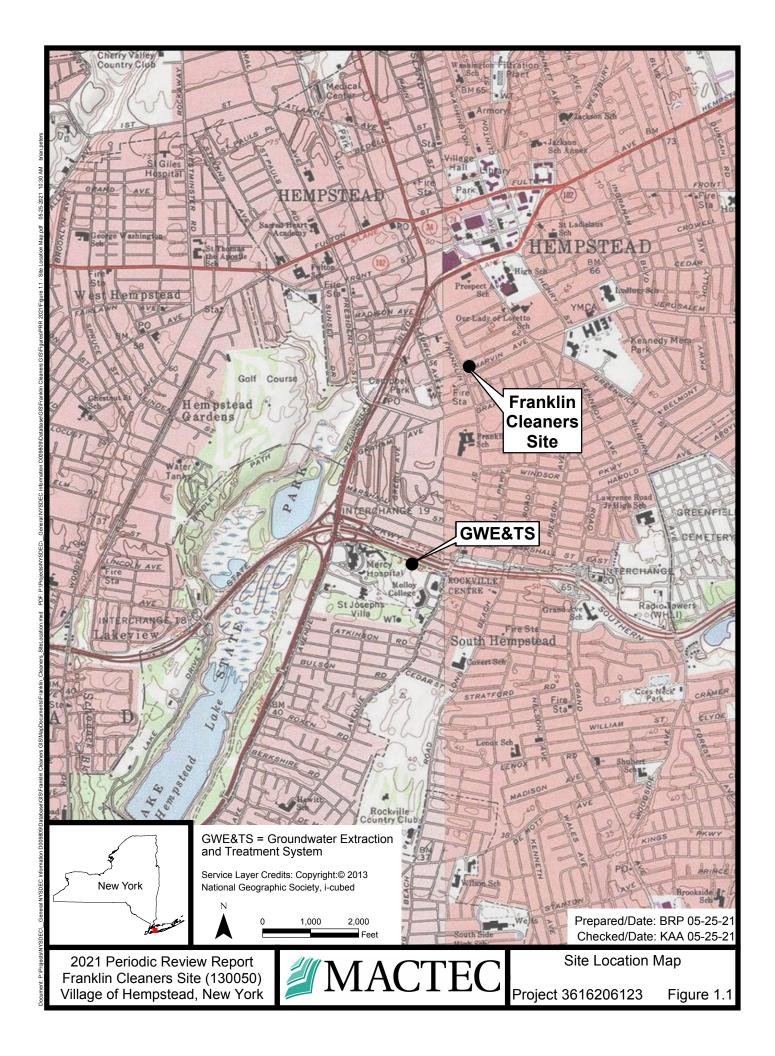
In an effort to continue optimizing efficiency and remedial progress, and to provide further cost savings at the Site, the following are recommended:

- Continued implementation, review, and evaluation of the existing ICs/ECs, O&M Plan, and groundwater monitoring program, as applicable.
- Continued general facility maintenance tasks.
  - o Routine inspections of emergency lighting, exit signs, and the fire extinguisher in the GWE&TS building.
  - o Replacement of light bulbs for emergency and GWE&TS area lighting, as needed.
  - o Ground maintenance including mowing, brush removal, and snow removal (conducted by the existing NYSDEC callout subcontractor).
- Repairs to groundwater monitoring wells, including but not limited to:
  - o Surface seal integrity repairs (cracking, heaving) at ASMW-4 and ASMW-5.
  - Replacement of missing bolts on well lids at ASMW-1, ASMW-2, ASMW-3, ASMW-4, and ASMW-5.

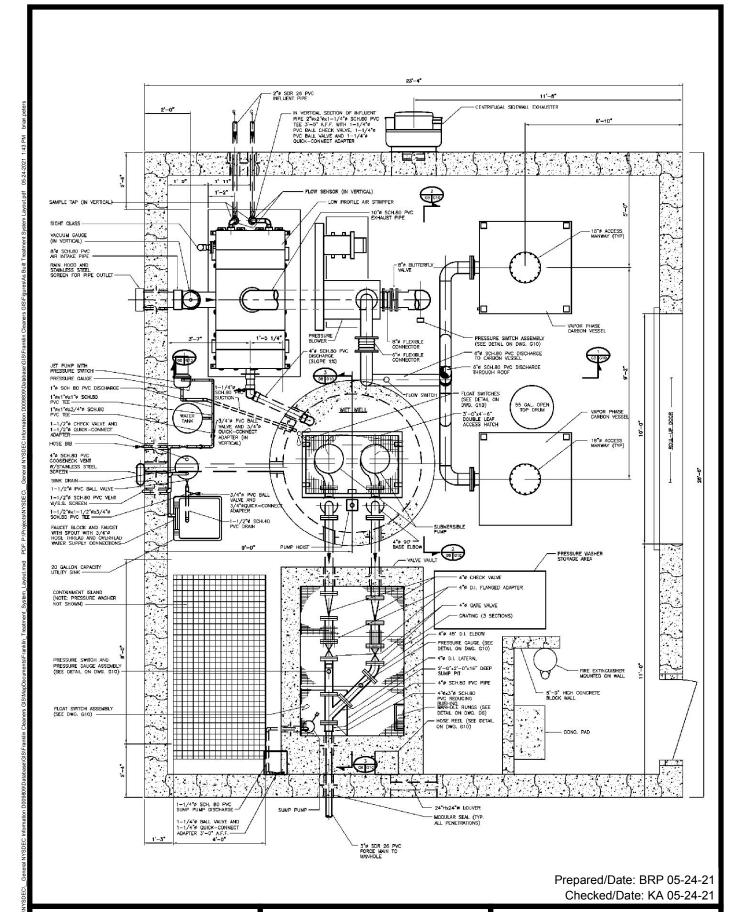
#### 5.0 REFERENCES

- Dvirka and Bartilucci Consulting Engineers (D&B), 1998. Remedial Investigation and Feasibility Study Report, Franklin Cleaners Site. Prepared for the New York State Department of Environmental Conservation. November 1998.
- D&B, 2000. Groundwater Extraction and Treatment System Design Report, Franklin Cleaners Site. Prepared for the New York State Department of Environmental Conservation. December 2000.
- D&B Engineers and Architects, P.C., 2012. Dvirka and Bartilucci Consulting Engineers, Remedial System Optimization Report. Prepared for the New York State Department of Environmental Conservation. May 2012.
- D&B Engineers and Architects, P.C., 2015. Plume Redelineation Summary Report. Prepared for the New York State Department of Environmental Conservation. July 2015.
- D&B Engineers and Architects, P.C., 2017. 2016 Periodic Review Report. Prepared for the New York State Department of Environmental Conservation. August 2017.
- D&B Engineers and Architects, P.C., 2018. 2017 Periodic Review Report. Prepared for the New York State Department of Environmental Conservation. July 2018.
- D&B Engineers and Architects, P.C., 2020. Site Management Plan. Prepared for the New York State Department of Environmental Conservation. February 2020.
- NCDPW, 1993. Engineering Investigations at Inactive Hazardous Waste Sites, Preliminary Site Assessment. Prepared for the New York State Department of Environmental Conservation. March 1993.
- NYSDEC, 1993. New York State Department of Environmental Conservation, Division of Hazardous Waste Remediation, Registry Site Classification Decision. August 1993.
- NYSDEC, 1998. Division of Environmental Remediation, Record of Decision, Franklin Cleaners Site. March 1998.
- NYSDEC, 2012a. Division of Environmental Remediation, Site Classification Report. November 2012.
- NYSDEC, 2012b. Division of Environmental Remediation. Registry of Inactive Hazardous Waste Disposal Sites Classification Change Notification Letter. November 20, 2012.

## **FIGURES**





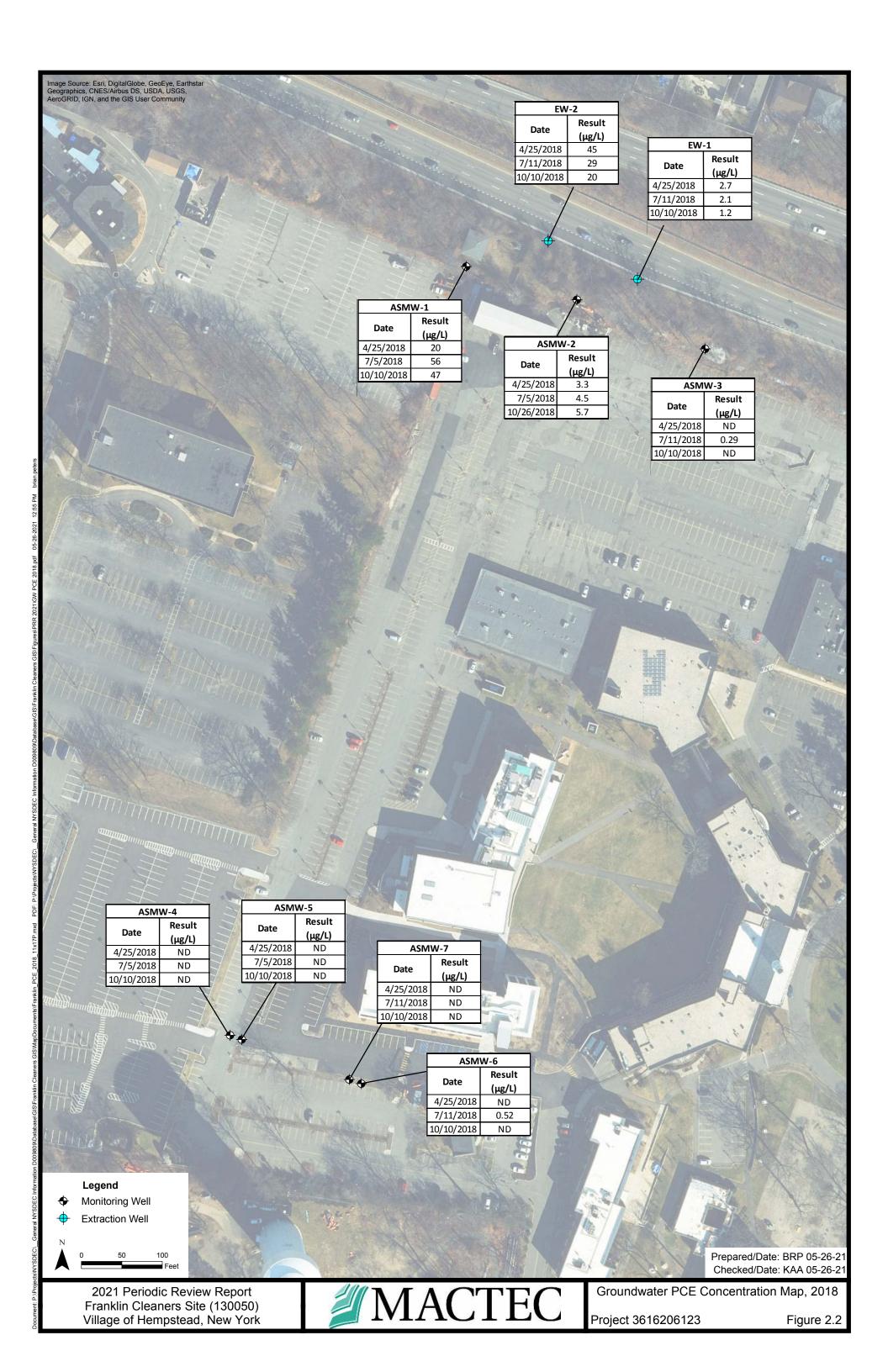


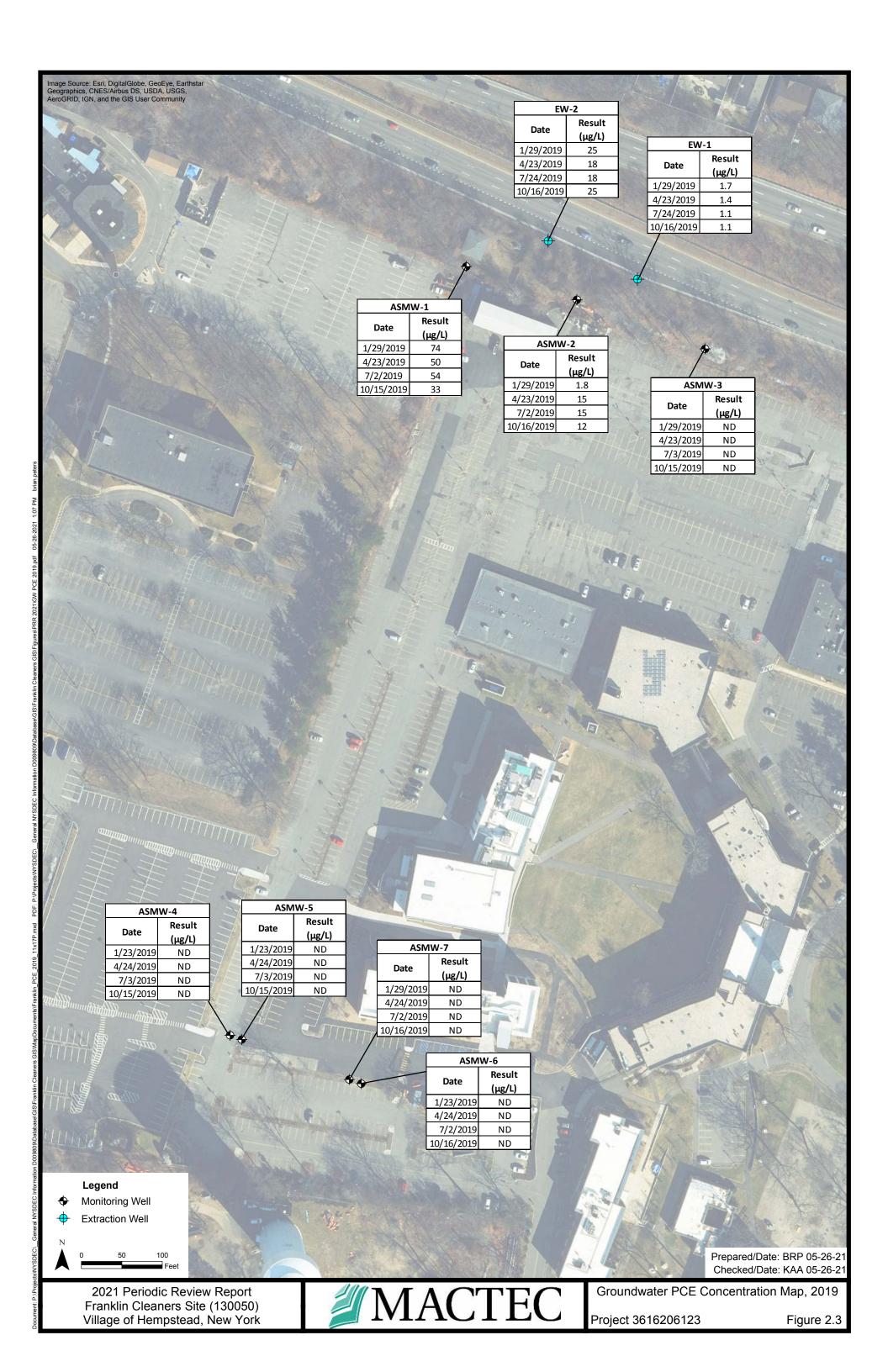
2021 Periodic Review Report Franklin Cleaners Site (130050) Village of Hempstead, New York

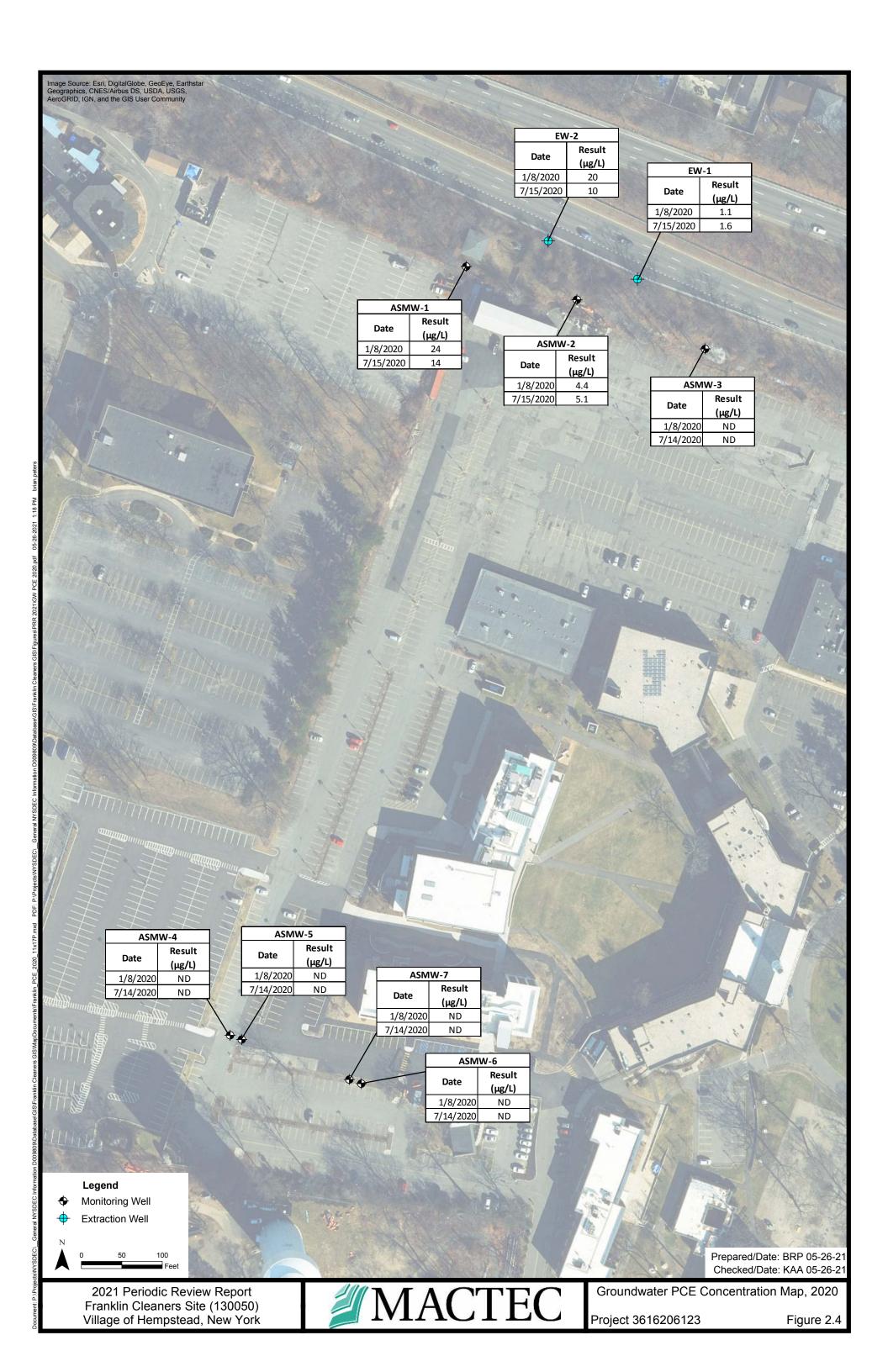


"As-Built"
Treatment System Layout
Project 3616206123 Figure 1.3









## **TABLES**

Table 2.1: Long-Term Monitoring Sampling Matrix

	Sampling Frequency	Ana	alytical Parame	ters	
Sample Location	Every Fifth Quarter	VOCs (EPA Method 8260C)	1,4-Dioxane (EPA Method 8270D SIM)	PFAS (EPA Method 537 Modified)	Sample Description
ASMW-1	X	X	X	X	Grab
ASMW-2	X	X	X	X	Grab
ASMW-3	X	X	X	X	Grab
ASMW-4	X	X	X	X	Grab
ASMW-5	X	X	X	X	Grab
ASMW-6	X	X	X	X	Grab
ASMW-7	X	X	X	X	Grab
EW-1 Influent	X	X	X	X	Grab
EW-2 Influent	X	X	X	X	Grab

EPA = Environmental Protection Agency

PFAS = Per- and polyfluoroalkyl substances

SIM = Selected ion monitoring

VOCs = Volatile organic compounds

	_											I	T
		Location	ASMW-1	ASMW-2									
		ple Date	4/25/2018	7/5/2018	10/10/2018	10/10/2018	1/29/2019	4/23/2019	7/2/2019	10/15/2019	1/8/2020	7/15/2020	4/25/2018
			ASMW-1-20180425				ASMW-1	ASMW-1	ASMW-1	ASMW-1	ASMW-1	ASMW-1	ASMW-2-20180425
		QC Code	•	FS	FS	FD	FS						
Parameter	GA	GV	Result Qualifier										
VOCs (µg/L)													
1,1,1-Trichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2,2-Tetrachloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloroethane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethene	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT
1,2,3-Trichlorobenzene	5	NS	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2,4-Trichlorobenzene	5	NS	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromo-3-chloropropane	0.04	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromoethane	0.0006	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloroethane	0.6	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloropropane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,3-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,4-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetic acid, methyl ester	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Benzene	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Bromochloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromodichloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromoform	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromomethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	<b>0.27</b> J	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dibromochloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dichlorodifluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ethylbenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Isopropylbenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Methyl cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Methyl Tertbutyl Ether	NS	10	0.15 J	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methylene chloride	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT
Styrene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	20	<b>56</b>	47	51	74	50	54	33	24	14	3.3
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT
trans-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Xylenes (m&p)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Ayrenes (meep)	J	11/2	1 0	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 0	1 U

Page 1 of 9

Created by: KMS 06/07/2021
Checked by: KAA 06/08/2021

		Location	ASMW-2										
		ple Date	4/25/2018	7/5/2018	7/5/2018	10/26/2018	1/29/2019	1/29/2019	4/23/2019	4/23/2019	7/2/2019	10/16/2019	10/16/2019
		•		ASMW-2-20180705			ASMW-2	ASMW-X	ASMW-2	ASMW-X	ASMW-2	ASMW-2	ASMWX
		C Code		FS	FD	FS	FS	FD	FS	FD	FS	FS	FD
Parameter	GA	GV	Result Qualifier										
VOCs (µg/L)													
1,1,1-Trichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2,2-Tetrachloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloroethane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethene	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2,3-Trichlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2,4-Trichlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromo-3-chloropropane	0.04	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromoethane	0.0006	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloroethane	0.6	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloropropane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,3-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,4-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetic acid, methyl ester	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Benzene	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
Bromochloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromodichloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromoform	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromomethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	1 U	1 U	1 U	<b>0.33</b> J	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
	0.4	NS NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene Cyclohexane	NS	NS NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dibromochloromethane	NS NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dichlorodifluoromethane	110	NS NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ethylbenzene	5	NS NS	1 U	1 U		1 U	1 U	1 U	1 U		1 UJ	1 U	1 U
•	5	NS NS	1 U	1 U	1 U	1 U		1 U	1 U	1 U	1 UJ		1 U
Isopropylbenzene Methyl gyalshovene	) NG			1 U	1 U		1 U 1 U		1 U	1 U		1 U 1 U	
Methyl Torthytal Ethan	NS	NS 10	1 U		1 U	1 U		1 U		1 U	1 UJ		1 U
Methyl Tertbutyl Ether	NS	10	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methylene chloride	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Styrene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	2.6	4.5	4.3	5.7	1.8	2	15	16	15	12	11
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
Xylenes (m&p)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U

				4 63 634 4		1 C) CV 2	. c. av. a		, a) av a	4 C) CIV 2	. G1 GY A	4 C) (IV 2	
		Location	ASMW-2	ASMW-2	ASMW-3								
		ple Date	1/8/2020	7/15/2020	4/25/2018	7/11/2018	10/10/2018	1/29/2019	4/23/2019	7/3/2019	10/15/2019	1/8/2020	7/14/2020
		mple ID		ASMW-2	ASMW-3-20180425	ASMW3-20180711	ASMW-3-20181010	ASMW-3	ASMW-3	ASMW-3	ASMW-3	ASMW-3	ASMW-3
		QC Code		FS									
Parameter	GA	GV	Result Qualifier										
VOCs (µg/L)		<u> </u>											
1,1,1-Trichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2,2-Tetrachloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloroethane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethene	5	NS	1 U	1 U	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2,3-Trichlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
1,2,4-Trichlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromo-3-chloropropane	0.04	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromoethane	0.0006	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloroethane	0.6	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloropropane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,3-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,4-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetic acid, methyl ester	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Benzene	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U
Bromochloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromodichloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromoform	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromomethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U
Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Cyclohexane	NS	NS		1 U					1 U		1 U		1 U
Dibromochloromethane		50	1 U 1 U	1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U	1 U 1 U	1 U	1 U 1 U	1 U
	NS	NS NS		1 U						1 U	1 U		1 U
Dichlorodifluoromethane  Ethylbongono	5		1 U		1 U	1 U	1 U	1 U	1 U			1 U	
Ethylbenzene	5	NS NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U
Isopropylbenzene Methyl gyolchovone	) NG		1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U
Methyl Cyclohexane	NS	NS 10	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U
Methyl Tertbutyl Ether	NS	10 NC	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methylene chloride	5	NS	1 U	1 U	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Styrene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	4.4	5.1	1 U	<b>0.29</b> J	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 U	1 U	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U
Xylenes (m&p)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U

	_							/					
		Location		ASMW-4	ASMW-5								
		ple Date	4/25/2018	7/5/2018	10/10/2018	1/23/2019	4/24/2019	7/3/2019	7/3/2019	10/15/2019	1/8/2020	7/14/2020	4/25/2018
			ASMW-4-20180425			ASMW-4	ASMW-4	ASMW-4	ASMW-X	ASMW-4	ASMW-4	ASMW-4	ASMW-5-20180425
		QC Code		FS	FS	FS	FS	FS	FD	FS	FS	FS	FS
Parameter	GA	GV	Result Qualifier										
VOCs (µg/L)													
1,1,1-Trichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2,2-Tetrachloroethane	5	NS	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 UJ	1 U	1 U	1 U	1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloroethane	1	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
1,1-Dichloroethene	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT
1,2,3-Trichlorobenzene	5	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2,4-Trichlorobenzene	5	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromo-3-chloropropane	0.04	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromoethane	0.0006	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloroethane	0.6	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloropropane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,3-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,4-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	<b>1.6</b> J
Acetic acid, methyl ester	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 UB
Benzene	1	NS	1 U	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U
Bromochloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromodichloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromoform	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromomethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U
Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	<b>0.61</b> J	<b>0.39</b> J	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dibromochloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dichlorodifluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ethylbenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U
Isopropylbenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U
Methyl cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U
Methyl Tertbutyl Ether	NS	10	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
Methylene chloride	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT
Styrene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 UT	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT
trans-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2.	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U
Xylenes (m&p)	5	NS	1 U	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U
Ayunes (map)	J	IND	10	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 0	1 U

Page 4 of 9

									. C. C				1 100 000 6
		Location	ASMW-5	ASMW-6	ASMW-6	ASMW-6							
		ple Date	7/5/2018	10/10/2018	1/23/2019	4/24/2019	7/3/2019	10/15/2019	1/8/2020	7/14/2020	4/25/2018	7/11/2018	10/10/2018
		•	ASMW-5-20180705		ASMW-5	ASMW-5	ASMW-5	ASMW-5	ASMW-5	ASMW-5	ASMW-6-20180425	ASMW6-20180711	ASMW-6-20181010
		QC Code	4	FS									
Parameter	GA	GV	Result Qualifier										
VOCs (µg/L)													
1,1,1-Trichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2,2-Tetrachloroethane	5	NS	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloroethane	1	NS	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
1,1-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U
1,2,3-Trichlorobenzene	5	NS	1 U	1 UJ	1 U	1 U	1 U	1 UT	1 U	1 U	1 U	1 U	1 UJ
1,2,4-Trichlorobenzene	5	NS	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ
1,2-Dibromo-3-chloropropane	0.04	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromoethane	0.0006	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloroethane	0.6	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloropropane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,3-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,4-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetic acid, methyl ester	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Benzene	1	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
Bromochloromethane	1 5		1 U					1 U	1 U		1 U	1 U	
	) NG	NS		1 U	1 U	1 U	1 U			1 U			1 U
Bromodichloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromoform	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromomethane	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U	1 U	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dibromochloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dichlorodifluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U	1 U	1 U	1 U
Ethylbenzene	5	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
Isopropylbenzene	5	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
Methyl cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
Methyl Tertbutyl Ether	NS	10	1 U	<b>0.62</b> J	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
Methylene chloride	5	NS	1 U	1 UB	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 UB
Styrene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	0.52 Ј	1 U
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U
trans-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
Xylenes (m&p)	5	NS	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U
Ayrenes (map)	J	_ N2	1 0	1 U	1 U	1 U	I UJ	1 U	1 U	1 U	1 U	1 0	1 U

			A CLATHI (	A CIMINI (	A CM TWI	A CLASSIC	A CN ANY C	A CN ANA	A CN ANY C	A CLANY 7	A CMANU 7	A CN AND 7	A CN ANY 7
		Location	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-7	ASMW-7	ASMW-7	ASMW-7
		ple Date	1/23/2019	4/24/2019	7/2/2019	10/16/2019	1/8/2020	1/8/2020	7/14/2020	4/25/2018	7/11/2018	10/10/2018	1/29/2019
		mple ID	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMWX	ASMW-6	ASMW-7-20180425		ASMW-7-20181010	ASMW-7
Decrees		CV Code	1	FS Overlife on	FS	FS	FS Describe Constitution	FD	FS Describe Constitution	FS Promits One life on	FS Provide Constitution	FS Promits Organistics	FS
Parameter	GA	GV	Result Qualifier	Result Qualifier	Result Qualifier	Result Qualifier	Result Qualifier	Result Qualifier	Result Qualifier				
VOCs (µg/L)	5	NIC	1 U	1 U	1 U	1 U	1 U	1 U	1 11	1 11	1 11	1 U	1 11
1,1,1-Trichloroethane 1,1,2,2-Tetrachloroethane	5	NS							1 U	1 U	1 U		1 U
, , ,	5	NS NS	1 U 1 U	1 UJ 1 U	1 UJ	1 U 1 U	1 U 1 U	1 U 1 U	1 U	1 U	1 U 1 U	1 U	1 U 1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	3				1 U		1 U		1 U	1 U		1 U	
1,1,2-Trichloroethane	1 5	NS	1 U	1 UJ	1 U	1 U		1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane 1,1-Dichloroethene	5	NS NS	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 UJ 1 U	1 UJ	1 U 1 U	1 U 1 UT	1 U 1 U	1 U	1 U 1 U
	5							1 U				1 U	
1,2,3-Trichlorobenzene 1,2,4-Trichlorobenzene	5	NS	1 U 1 U	1 U	1 U	1 U 1 U	1 U	1 U 1 U	1 U	1 U	1 U	1 UJ	1 U
· / /	0.04	NS NS	1 U	1 U	1 U	1 U	1 U 1 U	1 U	1 U	1 U	1 U 1 U	1 UJ 1 U	1 U 1 U
1,2-Dibromo-3-chloropropane 1,2-Dibromoethane	0.04		1 U	1 U 1 U	1 U 1 U	1 U	1 U	1 U	1 U 1 U	1 U	1 U		
	0.0006	NS								1 U		1 U	1 U
1,2-Dichlorobenzene 1,2-Dichloroethane	0.6	NS NS	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U 1 U				
	0.6	NS NS	1 U		1 U	1 U	1 U				1 U	1 U	
1,2-Dichloropropane 1,3-Dichlorobenzene	2	NS NS	1 U	1 U 1 U		1 U	1 U	1 U 1 U	1 U 1 U	1 U	1 U		1 U 1 U
1,4-Dichlorobenzene	2	NS NS	1 U	1 U	1 U 1 U	1 U	1 U	1 U	1 U	1 U 1 U	1 U	1 U 1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS NS		5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS NS	50 NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetic acid, methyl ester	NS NS	NS NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
	NS NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	1	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Benzene Bromochloromethane	5	NS NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromodichloromethane	NIC		1 U		1 U	1 U	1 U				1 U		1 U
Bromoform	NS NS	50 50	1 U	1 U 1 U	1 U	1 U	1 U	1 U 1 U	1 U 1 U	1 U 1 U	1 U	1 U 1 U	1 U
Bromomethane	105	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disumde  Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	<b>0.34</b> J	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dibromochloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dichlorodifluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ethylbenzene	5	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Isopropylbenzene	5	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methyl cyclohexane	NS	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methyl Tertbutyl Ether	NS	10	1 U	1 U	1 U	1 U	1 UJ	1 UJ	1 U	1 U	1 U	1 U	1 U
Methylene chloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 UB	1 U
Styrene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U	1 U
trans-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylenes (m&p)	5	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ayrenes (meep)	J J	140	1 U	1 U	1 UJ	1 U	10	10	10	10	10	10	1 U

Page 6 of 9

			T	ı						_			
		Location	ASMW-7	ASMW-7	ASMW-7	ASMW-7	ASMW-7	ASMW-7	EW-1	EW-1	EW-1	EW-1	EW-1
		ple Date	4/24/2019	7/2/2019	10/16/2019	1/8/2020	7/14/2020	7/14/2020	4/25/2018	7/11/2018	10/10/2018	1/29/2019	4/23/2019
		ample ID		ASMW-7	ASMW-7	ASMW-7	ASMW-7	ASMW-X	EW-1-20180425	EW-1-20180711	EW-1-20181010	EW-1	EW-1
		QC Code		FS	FS	FS	FS	FD	FS	FS	FS	FS	FS
Parameter	GA	GV	Result Qualifier										
VOCs (µg/L)													
1,1,1-Trichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2,2-Tetrachloroethane	5	NS	1 UJ	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloroethane	1	NS	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane	5	NS	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U	1 U	1 U
1,2,3-Trichlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
1,2,4-Trichlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U
1,2-Dibromo-3-chloropropane	0.04	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromoethane	0.0006	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloroethane	0.6	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloropropane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,3-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,4-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetic acid, methyl ester	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 UT
Benzene	1	NS	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromochloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromodichloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromoform	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromomethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	1 U	1 U	1 U	1 U	1 U	1 U	0.32 J	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dibromochloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dichlorodifluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ethylbenzene	5	NS	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Isopropylbenzene	5	NS	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
* **	NS	NS	1 U			1 U	1 U		1 U		1 U	1 U	1 U
Methyl cyclohexane		1		1 UJ	1 U			1 U		1 U			
Methyl Tertbutyl Ether	NS	10	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methylene chloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U	1 U	1 U
Styrene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	2.7	2.1	1.2	1.7	1.4
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UT	1 U	1 U	1 U	1 U
trans-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylenes (m&p)	5	NS	1 U	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U

	1	[ 4!	EW-1	EW-1	EW-1	EW-1	EW-2	EW-2	EW-2	EW-2	EW-2	EW 2	EW-2
		Location					4/25/2018		10/10/2018			EW-2	
		ple Date		10/16/2019	1/8/2020	7/15/2020		7/11/2018		1/29/2019	4/23/2019	7/24/2019	10/16/2019
		mple ID		EW-1	EW-1	EW-1	EW-2-20180425	EW-2-20180711	EW-2-20181010	EW-2	EW-2	EW-2	EW-2
		QC Code	4	FS									
Parameter	GA	GV	Result Qualifier										
VOCs (µg/L)		NG	1.77	1.77	1.77	1.77	1.77	1.17	1.77	1.17	1.77	1.77	1.77
1,1,1-Trichloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2,2-Tetrachloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1,2-Trichloroethane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethane	5	NS	1 U	1 U	1 U	1 U	<b>0.48</b> J	1 U	1 U	1 U	1 U	1 U	1 U
1,1-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	<b>0.55</b> J	1 U	1 U	1 U	1 U	1 U	1 U
1,2,3-Trichlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
1,2,4-Trichlorobenzene	5	NS	1 U	1 U	1 UJ	1 U	1 U	1 U	1 UJ	1 U	1 U	1 U	1 U
1,2-Dibromo-3-chloropropane	0.04	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dibromoethane	0.0006	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloroethane	0.6	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,2-Dichloropropane	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,3-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
1,4-Dichlorobenzene	3	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
2-Butanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
2-Hexanone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
4-Methyl-2-pentanone	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetic acid, methyl ester	NS	NS	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Acetone	NS	50	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U	5 U
Benzene	1	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromochloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromodichloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromoform	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Bromomethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon disulfide	NS	60	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Carbon tetrachloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chlorobenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Chloroform	7	NS	1 U	1 U	1 U	1 U	<b>0.25</b> J	1 U	1 U	1 U	1 U	1 U	1 U
Chloromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
cis-1,3-Dichloropropene	0.4	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dibromochloromethane	NS	50	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Dichlorodifluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ethylbenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Isopropylbenzene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methyl cyclohexane	NS	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Methyl Tertbutyl Ether	NS	10	1 U	1 U	1 U	1 U	0.15 J	1 U	1 U	1 U	1 U	1 U	1 U
Methylene chloride	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Styrene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Tetrachloroethene	5	NS	1.1	1.1	1.1	1.6	45	29	20	25	18	18	25
Toluene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,2-Dichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
trans-1,3-Dichloropropene	0.4	NS	1 UJ	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 UJ	1 U
Trichloroethene	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Trichlorofluoromethane	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Vinyl chloride	2	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Xylene, o	5	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
	5		1 U		1 U			1 U					
Xylenes (m&p)	)	NS	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U

		1		W 2		W 2
		ocation		V-2		V-2
	-	ple Date		2020		/2020
		mple ID		V-2		V-2
		C Code		S		FS
Parameter	GA	GV	Result	Qualifier	Result	Qualifier
VOCs (µg/L)						
1,1,1-Trichloroethane	5	NS		U		U
1,1,2,2-Tetrachloroethane	5	NS		U		U
1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon 113)	5	NS		U		U
1,1,2-Trichloroethane	1	NS		U		U
1,1-Dichloroethane	5	NS		U		U
1,1-Dichloroethene	5	NS		U		U
1,2,3-Trichlorobenzene	5	NS		U		U
1,2,4-Trichlorobenzene	5	NS		UJ		U
1,2-Dibromo-3-chloropropane	0.04	NS		U		U
1,2-Dibromoethane	0.0006	NS		U		U
1,2-Dichlorobenzene	3	NS		U		U
1,2-Dichloroethane	0.6	NS		U		U
1,2-Dichloropropane	1	NS		U		U
1,3-Dichlorobenzene	3	NS		U		U
1,4-Dichlorobenzene	3	NS		U		U
2-Butanone	NS	50		U		U
2-Hexanone	NS	50		U		U
4-Methyl-2-pentanone	NS	NS		U		U
Acetic acid, methyl ester	NS	NS	5	U	5	U
Acetone	NS	50	5	U	5	U
Benzene	1	NS	1	U	1	U
Bromochloromethane	5	NS	1	U	1	U
Bromodichloromethane	NS	50		U		U
Bromoform	NS	50	1	U	1	U
Bromomethane	5	NS		U	1	U
Carbon disulfide	NS	60		U		U
Carbon tetrachloride	5	NS	1	U	1	U
Chlorobenzene	5	NS		U		U
Chloroethane	5	NS	1	U	1	U
Chloroform	7	NS		U	1	U
Chloromethane	5	NS	1	U		U
cis-1,2-Dichloroethene	5	NS	1	U	1	U
cis-1,3-Dichloropropene	0.4	NS	1	U	1	U
Cyclohexane	NS	NS	1	U	1	U
Dibromochloromethane	NS	50		U		U
Dichlorodifluoromethane	5	NS	1	U	1	U
Ethylbenzene	5	NS	1	U	1	U
Isopropylbenzene	5	NS	1	U	1	U
Methyl cyclohexane	NS	NS	1	U	1	U
Methyl Tertbutyl Ether	NS	10	1	U	1	U
Methylene chloride	5	NS		U		U
Styrene	5	NS	1	U	1	U
Tetrachloroethene	5	NS	20		10	
Toluene	5	NS		U	1	U
trans-1,2-Dichloroethene	5	NS	1	U	1	U
trans-1,3-Dichloropropene	0.4	NS	1	U	1	U
Trichloroethene	5	NS	1	U	1	U
Trichlorofluoromethane	5	NS	1	U	1	U
Vinyl chloride	2	NS	1	U	1	U
Xylene, o	5	NS	1	U	1	U
Xylenes (m&p)	5	NS	1	U	1	U

#### **Notes:**

- Bolded values indicate a detection of the corresponding standard.
- Bolded, yellow-shaded values indicate an exceedance of the corresponding standard.
- FD = Field duplicate
- FS = Field sample
- GA = New York State Class GA Standard
- GV = Guidance value
- NS = No standard
- $\mu g/L = micrograms per liter$
- VOCs = Volatile organic compounds

## Quality Control (QC) Codes:

- B = Indicates the analyte is detected in the associated blank as well as in the sample
- J = The reported value is estimated
- T = Indicates that a quality control parameter has exceeded laboratory limits
- U = Indicates that the compound was analyzed for, but not detected

Page 9 of 9

Created by: KMS 06/07/2021
Checked by: KAA 06/08/2021

Table 2.3: Groundwater Monitoring Results – Emerging Contaminants

	Location Sample Date			ASMW-1	ASMW-1	ASMW-1	ASMW-1	ASMW-1	ASMW-2	ASMW-2	ASMW-2	ASMW-2
		Samj	ple Date	4/23/2019	7/2/2019	10/15/2019	1/8/2020	7/15/2020	4/23/2019	4/23/2019	7/2/2019	10/16/2019
		Sai	mple ID	ASMW-1	ASMW-1	ASMW-1	ASMW-1	ASMW-1	ASMW-2	ASMW-X	ASMW-2	ASMW-2
		Q	C Code	FS	FS	FS	FS	FS	FS	FD	FS	FS
Parameter	SL	GA	GV	Result Qualifier								
1,4-Dioxane (μg/L)												
1,4-Dioxane	NS	NS	NS	0.2 U								
PFAS (ng/L)												
6:2 Fluorotelomer sulfonate (6:2 FTS)	100	NS	NS	17 U	18 U	17 U	18 U		16 U	16 U	20 U	19 U
8:2 Fluorotelomer sulfonate (8:2 FTS)	100	NS	NS	17 U	18 U	17 U	18 U		16 U	16 U	20 U	19 U
N-ethyl perfluorooctane-												
sulfonamidoacetic acid (N-EtFOSAA)	100	NS	NS	17 U	18 U	17 U	18 U		16 U	16 U	20 U	19 U
N-methyl perfluorooctane-												
sulfonamidoacetic acid (N-MeFOSAA)	100	NS	NS	17 U	18 U	17 U	18 U		16 U	16 U	20 U	19 U
Perfluorobutanesulfonic acid (PFBS)	100	NS	NS	3.6	3.4	3.3	3.4		3.7	2.4	2.7	2.4
Perfluorobutanoic acid (PFBA)	100	NS	NS	6.9	6.8	6.5	7		6.9	7.5	6.8	7.9
Perfluorodecanesulfonic acid (PFDS)	100	NS	NS	1.7 U	1.8 U	1.7 U	1.8 U		1.6 U	1.6 U	2 U	1.9 U
Perfluorodecanoic acid (PFDA)	100	NS	NS	1.7 U	1.8 U	1.7 U	1.8 U		1.6 U	1.6 U	2 U	1.9 U
Perfluorododecanoic acid (PFDoA)	100	NS	NS	1.7 U	1.8 U	1.7 U	1.8 U		1.6 U	1.6 U	2 U	1.9 U
Perfluoroheptanesulfonic acid (PFHpS)	100	NS	NS	1.7 U	1.8 U	1.7 U	1.8 U		1.6 U	1.6 U	2 U	1.9 U
Perfluoroheptanoic acid (PFHpA)	100	NS	NS	11	10	9.3	9.3		11	11	11	11
Perfluorohexanesulfonic acid (PFHxS)	100	NS	NS	6.2	5.8	7.5	6.3		6.7	6.9	6.4	6.4
Perfluorohexanoic acid (PFHxA)	100	NS	NS	9.8	11	10	11		12	14	12	12
Perfluorononanoic acid (PFNA)	100	NS	NS	1.7 U	2.5	1.9	1.8		1.9	1.6 U	2.4	2.1
Perfluorooctanesulfonamide (FOSA)	100	NS	NS	1.7 U	9 U	8.5 U	1.8 U		1.6 U	1.6 U	9.9 U	1.9 U
Perfluorooctanesulfonic acid (PFOS)	10	NS	NS	13	17	21	15		18	20	22	20
Perfluorooctanoic acid (PFOA)	10	NS	NS	27	28	28	25		30	30	30	31
Perfluoropentanoic acid (PFPeA)	100	NS	NS	18	11	10	10		18	19	12	12
Perfluorotetradecanoic acid (PFTeDA)	100	NS	NS	1.7 U	1.8 U	1.7 U	1.8 U		1.6 U	1.6 U	2 U	1.9 U
Perfluorotridecanoic acid (PFTrDA)	100	NS	NS	1.7 U	1.8 U	1.7 U	1.8 U		1.6 U	1.6 U	2 U	1.9 U
Perfluoroundecanoic acid (PFUnDA)	100	NS	NS	1.7 U	1.8 U	1.7 U	1.8 U		1.6 U	1.6 U	2 U	1.9 U
Sum PFAS*	500	NS	NS	95.5	95.5	97.5	88.8		108.2	110.8	105.3	104.8

- Bolded values indicate a detection of the corresponding NYSDEC screening level.
- Bolded, gray-shaded values indicate an exceedance of the corresponding NYSDEC screening level.

FD = Field duplicate

FS = Field sample

GA = New York State Class GA Standard

GV = Guidance value

NS = No standard

SL = Screening level

 $\mu$ g/L = micrograms per liter

ng/L = nanograms per liter

## **Quality Control (QC) Codes:**

H = Biased high

J = The reported value is estimated

U = Indicates that the compound was analyzed for, but not detected

Table 2.3: Groundwater Monitoring Results – Emerging Contaminants

		I	ocation	ASMW-2	ASMW-2	ASMW-2	ASMW-3	ASMW-3	ASMW-3	ASMW-3	ASMW-3	ASMW-4
		Samj	ple Date	10/16/2019	1/8/2020	7/15/2020	4/23/2019	7/3/2019	10/15/2019	1/8/2020	7/14/2020	4/24/2019
		Sai	mple ID	ASMWX	ASMW-2	ASMW-2	ASMW-3	ASMW-3	ASMW-3	ASMW-3	ASMW-3	ASMW-4
		Q	C Code	FD	FS							
Parameter	SL	GA	GV	Result Qualifier								
1,4-Dioxane (µg/L)												
1,4-Dioxane	NS	NS	NS	0.2 U								
PFAS (ng/L)												
6:2 Fluorotelomer sulfonate (6:2 FTS)	100	NS	NS	19 U	18 U		18 U	17.4 U	18 U	18 U		17 U
8:2 Fluorotelomer sulfonate (8:2 FTS)	100	NS	NS	19 U	18 U		18 U	17.4 U	18 U	18 U		17 U
N-ethyl perfluorooctane-												
sulfonamidoacetic acid (N-EtFOSAA)	100	NS	NS	19 U	18 U		18 U	17.4 U	18 U	18 U		17 U
N-methyl perfluorooctane-												
sulfonamidoacetic acid (N-MeFOSAA)	100	NS	NS	19 U	18 U		18 U	17.4 U	18 U	18 U		17 U
Perfluorobutanesulfonic acid (PFBS)	100	NS	NS	2.5	3.2		4.7	4.41	4.7	6.7	9.4	3
Perfluorobutanoic acid (PFBA)	100	NS	NS	8.2	6.4		9.4	13.6	16	12		5.2
Perfluorodecanesulfonic acid (PFDS)	100	NS	NS	1.9 U	1.8 U		1.8 U	1.74 U	1.8 U	1.8 U		1.7 U
Perfluorodecanoic acid (PFDA)	100	NS	NS	1.9 U	1.8 U		1.8 U	<b>0.66</b> J	1.8 U	1.8 U		1.7 U
Perfluorododecanoic acid (PFDoA)	100	NS	NS	1.9 U	1.8 U		1.8 U	1.74 U	1.8 U	1.8 U		1.7 U
Perfluoroheptanesulfonic acid (PFHpS)	100	NS	NS	1.9 U	1.8 U		1.8 U	<b>0.88</b> J	1.8 U	1.8 U		1.7 U
Perfluoroheptanoic acid (PFHpA)	100	NS	NS	12	8.6		13	19.4	25	14	12	4.7
Perfluorohexanesulfonic acid (PFHxS)	100	NS	NS	6.9	6.4		5.1	4.5	4	6.6	13	2.9
Perfluorohexanoic acid (PFHxA)	100	NS	NS	14	9.7		18	25.2	34	21		5.3
Perfluorononanoic acid (PFNA)	100	NS	NS	2.4	2.4		4.2	4.62	4.9	6.8	12	1.7 U
Perfluorooctanesulfonamide (FOSA)	100	NS	NS	1.9 U	1.8 U		1.8 U	1.74 U	8.9 U	1.8 U		1.7 U
Perfluorooctanesulfonic acid (PFOS)	10	NS	NS	22	20		18	21.6	27	23	27	7.4
Perfluorooctanoic acid (PFOA)	10	NS	NS	33	24		39	42.6	40	35	32	16
Perfluoropentanoic acid (PFPeA)	100	NS	NS	13	10		32	35.6	49	29		6.5
Perfluorotetradecanoic acid (PFTeDA)	100	NS	NS	1.9 U	1.8 U		1.8 U	1.74 U	1.8 U	1.8 U		1.7 U
Perfluorotridecanoic acid (PFTrDA)	100	NS	NS	1.9 U	1.8 U		1.8 U	1.74 U	1.8 U	1.8 U		1.7 U
Perfluoroundecanoic acid (PFUnDA)	100	NS	NS	1.9 U	1.8 U		1.8 U	1.74 U	1.8 U	1.8 U		1.7 U
Sum PFAS*	500	NS	NS	114	90.7		143.4	173.07	204.6	154.1	105.4	51

- Bolded values indicate a detection of the corresponding NYSDEC screening level.
- Bolded, gray-shaded values indicate an exceedance of the corresponding NYSDEC screening level.

FD = Field duplicate

FS = Field sample

GA = New York State Class GA Standard

GV = Guidance value

NS = No standard

SL = Screening level

 $\mu$ g/L = micrograms per liter

ng/L = nanograms per liter

## **Quality Control (QC) Codes:**

H = Biased high

J = The reported value is estimated

U = Indicates that the compound was analyzed for, but not detected

Table 2.3: Groundwater Monitoring Results – Emerging Contaminants

		L	ocation	ASMW-4	ASMW-4	ASMW-4	ASMW-4	ASMW-4	ASMW-5	ASMW-5	ASMW-5	ASMW-5
		Samp	ole Date	7/3/2019	7/3/2019	10/15/2019	1/8/2020	7/14/2020	4/24/2019	7/3/2019	10/15/2019	1/8/2020
		Sai	mple ID	ASMW-4	ASMW-X	ASMW-4	ASMW-4	ASMW-4	ASMW-5	ASMW-5	ASMW-5	ASMW-5
		Q	C Code	FS	FD	FS						
Parameter	SL	GA	GV	Result Qualifier								
1,4-Dioxane (µg/L)												
1,4-Dioxane	NS	NS	NS	0.2 U	0.2 U	0.2 U	0.28 U	0.29	0.45	0.28	0.35	0.48
PFAS (ng/L)												
6:2 Fluorotelomer sulfonate (6:2 FTS)	100	NS	NS	17.9 U	17.8 U	17 U	18 U	17 U	120 UJ	19 U	19 U	18 U
8:2 Fluorotelomer sulfonate (8:2 FTS)	100	NS	NS	17.9 U	17.8 U	17 U	18 U	17 U	120 UJ	19 U	19 U	18 U
N-ethyl perfluorooctane-												
sulfonamidoacetic acid (N-EtFOSAA)	100	NS	NS	17.9 U	17.8 U	17 U	18 U	17 U	120 UJ	19 U	19 U	18 U
N-methyl perfluorooctane-												
sulfonamidoacetic acid (N-MeFOSAA)	100	NS	NS	17.9 U	17.8 U	17 U	18 U	17 U	120 UJ	19 U	19 U	18 U
Perfluorobutanesulfonic acid (PFBS)	100	NS	NS	2.58	2.71	4.3	4.4 U	2.3	12 UJ	1.9 U	1.9 U	1.8 U
Perfluorobutanoic acid (PFBA)	100	NS	NS	<b>1.78</b> J	<b>1.25</b> J	5.6	6.8	5.7	12 UJ	5.3	5.5	5.8
Perfluorodecanesulfonic acid (PFDS)	100	NS	NS	1.79 U	1.78 U	1.7 U	1.8 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Perfluorodecanoic acid (PFDA)	100	NS	NS	1.79 U	1.78 U	1.7 U	1.8 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Perfluorododecanoic acid (PFDoA)	100	NS	NS	1.79 U	1.78 U	1.7 U	1.8 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Perfluoroheptanesulfonic acid (PFHpS)	100	NS	NS	1.79 U	1.78 U	1.7 U	1.8 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Perfluoroheptanoic acid (PFHpA)	100	NS	NS	2.05	1.93	5.9	5.6	5.2	12 UJ	2.9	2.7	3.1
Perfluorohexanesulfonic acid (PFHxS)	100	NS	NS	<b>1.72</b> J	<b>1.75</b> J	3.7	3.4	4.2	12 UJ	1.9 U	1.9 U	2.2
Perfluorohexanoic acid (PFHxA)	100	NS	NS	2.44	2.12	7.3	6.8	6.9	12 UJ	5.3	5.3	5.4
Perfluorononanoic acid (PFNA)	100	NS	NS	<b>0.37</b> J	<b>0.25</b> J	1.8	2 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Perfluorooctanesulfonamide (FOSA)	100	NS	NS	1.79 U	1.78 U	8.5 U	1.8 U	1.7 U	12 UJ	9.3 U	1.9 U	1.8 U
Perfluorooctanesulfonic acid (PFOS)	10	NS	NS	2.04	2.39	7.4	7.6	2.7	12 UJ	1.9 U	1.9 U	1.8 U
Perfluorooctanoic acid (PFOA)	10	NS	NS	5.67	4.79	20	21	12	12 UJ	3.4	3.2	3.6
Perfluoropentanoic acid (PFPeA)	100	NS	NS	2.22	<b>1.49</b> J	6.6	7.5	6.4	12 UJ	5.3	5.5	6
Perfluorotetradecanoic acid (PFTeDA)	100	NS	NS	1.79 U	1.78 U	1.7 U	1.8 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Perfluorotridecanoic acid (PFTrDA)	100	NS	NS	1.79 U	1.78 U	1.7 U	1.8 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Perfluoroundecanoic acid (PFUnDA)	100	NS	NS	1.79 U	1.78 U	1.7 U	1.8 U	1.7 U	12 UJ	1.9 U	1.9 U	1.8 U
Sum PFAS*	500	NS	NS	20.87	18.68	62.6	58.7	45.4	0	22.2	22.2	26.1

- Bolded values indicate a detection of the corresponding NYSDEC screening level.
- Bolded, gray-shaded values indicate an exceedance of the corresponding NYSDEC screening level.

FD = Field duplicate

FS = Field sample

GA = New York State Class GA Standard

GV = Guidance value

NS = No standard

SL = Screening level

 $\mu$ g/L = micrograms per liter

ng/L = nanograms per liter

#### **Quality Control (QC) Codes:**

H = Biased high

J = The reported value is estimated

U = Indicates that the compound was analyzed for, but not detected

Table 2.3: Groundwater Monitoring Results – Emerging Contaminants

		I	ocation	ASMW-5	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMW-7	ASMW-7
		Samı	ple Date	7/14/2020	4/24/2019	7/2/2019	10/16/2019	1/8/2020	1/8/2020	7/14/2020	4/24/2019	7/2/2019
		Sai	mple ID	ASMW-5	ASMW-6	ASMW-6	ASMW-6	ASMW-6	ASMWX	ASMW-6	ASMW-7	ASMW-7
		Q	C Code	FS	FS	FS	FS	FS	FD	FS	FS	FS
Parameter	SL	GA	GV	Result Qualifier								
1,4-Dioxane (µg/L)												
1,4-Dioxane	NS	NS	NS	0.45	0.2	0.2 U	0.2 U	0.59	0.2 U	0.2 U	0.2 U	0.2 U
PFAS (ng/L)												
6:2 Fluorotelomer sulfonate (6:2 FTS)	100	NS	NS	19 U	17 U	18 U	20 U	18 U	87 UJ		19 U	18 U
8:2 Fluorotelomer sulfonate (8:2 FTS)	100	NS	NS	19 U	17 U	18 U	20 U	18 U	87 UJ		19 U	18 U
N-ethyl perfluorooctane-												
sulfonamidoacetic acid (N-EtFOSAA)	100	NS	NS	19 U	17 U	18 U	20 U	18 U	87 UJ		19 U	18 U
N-methyl perfluorooctane-												
sulfonamidoacetic acid (N-MeFOSAA)	100	NS	NS	19 U	17 U	18 U	20 U	18 U	87 UJ		19 U	18 U
Perfluorobutanesulfonic acid (PFBS)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ	3.9	3.2	3.5
Perfluorobutanoic acid (PFBA)	100	NS	NS	5.7	1.7 U	1.8 U	2 U	2.1	8.7 UJ		5.8	5.6
Perfluorodecanesulfonic acid (PFDS)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Perfluorodecanoic acid (PFDA)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Perfluorododecanoic acid (PFDoA)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Perfluoroheptanesulfonic acid (PFHpS)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Perfluoroheptanoic acid (PFHpA)	100	NS	NS	2.9	1.7 U	1.8 U	2 U	1.8 U	<b>8.7</b> JH	6.9	7.5	7.2
Perfluorohexanesulfonic acid (PFHxS)	100	NS	NS	2	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ	5.4	11	10
Perfluorohexanoic acid (PFHxA)	100	NS	NS	5.5	1.7 U	1.8 U	2 U	1.8 U	<b>10</b> JH		9.2	8.6
Perfluorononanoic acid (PFNA)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ	2.3	2.4	1.8 U
Perfluorooctanesulfonamide (FOSA)	100	NS	NS	1.9 U	1.7 U	9 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Perfluorooctanesulfonic acid (PFOS)	10	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	<b>18</b> JH	15	17	13
Perfluorooctanoic acid (PFOA)	10	NS	NS	3.5	1.7 U	1.8 U	2 U	1.8 U	<b>28</b> JH	25	25	21
Perfluoropentanoic acid (PFPeA)	100	NS	NS	6	1.7 U	1.8 U	2 U	1.9	<b>16</b> JH		9.3	8.8
Perfluorotetradecanoic acid (PFTeDA)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Perfluorotridecanoic acid (PFTrDA)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Perfluoroundecanoic acid (PFUnDA)	100	NS	NS	1.9 U	1.7 U	1.8 U	2 U	1.8 U	8.7 UJ		1.9 U	1.8 U
Sum PFAS*	500	NS	NS	25.6	0	0	0	4	80.7	58.5	90.4	77.7

- Bolded values indicate a detection of the corresponding NYSDEC screening level.
- Bolded, gray-shaded values indicate an exceedance of the corresponding NYSDEC screening level.

FD = Field duplicate

FS = Field sample

GA = New York State Class GA Standard

GV = Guidance value

NS = No standard

SL = Screening level

 $\mu$ g/L = micrograms per liter

ng/L = nanograms per liter

## **Quality Control (QC) Codes:**

H = Biased high

J = The reported value is estimated

U = Indicates that the compound was analyzed for, but not detected

Table 2.3: Groundwater Monitoring Results – Emerging Contaminants

		I	ocation	ASMW-7	ASMW-7	ASMW-7	ASMW-7	EW-1	EW-1	EW-1	EW-1	EW-1
		Samj	ple Date	10/16/2019	1/8/2020	7/14/2020	7/14/2020	4/23/2019	7/24/2019	10/16/2019	1/8/2020	7/15/2020
		Sai	mple ID	ASMW-7	ASMW-7	ASMW-7	ASMW-X	EW-1	EW-1	EW-1	EW-1	EW-1
		Q	C Code	FS	FS	FS	FD	FS	FS	FS	FS	FS
Parameter	SL	GA	GV	Result Qualifier								
1,4-Dioxane (µg/L)												
1,4-Dioxane	NS	NS	NS	0.2 U								
PFAS (ng/L)												
6:2 Fluorotelomer sulfonate (6:2 FTS)	100	NS	NS	17 U		19 U	18 U		19 U	18 U	17 U	
8:2 Fluorotelomer sulfonate (8:2 FTS)	100	NS	NS	17 U		19 U	18 U		19 U	18 U	17 U	
N-ethyl perfluorooctane-												
sulfonamidoacetic acid (N-EtFOSAA)	100	NS	NS	17 U		19 U	18 U		19 U	18 U	17 U	
N-methyl perfluorooctane-												
sulfonamidoacetic acid (N-MeFOSAA)	100	NS	NS	17 U		19 U	18 U		19 U	18 U	17 U	
Perfluorobutanesulfonic acid (PFBS)	100	NS	NS	2	2.3	2.1	2.2	3.9	3.2	3.5	2	2.3
Perfluorobutanoic acid (PFBA)	100	NS	NS	7.8		7.3	6.9		5.8	5.6	7.8	
Perfluorodecanesulfonic acid (PFDS)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Perfluorodecanoic acid (PFDA)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Perfluorododecanoic acid (PFDoA)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Perfluoroheptanesulfonic acid (PFHpS)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Perfluoroheptanoic acid (PFHpA)	100	NS	NS	9.9	8.6	9.5	9.6	6.9	7.5	7.2	9.9	8.6
Perfluorohexanesulfonic acid (PFHxS)	100	NS	NS	9.9	6.8	7	6.9	5.4	11	10	9.9	6.8
Perfluorohexanoic acid (PFHxA)	100	NS	NS	11		11	10		9.2	8.6	11	
Perfluorononanoic acid (PFNA)	100	NS	NS	1.7 U	2 U	1.9 U	1.8 U	2.3	2.4	1.8 U	1.7 U	2 U
Perfluorooctanesulfonamide (FOSA)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Perfluorooctanesulfonic acid (PFOS)	10	NS	NS	13	12	15	11	15	17	13	13	12
Perfluorooctanoic acid (PFOA)	10	NS	NS	24	25	26	22	25	25	21	24	25
Perfluoropentanoic acid (PFPeA)	100	NS	NS	14		10	11		9.3	8.8	14	
Perfluorotetradecanoic acid (PFTeDA)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Perfluorotridecanoic acid (PFTrDA)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Perfluoroundecanoic acid (PFUnDA)	100	NS	NS	1.7 U		1.9 U	1.8 U		1.9 U	1.8 U	1.7 U	
Sum PFAS*	500	NS	NS	91.6	54.7	87.9	79.6	58.5	90.4	77.7	91.6	54.7

- Bolded values indicate a detection of the corresponding NYSDEC screening level.
- Bolded, gray-shaded values indicate an exceedance of the corresponding NYSDEC screening level.

FD = Field duplicate

FS = Field sample

GA = New York State Class GA Standard

GV = Guidance value

NS = No standard

SL = Screening level

 $\mu$ g/L = micrograms per liter

ng/L = nanograms per liter

## **Quality Control (QC) Codes:**

H = Biased high

J = The reported value is estimated

U = Indicates that the compound was analyzed for, but not detected

Table 2.3: Groundwater Monitoring Results – Emerging Contaminants

		I	ocation	EW-2	EW-2	EW-2	EW-2	EW-2
		Samı	ple Date	4/23/2019	7/24/2019	10/16/2019	1/8/2020	7/15/2020
		_	mple ID	EW-2	EW-2	EW-2	EW-2	EW-2
			C Code	FS	FS	FS	FS	FS
Parameter	SL	GA	GV	Result Qualifier				
1,4-Dioxane (µg/L)								
1,4-Dioxane	NS	NS	NS	0.2 U				
PFAS (ng/L)								
6:2 Fluorotelomer sulfonate (6:2 FTS)	100	NS	NS	19 U	18 U	18 U	18 U	18 U
8:2 Fluorotelomer sulfonate (8:2 FTS)	100	NS	NS	19 U	18 U	18 U	18 U	18 U
N-ethyl perfluorooctane-								
sulfonamidoacetic acid (N-EtFOSAA)	100	NS	NS	19 U	18 U	18 U	18 U	18 U
N-methyl perfluorooctane-								
sulfonamidoacetic acid (N-MeFOSAA)	100	NS	NS	19 U	18 U	18 U	18 U	18 U
Perfluorobutanesulfonic acid (PFBS)	100	NS	NS	2.1	2.2	2.2	2.2	2.2
Perfluorobutanoic acid (PFBA)	100	NS	NS	7.3	6.9	6.9	6.9	6.9
Perfluorodecanesulfonic acid (PFDS)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluorodecanoic acid (PFDA)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluorododecanoic acid (PFDoA)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluoroheptanesulfonic acid (PFHpS)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluoroheptanoic acid (PFHpA)	100	NS	NS	9.5	9.6	9.6	9.6	9.6
Perfluorohexanesulfonic acid (PFHxS)	100	NS	NS	7	6.9	6.9	6.9	6.9
Perfluorohexanoic acid (PFHxA)	100	NS	NS	11	10	10	10	10
Perfluorononanoic acid (PFNA)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluorooctanesulfonamide (FOSA)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluorooctanesulfonic acid (PFOS)	10	NS	NS	15	11	11	11	11
Perfluorooctanoic acid (PFOA)	10	NS	NS	26	22	22	22	22
Perfluoropentanoic acid (PFPeA)	100	NS	NS	10	11	11	11	11
Perfluorotetradecanoic acid (PFTeDA)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluorotridecanoic acid (PFTrDA)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Perfluoroundecanoic acid (PFUnDA)	100	NS	NS	1.9 U	1.8 U	1.8 U	1.8 U	1.8 U
Sum PFAS*	500	NS	NS	87.9	79.6	79.6	79.6	79.6

- Bolded values indicate a detection of the corresponding NYSDEC screening level.
- Bolded, gray-shaded values indicate an exceedance of the corresponding NYSDEC screening level.

FD = Field duplicate

FS = Field sample

GA = New York State Class GA Standard

GV = Guidance value

NS = No standard

SL = Screening level

 $\mu$ g/L = micrograms per liter

ng/L = nanograms per liter

#### **Quality Control (QC) Codes:**

H = Biased high

J = The reported value is estimated

U = Indicates that the compound was analyzed for, but not detected

# APPENDIX A MAINTENANCE LOGS

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE		REASON FOR SIT	E VIS	IT (CHECK BOX BELOW)
BCG EL	4/25/2018 0830-150	1500		Monitoring		Maintenance
150	11-1		Ø	Sampling		Other (Provide Description)
				Alarm Response		
escription: Conducted EW-2.	d quarterly groundwate	r sampling across	,,,,	3 & Azwa	in	, , ,
BCC, EL	6/29/2018 1000	1500		Monitoring	X	, Maintenance
BCC, LL	1012.120.0			Sampling		Other (Provide Description)
				Alarm Response		
monito	d groundskeeping m ring wells, clearing	around moni	hoi	ing wells,	an	d debris pictor
c(15 f 05	Tall or sees I	1.120	Т	Monitoring	Т	Maintenance
•	7/5/2018 0800	1430	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Monitoring	F	Maintenance Other (Provide Description)
	7/5/2018 0800	1430	Х	Sampling		Maintenance Other (Provide Description)
DG, EL	d quarterly groundw		X	Sampling Alarm Response		Other (Provide Description)

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SI	TE VISIT (CHECK BOX BELOW)
PL, BCC	7/11/2018 0800	1400	Monitoring	Maintenance
		•	X Sampling	Other (Provide Description)
			Alarm Response	
Description: Complete	quarterly groundward, 6,7, EW-1, EW	ater sumpling e	want. Conducted	d samply at
ASMW-3	16,7, EW-1, EW	-2		
	1 . 1			
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:				

10/10/2018 0815	1430	Monitoring  Sampling	Maintenance Other (Provide Description)
		Sampling	Other (Provide Description)
			Outer (1 Tovido Decempació
		Alarm Response	
roundwater samples access ASMW-2 a	from ASMW-1 he to downed to	,3,4,5,6,7, ·	€W-1, 2.
0/72/2018 0830	1330	Monitoring	Maintenance
7-1		Sampling	Other (Provide Description)
A		Alarm Response	
manhole (61×12" whole but was u	) and concrete p nuble. Installed	ad At ASMW-5 d LWCard paglo	Afteryted to salvoye ck.  X Maintenance
9/20/2018 0000	1313		Other (Provide Description)
			Curior (1 Tovido Becompulori)
moved Fallen tree	· Collected arou		from ASMW-2.
nds maintenance-	- mowed, weed	-wadeing, debri	spikup
	0/22/2018 0830 nonhole (8"×12") ock. manhole (6'×12") nhole but was u	olzz/2018 0830 1330  nonhole (8"×12") and concrete pock.  manhole (6"×12") and concrete punhole but was unable. Installe.  olz6/2018 0800 1315	o/22/2018 0830 1330 Monitoring Sampling Alarm Response nonhole (8"×12") and concrete pad at ASMW-4 ock. manhole (6"×12") and concrete pad at ASMW-5 whole but was unable. Installed LWC and pafle

PERSONNEL ON-SITE	DATE/TIME ON-SI	TE TIME OFFSITE	REASON FOR S	SITE VI	SIT (CHECK BOX BELOW)
JB	6/6/19 102/3	9 1/130	Monitoring	t	Maintenance
			Sampling	10	Other (Provide Description)
			Alarm Response		
escription:  Wesued 9	now. grounds	hooping			
e.L	6/18/19 08	5:30 19:30 ES	Monitoring	<b>*</b>	Maintenance
	1	13:30	Sampling		Other (Provide Description)
			Alarm Response		
debris pickup	dearing	eeping activities: paths to wells.			
BC	7/1/19 1290	14:80	Monitoring	X	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Con bu	creo Grov.	ABSKEEPING ACTIVITIE EARLING PATHS TO WE	S; MOWIAG-W	Ackin	.6

DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)				
7/2/19 8:00	13:30	Monitoring	Maintenance			
		Sampling	Other (Provide Description)			
		Alarm Response				
to sample E	m-1-5 p	n bluas tu	totote to			
713/19 7:30	13:00	Monitoring	Maintenance			
		Sampling	Other (Provide Description)			
		AI B				
groundwater	sampres -	Alarm Response	W-3,4+5			
groundwater ground water fourt " extra The 19 8:00	BOMPIES -		Maintenance			
		from ASH Sie 6- With	Maintenance Other (Provide Description)			
	roundwater of	condinater samples to	Alarm Response  Coundwater samples from ASHW-  to sample EW-1 - 2 but could not  7/3/19 7:30 13:00 Monitoring  Sampling			

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)				
PL	7/24/19 /750	980	Monitoring	Maintenance			
			X Sampling	Other (Provide Description)			
			Alarm Resp	sponse			
Description:	124297 HOYES	nesser ba	to 60i	n-9 golleaky			
Esc W	et sample	for Ew-	IFEU	の一つ			
		, , ,					
BCC	7/30/19/0630	1000	Monitoring				
			Sampling	Other (Provide Description)			
		3	Alarm Res	sponse			
Description:	nointenance, moving	1 weed whatking d	chor make				
	The second second		- > picking	P			
800	8114119/900	10:30	Monitoring	) Maintenance			
			Sampling	Other (Provide Description)			
			Alarm Res	sponse			
Description: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Minhaman m	1 book word	JA OUNTED	.0			
zen.	mandrage mide	sonial, and	March				
	and themp	•					

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE	E VISIT (CHECK BOX BELOW)
pe	8129 1930	00ei	Monitoring	Maintenance
			Sampling	Other (Provide Description)
	·		Alarm Response	
Description: しんじん	e bioxité	ac mow no	s, wood wh	cacing +
E.L	9/12/19 /8:30	10:45	Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:  Conducted a moving, wee	grounds keepin	egring around	debris pic	toring wells.
RC	9/24/19/11/30	1430	Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:  Conducted of the conduction of the	acrab/gieboro	g : Moving,	need what	ing t

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR	SITE VISIT (CHECK BOX BELOW)
BC+EL	1012/19/815	1300	Monitoring	X Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:				100 00000 000 000
MET with Dell	servanom sta	" @ 800 to cho	is usone as	ove "bebloaed
ASKUD-7 W	annote cone	roped + g	bollard i	nstallation
surcandino	manole	<i>"</i>		
	3			
BC	1013119 900	1400	Monitoring	.X Maintenance
			Sampling	X Other (Provide Description)
			Alarm Response	
con,	et bouloids	nc 40 court	sang ar	ea.
	, ,			
DG	10/11/19 0830	1300	Monitoring	✓ Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:	1		C 11 1 .	4
Colorado	skrepny a	al Replace	failty La	

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)			
BCC/EL	10/15/19/0630	1415	Monitoring	Maintenance		
		3	X Sampling	Other (Provide Description)		
			Alarm Response			
Description: Collect	Description: Collected groundwater samples from: ASMW-1, ASMW-3					
Description: Collected groundwater samples from: ASMW-1, ASMW-3 ASMW-4, ASMW-5						
BULLEL	10/16/19 / 0830	1330	Monitoring	Maintenance		
			X Sampling	Other (Provide Description)		
			Alarm Response			
Collected groundwater samples from: ASMW-7, ASMW-6, ASMW-2 EW-1, EW-2						
			Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description:		,				

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
S	9/1/20 1000	12230	Monitoring	سني ا	Maintenance
	,,,,,		Sampling		Other (Provide Description)
			Alarm Response		
Description: LAWN	MANTERE	2 d FIRE	= Extagu	181	L & Encesor
light in	spection	TRE TR	s min		L & Encesor
	2 2 2 2 2 2 2 2 2		T		F
20	8/19/20180	1430	Monitoring	$\rightarrow$	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Lawn m	DIDREGATION				
KL	9/15/20 830	1030	Monitoring	X	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description: Lawn mainten	CE + tree trim	ing, fire Ext	inquish + Eme	Fgel	Icx
light inspecti	on				

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
WE	28 SEPZO 0830	1045	Monitoring	×	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description: เดยกา	MINT.				
RC	10/26/20 11:15	@13:45	Monitoring	X	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description: YARP	MAINTENANCE				
.,.	,				
MF	10/18/30 9:00	1100	Monitoring		Maintenance
	•		Sampling		Other (Provide Description)
			Alarm Response		
Description:	man and and	)			
400	MOTIFERONG	<b>L</b>			

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		IT (CHECK BOX BELOW)
MF	230 NOV 20 8915	1130	Monitoring	X	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description: もみんい)	MAINT				
MF	12/31/20 1015	iais	Monitoring	$\exists$	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description:	Mainto				
EL IRC	213/21 7:30	10:00	Monitoring	Х	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description:	n remonal-	provided s	29000 Sti	. 22	

#### FRANKLIN CLEANERS SITE, NYSDEC SITE NO. 1-30-050 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE	E VISIT (CHECK BOX BELOW)
PL	a/10/a/ 8:30	12:00	Monitoring	Maintenance
	•		Sampling	Other (Provide Description)
			Alarm Response	
Description:	t wood for	EHR HOUNG	Spet.	
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	<u> </u>
Description:				

# DAILY INSPECTION REPORT FLOAKUN CLEONOS

Page 1 of 9

(Site Name) - NYSDEC Site No.

Date: 5 | 28 | 20

CONTRICT CHECOLORS **NYSDEC Contract No.** NYSDEC Department of Environmental D011107 C.100101V Division of Environmental Remediation Conservation Superintendent: Site Location: West Islip, New York NYSDEC PM: Poysion Long **Weather Conditions** Consultant PM: Trisha Vicale PM General Description O WELCAS AM Consultant Site Inspectors: 703 Temperature AM PM Donald Griffing Wind AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments" No ! Were there any changes to the Health & Safety Plan? \*Yes NA 'NA Were there any exceedances of the perimeter air monitoring reported on this date? \*Yes No Were there any nuisance issues reported/observed on this date? \*Yes No **Health & Safety Comments** Summary of Work Performed Arrived at site: 1100 Departed Site: 1300 LAWY MAINTENER 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? No \*Yes Were there any vehicles which were not tarped? \* Yes No \* Yes No Were there any vehicles which were not decontaminated prior to exiting the work site? NA Personnel and Equipment Individual Company Trade **Total Hours** 

### Page **2** of **9**

### DAILY INSPECTION REPORT FROMKIN CHECKES

Report No. (Site Name) - NYSDEC Site No. Date: 5/28/20

	otion		Contractor/Vendor		Quantity	Us	ed
						***************************************	
THE PARTY OF THE P							
				77777774		· · · · · · · · · · · · · · · · · · ·	
							*******
				****			
							MANAGE AND
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Dail Weig (tons
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Dai Weig (ton:
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If A	r Disposal Applicable)	Daily Loads	Dai Weig (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Dai Weig (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Dai Weig (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If A	r Disposal Applicable)	Daily	Dai Weig (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily	Dai Wei (ton
Material Description  Site scale for off-site ship	to Site		(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily	Dai Wei (ton

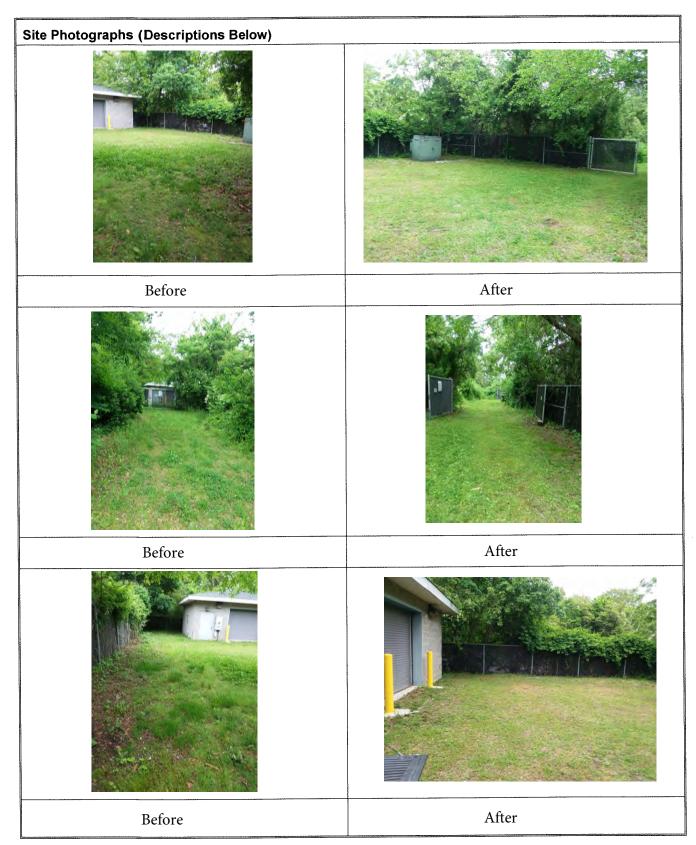
## PAILY INSPECTION REPORT FOOKLING CHOUNDS Report No. (Site Name) - NYSDEC Site No. Date: 5/28/20

Page 3 of 9

**Visitors to Site Entered Exclusion/CRZ Zone** Name Representing No Yes No No Yes Yes No Yes No No Yes No Yes No Yes No Yes Site Representatives Representing Name **Project Schedule Comments** Issues Pending Interaction with Public, Property Owners, Media, etc.

Page **4** of **9** 

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



Comments	
Site Inspector(s):	Date:

## DAILY INSPECTION REPORT FROMULA CLEONEUS

Report No. (Site Name) - NYSDEC Site No.

Date: 5/28/30

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ₫	No □	
Is the tail gate safety meeting held outdoors?	Yes □	No 🗹	N.
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No □	
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □	
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No □	İ
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 □	No 🗹	
Comments:			

#### REMEDIAL ACTIVITIES AT PROPERTIES

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	Yes □	No 🗹
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖭
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No □
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>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.</li> <li>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.</li> </ul>	Yes □	No □

#### NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes □	No ₫	N/A□
Were there any odors detected on this date?	Yes □	No 🗹	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🗹	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🗹	N/A□ _
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A 🗹
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A⊠
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 □	No □	N/A⊠
If yes, has Contractor been notified?	Yes □	No □	N/A⊠
<u>Comments:</u>	,		

NYSDEC Division of Environmental Remediat		tment of nmental rvation	NYSDEC C C100611 Superintende		No.
Site Location: Hempstead, New	/ York				
	r Conditions		NYSDEC PM	-	
General Description	AM	PI	Consultant Pl	vl: Trisha \	/icale
Temperature 80°	ANA	PI	Consultant Si	te Inspecto	rs:
Wind Vamo	AM	PI	M Duchin	070,	AUD USH
Health & Safety If any box below is checked "Yes	s", provide explana	ition under "Healt	h & Safety Com	ments".	2
Were there any changes to the Health &	& Safety Plan?		*Yes	(No)	NA
Were there any exceedances of the period	imeter air monitoring r	eported on this date?	*Yes	No	(NA)
Were there any nuisance issues reporte	ed/observed on this da	te?	*Yes	No	(NA)
Health & Safety Comments					
Cummany of Work Designment	A minute of a table		Donostod Sito.	William	
Summary of Work Performed	Arrived at site:	730	Departed Site:	111	9
Equipment/Material Tracking If any box below is checked "Yes"	", provide explana	tion under "Materi	ial Tracking Co	mments"	
				mments"	
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not	lisplay proper D.O.T not tarped?	umbers and placards	? *Yes * Yes	No No	NA) NA)
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not	lisplay proper D.O.T not tarped?	umbers and placards	? *Yes * Yes	No	NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not	lisplay proper D.O.T not tarped?	umbers and placards	? *Yes * Yes	No No	NA) NA)
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not	lisplay proper D.O.T not tarped?	umbers and placards	? *Yes * Yes	No No No	NA) NA)
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA
If any box below is checked "Yes? Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T not tarped? t decontaminated prior	umbers and placards	? *Yes * Yes ite? * Yes	No No No	NA NA

Equipment Descript	lion		Contractor/Vendor		Quantity	Use	-d
Equipment Descript	uUII		Contractor/Veridor		Quality		
410040044444444444444444444444444444444							
AWAMADINA							
		****					
Material Description	Imported/ Delivered	Exported off Site	Waste Profile (If Applicable)	Source of	or Disposal Applicable)	Daily Loads	Dai Wei
	to Site	On Site	(II Applicable)	1 40/11/4/ (11	, ipp.://oc.o./		(ton
							ļ
n-Site scale for off-site ship	nment delivery	icket for materia	al received			1	l
uipment/Material Trac							
aipinonomatoria, riac	January Commis						

Report No. Franklin Cleaners - NYSDEC Site No. Date: (2) (2) (3)

Name	Representing	Entered	Exclusion/CRZ Zon
		Yes	No
Site Representatives			
Name	Representing		
10.70			
- Marie de Bratania de Caración de Caració			
Project Schedule Comments			
logues Panding			
ssues Pending			
nteraction with Public, Property	Owners, Media, etc.		

Date: 19/20

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

Franklin Cleaners - NYSDEC Site No. Report No.

Date: Le la Page 5 of 9

Before	Af	ter
Comments		
Site Inspector(s):		Date:

#### DAILY HEALTH CHECKLIST

		*
Is social distancing being practiced?	Yes ☑	No □
Is the tail gate safety meeting held outdoors?	Yes □	No □ 🐧
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No □
Were personal protective gloves, masks, and eye protection being used?	Yes ☑	No □
Are sanitizing wipes, wash stations or spray available?	Yes 🔽	No □
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 □	No 🖵
Comments:		

### REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗆
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗗
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖫
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No 🗆 🔨
If Yes	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 □	No 🗆
Comm	<u>ents:</u>		

#### NUISANCE CHECKLIST

-	Were there any community complaints related to work on this date?	Yes □	No ☑	N/A□
-	Were there any odors detected on this date?	Yes □	No ☑	N/A□
-	Was noise outside specification and/or above background on this date?	Yes □	No ☑	N/A□
	Were vibration readings outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
ĺ	Any visible dust observed beyond the work perimeter on this date?	Yes □	No ☑⁄	N/A□
	Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No ⊡	N/A□ ̯
	Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/A☑
	Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A⊡∕
-	Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A □
Annual Control of the	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 □	No □	N/A.
-	If yes, has Contractor been notified?	Yes □	No □	N/A 🖫
CONTRACTOR OF THE CONTRACTOR O	Comments:			

Report No. Franklin Cleaners - NYSDEC Site No. Date: \(\oldsymbol{\sigma}\rightarrow\rig

NYSDEC Division of Environmental Remedi	STATE Enviro	trment of numental ervation		NYSDEC C100611 Superintend		No.
Site Location: Hempstead, Ne	w York			NYSDEC PI		ona
	er Conditions				0.0	•
General Description	AM		PM	Consultant F		
Temperature 800	AM		PM	Consultant S		
Health & Safety	(MA)		PM	Dalax	1 6-612	MILLIA
If any box below is checked "Ye	es", provide explana	ation under "He	alth 8	Safety Co	mments".	7
Were there any changes to the Health	& Safety Plan?		A	*Yes	(No	NA
Were there any exceedances of the pe	erimeter air monitoring i	reported on this da	ate?	*Yes	No	(NA)
Were there any nuisance issues repor	ted/observed on this da	nte?		*Yes	No	NA
Health & Safety Comments						
Summary of Work Performed	Arrived at site:	1000	De	eparted Site	12	00
Equipment/Material Tracking						
Equipment/Material Tracking If any box below is checked "Ye						
If any box below is checked "Ye Were there any vehicles which did not	display proper D.O.T n			*Yes	No	(NA)
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n	display proper D.O.T n ot tarped?	umbers and placa	ırds?	*Yes * Yes	No No	(NA) (NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n	display proper D.O.T n ot tarped?	umbers and placa	ırds?	*Yes * Yes	No	(NA)
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n	display proper D.O.T n ot tarped?	umbers and placa	rds? rk site?	*Yes * Yes	No No No	(NA) (NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T n ot tarped? ot decontaminated prior	umbers and placa	rds? rk site?	*Yes * Yes * Yes	No No No	NA NA NA



Equipment Description	on		Contractor/Vendor		Quantity	Use	ed
				Me shroom			
				numero v			
		5.01A72470		an excession - v			
		***************************************				***************************************	······································
THE REPORT OF THE PERSON OF TH							
		***************************************					
		ANY ANY TO A					
						***************************************	
		meno.					
Annual Annua							
		7		T			T
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr			ial received				
Equipment/Material Track	ing Comme	ents:					

Visitors to Site				
Name	Re	presenting	Entered E	xclusion/CRZ Zone
			Yes	No
			Yes	No .
			Yes	No
			Yes	No
Site Representatives				
Name		Representing		
			·	
				Landa Company
Project Schedule Comments				
Issues Pending				
<u> </u>	AN			
Interaction with Public, Property C	)wners Media e	tc		
and the second s				



Date: 6/23/20

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

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 6123120

Date: 6/23/20

Report No. Franklin Cleaners - NYSDEC Site No.

Site Photographs (Descriptions Below)	
	1

#### **DAILY INSPECTION REPORT**

Site Inspector(s):

Date: 123120 Page 7 of 9 Report No. Franklin Cleaners - NYSDEC Site No. Comments

Date:

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 12/23/20

#### DAILY HEALTH CHECKLIST

		•	
Is social distancing being practiced?	Yes ☑	No □	
Is the tail gate safety meeting held outdoors?	Yes □	No □	N
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes ☑∕	No □	
Were personal protective gloves, masks, and eye protection being used?	Yes 🖫	No □	
Are sanitizing wipes, wash stations or spray available?	Yes 🕏	No □	
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 □	No 🔍	
Comments:			

### REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖳	
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🔽	
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🔽	
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖾	MA
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No □	NA
•	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 □	No 🗆	
Comm	<u>ents:</u>			Processing and the second

Date: 14(33)20 Page 9 of 9

#### NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes □	No ☑	N/A□
Were there any odors detected on this date?	Yes □	No ♂,	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🖾	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No ☑	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No ☑	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🗗	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/A ☑
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A 🖳
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A⊠
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 □	No □	N/A √
If yes, has Contractor been notified?	Yes □	No □	N/A☑
<u>Comments:</u>			

NYSDEC Division of Environmental Remedi	NEW YORK STATE Department of Environmental Conservation	5	NYSDEC C		No.
Site Location: Hempstead, Ne	ew York	Į.	Superintender		
20 000000	er Conditions		NYSDEC PM:	-	-
General Description		PM	Consultant PN	/i: Trisha \	/icale
Temperature 701			Consultant Sit	te Inspecto	rs:
Wind VAREAT	SE (AM)	PM '	Hichory	U FO	bi
Health & Safety If any box below is checked "Y	es", provide explanation und	der "Health &	Safety Com	ments".	
Were there any changes to the Health	a & Safety Plan?		*Yes	(No)	NA
Were there any exceedances of the p	erimeter air monitoring reported o	n this date?	*Yes	No	NA
Were there any nuisance issues repo	rted/observed on this date?		*Yes	No	(NA)
Health & Safety Comments					
Summary of Work Performed	Arrived at site: 0%/5	De	parted Site:	16.	25 //00
SITE AND LAN	USCAPING MAIN	TENANO	E,		
					_
Equipment/Material Tracking	se" provide explanation und	or "Material T	racking Cor	mmante"	
If any box below is checked "Ye			,		
If any box below is checked "Ye Were there any vehicles which did not	t display proper D.O.T numbers a		*Yes	No	(NA)
If any box below is checked "Ye	t display proper D.O.T numbers a not tarped?	nd placards?	,		
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not were there any vehicles which were not were not were the were not were	t display proper D.O.T numbers a not tarped?	nd placards?	*Yes * Yes	No No	(NA)
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers a not tarped?	nd placards?	*Yes * Yes * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were not were there any vehicles which were not be the personnel and Equipment."	t display proper D.O.T numbers and tarped?  not decontaminated prior to exiting	nd placards?  the work site?	*Yes * Yes * Yes	No No No	NA NA

Date: 7 10100

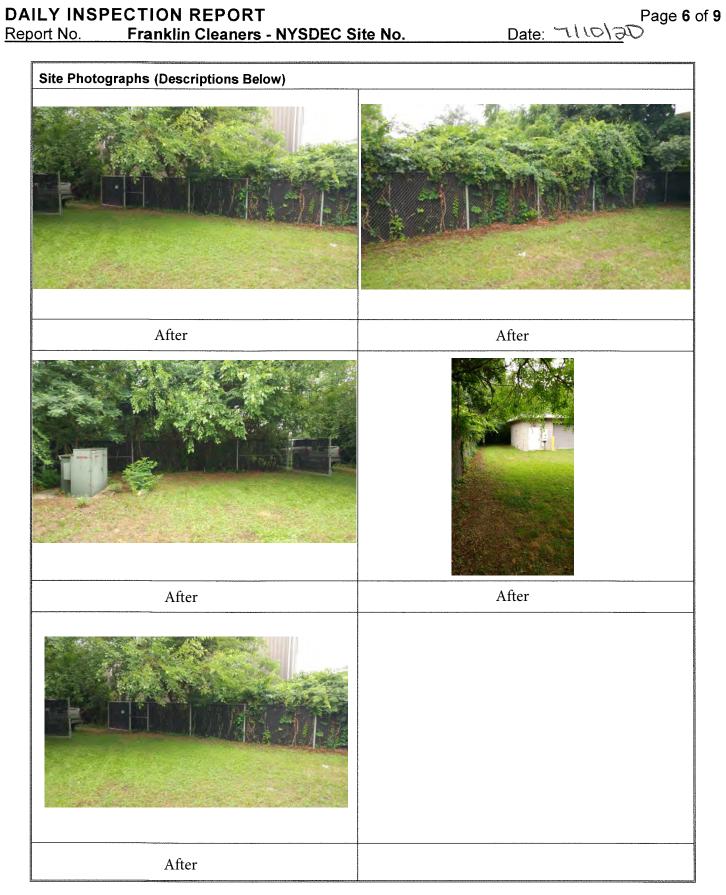
Equipment Descrip	tion		Contractor/Vendor		Quantity	Use	∍d
			147.31810003011003710	***************************************			
		avena.					
		-					
			The state of the s				
							***************************************
W						***************************************	
						~~~	
					1		
				BI			
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description  Material Description  *On-Site scale for off-site ship	to Site		(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*
	to Site	ticket for materia	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*
*On-Site scale for off-site ship	to Site	ticket for materia	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily	Daily Weight (tons)*

te Representatives	presenting	Entered Yes	Exclusion/CRZ Zone  No
roject Schedule Comments	presenting	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No
roject Schedule Comments	presenting	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
roject Schedule Comments	presenting	Yes Yes Yes Yes Yes	No No No No
roject Schedule Comments	presenting	Yes Yes Yes Yes	No No No No
roject Schedule Comments	presenting	Yes Yes Yes	No No No
roject Schedule Comments	presenting	Yes Yes	No No
roject Schedule Comments	presenting	Yes	No
roject Schedule Comments	presenting		· · · · · · · · · · · · · · · · · · ·
roject Schedule Comments	presenting	Yes	No
roject Schedule Comments	presenting		
roject Schedule Comments	presenting		
			TO SACREMAN
		·	
			AN 3-11 HOROSON WARPEN IV
			***************************************
sues Pending			
sues Pending			
sues Pending			
sues reliuling			
teraction with Public, Property Owners, Media, etc.			
teraction with rabile, Property Owners, Media, etc.			

Date: 7/10/30

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

Page 5 of 9



ort No. F	<u>Franklin Cleaners</u>	- NYSDEC Site No.	<u>[</u>	Date: TholaD	
The state of the s					
H-200					
Comments	·				<b>,,</b>
1 mm					
0:4-1	- \			D. 4.	
Site Inspector(	s):			Date:	

Date: 7110120

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗷	No □
Is the tail gate safety meeting held outdoors?	Yes ∡	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗷	No □
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No □
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 □	No 🔀
Comments:		

#### REMEDIAL ACTIVITIES AT PROPERTIES

	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗷
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No.₽
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🔄
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No 🔀
•	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 □	No.
Comme	<u>ents:</u>		

Date: ~ 10180

# NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes □	No 🔀	N/A□
Were there any odors detected on this date?	Yes □	No ₩	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 怒.	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No ⊠,	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No Ⅸ,	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🔀	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/ASL
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A 🔀
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A\\$\(\overline{}\)
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 □	No □	N/AZ
If yes, has Contractor been notified?	Yes □	No □	N/AIX
<u>Comments:</u>			

Date 7/14/20

NYSDEC Division of Environme	ental Remedia	tion New YORK STATE Envi	artment of ironmental servation		NYSDEC C		No.
Site Location: Hem	pstead, Nev	v York			Superintender NYSDEC PM		ang
Westles Conditions							
General Description Suny AM PM  Consultant PM: Trisha Vicale							/icale
					Consultant Si	te Inspecto	rs:
Wind	PM	PL+A	di				
Health & Safety If any box below is	checked "Yes	s", provide explai	nation under "I	lealth &	Safety Com	ments".	
If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan?						No)	NA
Were there any exceed			g reported on this	date?	*Yes	Nó	NA
Were there any nuisano	ce issues reporte	ed/observed on this o	date?		*Yes	No	NA
Health & Safety Cor	mments						
	7.1						
Summary of Work F	Performed	Arrived at site:	0715	De	eparted Site:	138	OE
Equipment/Material		s", provide explan	nation under "N	faterial <sup>*</sup>	Tracking Co	mments"	-
If any box below is	checked "Yes				Tracking Co	mments"	NA
	checked "Yes s which did not	display proper D.O.T					
If any box below is Were there any vehicle	checked "Yes s which did not on s which were no	display proper D.O.T ot tarped?	numbers and pla	cards?	*Yes * Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes s which did not on s which were no s which were no	display proper D.O.T ot tarped?	numbers and pla	cards?	*Yes * Yes	No No	NA NA
If any box below is Were there any vehicle Were there any vehicle	checked "Yes as which did not des which were no as which were no ipment	display proper D.O.T of tarped? of decontaminated pr	numbers and pla	cards? vork site?	*Yes * Yes	No No No	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes as which did not des which were no as which were no ipment	display proper D.O.T of tarped? of decontaminated pr	numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped? of decontaminated pr	numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes as which did not a as which were no as which were no aipment	display proper D.O.T of tarped?  of decontaminated proper Company	numbers and pla	vork site?	*Yes * Yes * Yes	No No No Tota	NA NA NA

Date: 7/14/20 Report No. Franklin Cleaners - NYSDEC Site No.

Equipment Descript	ion		Contractor/Vendor		Quantity	Use	ed
Generator					/		
Generator Geo Plemp More water level , P. J. D. Y. S. J.			***************************************			- j	
1 + D	merer		extremely and the second secon		/	<del></del>	***************************************
P. I. D.					<del>  /  </del>	<del></del>	
7,3,4,							
				***************************************			
		***************************************	The state of the s				
		w.a					
		34444					
							***************************************
			·····			***************************************	
							······································
		· · · · · · · · · · · · · · · · · · ·					
							~
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
	to one	-					((0110)
		<del> </del>					
	+	<del> </del>					
A STATE OF THE STA		<del>                                     </del>					
			The state of the s				
		1					
						-	
	1	1					
*On-Site scale for off-site ship	ment, delivery	ticket for materi	al received				
			al received				
*On-Site scale for off-site ship Equipment/Material Trac			al received			1	
			ial received				
			al received				
			al received				
			al received				
			al received				
			al received				
			ial received				

Date: 7/14/20 Page **3** of **9** 

Name	Representing	Entered Exclusion/CRZ Zor		
		Yes	No	
Site Representatives				
Name	Representing			
<u></u>				
West of the second of the seco				
Project Schedule Comments	***			
Toject ochedule comments				
			TO THE OLD AND THE PERSON OF T	
eellee Pandind				
ssues Pending				
	Dwnore Modia ato			
nteraction with Public, Property (	Owners, Media, etc.			
nteraction with Public, Property (	Owners, Media, etc.			
nteraction with Public, Property (	Owners, Media, etc.			
nteraction with Public, Property (	Owners, Media, etc.			
	Owners, Media, etc.			

### **DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/14/20

Page **4** of **9** 

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

### DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/14/25 Page **5** of **9** 

Date: 7/24/20

Site Photographs (Descriptions Below)	
ASIRW Z	ASMW 1

### **DAILY INSPECTION REPORT**

Page 7 of 9

oort No.	Franklin Cleaners - NYSDEC Site No.	Date: 7/14/20
		A CH2-9100
To the second se		
***		
Comments		
Reconstruction of the control of the		
Site Inspect	(a.v/a).	Date:

Date: 7/14/20

# DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗸	No □
Is the tail gate safety meeting held outdoors?	Yes∕⊠	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖄	No □
Were personal protective gloves, masks, and eye protection being used?	Yes⊯⊈	No □
Are sanitizing wipes, wash stations or spray available?	Yes 🗷	No □
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 □	Not
Comments:		

### REMEDIAL ACTIVITIES AT PROPERTIES

Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No⊅≤
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	Not
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	Non
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	NøX
5. Does the Department and its contractors have your permission to ente the property at this time?	r Yes	No 🗆
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>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.</li> <li>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.</li> </ul>	Yes □	No □
<u>Comments:</u>		

Date: 7/14/20 Page **9** of **9** 

### **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No/X	N/A□
Were there any odors detected on this date?	Yes □	No⊅⊠	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No.	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No⊅	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No₀✓	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🖾	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/A\
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 💢	No □	N/A
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A\Z
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 □	No □	N/AM
If yes, has Contractor been notified?	Yes □	No □	N/AX
<u>Comments:</u>			

NYSDEC Division of Environme	ental Remediati		rtment of onmental ervation		NYSDEC Control		No.
Site Location: Hem	pstead, New	York			NYSDEC PM:		ona
	Weather	Conditions			Consultant PM	-	_
General Description	PM						
Temperature Wind	PM	Consultant Site		ors:			
Health & Safety	10-15 mp1	(AM)		PM	45.4	97	
If any box below is	checked "Yes	", provide explan	ation under "He	alth &	k Safety Comi	nents".	
Were there any change				101.0	*Yes	(No)	NA
Were there any exceeds	ances of the peri	meter air monitoring	reported on this da	ate?	*Yes	No	NA
Were there any nuisano	e issues reported	d/observed on this da	ate?		*Yes (	No)	NA
Health & Safety Con	nments				50£4		34 7
		N					
Summary of Work P	erformed	Arrived at site:	720	D	eparted Site:	12	Z
GWS			180				
Equipment/Material If any box below is o		, provide explana	ntion under "Ma	terial	Tracking Con	nments'	,
If any box below is o	checked "Yes"				Tracking Con	nments'	'.   NA
	checked "Yes" s which did not di	splay proper D.O.T r					
If any box below is of Were there any vehicles	checked "Yes" s which did not di s which were not	splay proper D.O.T r tarped?	numbers and place	ards?	*Yes * Yes		NA
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes" s which did not di s which were not s which were not	splay proper D.O.T r tarped?	numbers and place	ards?	*Yes * Yes		NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price Company	numbers and place	ards? rk site	*Yes * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price Company	or to exiting the wo	ards? rk site'	*Yes * Yes ? * Yes		NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper D.O.T r tarped? decontaminated price	or to exiting the wo	rk site	*Yes * Yes ? * Yes	Tot	NA NA NA

Date: ~ 115120

-	tion		Contractor/Vendor		Quantity	Use	ed
Come of Or					,	Ų	
desprint					1	<u> </u>	,
1 BLUCE CIFE	on land	761		<del></del>			
483					\ \	1	
703							
WARNEST COLOR TO THE COLOR TO T							
		DAY 10 10 10 10 10 10 10 10 10 10 10 10 10					
			***************************************				
7/							
***************************************				. ,			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
							***************************************
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
		-			<del></del>		
				ļ			
				1			
		<del>                                     </del>					
*On-Site scale for off-site ship			ıl received				
*On-Site scale for off-site ship Equipment/Material Trac			ıl received				

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
		procentaring	Yes	No No
			Yes	No
			Yes	No
300000000000000000000000000000000000000			Yes	No
A PILES.			Yes	No
MANAGE 1100			Yes	No
			Yes	No
			Yes	No
			Yes	No
Site Benzagentatives	<u> </u>		res	NO
Site Representatives Name	291.	Depresenting		
Name	*	Representing		
				TO STATE OF THE ST
	<u></u>			
			<del></del>	
				area anumannamentamentamentamentamentamentamenta
Project Schedule Comments				
Issues Pending				
				The state of the s
Interaction with Public, Property O	wners, Media, et	c.		

Date: 7115/20 Page 4 of 9

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

\_\_\_\_\_\_\_\_ Page **5** of **9** 

# Site Photographs (Descriptions Below) ASMW 4

DAILI MOL	ECTION REPORT	- raye i or
Report No.	Franklin Cleaners - NYSDEC Site No.	Date: 71.5120
F	The state of the s	

Comments	
Comments	
Site Inspector(s):	Date:

### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🖄	No □
Is the tail gate safety meeting held outdoors?	Yes 🗷	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖄	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🔼	No □
Are sanitizing wipes, wash stations or spray available?	Yes 💢	No □
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 □	МоД
Comments:		

### REMEDIAL ACTIVITIES AT PROPERTIES

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	Yes □	No√Z
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 😾
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🔀
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 54
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🎏	No □
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>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.</li> <li>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.</li> </ul>	Yes 🗆	No □
<u>Comments:</u>		

# **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No 🔀	N/A□
Were there any odors detected on this date?	Yes □	No Ø	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No ⊠	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No ⊠	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No ₺	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No ⊠	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/AF
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🖄	No □	N/A□
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/AX
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 □	No □	N/AE
If yes, has Contractor been notified?	Yes □	No □	N/A 🔀
<u>Comments:</u>			

# **DAILY INSPECTION REPORT**

Rep

NYSDEC		NEW	arrive and as		NYSDEC	Contrac	t No.
Division of Environm	ental Remedi	ation New York STATE Envi	partment of dronmental servation		C100611		
Site Location: Hem	instead Ne	w York			Superintend		
Dito Location 11011		er Conditions			NYSDEC P	M: Payson	Long
General Description	RAN			PM	Consultant I	PM: Trisha	Vicale
Temperature	770			PM	Consultant :	Site Inspec	tors:
Wind	E-100			PM	pougr	d Gi	refina
Health & Safety If any box below is			nation under "H	ealth 8	Safety Co	mments"	. 0
Nere there any change	es to the Health	& Safety Plan?			*Yes	(No)	NA
Were there any exceed	dances of the pe	erimeter air monitoring	g reported on this d	ate?	*Yes	No	(NA)
Were there any nuisan	ce issues repor	ted/observed on this	date?		*Yes	No	(NA)
Health & Safety Coi							
Summary of Work F	<sup>2</sup> erformed	Arrived at site:	Oros	De	eparted Site	10	00
Equipment/Material							
	checked "Ye	s", provide explan					
Were there any vehicle	checked "Ye	display proper D.O.T			*Yes	No	s".
Were there any vehicle Were there any vehicle	checked "Ye es which did not es which were n	display proper D.O.T ot tarped?	numbers and plac	ards?	*Yes	No No	NA NA
Nere there any vehicle Nere there any vehicle Nere there any vehicle	checked "Ye es which did not es which were n es which were n	display proper D.O.T ot tarped?	numbers and plac	ards?	*Yes	No	
Were there any vehicle Were there any vehicle Were there any vehicle	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped?	numbers and plac	ards? ork site?	*Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA

Equipment Descripti	on		Contractor/Vendor		Quantity	Use	ed
MANUTE TO ANALYSIS OF THE STATE							
Andrew 1907-1904 Andrew 1971							
			La automorphism				
		ALLE TO THE TOTAL					
- Composition of the Composition							
7755 VALUE OF THE STATE OF THE							
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
- Annual Control of the Control of t			and the second s				
ALLES ALLES AND							
*O- Cito and for # sit- at in		:-lt-6	:-1				
*On-Site scale for off-site ship  Equipment/Material Track			lai received				
Equipment material Trace	ang comme						

Visitors to Site			
Name	Representing	Entered	Exclusion/CRZ Zone
		Yes	No
Market Market Control of the Control		Yes	No
		Yes	No
Site Representatives			
Name	Representing		
		- Company - Comp	
			MANUAL
		ostonicken .	
		***************************************	
Project Schedule Comments			
Issues Pending			
	-		<u> </u>
Interaction with Public, Property 0	Owners, Media, etc.		

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

Site Inspector(s):

Report No. Franklin Cleaners - NYSDEC Site No. Date: 704180 Comments

Date:

### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes	No □	] ,
Is the tail gate safety meeting held outdoors?	Yes □	No □²	NA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No □	
Were personal protective gloves, masks, and eye protection being used?	Yes 🗷	No □	
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No □	
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 □	Nov	
Comments:			

# REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🛮	
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗆	
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹	
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗷	
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes ₽	No 🗆	
If Yes	to <u>any</u> of 1-4 above:			
•	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 □	No □	
Comme	ents:	<u> </u>	<u>I </u>	

### **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No □	N/A*Z
Were there any odors detected on this date?	Yes □	No □	N/AØ
Was noise outside specification and/or above background on this date?	Yes □	No □	N/A@
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A.
Any visible dust observed beyond the work perimeter on this date?	Yes □	No □	N/A 🗹
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No □	N/AZZ
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/AE
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A/Z
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A
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 □	No □	N/A 🗹
If yes, has Contractor been notified?	Yes □	No □	N/A
Comments:			

Date: 8.7.20

Franklin Cleaners - NYSDEC Site No.

NYSDEC Contract No. Department of Environmental Conservation C100611 Division of Environmental Remediation Superintendent: Site Location: Hempstead, New York NYSDEC PM: Payson Long **Weather Conditions** Consultant PM: Trisha Vicale **General Description** PM AM Consultant Site Inspectors: Temperature AM PM 75 Wind WSW @ 8-10 AM PM Michael Fold **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". \*Yes No Were there any changes to the Health & Safety Plan? NA Were there any exceedances of the perimeter air monitoring reported on this date? \*Yes No NA Were there any nuisance issues reported/observed on this date? \*Yes NA No. **Health & Safety Comments** Summary of Work Performed Arrived at site: 980 Departed Site: GRUNDSKEEPING & IN ENTON ENSPERTENS. 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? 0 \*Yes NA \* Yes Were there any vehicles which were not tarped? No NA Were there any vehicles which were not decontaminated prior to exiting the work site? \* Yes No NA Personnel and Equipment Individual Company Trade **Total Hours**  Report No.

Date: 8.7.20 Franklin Cleaners - NYSDEC Site No. **Equipment Description** Contractor/Vendor Quantity Used Imported/ Daily **Waste Profile** Exported Source or Disposal Daily Weight (tons)\* **Material Description** Delivered Facility (If Applicable) off Site Loads (If Applicable) to Site \*On-Site scale for off-site shipment, delivery ticket for material received

**Equipment/Material Tracking Comments:** 

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
			Yes	No
.ti			Yes	No
		1 -0 - 1	Yes	No
Site Representatives				
Name		Representing		
70				
		80		
Project Schedule Comments				
Issues Pending				
Interaction with Public, Property C	)wners, Media, e	tc.		

Date: 8-7-20

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

Date: 8.7.20 Page **5** of **9** 

Date: 8.7.20

Site Photographs (Descriptions Below)	
Before	Before
After	After
	A STATE OF THE STA

# **DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 8.770 Page **7** of **9** 

Comments	
Site Inspector(s):	Date:

Report No.

Date: 8.3.2 Page 8 of 9

### DAILY HEALTH CHECKLIST

Have any workers/visitors been excluded based on close contact with individuals diagnosed				_
Are remote/call in job meetings being held in lieu of meeting in person where possible?  Were personal protective gloves, masks, and eye protection being used?  Are sanitizing wipes, wash stations or spray available?  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)?	Is social distancing being practiced?	Yes □	No □	1
Were personal protective gloves, masks, and eye protection being used?  Are sanitizing wipes, wash stations or spray available?  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  No  No  Yes  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Is the tail gate safety meeting held outdoors?	Yes □	No □	1
Are sanitizing wipes, wash stations or spray available?  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  No   Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □	1	
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)?	Were personal protective gloves, masks, and eye protection being used?	Yes 🗶	No 🗆	
with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic Yes \(\sigma\) No \(\sigma\) (fever, chills, cough/shortness of breath)?	Are sanitizing wipes, wash stations or spray available?	Yes 🔀	No □	
Comments:	with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic	Yes 🗆	No 🏖	
	Comments:			0

# REMEDIAL ACTIVITIES AT PROPERTIES

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	Yes □	No 🇨
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🕱
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🕱
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🏻
Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No 🗆
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>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.</li> <li>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.</li> </ul>	Yes □	No □
		, I

Date: 4.7.79

#### **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	Nox	N/A
Were there any odors detected on this date?	Yes □	No 环	N/A
Was noise outside specification and/or above background on this date?	Yes □	No	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No 🗸	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🗖	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 1	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ 🗆	N/A-
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/ATX
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/AX
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 □	No □	N/ATX
If yes, has Contractor been notified?	Yes □	No □	N/AT
<u>Comments:</u>			

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 8/19/30 Page 1 of 9

NYSDEC Division of Environmental Re	emediation <sup>Z</sup>	STATE Enviro	tment of onmental ervation		NYSDEC ( C100611	Contract I	No.
Site Location: Hempstead, New York					Superintendent:		
-					NYSDEC PM	l: Payson Lo	ong
Weather Conditions  General Description RAM RAM PM				Consultant P	M: Trisha V	icale	
Temperature	7.1.0	AM	20	PM PM	Consultant S	ite Inspector	rs:
Wind	2 30	AM		PM			office on Asia
Health & Safety If any box below is checked	ed "Yes", pro	vide explana	ation under "H	lealth &	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Were there any changes to the	Health & Safet	y Plan?			*Yes	No /	NA
Were there any exceedances of	f the perimeter	air monitoring	reported on this	date?	*Yes	No C	NA
Were there any nuisance issues	s reported/obse	erved on this da	ite?		*Yes	No C	NA
<b>Health &amp; Safety Comments</b>	S						
Summary of Work Perform	ned Arriv	ved at site:	1200	De	parted Site:	14	50
Equipment/Material Trackii If any box below is checke Were there any vehicles which of	d "Yes", pro	proper D.O.T n			*Yes	No	NA
Were there any vehicles which were the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a second to the wear and we will be a	d "Yes", prod did not display were not tarped	proper D.O.T n	umbers and plac	cards?	*Yes * Yes	No No	NA NA
Were there any vehicles which were the weight and we will be a second or we will be a second or weight and we will be a second or weight and we will be a second or weight and we will be a second or we	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n	umbers and plac	cards?	*Yes	No	NA
Were there any vehicles which were the same and the sa	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n	umbers and plac	cards?	*Yes * Yes * Yes	No No No	NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which were there are the vehicles which were the vehic	d "Yes", prodict of the display were not tarped were not decon	proper D.O.T n 1? itaminated prio	umbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA

Report No. Franklin Cleaners - NYSDEC Site No.

Equipment Description	1	Contractor/Vendor		Quantity	Us	
Equipment Description		Contractor/vendor		Quantity	USI	eu 
		WYTHIN THE PERTURE VIEW AND				
						, , , , , , , , , , , , , , , , , , , ,
100						
		<u>, , , , , , , , , , , , , , , , , , , </u>				··········
Washington Co.						
		· · · · · · · · · · · · · · · · · · ·				
Material Description   Impo Deliv to S	ered Exported	Waste Profile (If Applicable)	Source or Facility (If	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
			<u> </u>			
						1
*On-Site scale for off-site shipment, de		ial received				
*On-Site scale for off-site shipment, de Equipment/Material Tracking Co		ial received				
		ial received				
		ial received				
		ial received				
		ial received				
		ial received				

Date: 8119/20 Page 3 of 9 Report No. Franklin Cleaners - NYSDEC Site No.

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
		·	Yes	No
			Yes	No
Site Representatives				
Name		Representing		
			·	
	<del>, , , , , , , , , , , , , , , , , , , </del>			
				· · · · · · · · · · · · · · · · · · ·
	***************************************			
Project Schedule Comments				
Issues Pending		***************************************		
Interaction with Public, Property O	wners, Media, e	tc.		
	•			

Report No. Franklin Cleaners - NYSDEC Site No.

Date: ४ (१९१३र) Page 4 of 9

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

After

## Date: 8/10/20 Page 6 of 9 Report No. Franklin Cleaners - NYSDEC Site No. Site Photographs (Descriptions Below) Before Before Before After

	CTION REPORT Franklin Cleaners - N	YSDEC Site No.	Date: 8 /(also	Page <b>7</b>
Comments				
Site Inspector(s			Date:	

#### DAILY HEALTH CHECKLIST

		and the second	
Is social distancing being practiced?	Yes 🗗	No □	]
Is the tail gate safety meeting held outdoors?	Yes □	√No □	1
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗷	No □	1
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □	1
Are sanitizing wipes, wash stations or spray available?	Yes 🗵	No □	1
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 🗹	No □	7
Comments:			1

#### REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗗
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗂
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	Nd
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No#
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
If Yes	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 □	No □

Page 9 of 9

### **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No □	N/A 🖸
Were there any odors detected on this date?	Yes □	No □	N/A 🛮
Was noise outside specification and/or above background on this date?	Yes □	No □	N/A 🗹
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A 🔀
Any visible dust observed beyond the work perimeter on this date?	Yes □	No □	N/A 🗷
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No □	N/A 🕝
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/A 🗹
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/AØ
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A 🕡
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 □	No □	N/AB
If yes, has Contractor been notified?	Yes □	No □	N/A 🖸
<u>Comments:</u>			

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 9 /1/20 Page **1** of **9** 

NYSDEC Division of Environmental Remedia	STATE Enviro	tment of inmental struction	NYSDEC C C100611 Superintende		No.
Site Location: Hempstead, Ne	w York		NYSDEC PM		.na
Weath	er Conditions			<u> </u>	•
General Description こへん	_ AM	PM	Consultant PI	M: Trisha V	icale
Temperature 70	Consultant Si	Α',	<b>A</b>		
Wind Light Health & Safety	AM	PM	parara	r QUE	<u>en e</u>
If any box below is checked "Ye	es", provide explan	ation under "Health	& Safety Com	ments".	
Were there any changes to the Health			*Yes	No /	NA
Were there any exceedances of the pe	erimeter air monitoring	reported on this date?	*Yes	No 🗸	NA
Were there any nuisance issues report	ted/observed on this da	ite?	*Yes	No .	NA
Health & Safety Comments					
Summary of Work Performed	Arrived at site:	CT 0.03	Departed Site:	<b>\</b> ∂र्	30
& Inspection	of FIR	E Extrapo	VISTER	_ d	
Summary of Work Performed  HAYAN MANTE  JINSPECTION EMERSONAY	Lights.			'	
Equipment/Material Tracking If any box below is checked "Yes	s", provide explana	tion under "Materia	al Tracking Co		
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not	s", provide explana display proper D.O.T r	tion under "Materia	al Tracking Co	mments".	NA
Equipment/Material Tracking If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were no	s", provide explana display proper D.O.T r ot tarped?	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes	mments". No	NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no	s", provide explana display proper D.O.T r ot tarped?	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes	mments".	NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no	s", provide explana display proper D.O.T r ot tarped?	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes	mments".  No No No No	NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explana display proper D.O.T r ot tarped? ot decontaminated prio	tion under "Materia numbers and placards?	al Tracking Co  *Yes  *Yes  *Yes  *Yes  *Yes	mments".  No No No No	NA NA NA

**Equipment Description** Contractor/Vendor Quantity Used Imported/ Daily Daily **Waste Profile** Exported Source or Disposal Weight (tons)\* **Material Description** Delivered off Site Facility (If Applicable) Loads (If Applicable) to Site \*On-Site scale for off-site shipment, delivery ticket for material received **Equipment/Material Tracking Comments:** 

Name   Representing   Entered Exclusion/CRZ Zor	Visitors to Site				
Yes   No   Yes   Ye	Name	Represent	ing	Entered	Exclusion/CRZ Zone
Yes   No   Yes   Yes   Yes   No   Yes	MANAGEMENT AND THE STATE OF THE				
Yes No Site Representatives Name Representing  Project Schedule Comments  Issues Pending			Y	es	No
Yes No Yes No Yes No Yes No Yes No Yes No Site Representatives Name Representing  Project Schedule Comments			Y	es	No
Yes No Yes No Yes No Yes No Yes No Site Representatives Name  Representing  Project Schedule Comments  Issues Pending			Y	es	No
Yes No Yes No Yes No Site Representatives Name Representing  Project Schedule Comments  Issues Pending			Y	es	No
Yes   No   Yes   No   No   Site Representatives   Representing   Project Schedule Comments   Site Schedule Comments   Project Schedule Comme			Y	es	No
Site Representatives Name  Representing  Project Schedule Comments  Issues Pending			Y	es	No
Site Representatives Name Representing Project Schedule Comments Issues Pending			Y	es	No
Name Representing  Project Schedule Comments  Issues Pending			Y	es	No
Project Schedule Comments  Issues Pending	Site Representatives				
Issues Pending	Name	Repre	senting		
Issues Pending					
Issues Pending					
Issues Pending					
Issues Pending					
Issues Pending			w=w		
Issues Pending					
Issues Pending			.,		· · · · · · · · · · · · · · · · · · ·
Issues Pending				A4	
Issues Pending					
Issues Pending	And the state of t				10.000
Issues Pending	· · · · · · · · · · · · · · · · · · ·				
Issues Pending					
Issues Pending					
Issues Pending	Project Schedule Comments				
				***************************************	
Interaction with Public, Property Owners, Media, etc.	Issues Pending				
Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
	Interaction with Public, Property	Owners, Media, etc.			

Date: 911/30

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Page **5** of **9** 

Site Photographs (Descriptions Below) Before Before Before After After

	ECTION REPORT Franklin Cleaners - NYS	DEC Site No.	Page Date: ९। ଏ २०
			•
	370000000000000000000000000000000000000		
Commonto			
Comments		·	
			<u> </u>

Date: 911120

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No □
Is the tail gate safety meeting held outdoors?	Yes 🗹	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes Z	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □
Are sanitizing wipes, wash stations or spray available?	Yes 🛭	No □
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 □	No 🗹
Comments:		

#### REMEDIAL ACTIVITIES AT PROPERTIES

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	Yes □	No 🗹
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>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.</li> <li>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.</li> </ul>	Yes □	No 🗆
<u>Comments:</u>		

#### **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No □	N/A 🗹
Were there any odors detected on this date?	Yes □	No □	N/A 🖬
Was noise outside specification and/or above background on this date?	Yes □	No □	N/A 🗹
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A
Any visible dust observed beyond the work perimeter on this date?	Yes □	No □	N/A
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No □	N/AZ
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/AZ
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/AZ
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/AZ
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 □	No □	N/A
If yes, has Contractor been notified?	Yes □	No □	N/A
<u>Comments:</u>			

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 9115120 Page 1 of 9

Weather Conditions Consultant PM: Trisha Vicale Consultant PM: PM PM Consultant PM: PM Consultant PM: Trisha Vicale Consultant PM: PM PM Consultant PM: P	Division of Environme Site Location: Hem	26.36.613		onservation	_	Superintend		المُعَادُ ا	
Tracking for any box below is checked "Yes", provide explanation under "Health & Safety Comments".  Summary of Work Performed  Arrived at site:   Summary of Work Performed  Arrived at site:   Arrived at	17 G 7 7 2 3 3 3 1 1 C 2 3 1 7 C 2			~			The contract of the contract o	and the same	
Total Hours    Consultant Site Inspectors:   Consultant Site Inspe	General Description							Vicale	
Am   PM   PM   PM   PM   PM   PM   PM   P	Temperature	610	AM		PM .	M Consultant Site Inspectors: V			
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".  Were there any changes to the Health & Safety Plan?  Were there any exceedances of the perimeter air monitoring reported on this date?  Were there any nuisance issues reported/observed on this date?  Were there any nuisance issues reported/observed on this date?  Were there any nuisance issues reported/observed on this date?  Were there any nuisance issues reported/observed on this date?  Were there any of Work Performed  Arrived at site:  Departed Site:  Departed Site:  Departed Site:  Requipment/Material Tracking  Free Extringish + Emergency light inspection  Arrived at site:  Requipment/Material Tracking  Free Extringish + Emergency light inspection  Were there any vehicles which did not display proper D.O.T numbers and placards?  Were there any vehicles which were not tarped?  Were there any vehicles which were not decontaminated prior to exiting the work site?  *Yes No NA  Personnel and Equipment  Individual Company Trade Total Hours	Wind	.5	AM		PM	Doccat	D. 6	400	
Vere there any changes to the Health & Safety Plan?  Vere there any exceedances of the perimeter air monitoring reported on this date?  Vere there any nuisance issues reported/observed on this date?  Vere there any nuisance issues reported/observed on this date?  Vere there any nuisance issues reported/observed on this date?  NA  Na  Nealth & Safety Comments  Na  Na  Na  Na  Na  Na  Na  Na  Na  N		checked "Ye	es", provide expl	anation under "He	ealth 8	Safety Co	mments"	J-I	
Vere there any nuisance issues reported/observed on this date?  *Yes No NA  *Jealth & Safety Comments  *Summary of Work Performed   Arrived at site:   Degrated Site:   Legar    *Site maintance   Fire Extingish + Emergency   Light   Inspection    *Green + Fire Extingish + Emergency   Light   Light    *Green + Fire Extingish + Emergency   Light    *Green + Fire Extingish + Light    *Green + Fire Extingish + Light    *Green + Fire Extingish + Emergency   Light    *Green + Fire Extingish + Light    *Green + Fire Ex									
Summary of Work Performed Arrived at site: DB30 Departed Site: 1030  Site maintance Fire Extingish + Emergency light inspection  Free frimming Lawin runner maintance  Equipment/Material Tracking frany box below is checked "Yes", provide explanation under "Material Tracking Comments".  Vere there any vehicles which did not display proper D.O.T numbers and placards? "Yes No NA  Vere there any vehicles which were not tarped? "Yes No NA  Vere there any vehicles which were not decontaminated prior to exiting the work site? "Yes No NA  Personnel and Equipment  Individual Company Trade Total Hours	ere there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA	
Summary of Work Performed Arrived at site: DB30 Departed Site: 1030  Streem and the certain graph of the Entring of the Entrin						*Yes	No	NA	
Equipment/Material Tracking Fany box below is checked "Yes", provide explanation under "Material Tracking Comments".  Vere there any vehicles which did not display proper D.O.T numbers and placards? "Yes No NA Vere there any vehicles which were not tarped? "Yes No NA Vere there any vehicles which were not decontaminated prior to exiting the work site? "Yes No NA Personnel and Equipment  Individual Company Trade Total Hours	Health & Safety Con	nments							
Equipment/Material Tracking Fany box below is checked "Yes", provide explanation under "Material Tracking Comments".  Vere there any vehicles which did not display proper D.O.T numbers and placards? "Yes No NA Vere there any vehicles which were not tarped? "Yes No NA Vere there any vehicles which were not decontaminated prior to exiting the work site? "Yes No NA Personnel and Equipment  Individual Company Trade Total Hours									
Equipment/Material Tracking Fany box below is checked "Yes", provide explanation under "Material Tracking Comments".  Vere there any vehicles which did not display proper D.O.T numbers and placards? "Yes No NA Vere there any vehicles which were not tarped? "Yes No NA Vere there any vehicles which were not decontaminated prior to exiting the work site? "Yes No NA Personnel and Equipment  Individual Company Trade Total Hours	Summary of Work P	erformed	Arrived at site:	0830	De	eparted Site	. 10	30	
Equipment/Material Tracking f any box below is checked "Yes", provide explanation under "Material Tracking Comments".  Vere there any vehicles which did not display proper D.O.T numbers and placards?  Vere there any vehicles which were not tarped?  Vere there any vehicles which were not decontaminated prior to exiting the work site?  *Yes No NA  *Yes No NA  *Personnel and Equipment  Individual  Company  Trade  Total Hours	January of Hork	7:	THITTEG GE SIG	- 0 - 0	1: - /	partou oito		64	
Vere there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA  Personnel and Equipment  Individual Company Trade Total Hours	Equipment/Material	Tracking	A section of the sect		-717.70	Sension d	2.W1.U3.	u* ==	
Personnel and Equipment  Individual Company Trade Total Hours	Equipment/Material If any box below is d	Tracking checked "Ye	s", provide expla	anation under "Ma	aterial	Tracking C	omments		
Individual Company Trade Total Hours	Equipment/Material If any box below is o Were there any vehicles	Tracking checked "Ye s which did not	s", provide expla display proper D.O	anation under "Ma	aterial	Tracking C	omments	NA	
Serrow Colling TAR Froman	Equipment/Material If any box below is o Were there any vehicles Were there any vehicles	Tracking checked "Ye s which did not s which were n	s", provide expla display proper D.O ot tarped?	anation under "Ma .T numbers and plac	aterial ards?	Tracking C  *Yes  * Yes	omments	NA NA	
	Equipment/Material If any box below is o Were there any vehicles Were there any vehicles Were there any vehicles	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped?	anation under "Ma .T numbers and plac	aterial ards?	Tracking C  *Yes  * Yes	omments	NA NA	
RETURN DUCCTS O DATE SUPERIOR SO	Equipment/Material If any box below is o Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA	
	Equipment/Material If any box below is o Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any behicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material f any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material f any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material f any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is o Were there any vehicles Were there any vehicles Were there any vehicles Were there any there Individual	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any behicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is o Were there any vehicles Were there any vehicles Were there any vehicles Were there any there Individual	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is o Were there any vehicles Were there any vehicles Were there any vehicles Were there any there Individual	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	
	Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	Tracking checked "Ye s which did not s which were n s which were n	s", provide expla display proper D.O ot tarped? ot decontaminated Compar	anation under "Ma .T numbers and plac prior to exiting the wo	aterial ards? ork site?	Tracking C  *Yes  * Yes  * Yes  * Yes	omments No No No	NA NA NA otal Hours	

Report No. Franklin Cleaners - NYSDEC Site No.

Equipment Description	on		Contractor/Vendor		Quantity	Use	ed
							***************************************
						•	
			,				M
		Г		T			
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
	<u> </u>			<u> </u>	****		
			***************************************				
				ļ			
					***************************************		
*On-Site scale for off-site shipr			al received				
Equipment/Material Track	ing Comme	nts:					

Page **2** of **9**Date: (15)

Visitors to Site			
Name	Representing	Entered	Exclusion/CRZ Zone
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			
Issues Pending			MANUAL WAY
Interaction with Public, Property	Owners, Media, etc.		

Page **4** of **9** <u>Date: ੧ ( )</u>

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

Page 6 of 9

# Site Photographs (Descriptions Below) before before after after

rt No. Franklin Cleaners - NYSDEC Site No.			Page Date: 9 15/20		
Comments					

Report No. Franklin Cleaners - NYSDEC Site No.

	<u>Date:</u>	9	US	<u>1</u> 2	L
--	--------------	---	----	------------	---

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🖾	No □
Is the tail gate safety meeting held outdoors?	Yes 🖾	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖾	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🖾	No □
Are sanitizing wipes, wash stations or spray available?	Yes 🖾	No □
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 🖸	No □
Comments:		

#### REMEDIAL ACTIVITIES AT PROPERTIES

Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖾
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🏻
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖾
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No ₹
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗓	No 🗆
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>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.</li> <li>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.</li> </ul>	Yes □	No 🗆
<u>Comments:</u>		

Report No. Franklin Cleaners - NYSDEC Site No. Date: 9 to 100 Date

#### **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No ⊠	N/A□
Were there any odors detected on this date?	Yes □	No 🖾	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🖾	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No 🖾	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🖄	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No ᄸ	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/AՃ
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No 🗵	N/A□
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A!
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 □	No □	N/A 🖾
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

Page 1 of 9

NA

(NA)

NA

Date: 28 5EP 20 Report No. Franklin Cleaners - NYSDEC Site No. **NYSDEC Contract No.** NYSDEC Department of Environmental Conservation C100611 Division of Environmental Remediation Superintendent: Site Location: Hempstead, New York NYSDEC PM: Payson Long **Weather Conditions** Consultant PM: Trisha Vicale General Description PM AM OVCST Consultant Site Inspectors: Temperature AM PM 70N Wind WHW AM 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 NO) Were there any exceedances of the perimeter air monitoring reported on this date? \*Yes No Were there any nuisance issues reported/observed on this date? \*Yes No **Health & Safety Comments** 

Summary of Work Performed Arrived at site: 0830 Departed Site: 1045

MATOUT. CANN ETZ.

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. NA Were there any vehicles which were not tarped? \* Yes (No) NA Were there any vehicles which were not decontaminated prior to exiting the work site? \* Yes NO NA

Personnel and Equipment

Equipment/Material Tracking

Individual	Company	Trade	Total Hours
MOHORAL FORd	EAR	Foreman	2.25
	t		
		- 10	
		2011	

DAILY INSPECTION REPORT
Report No. Franklin Cleaners - I

<b>Equipment Descrip</b>	tion		Contractor/Vendor		Quantity	Use	ed
,							
	x						
		***************************************					
	***************************************						
aterial Description	Imported Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
							***************************************
ite scale for off-site ship			l received				
pment/Material Trac	King Comm	ents:					

Report No. Franklin Cleaners - NYSDEC Site No. Date: 28 SEP20 Page 3 of 9

Visitors to Site		en el especia y el en de destructura de la consecución de la consecución de la consecución de la consecución de		
Name	Re	presenting	Entered Exclusion/CRZ Zone	
			Yes	No
A CONTRACTOR OF THE CONTRACTOR			Yes	No
			Yes	No
			Yes	No
Site Representatives				
Name		Representing		
		. Y		
11 14 14 14 14 14 14 14 14 14 14 14 14 1				
Project Schedule Comments		<del></del>		
. 19,000				
Issues Pending				
loodoo i onamg				
Interaction with Public, Property O	wners, Media, et	ic.		

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

Report No.

Franklin Cleaners - NYSDEC Site No.

Date: 26 SEP 20

Page **5** of **9** 

Site Inspector(s):

Date: 28 SEP20 Page **7** of **9** Report No. Franklin Cleaners - NYSDEC Site No. Comments

Date:

Report No. Franklin Cleaners - NYSDEC Site No.

			20		
)ate:	A	SER.		Page 8 of 9	
ate.	20	•			

DAILY HEALTH CHECKLIST

	/	<i>p</i> :	
Is social distancing being practiced?	Yes 🗹	No □	]
Is the tail gate safety meeting held outdoors?	Yes □	No □	N
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □	M
Were personal protective gloves, masks, and eye protection being used?	Yes⋅☑	No □	
Are sanitizing wipes, wash stations or spray available?	Yes 🗸	No □	
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 □	No 🗹	
Comments:			

#### REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No ▽
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗸
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No □
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖫
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No □
•	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 □	No 🗆
Comm	ents:		

Date: 18 Fl 20 Page 9 of 9

Were there any community complaints related to work on this date?	Yes □	No ☑	N/A□
Were there any odors detected on this date?	Yes □	No 🖭	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No ☑	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No ☑	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🖸	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A ☑
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A. ☑
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 □	No □	N/AID/
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

# **DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Page **1** of **9** 

NYSDEC Division of Environm	ental Remediat	ion New York STATE Enviro	tment of onmental ervation		NYSDEC (C100611		t No.
Site Location: Hem	npstead, New	York			Superintende		
	•	Conditions			NYSDEC PI	•	•
General Description	15576 40101			PM	Consultant P	M: Trisha	Vicale
Temperature	100	` AM		PM	Consultant S	ite Inspect	or: W
Wind	NUE WOR	MA Mgn		PM			PCT
Health & Safety If any box below is	checked "Yes	", provide explana	ation under "He	ealth 8	Safety Cor	nments".	
Were there any change	es to the Health &	Safety Plan?			*Yes	(No)	NA
Were there any exceed	dances of the peri	meter air monitoring i	reported on this d	ate?	*Yes	No	(MAX)
Were there any nuisand	ce issues reporte	d/observed on this da	ate?		*Yes	No	(NA)
Health & Safety Cor	mments						
				· ·			A
Summary of Work F	Performed	Arrived at site:	950	D	eparted Site:	110	20
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes" s which did not di s which were not	isplay proper D.O.T n tarped?	umbers and place	ards?	*Yes	No No	NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes" s which did not di s which were not s which were not	isplay proper D.O.T n tarped?	umbers and place	ards?	*Yes	No	NA
If any box below is a Were there any vehicle. Were there any vehicle.	checked "Yes" s which did not di s which were not s which were not	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? rk site?	*Yes * Yes * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not	isplay proper D.O.T n tarped?	umbers and place	ards? rk site? Tr	*Yes	No No No	NA NA
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not	isplay proper D.O.T n tarped? decontaminated prior Company	umbers and place	ards? rk site? Tr	*Yes *Yes * Yes	No No No	NA NA NA
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not	isplay proper D.O.T n tarped? decontaminated prior Company	umbers and place	ards? rk site? Tr	*Yes *Yes * Yes	No No No	NA NA NA

Report No. Franklin Cleaners - NYSDEC Site No. Date: 10 13 20

			Contractor/Vendor		Quantity	Use	ea
W							
			· · · · · · · · · · · · · · · · · · ·			·····	
			***************************************				
						<del>,</del>	
The second second							
				·····			<del></del>
					<del> </del>		
The state of the s							
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o	r Disposal Applicable)	Daily Loads	Da Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Da Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily	Da Wei (tor
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily	Da Wei (ton

Date: 10/13/20

Visitors to Site				
Name	Re	epresenting	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives				
Name		Representing		
	William Control of the Control of th			
and the second s				
AA MARANANAN PERING AA MARANAN PARING A				
Project Schedule Comments				·
Issues Pending			MANAGER CONTRACTOR OF THE STATE	
Interaction with Public, Property	Owners Media e	etc		
	, 511.1510, 1110414, (			

Date: 10/13/20

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

Report No. Franklin Cleaners - NYSDEC Site No. Date: 1013 00

Site Photographs (Descriptions Below)

Site Inspector(s):

CTION REPORT Franklin Cleaners - NYSDEC S	ite No.	Date: 10/13/30	Page 7

Date:

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No □	
Is the tail gate safety meeting held outdoors?	Yes □	No 🗆	46
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □	M
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □	
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No □	
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 □	No 🗹	
Comments:			

Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No ☑	
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖂	
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹	
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹	
5. Does the Department and its contractors have your permission to enter the property at this time?	er Yes □	No □	NP
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>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.</li> <li>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.</li> </ul>	Yes □	No □	

Date: 101/21310

Were there any community complaints related to work on this date?	Yes □	No ☑	N/A□
Were there any odors detected on this date?	Yes □	No ⊡′	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No ⊡∕	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No ☑	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🗹	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No ⊡	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	PM □	N/A□∕
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A 🗗
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A⊡∕
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 □	No □	N/A 🗆
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

NYSDEC Division of Environme	ental Remedia	ation New York	Departr Environ Consen	ment of imental vation		NYSDEC 0 C100611	ontract	No.
Cita I anation, Hom	natord No	Vorle				Superintende	nt:	
Site Location: Hem		A				NYSDEC PM	: Payson Lo	ong
Comment Deposituation	-	r Conditions				Consultant Pl	ທ: Trisha \	icale
General Description Temperature	DRETZU				PM			
Wind	€ 10 MP	H AM	_		PM PM	Consultant Si	te mspecto	is:
Health & Safety If any box below is	TO STATE OF THE PARTY OF THE PA		xplanat	Garrier St. V. Phys.	711	& Safety Com	ments".	,
Were there any change						*Yes	No V	NA
Were there any exceed		Charles The Control of the Control o		ported on this date	e?	*Yes	No	NA -
Were there any nuisano		Name and Address of the Address of t		The state of the s		*Yes	No V	NA
Health & Safety Con							1114	1772
Summary of Work P	erformed	Arrived at s	site:	11:16	D	eparted Site:	13	:45
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	which did not which were no	display proper E ot tarped?	D.O.T nu	mbers and placard	ds?	*Yes * Yes	No No	NA NA NA
Personnel and Equip	pment			4				
Individual		Com	pany		T	rade	Tota	l Hours
RC		EAR			大社	ECO TECH	2	1/2
							+	
					_		-	
							+	



	tion		Contractor/Vendor		Quantity	Use	∍d
				******************************			
						***************************************	
			10/40				
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA							
		44.					
			***************************************				
		***************************************					
		****					
				****			
						note the selection	
			<u> </u>			************************	
						***************************************	***************************************
WARREN AND A STATE OF THE STATE		.,,,,					
MATERIAL PROPERTY AND A STATE OF THE STATE O							
			WARANTA TO THE TOTAL THE TOTAL TO AL TO THE				
		T T					
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
		1	**************************************	1			
						***************************************	
*On-Site scale for off-site ship	oment, delivery t	icket for materia	I received				
*On-Site scale for off-site ship Equipment/Material Trace			Il received				
*On-Site scale for off-site ship Equipment/Material Trac			I received				
			I received				
			Il received				
			Il received				
			I received				
			I received				
			I received				

Report No. Franklin Cleaners - NYSDEC Site No. Date: 10/21/20

Name	Representing	Entered	Exclusion/CRZ Zon
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			2000 1 7 2000 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1
riojost comodate communic			
Issues Pending			
issues renaing	A CONTRACTOR OF THE CONTRACTOR	***************************************	
Interaction with Public, Property	Owners Media etc.		
interaction man, reperty	JW11010, 1110414, 010.		

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

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 10/216/30



Comments			

Report No. Franklin Cleaners - NYSDEC Site No. Date: 10/20/30

#### DAILY HEALTH CHECKLIST

	/		
Is social distancing being practiced?	Yes 🗹	No □	-
Is the tail gate safety meeting held outdoors?	Yes □	No □	NT
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □	NA
Were personal protective gloves, masks, and eye protection being used?	Yes 🗷	No □	
Are sanitizing wipes, wash stations or spray available?	Yes □	No □	NP
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 □	No 12	
Comments:			1

		T	$\overline{}$	
1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No	
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No D	
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No ⊠	
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹	_
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No 🗆	N
If Yes	to <u>any</u> of 1-4 above:			
•	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 □	No 🗆	
Comm	ents:			

Date: 10 la le la

Were there any community complaints related to work on this date?	Yes □	No 🗹	N/A□
Were there any odors detected on this date?	Yes □	No 🕡	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No 🗓	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🗷	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No □	N/A 🖸
Was turbidity checked at the Montauk Highway outfall?	AM □	PM □_	N/A
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No 🗹	N/A□
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A 🗹
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 □	No □	N/A 🗹
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

Date: 11/30/20

NYSDEC Division of Environm	ental Remediati	. STATE Envi	artment of ronmental servation		NYSDEC C C100611		No.
Site Location: Hem	npstead. New	· York			Superintender		
	•	Conditions			NYSDEC PM:	-	_
General Description	OVCST - RAD			PM	Consultant PM	⁄I: Trisha \	/icale
Temperature	550	AM		PM	Consultant Sit	e Inspecto	rs: MF
Wind	SAW @ 14 E	S 20A AM		PM			
Health & Safety If any box below is	checked "Yes	", provide expla	nation under "l	Health 8	Safety Com	18 7 7	
Were there any change	es to the Health &	Safety Plan?			*Yes	(No)	NA
Were there any exceed	dances of the peri	imeter air monitoring	reported on this	date?	*Yes	(No)	NA
Were there any nuisand	ce issues reporte	d/observed on this	date?		*Yes	(No)	NA
Health & Safety Cor	mments						
Summary of Work F	Performed	Arrived at site:	9:15	De	eparted Site:	11	:30
Equipment/Material If any box below is Were there any vehicle Were there any vehicle	checked "Yes' es which did not dies which were not	isplay proper D.O.T tarped?	numbers and pla	acards?	*Yes * Yes	nments"	NA NA
If any box below is Were there any vehicle	checked "Yes' es which did not dies which were not	isplay proper D.O.T tarped?	numbers and pla	acards?	*Yes * Yes	(NO)	NA
If any box below is Were there any vehicle Were there any vehicle	checked "Yes' s which did not di s which were not s which were not	isplay proper D.O.T tarped?	numbers and pla	acards?	*Yes * Yes	No	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped?	numbers and pla	acards? work site?	*Yes * Yes	No No	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes * Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes * Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes *Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes * Yes * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not di es which were not es which were not es which were not ipment	isplay proper D.O.T tarped? decontaminated pr	numbers and pla	acards? work site?	*Yes * Yes * Yes	No No	NA NA NA

Date: \\\30\50

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🔽	No □	
Is the tail gate safety meeting held outdoors?	Yes □	No □	N
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □	1
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □	]
Are sanitizing wipes, wash stations or spray available?	Yes □	NoVZ	1
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 □	No 🗹	
Comments:			

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No√
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No ☑
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No VZ
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🔽
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes∀	No 🗆
If Yes	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 □	No □
Comme	ents:		

Date: 11/30/20

Were there any community complaints related to work on this date?	Yes □	Nov	N/A□
Were there any odors detected on this date?	Yes □	No ₩	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No □	N/AZ
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A\
Any visible dust observed beyond the work perimeter on this date?	Yes □	No □	N/AZ
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No □	N/AM
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/AM
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A\\Z
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A
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 □	No □	N/A
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

# **DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Date: |2|3|\2e Page 1 of 9

NYSDEC Division of Environme	ental Remedia	NEW YORK STATE Enviro	tment of nmental rvation		NYSDEC C		ct No.
Site Location: Hem	pstead, Nev	v York			Superintenden		
	-	r Conditions			NYSDEC PM:	•	•
General Description	RAFA	AM		PM	Consultant PM	l: Trish	ıa Vicale
Temperature	480.	AM	***************************************	PM	Consultant Site	e Inspe	ctors:
Wind	YES!	AM		PM			
Health & Safety If any box below is	checked "Yes	s", provide explana	ation under "H	lealth 8	k Safety Comi	ments	".
Were there any change	es to the Health 8	& Safety Plan?			*Yes	No	/ NA
Were there any exceed	ances of the per	rimeter air monitoring r	eported on this d	date?	*Yes	No	NA /
Were there any nuisand	ce issues reporte	ed/observed on this da	te?		*Yes	No	NA
Health & Safety Con	nments						
Summary of Work P	Performed	Arrived at site:	1015	D	eparted Site:	/	1195
Equipment/Material If any box below is o	checked "Yes						<del></del>
If any box below is a Were there any vehicles	checked "Yes s which did not d	display proper D.O.T n			*Yes	No	/ NA
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes s which did not o s which were not	display proper D.O.T n t tarped?	umbers and plac	cards?	*Yes * Yes	No No	NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped?	umbers and plac	cards?	*Yes * Yes	No	/ NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped?	umbers and plac	cards?	*Yes * Yes	No No No	NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were not s which were not	display proper D.O.T n t tarped? t decontaminated prior	umbers and plac	cards?	*Yes *Yes *Yes	No No No	NA NA NA



Date: 12131120 Page 8 of 9

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes □	N(□
Is the tail gate safety meeting held outdoors?	Yes □	NO D
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗆	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 2	No □
Are sanitizing wipes, wash stations or spray available?	(Yes 🖸	No □
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 🗆	NO []
Comments:		

	ave anyone at this location been tested and confirmed to have OVID-19?	Yes □	No 🏹
2. Is	anyone at this location isolated or quarantined for COVID-19?	Yes □	No W
	as anyone at this locaton had contact with anyone known to have OVID-19 in the past 14 days?	Yes □	No D
1	oes anyone at this locaton have any symptoms of a respiratory fection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	NoV
1	oes the Department and its contractors have your permission to enter be property at this time?	Yes 🌹	No □
• If be ac will be left be lef	it is <u>not</u> critical that service/entry be carried out immediately and can e postponed until the risk of COVID-19 is lower, or can be ecomplished remotely/without entry, postpone or conduct service ithout entry.  It is critical that service/entry be carried out immediately, advise ecupants that as a precaution and for our own protection, project ersonnel will be donning appropriate PPE* (including respiratory rotection) - and do so prior to entry.	Yes □	No □
Comments	<u>S:</u>		

Report No. Franklin Cleaners - NYSDEC Site No.

Date: |2|31|20 Page 9 of 9

Were there any community complaints related to work on this date?	Yes □	No D	N/A□
Were there any odors detected on this date?	Yes □	Nov	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No □	N/A\\
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A\\
Any visible dust observed beyond the work perimeter on this date?	Yes □	No □	N/AV
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No □	N/AZ
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/AE
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A\
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/AIZ
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 □	No □	N/AM
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 23 2 Page 1 of 9

General Description Temperature Wind Health & Safety If any box below is checked " Were there any changes to the Hea Were there any exceedances of the Were there any nuisance issues rep Health & Safety Comments  Summary of Work Performed  Swow R  Equipment/Material Tracking If any box below is checked " Were there any vehicles which did n Were there any vehicles which were	ther Conditions  AM  AM  Yes", provide explant th & Safety Plan? perimeter air monitoring orted/observed on this described.  Arrived at site:	penation under "Healt greported on this date date?	M Cor M Cor M **	nsultant PI	No No	Vicale tors: (
General Description Temperature Wind Health & Safety If any box below is checked " Were there any changes to the Hea Were there any nuisance issues rep Health & Safety Comments  Summary of Work Performed  Swow R  Equipment/Material Tracking If any box below is checked " Were there any vehicles which did not were there any vehicles which were	Yes", provide explant the Safety Plan?  perimeter air monitoring forted/observed on this described.  Arrived at site:	penation under "Healt greported on this date date?	th & Sat	fety Com fety Com fes fes fes	nments".	NA NA
Temperature Wind Health & Safety If any box below is checked " Were there any changes to the Hea Were there any nuisance issues rep Health & Safety Comments  Summary of Work Performed  Equipment/Material Tracking If any box below is checked " Were there any vehicles which did not were there any vehicles which were	Yes", provide explant the Safety Plan? perimeter air monitoring forted/observed on this described.  Arrived at site:	penation under "Healt greported on this date date?	th & Sat	fety Com fety Com fes fes fes	nments".	NA NA
Wind  Health & Safety If any box below is checked " Were there any changes to the Hea Were there any exceedances of the Were there any nuisance issues rep Health & Safety Comments  Summary of Work Performed  Equipment/Material Tracking If any box below is checked " Were there any vehicles which did not were there any vehicles which were	Yes", provide explantiff & Safety Plan? perimeter air monitoring forted/observed on this dispersion of the safety Plantiff Arrived at site:	reported on this date date?	M	fety Com res res res	No No No	NA NA NA
Health & Safety If any box below is checked " Were there any changes to the Health Were there any exceedances of the Mere there any nuisance issues repleated the Safety Comments  Summary of Work Performed  Show F  Equipment/Material Tracking from any box below is checked " Were there any vehicles which did not were there any vehicles which were	Yes", provide explanation & Safety Plan?  perimeter air monitoring sorted/observed on this described at site:  EMCVAC  Yes", provide explanations	reported on this date date?	th & Sat	res res res	No No	NA NA NA
If any box below is checked " Were there any changes to the Hea Were there any exceedances of the Were there any nuisance issues rep Health & Safety Comments  Summary of Work Performed  Equipment/Material Tracking f any box below is checked " Were there any vehicles which did not only the same and the s	Ith & Safety Plan?  perimeter air monitoring forted/observed on this described at site:  Arrived at site:	g reported on this date date?	? **	res res res	No No	NA NA NA
Vere there any changes to the Heal Vere there any exceedances of the Vere there any nuisance issues repleated & Safety Comments  Summary of Work Performed  Show Requipment/Material Tracking from the poor the checked "Note there any vehicles which did not the comment of the checked were there any vehicles which were	Ith & Safety Plan?  perimeter air monitoring forted/observed on this described at site:  Arrived at site:	g reported on this date date?	? **	res res res	No No	NA NA NA
Nere there any nuisance issues repleated & Safety Comments  Summary of Work Performed  Show R  Equipment/Material Tracking fany box below is checked "Nere there any vehicles which did not not be the same of the	Arrived at site:	07-130	*	res	(No)	NA
Equipment/Material Tracking f any box below is checked "Nere there any vehicles which were were any vehicles which were	Arrived at site:  EMOVAC  (es", provide explana	07:30				
Equipment/Material Tracking f any box below is checked "Nere there any vehicles which did not be the company of	EMCVAC  (es", provide explan		Depar	ted Site:	10	1:30
Equipment/Material Tracking f any box below is checked "Nore there any vehicles which did not the company to th	EMCVAC  (es", provide explan		Depar	ted Site:	/0	1:30
Equipment/Material Tracking If any box below is checked " Were there any vehicles which did not only the control of the contro	EMCVAC  (es", provide explan		Depar	ted Site:	10	1:30
Equipment/Material Tracking If any box below is checked " Were there any vehicles which did not only the control of the contro	∕es", provide explan					
Vere there any vehicles which were	not tarped?			Yes Yes Yes	No No No	(NA) (NA)
Personnel and Equipment						
Individual	Company		Trade		То	tal Hours
ROB COSTANZAD	ERC		TEC	1		
EDGAR LUCERO	EAR		TEC	H		
	+				-	
				:		
					-	

Page **8** of **9** 

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No □
Is the tail gate safety meeting held outdoors?	Yes 🗹	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🛛	No □
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No □
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 □	No 🗹
<u>Comments</u> :		

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	Nov
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No ☑
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No ₺
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
If Yes	to any of 1-4 above:		
•	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 □	No 🗆
Comme	ents:	İ	<b>I</b>

		/	
Were there any community complaints related to work on this date?	Yes □	No 🛛	N/A□
Were there any odors detected on this date?	Yes □	No 🗹	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No □ (	N/A 🗆
Any visible dust observed beyond the work perimeter on this date?	Yes □	No □	N/A 🗆
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No □	N/A 🗆
Was turbidity checked at the Montauk Highway outfall?	AM □	PM 🗆	N/A□)
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No 🗹	N/A□
Was the temporary fabric structure closed at the end of the day?	Yes □	No □(	N/A□)
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 □	No 🗹	N/A 🗆
If yes, has Contractor been notified?	Yes □	No □	N/A 🗆
Comments:			

NYSDEC Division of Environmental Remedia	1 700	ent of nental stron	NYSDEC C C100611 Superintende		No.
Site Location: Hempstead, Nev	w York		NYSDEC PM	l: Pavson L	ona
Weathe	er Conditions		Consultant P		
General Description Partly dou		PN	1		
Temperature 27	/ AM	PN		ite Inspect	ors: $PL$
Wind 5 mph	AM	PN	1 1		
Health & Safety If any box below is checked "Ye	s", provide explanati	on under "Healtl	a & Safety Con	100	
Were there any changes to the Health	& Safety Plan?		*Yes	(No)	NA
Were there any exceedances of the pe	rimeter air monitoring re	oorted on this date?	*Yes	No	(NA)
Were there any nuisance issues report	ed/observed on this date	?	*Yes	(No)	NA
Health & Safety Comments				No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of	
•					
					l.
Summary of Work Performed	Arrived at site:	0830	Departed Site:	110	*
Summary of Work Performed  Meet w/ Wood	Arrived at site.	0000	Departed Oile.	12	<b>6</b> 0
meet w/ wood	Environmental	/ transter	ofsite		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,			
Equipment/Material Tracking					
Equipment/Material Tracking If any box below is checked "Yes	s", provide explanati	on under "Materi	al Tracking Co	omments'	,
If any box below is checked "Yes				omments'	, (A)
	display proper D.O.T nur				
If any box below is checked "Yes Were there any vehicles which did not	display proper D.O.T nur ot tarped?	mbers and placards	? *Yes *Yes	No	(AVA)
Were there any vehicles which were not were there any vehicles which were not were there any vehicles which were not were there any vehicles which were not were there any vehicles which were not were the weight were not were the weight were not were the weight with the weight were not weight with the weight were not weight with the weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight weight.	display proper D.O.T nur ot tarped?	mbers and placards	? *Yes *Yes	No No	(VA)
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards	? *Yes *Yes	No No No	(VA)
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	display proper D.O.T nur ot tarped?	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T nur of tarped? of decontaminated prior t Company	mbers and placards	? *Yes *Yes te? *Yes	No No No	NA NA

Page **3** of **9** Report No. Franklin Cleaners - NYSDEC Site No.

∧ Name	Representing	Entered	Exclusion/CRZ Zon
Mill boyles	Wood PLC	Yes	No
CATIE AMANN	Wedd	Yes	No
CHIEF THE PARTY	70.00	Yes	No
	1. 500	Yes	No
		Yes	No
Site Representatives		1	
lame	Representing		
Pete Lombardo	E.A.	R.	
-			
	9		
==			
* ***			
1			
			77 II
Project Cabadula Comments			
Project Schedule Comments			
ssues Pending			
	·		
nteraction with Public, Propert	Ourners Madia ata		
nteraction with rubiic, Propert	y Owners, Media, etc.		
THE THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND TH			
•			
•			
•			

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes	No □
Is the tail gate safety meeting held outdoors?	Yes 🔀	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗷	No □
Are sanitizing wipes, wash stations or spray available?	Yes □	No
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 □	No 📈
Comments:		

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	Yes □	No 🔯
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗸
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No.
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 💆
5. Does the Department and its contractors have your permission to ente the property at this time?	r Yes	No No
<ul> <li>If Yes to <u>any</u> of 1-4 above:         <ul> <li>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.</li> <li>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.</li> </ul> </li> </ul>	Yes □	No □
<u>Comments:</u>		

Were there any community complaints related to work on this date?	Yes □	Noos	N/A□
Were there any odors detected on this date?	Yes □	NooZ	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No⊳Z	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	Noo	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🕸	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	РМ 🗆	N/AX
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/ASC
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/ASZ
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 □	No 🗆	N/AZ
If yes, has Contractor been notified?	Yes □	No □	N/ANZ
Comments:			

# APPENDIX B SPDES PERMIT EQUIVALENCY

#### NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Bureau of Permits 625 Broadway, Albany, New York 12233-3505 P: (518) 402-8111 | F: (518) 402-9029 www.dec.ny.gov

#### MEMORANDUM

TO: David Gardner FROM: Percival Miller

**SUBJECT:** Franklin Cleaners Site 01-30-050

DRAINAGE BASIN: 17-01, Long Island Sound

**DATE:** October 28, 2016

In response to your request dated October 17, 2016, please find, attached, the effluent limitations and monitoring requirements for the above-noted remediation discharge.

The DOW does not have any regulatory authority over a discharge from a State, PRP, or Federal Superfund Site. DER will be responsible for ensuring compliance with the attached effluent limitations and monitoring requirements, and approval of all engineering submissions. Footnote 1 identifies the appropriate DER Section Chief as the place to send all effluent results, engineering submissions, and modification requests. The Regional Water Engineer should be kept appraised of the status of this discharge and, in accordance with the attached criteria, receive a copy of the effluent results for informational purposes.

If you have any questions, please call me at 518-402-8120.

Attachment (Effluent Limitations and Monitoring Requirements)

cc: Regional Water Engineer (w/attach)
BWP Section Chief, DOW (w/attach)
BWRM Section Chief, DOW (w/attach)



#### EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning **January 01, 2017** and lasting until **December 31, 2021** the discharges from the groundwater treatment facility to SMITH POND, **Water Index Number** (MW8.4a) HB-233-P1005, Class SC, RECEIVING WATER; shall be limited and monitored by the operator as specified below:

O CHN I ID	Discharge	Limitations	TT '.	Minimum Monitoring Requirements	
Outfall Number and Parameter	Daily Average	Daily Maximum	Units	Measurement Frequency	Sample Type
Outfall 001 - Treated Groundwat	er Remediation Dis	charge: Franklin Cle	aners Site 1	-30-050	
Flow, Total (Extraction Wells)	Monitor	43,920*	GPD	Continuous	Meter
pH, Range	6.5 - 8.5		SU	1/month	Grab
cis-1,2-Dichloroethene		5	μg/l	1/month	Grab
Tetrachloroethene		5	μg/l	1/month	Grab
1,1,1-Trichloroethane		5	μg/l	1/month	Grab
Trichloroethene		5	μg/l	1/month	Grab
Chloroform		7	μg/l	Quarterly	Grab
Methyl tert-Butyl Ether		10	μg/l	Quarterly	Grab
Iron, Total		1.0	mg/l	Quarterly	Grab
Magnesium, Total		1.0	mg/l	Quarterly	Grab

<sup>\*</sup> Total pumping rate, groundwater extraction wells EW-1 and EW-2 (24.5 and 6.0 GPM).

#### Additional Conditions:

1. Discharge is not authorized until an engineering submission showing the method of treatment has been approved by the Department. The discharge rate may not exceed the effective or design treatment system's 30.5 GPM (43,920 GPD) capacity. All monitoring data, engineering submissions and modification requests must be submitted to:

Susan L. Edwards, Site Management Chief Division of Environmental Remediation NYSDEC, 625 Broadway, Albany, New York 12233-7017, 518-402-9813

With a copy sent to:

Regional Water Engineer, Region 1 50 Circle Rd., Stony Brook, New York, 11790-3409. Phone: (631) 444-0419

- 2. Only site generated wastewater is authorized for treatment and discharge.
- 3. Authorization to discharge is valid only for the period noted above, but may be renewed if appropriate. A request for renewal must be received 6 months prior to the expiration date, to allow for a review of monitoring data and reassessment of monitoring requirements.
- 4. Both concentration (mg/l or  $\mu$ g/l) and mass loadings (lbs/day) must be reported to the Department for all parameters except flow and pH.
- 5. Any use of corrosion/scale inhibitors, biocidal-type compounds, or other water treatment chemicals used in the treatment process must be approved by the department prior to use.
- 6. This discharge and administration of this discharge must comply with the substantive requirements of 6NYCRR Part 750.

#### **Review & Basis of Limitations**

#### **Site Description**

Franklin Cleaners Site 1-30-050 is a NYSDEC Class 4 inactive hazardous waste site, at 2016-208B South Franklin Street, Village of Hempstead, NY. Groundwater contamination with chlorinated solvents is from a former dry cleaning service, first assessed for the NYSDEC's 11/1998 RI/FS, which delineated the contamination plume's subsurface volume and spread, southward and downward, as bounded within the Long Island aquifer standard of 5.0 µg/l, and extending from the GWL at 18 ft. to 100 ft. below grade. Groundwater extraction and cleanup, 11/2003 to 8/2004, used soil vapor extraction, with air sparging. This treatment was shut down based upon that contaminants in the effluent were below NYSDEC soil and water guidelines. Treatment since 2004 involves groundwater extraction and air stripping (GWE&AST), 1,300 ft. upgradient of the site and alongside Southern State Parkway. Flow from two (2) extraction wells screened at 70-90 ft. below grade enters an air stripper, with exhaust gas from the air stripper passed through GAC units before release to air. Air stripper effluent flows to a wet well (AS). The 2012 re-delineation showed plume extension toward the Village of Rockville Centre's water wells cluster. Monitoring wells now provide data on groundwater near the Village's well cluster.

The 2012 plume delineation showed the dominant chlorinated solvent as tetrachloroethene or perchloroethene (PCE), at 30-130 feet below grade. VOCs common to the plume and at lower concentrations (of PCE breakdown products) were trichloroethene, cis-1,2-dichloroethene, and vinyl chloride. Current monitoring and reporting includes for the above contaminants, excluding vinyl chloride; and also for 1,1,1-tetrachloroethene, tetrachloroethene, and iron and manganese.

#### **Effluent Discharge and Receiving Water**

The discharge from the GWE&AST is from the wet well to an 18" stormwater sewer running under Woodland Drive near its intersection with Hempstead Avenue, along the Avenue south of the Southern State Highway and east of Molloy College, through the Village of Rockville Centre, and into Smith Pond. This Pond discharges into Mill River flowing south into Reynolds Channel, to the Long Island Sound (Timothy Kelly, hydrologist, Nassau County DPW, 10/18/2016).

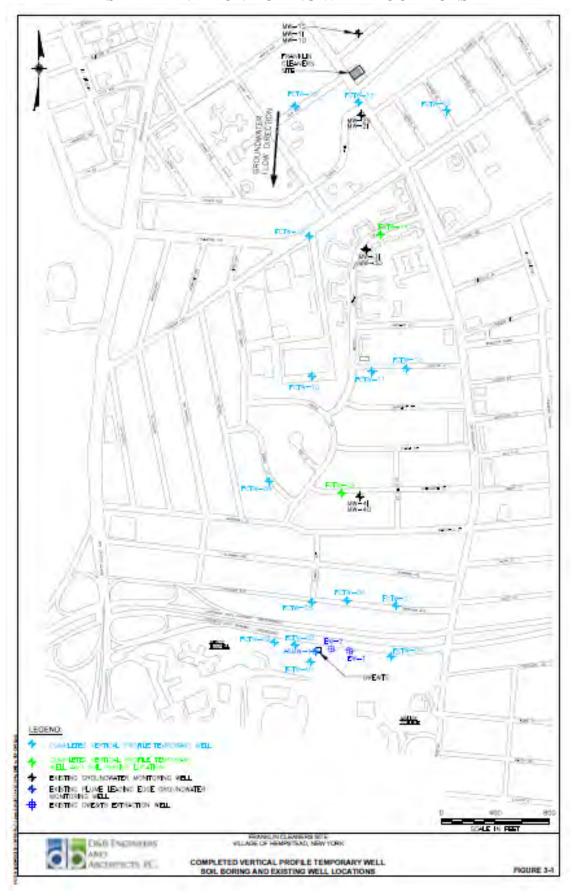
Smith Pond (Smith Lake on maps) is a Class SC marine water indicated in DEC's PI-WPL as impaired for nutrients, coliform, low DO, and chemicals of concern: PCBs, dioxin, cadmium, and chlordane. The Pond is stocked annually with fish, and is part of the NYS Governor's Office of Storm Recovery with the goals: water quality and ecological restoration, groundwater recharge, and as 'water storage space'. Discharge suitability relates effluent quality to goals for Smith Pond.

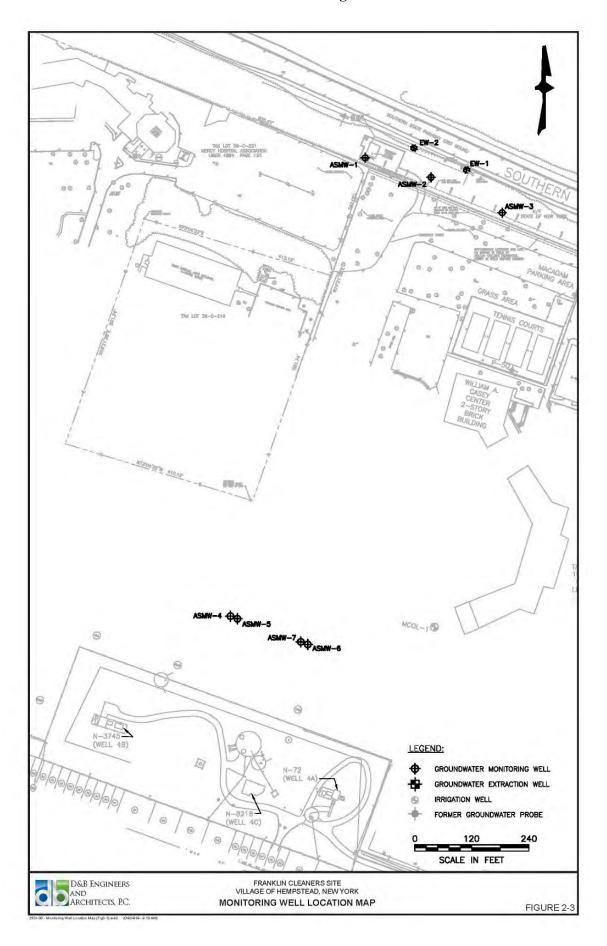
#### **Existing and Proposed Effluent Limitations**

Previous effluent limitations were technology-based. Current sampling shows the effluent meets the Long Island groundwater standards. **Smith Pond** planned goals include for groundwater recharge. Limits of 5.0 µg/l are therefore recommended for three chlorinated solvents now reported at /1month: cis-1,2-Dichloroethene, 1,1,1-Trichloroethane, and Trichloroethene - above reporting limits at extraction wells. Methyl tert-butyl ether and Chloroform from wells are below reporting levels, and MTBE is likely related to auto fuel sources: MTBE and Chloroform quarterly is recommended, for background levels. Other monitored parameters, retained with existing limits are: Flow, pH, 1,1-Dichloroethene, Iron, and Manganese;. Chloroform appeared in extraction well EW-2, so monitoring is added. Revised limits are shown below.

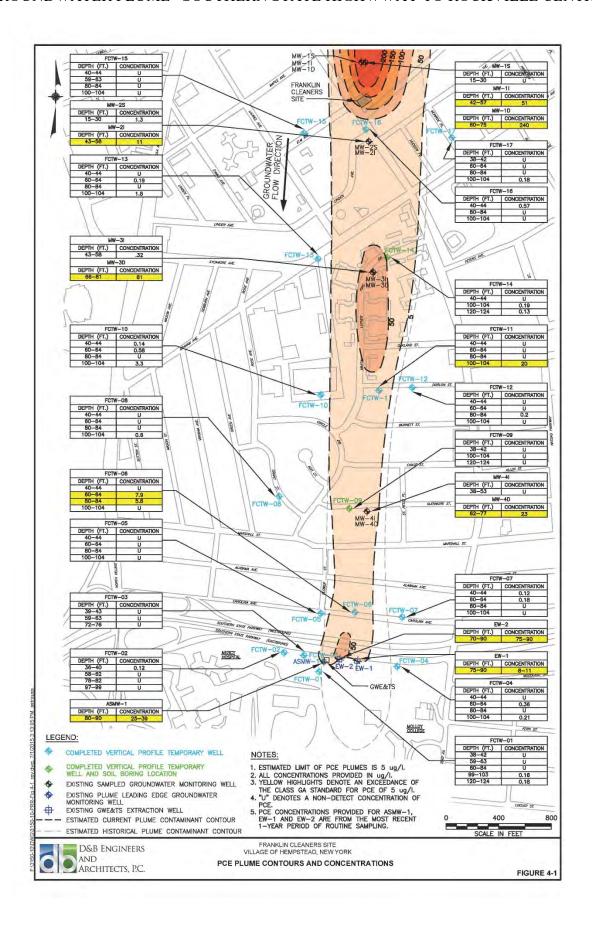
Outfall Number and	Discharge Limitations		Units	Minimum Monitoring Requirements		
Parameter	Daily Average	Daily Maximum	Ollits	Measurement Frequency	Sample Type	
Outfall 001 - Treated Ground	dwater Remediation	n Discharge: Frankli	n Cleaners Si	te 1-30-050		
Flow, Total (Extraction)	Monitor	43,920	GP	Continuous	Meter	
pH, Range, Min. to Max.	6.5 - 8.5		SU	1/month	Grab	
cis-1,2-Dichloroethene		10	μg/l	1/month	Grab	
Tetrachloroethene		5	μg/l	1/month	Grab	
1,1,1-Trichloroethane		5	μg/l	1/month	Grab	
Trichloroethene		5	μg/l	1/month	Grab	
Chloroform		5	μg/l	Quarterly	Grab	
Methyl tert-Butyl Ether		10	μg/l	Quarterly	Grab	
Iron, Total		1.0	mg/l	Quarterly	Grab	
Magnesium, Total		1.0	mg/l	Quarterly	Grab	

### SITE PLAN – MONITORING WELL LOCATIONS

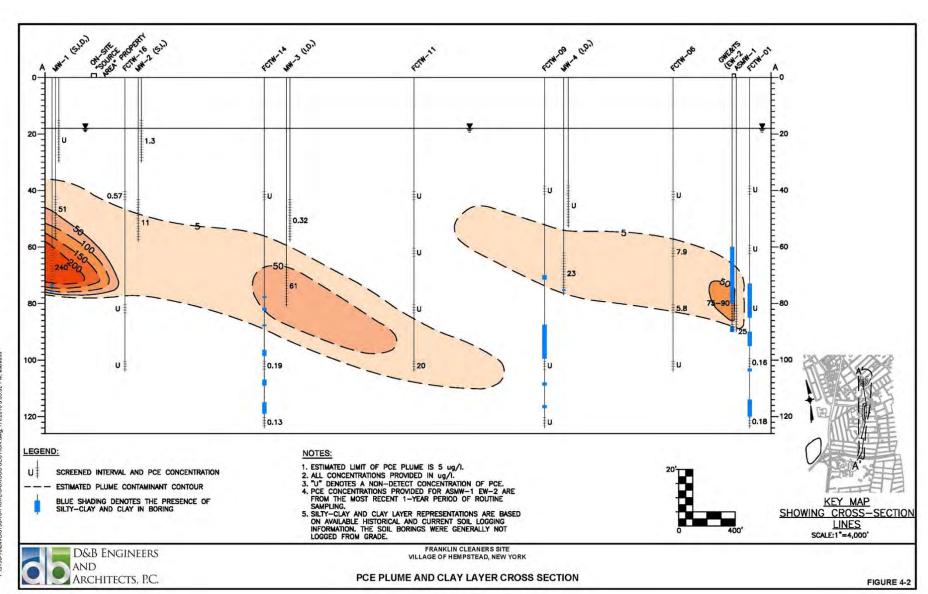




#### GROUNDWATER PLUME -SOUTHERN STATE HIGHWWAY TO ROCKVILLE CENTRE



#### GROUNDWATER PLUME CROSS-SECTION



# APPENDIX C MONITORING WELL FIELD INSPECTION LOGS

MONITORING WELL FIELD INSPECTION LOG	SITE ID.: INSPECTOR:  DATE/TIME:  WEII ID.:  STE ID.:  SE //E
WELL VISIBLE? (If not, provide directions below)	r Nessis YES, NO
WELL COORDINATES? NYTM X NYTM Y PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan	
•	YEŞ NO
WELL I.D. VISIBLE?WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
	MW-1
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)	de la
	/*/
HEADSPACE READING (ppm) AND INSTRUMENT USEDTYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	n/A
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):	89.41
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	50.02
MEASURE WELL DIAMETER (Inches):	
WELL CASING MATERIAL:	
PHYSICAL CONDITION OF VISIBLE WELL CASING:	<u>6000</u>
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPEPROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	UNK
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstruction power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK	ss, overhead K, IF NECESSARY.
TRUCK PACCESS.	
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.	a garatti, titi,
Lu alrove	

REMARKS: m//+ needs botts+

SITE NAME:

DEC HEMPSTEAD 206

# MONITORING WELL FIELD INSPECTION LOG

SITE ID.:

INSPECTOR:

DATE/TIME:

4/25/18

WEILID.:

WELL VISIBLE? (If not, provide directions below) AFTER CLEAN IN 6 DESIGNS	YES NO
WELL VISIBLE? (If not, provide directions below)	8
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	Laura laura
	YES NO
WELL I.D. VISIBLE?	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
WELL LD AS IT ADDRADS ON DEOTECTIVE CASING OF WELL.  ASMW-2	
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)	
(	0.5
HEADSPACE READING (ppm) AND INSTRUMENT USED	7000
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	10/4-
PROTECTIVE CASING MATERIAL TYPE:	/V//-
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12//F
	YES NO
LOCK PRESENT?	<del></del>
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	
WELL MEASURING POINT VISIBLE?	
WELL MEASURING POINT VISIBLE?	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	88.89
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	18.61
MEASURE WELL DIAMETER (Inches):	2
WELL CASING MATERIAL:	PVC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	(2000)
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	METAL
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	LARRAGION
TROMINET TO OFFICE ON OVERTICAL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	
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	<i>7</i> .
WOODED, BRUSH AREA	
No thicks	
1 40 / /00010)	
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)	
AND ACCESS THE TYPE OF RECTORATION REQUIRED	
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	
see about	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
(e.g. Gas station, salt pile, etc.):	
REMARKS: /11	
MIA COVER NEGAS FOCTS	. 1
	<del></del>

SITE NAME: DER- HEMPSTEAD 206	SITE ID.: INSPECTOR:	Ac/
MONITORING WELL FIELD INSPECTION LOG	DATE/TIME: WEII ID.:	4/25/ ASMW
WELL VISIBLE? (If not, provide directions below)	YES	S NO
WELL COORDINATES? NYTM XNYTM Y		
PDOP Reading from Trimble Pathfinder: Satelites: Satelites: GPS Method (circle) Trimble And/Or Magellan	1 - a - C YES	S. NO
WELL I.D. VISIBLE? AT FIRST DURIES (MISER) WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	EBRIS	3 110
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	YES	S NO
SURFACE SEAL PRESENT?	V	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	4	
HEADSPACE READING (ppm) AND INSTRUMENT USEDTYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	0	11-
PROTECTIVE CASING MATERIAL TYPE:  MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	YES	S NO
LOCK PRESENT?		
LOCK FUNCTIONAL?		4
DID YOU REPLACE THE LOCK?	-	
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below) WELL MEASURING POINT VISIBLE?		V
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	\$	9,19
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	/	906
MEASURE WELL DIAMETER (Inches):		
WELL CASING MATERIAL:		5 2 25
PHYSICAL CONDITION OF VISIBLE WELL CASING:ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE		METAL
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES		11/<
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, ov power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF	erhead NECESSARY. In O	<b></b>
MANIEME LOT 1 + 25	<u> </u>	
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a gar AND ASSESS THE TYPE OF RESTORATION REQUIRED.	rden, etc.)	
/ COULT		
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT		
(e.g. Gas station, salt pile, etc.):		
	<u> </u>	*
REMARKS: FX/AMOM6 PANNING (87	?	
Sketch		
Sketch		

SITE NAME:

SITE NAME:	DEC-	HE	MPSTER	

SITE ID.: INSPECTOR:

DATE/TIME: 4/25/18
WEILID.: 15/18/2-9

YES NO
WELL VISIBLE? (If not, provide directions below)
WELL COORDINATES? NYTM XNYTM Y
PDOP Reading from Trimble Pathfinder: Satelites:
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)
ASMN-4
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)
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):
YÉS 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?
54
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
TROADER TO OTHE ENGINEER OF THE TENER OF THE
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
MISPLE OF BRIVE THAN PARKING 107
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.
The aver
TO THE CALL AND A DOME DOTTON THAT COLD GEG OF CONTAMINATION IF DECEME
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT
(e.g. Gas station, salt pile, etc.):
UNKICOON
REMARKS: Ala Balt Ma Balt Marks
110 18/15 - NO DOG 170 CES
100 11001

SITE NAME:	DEC-HEMPSTEAD	20	6
	- //		

SITE ID.: INSPECTOR:

DATE/TIME: WEII ID.:

BC.	
4/25/18	
ASMW 5	

	YES NO
WELL VISIBLE? (If not, provide directions below)	V
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
Of a Medica (citate)	YES NO
WELL I.D. VISIBLE?	X
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	X
	~
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
THE REPORT OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	YES NO
SURFACE SEAL PRESENT?	$\mathcal{X}$
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	X
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
TROTECTIVE CABINO IN GOOD CONDITION (II CHINEDEL, COSTICUTION)	
HEADSPACE READING (ppm) AND INSTRUMENT USED	1,2 PM
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	NA
PROTECTIVE CASING MATERIAL TYPE:	NA
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	NII
	YES NO
LOCK PRESENT?	V
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	X
WELL MEASURING POINT VISIBLE?	X
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	133.7
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	19106
MEASURE WELL DIAMETER (Inches):	<u> </u>
WELL CASING MATERIAL:	PUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	6000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	MA
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	UNILROUN
	·
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 NECESSAL	RY.
MINDLE OF PANICING 1ST ROA	vw.q
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.	
111 ONDIC	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
REMARKS: 0	
REMARKS: CAMC. NAD BROKEN - NO WELL 18	
10000 1000 1000 100 1000 1000 1000 100	<u>-</u>
- RAIN-MARGE TO 10 WEW W/ MITHY CA	
Sketch	

SITE NAME:	DEC-HEMPSTEAD	Q6 G

SITE ID.: INSPECTOR: DATE/TIME: WEILID.:



	YES NO
WELL VISIBLE? (If not, provide directions below)	· · ·
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	100 110
	YES NO
WELL I.D. VISIBLE?	X
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
IT DETTER DITE VITAP 13 NEEDED	
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)	
Pin #m	0.0
HEADSPACE READING (ppm) AND INSTRUMENT USED	2.2
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?	$\chi$
DID YOU REPLACE THE LOCK?	10
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	X
WELL MEASURING POINT VISIBLE?	
WEDE VIEWORING LOUIS A SUPERIOR WAS	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	18.72
MEASURE WELL DIAMETER (Inches):	78.70
WELL CASING MATERIAL:	- Ar
PHYSICAL CONDITION OF VISIBLE WELL CASING:	6000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	10 MACKER
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	NIA
PROXIMITY TO UNDERGROUND OR GVERHEAD OTILITIES	-70///
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 NECESSAL	DV
power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSAL	X1.
PANKING COT MESIAC	
NOT GOOD AT PRIME TIME	
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	
SEE ABNE	
355 7110	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
(0, one kee)/-	
REMARKS:	

MONITORING WELL FIELD INSPECTION LOG	INSPECTOR: DATE/TIME: WEll ID.:	136 16 945/18 1951/18
	<del></del>	ES NO
WELL VISIBLE? (If not, provide directions below)		
PDOP Reading from Trimble Pathfinder: Satelites:		
GPS Method (circle) Trimble And/Or Magellan		
GI 3 Mettiod (Circle)	Y	ES NO
WELL I.D. VISIBLE?		V
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	t	
	12000	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	116145	
	<u> </u>	ES NO
SURFACE SEAL PRESENT?		
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)		
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	27 N. M. 2002	
HEADSPACE READING (ppm) AND INSTRUMENT USED	CLABGE RUETO	DEPIH OF
HEADSPACE READING (ppm) AND INSTRUMENT USED		7 3 2 2 2
THE OF FROTECTIVE CASING AND HEIGHT OF STREETS IN APPROVED		TEEL
PROTECTIVE CASING MATERIAL TYPE:  MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	±10"	-
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches).		ES NO
LOCK PRESENT?		V
LOCK FUNCTIONAL?		
DID YOU REPLACE THE LOCK?		
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)		_A/
WELL MEASURING POINT VISIBLE?		
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	+4" —	
MEASURE WELL DIAMETER (Inches):	::	
WELL CASING MATERIAL:		0000
PHYSICAL CONDITION OF VISIBLE WELL CASING:	. <u> </u>	4 744
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	-/4	N/A
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES		11/1/10000
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	#F NECESSARY.	
power lines, proximity to permanent structures, etc.), ADD SKETCH OF ESAM 1/16	87 MEL	)IAN
MITADOC OF THREETING	77	
	<u></u>	
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in	a garden, etc.)	
	a Saldell, ever)	
AND ASSESS THE TYPE OF RESTORATION REQUIRED.		
Jour anout		
•		

FIBNE GLASS COVER 15

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

REMARKS:

SITE NAME:	DEC-	flo	pAcon	1 206	
C. C. C. H. S. J. J. S. C. C.		1			

SITE ID.: INSPECTOR: DATE/TIME:

WEILID.:

DE	
7/5/18	1207
ASHW	-1

The Board of Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM X NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
	YES NO
WELL I.D. VISIBLE?	N/
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
	4 2 4
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	ASMW-1
	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	0.0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	MANKERE
PROTECTIVE CASING MATERIAL TYPE:	STEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	PA
WEIGHT IN THE THE COMMON TO THE PARTY THROUGH THE PARTY THROUGH THE PARTY THROUGH THE PARTY THROUGH THE PARTY THROUGH THE PARTY THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUGH THROUG	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?	
WEEL MEASURING POINT VISIBLE: MANAGEMENT PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	89.51
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	71.35
MEASURE WELL DIAMETER (Inches):	27
WELL CASING MATERIAL:	PIC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	EMD
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
TROXIMITY TO DIVDERGROUND ON OVERHEAD CHERTIES	-
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 NECES	SARY
power med proming to perminent additioned to A rapid steel of the contribution of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	
DESCRIPE WELL SETTING (C	- )
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.	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
(with one diministration of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the	
Temp 15.05 COND 411 DO 4.84 p4 5.59	OCP - 205.9
Tong 15.05 COND 911 DO 4.09 pH 5.59	UC1 - 205 9

	7	00 /	1 0	75/
SITE NAME:	1000	Henps	TCOCK	000

SITE ID.: INSPECTOR: DATE/TIME: WEII ID.:

75/18 1304 15/18 1304

YES NO
WELL VISIBLE? (If not, provide directions below)
WELL COORDINATES? NYTM XNYTM Y
PDOP Reading from Trimble Pathfinder: Satelites:
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 I 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):
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 DEDTH EDOM MEASURING POINT (Feet):
WEASORE WELL DEI III FROM MEASORING FORM (FCC)
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
PROXIMITY TO UNDERGROUND OR GVERHEAD OTIETTES
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.
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.
The hopes the title of tentoralion magainer.
ADDITION AND ADDITION TO TENTIAL COLLECTS OF CONTAMINATION IT DESCRIP
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT
(e.g. Gas station, salt pile, etc.):
Temp 15.32 Cons 368 DO Z.63 pH 5.74 ORP - 248.0
Temp 15.32 Cons 368 DO E.63 pH 5.74 ORP-248.0

# SITENAME: DECHenpsker 206

## MONITORING WELL FIELD INSPECTION LOG

\_SITE ID.:

130050

INSPECTOR: DATE/TIME:

7/11/18

WEILID.: ASMW

	T rung late
	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM X NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	ting his
	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:	lune lune
	YES NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
AND A DOMESTIC AND AND INCOMPANIA (III) HIS LIGHT.	V 2
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	12" manhole
PROTECTIVE CASING MATERIAL TYPE:	steel
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	/gl *
	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?	
	CA 12
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	70,28
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	20,01
MEASURE WELL DIAMETER (Inches):	7
WELL CASING MATERIAL:	PUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	0005
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	4.0.=
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	Noke
DESCRIPE ACCESS TO WELL, Unclude accessibility to total manufactural abstractions and ball	
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 NECESSAR	v
	1.
difficult, by fout only	
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.	, ,
15-20' off parking lot, Wooded, Overgrown	bresh
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
none	
REMARKS:	

SITE NAME:	DEC	- Henp	stead	206

SITE ID.:
INSPECTOR:
DATE/TIME: 7/5/18 082

	una lua
	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM X NYTM Y NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	ung No
<u> </u>	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:	MN-4
8537/	YES NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
TROTECTIVE CASING IN GOOD COMPITION. (II daininged, describe below)	100000
HEADSPACE READING (ppm) AND INSTRUMENT USED	OO HIMEDE
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	LIANTHE SOL
	STEET
PROTECTIVE CASING MATERIAL TYPE:	1200
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	72 L NO
<u> </u>	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?	
WESS MELICIONAL CONT. VISIOSS.	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	106.40
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	19 15
	11.60/
MEASURE WELL DIAMETER (Inches):	2
WELL CASING MATERIAL:	FUL
PHYSICAL CONDITION OF VISIBLE WELL CASING:	5000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
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.	
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.	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
U. U. C.	
REMARKS:	- 127 1
Tend 15.92 Como 367 Do 3.71 pH 5.51	ORP -133 (

Time 0947

SITE NAME: DEC	-Hem	pstead	205
		<del></del>	

SITE ID.:

WEll ID.:

INSPECTOR: DATE/TIME:

#### MONITORING WELL FIELD INSPECTION LOG

	-
	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
of a method (entitle)	YES NO
WELL I.D. VISIBLE?	135
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
WIND A COURT OF THE CALL PROPERTY OF CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF THE CALCULATION OF	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	THE TO
	YES NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
	MINI PAG
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.0 300
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	MANYSTE
PROTECTIVE CASING MATERIAL TYPE:	SIEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"
Million and the field of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the fi	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?	
7	132,22
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	135,25
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	26.17
MEASURE WELL DIAMETER (Inches):	
WELL CASING MATERIAL:	_PVC_
PHYSICAL CONDITION OF VISIBLE WELL CASING:	6000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	PANT MARKER
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
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 NECESSAL	RY.
Concerte PAD ARNO MANUSCE IN DOOK ON	JD/カロン
Objected	
PARCER	
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.	
<del></del>	
THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
DENABUG.	
REMARKS: 15.84 Cens 380 Do 0.38 pH 5.34	100 718.V
Temp 15.84 Cents 380 Do 0.58 pH 5.34	02 200.7
/	
Sketch	
The 11:44	
•	

OBZ Hempstender

SITE NAME: DE CHEMPSKULDOG
----------------------------

SITE ID.:

130050

INSPECTOR: DATE/TIME:

7/11/18 08

#### MONITORING WELL FIELD INSPECTION LOG

WEILID .: YES NO WELL VISIBLE? (If not, provide directions below) NYTM Y WELL COORDINATES? NYTM X PDOP Reading from Trimble Pathfinder: Satelites: Trimble And/Or GPS Method (circle) 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: ..... 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: 5000 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: ..... 900 d ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE ....... none PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES..... 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 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. 10+ IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.): none REMARKS:

SITE NAME: DECHEMPSTEN 206	SITE ID.: INSPECTOR:	13005 TIU/18
MONITORING WELL FIELD INSPECTION LOG	DATE/TIME: WEII ID.:	7/4/18 ASMW 7
WELL VISIBLE? (If not, provide directions below)	YE	S NO
PDOP Reading from Trimble Pathfinder: Satelites: Satelites: Magellan	YE	s No
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)		X
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	YE	ES NO
SURFACE SEAL PRESENT?	×	
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:	2' Fib	X3' Box nerglass
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	YE	ES NO
LOCK PRESENT?LOCK FUNCTIONAL?		×
DID YOU REPLACE THE LOCK?	<u></u>	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		<u></u>
MEASURE WELL DIAMETER (Inches): WELL CASING MATERIAL:		6" Teel
PHYSICAL CONDITION OF VISIBLE WELL CASING:ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE		ord
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES  DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstruction power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK	ns, overhead	ine

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.

Parking to t median

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.):

REMARKS: Frigation supply well SITE NAME: DEC-Hempster 204

#### MONITORING WELL FIELD INSPECTION LOG

SITE ID.:
INSPECTOR:
DATE/TIME:

WEILID .:

BCC, BC 10/10/18/1230

YES NO WELL VISIBLE? (If not, provide directions below) WELL COORDINATES? NYTM X NYTM Y PDOP Reading from Trimble Pathfinder:\_\_\_\_\_ Satelites:\_\_ GPS Method (circle) Trimble And/Or 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: A5MWNO 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): ..... 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...... Vone 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. Next to chairlist fence 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. Set in Grass in compound IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.): REMARKS: Missmy 3 60/ts, lots of mosquitos

SITE NAME:	Dec.	HEMOSTEAD	006
	70		

SITE ID.: INSPECTOR:

DATE/TIME: WEII ID .:

	YES NO
WELL VISIBLE? (If not, provide directions below) 15 w 17 15	V V
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
Gio Motion (Maganan	YES NO
WELL LD. VISIBLE?	i/
WELL LOCATION MATCH SITE MAD? (if not skatch actual location on back)	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: 1 A5MW 2	
	YES NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	1
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	2
_	
HEADSPACE READING (ppm) AND INSTRUMENT USED	
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	GRANE
PROTECTIVE CASING MATERIAL TYPE:	CE/STEELS
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	
)	YES NO
LOCK PRESENT?	U
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	V
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	-
WELL MEASURING POINT VISIBLE?	
WELL MEASURING FORM VISIBBE.	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	28.94
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	2/172
MEASURE WELL DIAMETER (Inches):	211
WELL CASING MATERIAL:	MC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	8000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	UNKNOUN
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 NECESS.	ARY.
DEMSE OVER OROW TH	
Someme 15 STACKPILLE CONST	Muci lin
MATERIACS IN HORA	7,00
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.	
EDGE OF IREES	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
VESTICISE / SILVING	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
REMARKS:	
REMARKS: NO MOLTS BOLT TABS ARE	16 6 000
10 110013 F1001 11113 FILE	(9000)
Sketch	

14.75°F 0.419 g/c

22.2 by 2:2600 wgl 6:17 pH 1996 one

WELL VISIBLE? (If not, provide directions below)  WELL COORDINATES? NYTM X  PDOP Reading from Trimble Pathfinder:  GPS Method (circle)  Trimble And/Or Magellan  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:  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):  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 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.  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 NECESS STORMS AND ASSESS TIE TYPE OF RESTORATION REQUIRED.  DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc. AND ASSESS TIE TYPE OF RESTORATION REQUIRED.	ATE/TIME: IOIOI'S [1]
WELL COORDINATES? NYTM X PDOP Reading from Trimble Pathfinder: GPS Method (circle) Trimble And/Or Magellan  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: WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL I.D. AS IT APPEARS ON PROTECTIVE CASING ON WELL: WELL CASING IN GOOD CONDITION? (If damaged, describe below)  WELL CASING IN GOOD CONDITION? (If damaged, describe below)  WEADSPACE 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): WELL CASING MATERIAL: DID YOU REPLACE THE LOCK? IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)  WELL MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE WELL 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.  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 NECESS AND ASSESS TIE TYPE OF RESTORATION REQUIRED.	YES NO
WELL COORDINATES? NYTM X  PDOP Reading from Trimble Pathfinder:  GPS Method (circle)  Trimble And/Or Magellan  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:  WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:  WELL SEAL PRESENT?  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	V
GPS Method (circle) Trimble And/Or Magellan  WELL I.D. VISIBLE?  WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
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:  ASAW 3  SURFACE SEAL PRESENT?  SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	YES NO
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
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	
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):  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 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.  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 NECESS  STORY OF RESTORATION REQUIRED.	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	YES NO
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)  HEADSPACE READING (ppm) AND INSTRUMENT USED	
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):  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 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.  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 NECESS STOWELL:  AND ASSESS THE TYPE OF RESTORATION REQUIRED.	
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE:  MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):  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 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.  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 NECESS  CLEAN IN WILL WAS A CONDITION OF 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.	
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):  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 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.  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 NECESS Symphology (For example, located in a field, in a playground, on pavement, in a garden, etc.  AND ASSESS TIJE TYPE OF RESTORATION REQUIRED.	rankolo
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 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.  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 NECESS Surveyed.  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.	Stee!
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 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.  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 NECESS  STORY OF THE TYPE OF RESTORATION REQUIRED.	YES, NO
DID YOU REPLACE THE LOCK?	V
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 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.  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 NECESS Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second	
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.  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 NECESS  Secondary of the proximal power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Secondary will have the proximal power lines. The proximal power lines are proximally to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Secondary will have the province of the proximal power lines. The proximal power lines are proximally as a playeround, on pavement, in a garden, etc. AND ASSESS THE TYPE OF RESTORATION REQUIRED.	
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.  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 NECESS  Should Solved Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color	
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.  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 NECESS Secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will have the secretary will ha	
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.  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 NECESS Successful well as a significant proximity to permanent structures and successibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Successful well as a significant provided in a field, in a playground, on pavement, in a garden, etc. AND ASSESS THE TYPE OF RESTORATION REQUIRED.	87.45
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.  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 NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESS Support of the provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided power lines, provided	20, 13
PHYSICAL CONDITION OF VISIBLE WELL CASING:  ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE  PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.  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 NECESS Secretary will have to see the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confirmed of the confir	2.0
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	PVG
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 NECESS Surveyed.  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.	Good
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 NECESS Surveyed.  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.	Non
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.	
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.	
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.	SSARY.
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	ajor hark
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	
	tc.)
set in direct in wooded area behind parking of	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	

M-55.3 /6-17 (9/16)

SITE NAME: DEC-Hompster

REMARKS:

#### MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

DATE/TIME: WEILID::

INO WELL VISIBLE? (If not, provide directions below) NYTM Y WELL COORDINATES? NYTM X\_ PDOP Reading from Trimble Pathfinder:\_\_\_ Satelites: Trimble And/Or Magellan GPS Method (circle) 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: ..... 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): ..... YES 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? ..... 2110 MEASURE WELL DEPTH FROM MEASURING POINT (Feet): ..... 20.55 MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): ..... 2.0" MEASURE WELL DIAMETER (Inches): PVC 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..... 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 mildle of parking let, requires were + fraffre control for major in 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. in middle of parking lot driving low IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.): - has to be replaced awell out down, well cap does not find over well

	1-1	11 1	- 4
SITE NAME:	GEC-	Hangstend	206

SITE ID.: INSPECTOR:

130050

INSPECTOR: DATE/TIME: 10/10/18/1020

WEII ID.:

	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	VEC 4NO
	YES NO
WELL I.D. VISIBLE?	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
ACMU5	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: ASMW 5	Turn No
	YES NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
INC. DODA OF BEADDIC ( ) AND INCTRINCUT USED	
HEADSPACE READING (ppm) AND INSTRUMENT USED	m. 110
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	- AN VO!
PROTECTIVE CASING MATERIAL TYPE:	July 1
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	YES NO.
LOCK BURGENITO	IES 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?	
MEACURE WELL DEPTH FROM MEACURING BOINT (East).	~/33.
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	71. 73
MEASURE WELL DIAMETER (Inches):	2.0"
WELL CASING MATERIAL:	2116
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Good
	<u> </u>
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPEPROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	None
PROXIMITY TO UNDERGROUND OR OVERHEAD OTHER TES	1001
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead	
power lines provimity to permanent structures, etc.): ADD SKETCH OF LOCATION ON BACK, IF NECE	SSARY. LA
power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK. IF NECE.  In models of parking lot in downing lane, comes a traffic contraction	I read to major wa
DA MITTEL ST NOTIFIE CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION CONTENTION C	7,000
PROCEING WELL COMMITTEE OF THE LANGE OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PROCEING OF THE PR	a)
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, et	C.)
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	
Set on asphalt in parking lot	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
telli om summi sum prior overs.	
DEMA DVC	
Con crete part is heavily cracked, manhole should be replaced	
. Con crete part is heavily cracked, markele should be replaced	

	1	11	. 1	
SITE NAME:	EC-1	temp	Stead	206

SITE ID.: INSPECTOR: DATE/TIME:

WEILID .:

130050 BCC BC 10/10/18/8936 13 MW.6

	YE\$	NO
WELL VISIBLE? (If not, provide directions below)		
WELL COORDINATES? NYTM XNYTM Y		
PDOP Reading from Trimble Pathfinder: Satelites:		
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 LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: ASMW. 6 - Marker		
WELL LD. 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	A4. 1	1.
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Manh	ile
PROTECTIVE CASING MATERIAL TYPE:	Stee	/
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	VEC.	NO
Vocav propagation	YES	NO
LOCK PRESENT?	150	
LOCK FUNCTIONAL?	-	-
DID YOU REPLACE THE LOCK?		-
WELL MEASURING POINT VISIBLE?		
WELL MEASURING POINT VISIBLE?		
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	133	30
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	2435	
MEASURE WELL DIAMETER (Inches):	2.0	
WELL CASING MATERIAL:	DUL	-1-
PHYSICAL CONDITION OF VISIBLE WELL CASING:	600	/
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	-	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES		
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 NECESSA	RY.	
In parking lot in front of parking space		
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.		
set on grass in median of parking lot		
Sol of grade It had the grade It had been been been been been been been bee		
		-
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT		
(e.g. Gas station, salt pile, etc.):		
DEMARKS		
REMARKS		

SITE NAME:	DEC-Hempster	206

REMARKS

#### MONITORING WELL FIELD INSPECTION LOG

SITE ID. INSPECTOR: DATE/TIME:

WEILID .:

NO YES WELL VISIBLE? (If not, provide directions below) NYTM Y WELL COORDINATES? NYTM X PDOP Reading from Trimble Pathfinder: Satelites: Trimble And/Or Magellan GPS Method (circle) 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: ASMW-7 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): ..... 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..... 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. parking lot is front of parking space 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. IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.):

Plastic Box 7 46"x29" protests well - cover is cracked sutwell is seal

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 compound area 1 ft from the fence on west side

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.

Set in grass

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.):

REMARKS:

3 bolts out

None

#### SITE NAME: DEC-HEMPSTEAD206 SITE ID.: 130050 INSPECTOR: RC MONITORING WELL FIELD INSPECTION LOG DATE/TIME: 7/2/2019 WEII ID .: ASMW-2 YES NO X WELL VISIBLE? (If not, provide directions below) WELL COORDINATES? NYTM X NYTM Y PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan YES NO WELL I.D. VISIBLE? X WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)..... X YES NO SURFACE SEAL PRESENT? X SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) ...... X X PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) ...... HEADSPACE READING (ppm) AND INSTRUMENT USED..... 0.0 PPM/PID Manhole TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE: Steel MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): 12" YES NO X LOCK PRESENT? X LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? ..... X IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) X WELL MEASURING POINT VISIBLE? X MEASURE WELL DEPTH FROM MEASURING POINT (Feet): ..... 89.72 19.44 MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): ..... MEASURE WELL DIAMETER (Inches): PVC WELL CASING MATERIAL: PHYSICAL CONDITION OF VISIBLE WELL CASING: Good ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE ...... PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES..... None 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 compound area beyond chain link fence in woods. 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. Set in ground in wooded area.

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

None

Manhole tabs need rethreading

#### 130050 SITE NAME: DEC-HEMPSTEAD206 SITE ID.: INSPECTOR: RC MONITORING WELL FIELD INSPECTION LOG DATE/TIME: 7/3/2019 ASMW-3 WEILID .: YES NO X WELL VISIBLE? (If not, provide directions below) ...... NYTM Y WELL COORDINATES? NYTM X PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan YES NO WELL I.D. VISIBLE? X WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)..... X WELL L.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: ASSESSED - 3 YES NO SURFACE SEAL PRESENT? X SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) ...... X X PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) ...... 0.0 PPM/PID HEADSPACE READING (ppm) AND INSTRUMENT USED...... Manhole TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE: Steel MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): ..... 12" YES NO LOCK PRESENT? ..... X X LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? X IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) X WELL MEASURING POINT VISIBLE? MEASURE WELL DEPTH FROM MEASURING POINT (Feet): ..... 90.12 17.72 MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): ..... MEASURE WELL DIAMETER (Inches): PVC WELL CASING MATERIAL: PHYSICAL CONDITION OF VISIBLE WELL CASING: \_\_\_\_\_\_ Good ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE ...... PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES..... None 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 wooded area of Molloy College near southern state pkwy. 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. Set in ground in wooded area.

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT
(e.g. Gas station, salt pile, etc.):
None

REMARKS:
None

SITE NAME: DEC-HEMPSTEAD206	SITE ID.:	130050
MONITORING WELL FIELD INCRECTION LOC	INSPECTOR:	RC
MONITORING WELL FIELD INSPECTION LOG	DATE/TIME: WEII ID.:	7/3/2019 ASMW-4
	YES	NO
WELL VISIBLE? (If not, provide directions below)	X	
WELL COORDINATES? NYTM XNYTM Y		
PDOP Reading from Trimble Pathfinder: Satelites: Satelites: Magellan		
GFS Method (circle) Trimble And/Or Magerian	YES	NO
WELL I.D. VISIBLE?		110
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	X	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	V-10-	
	YES	NO
SURFACE SEAL PRESENT?	X	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	X	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X	
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.0 PP	M/PID
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Manho	
PROTECTIVE CASING MATERIAL TYPE:	Steel	
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"	-5
	YES	NO
LOCK PRESENT?		
LOCK FUNCTIONAL?		- V
DID YOU REPLACE THE LOCK?		X
WELL MEASURING POINT VISIBLE?	X	Α
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	106.2	
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	17.98	
MEASURE WELL DIAMETER (Inches):	2"	
WELL CASING MATERIAL:	PVC Cracke	
PHYSICAL CONDITION OF VISIBLE WELL CASING:ATTACH ID MARKER TYPE	Cracke	d
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	None	
	-	
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, over		
power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF N	ECESSARY.	
In parking lot on the south end.		
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a gard	en, etc.)	
AND ASSESS THE TYPE OF RESTORATION REQUIRED.		
Set in asphalt - casing is cracked.		
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT		
하는 경기 위에 있다면 있다면 하는 경기에 있다면 함께 되었다면 하는데 하는데 하는데 하는데 하는데 보고 있다면 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데		
(e.g. Gas station, salt pile, etc.):		
None		

#### SITE NAME: DEC-HEMPSTEAD206 SITE ID .: 130050 INSPECTOR: RC MONITORING WELL FIELD INSPECTION LOG 7/2/2019 DATE/TIME: WEII ID .: ASMW-6 YES NO WELL VISIBLE? (If not, provide directions below) WELL COORDINATES? NYTM X NYTM Y PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan YES NO WELL LD. VISIBLE? X WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)..... X WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: ... NOA ... SY YES NO SURFACE SEAL PRESENT? ..... X X SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) ..... PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) ...... 0.0 PPM/PID HEADSPACE READING (ppm) AND INSTRUMENT USED..... Manhole TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE: Steel MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): YES NO X LOCK PRESENT? LOCK FUNCTIONAL? X DID YOU REPLACE THE LOCK? Х IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) X WELL MEASURING POINT VISIBLE? X MEASURE WELL DEPTH FROM MEASURING POINT (Feet): ...... 134.4 19.24 MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): MEASURE WELL DIAMETER (Inches): PVC WELL CASING MATERIAL: PHYSICAL CONDITION OF VISIBLE WELL CASING: ..... Good ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE ...... PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES..... None 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 south end of parking lot in a median between parking spaces 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. Set in drit IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.):

REMARKS: None

#### SITE NAME: DEC-HEMPSTEAD206 SITE ID .: 130050 INSPECTOR: RC MONITORING WELL FIELD INSPECTION LOG DATE/TIME: 7/2/2019 ASMW-7 WEII ID.: YES NO WELL VISIBLE? (If not, provide directions below) X WELL COORDINATES? NYTM X NYTM Y PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan YES NO WELL I.D. VISIBLE? X X 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? X X SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) ...... PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) ...... 0.0 PPM/PID HEADSPACE READING (ppm) AND INSTRUMENT USED...... TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) Plastic Box PROTECTIVE CASING MATERIAL TYPE: MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): ..... YES NO N/A LOCK PRESENT? N/A LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? N/A IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) WELL MEASURING POINT VISIBLE? ..... Can not gauge MEASURE WELL DEPTH FROM MEASURING POINT (Feet): Can not gauge MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): ..... 10" - 12" MEASURE WELL DIAMETER (Inches): Steel WELL CASING MATERIAL: ..... Good PHYSICAL CONDITION OF VISIBLE WELL CASING: ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE ...... PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES..... None 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 south end of parking lot in a median (grass area) between parking spaces 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. Set in grass

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.): Top of mancover cracked. REMARKS: None Sketch

SITE NAME:	DEC-Hampster	1 206
------------	--------------	-------

SITE ID.: INSPECTOR:

DATE/TIME: WEII ID.: 130050 Bec 10/15/17/1300 ASMN-\$1

WELL VISIBLE? (If not, provide directions below)	YES NO
THE TAXABLE LAST USE DISTING UNDOUGHS USION I WITHOUT THE TAXABLE PROPERTY OF THE PROPERTY OF	120 110
WELL COORDINATES? NYTM X NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	YES NO
WELL I.D. VISIBLE?	7
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	1
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
	YES NO
SURFACE SEAL PRESENT?	1,0
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	11
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	1
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.2/110
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Acchila
PROTECTIVE CASING MATERIAL TYPE:	- Carl
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	121
DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	YES I NO
LOCK PRESENT?	TES NO
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	
WELL MEASURING POINT VISIBLE?	1
1922 1821 1921 1921 1921 1921 1921 1921	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	89.31
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	2/.37
MEASURE WELL DIAMETER (Inches):	2.6
WELL CASING MATERIAL:	pve
PHYSICAL CONDITION OF VISIBLE WELL CASING:	
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	Gand
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	
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 NECESSAR	v
Behow 2 locked gates in compound area, about 1' off of	
control of the compound area , about , off of	cearn ring re
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.	
Set on Grass	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
None None	
REMARKS:	
And A A	
The for	_
well + water Depth recorded from top of castle	

SITE NAME: DEC- Hempsters	206
---------------------------	-----

SITE ID.: INSPECTOR:

WEII ID.:

DATE/TIME:

BUC 10/16/19/1130 ANNO 2

WELL VICIDIES (IC.	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM X NYTM Y NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites: Satelites: Magellan	
GPS Method (circle) Trimble And/Or Magellan	Auto Pio
WELL ID MODIES	YES NO
WELL I.D. VISIBLE?	V .
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
WELLED AS IT APPEARS ON PROTECTIVE CASING OR WELL. ASM U-2	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
CLIDELA CID CIT AX DIDECTONO	YES NO
SURFACE SEAL PRESENT?	1/,
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	V /
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
	/ / / / /
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.01910
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Markak
PROTECTIVE CASING MATERIAL TYPE:	Steel
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"
. 54 % 0	YES NO
LOCK PRESENT?	1
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	
WELL MEASURING POINT VISIBLE?	
	06 0
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	88.9)
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	19.87
MEASURE WELL DIAMETER (Inches):	20"
WELL CASING MATERIAL:	PVC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	None
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 NECESSAL	RY.
In componed area beyond chair lack fence in woods, behind one lo	he gate
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.	
Set in ground in wooded area	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
Nore	
REMARKS:	-
ALM MAD.	
	20 %

SITE NAME: DEC-Hengstead 206

## MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR: 13005 V

DATE/TIME: WEII ID.: 1/15/19/123 12mlus

	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM X NYTM Y NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	Total Control
WELL ID VIGIDLES	YES NO
WELL I.D. VISIBLE?	V
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	V
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
	YES NO
SURFACE SEAL PRESENT?	1
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	V
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	V
	1
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.0/ PH
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Marhole
PROTECTIVE CASING MATERIAL TYPE:	Speel
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12 n
	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?	
MEACUTE WELL DEPOSIT ED OLGO COLGUEDO C	770 100
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	89.43
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	20.31
MEASURE WELL DIAMETER (Inches):	2.0"
WELL CASING MATERIAL:	eve,
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Cood
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
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 NECESSAR'	r
	۲.
In woods, landscaping has been done to provide access	
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.	
Set in cross/wooded area w/ concrete pro	
337 4080 1 11-94	
IDENTIFY AND MEADIN DOTTONEY AND GOLD OF COMPANY TO ME PROFESSION	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
None	20
<u> </u>	1.00
REMARKS:	W.
	100

	A = 2 = 17	2	
SITE NAME:	DEC-Hem	13ten	206

### MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

DATE/TIME: WEll ID.: 130050 BCV 10/13/19/1200 ASMV-Y

WELL VISIBLE? (If not, provide directions below)	YES NO
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
WELL I.D. VISIBLE?	YES NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
GUIDEA CE CEAL DECCENTO	YES NO
SURFACE SEAL COMPETENT? (If you look to the line of the line)	V
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.0/PID
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Manhole
PROTECTIVE CASING MATERIAL TYPE:	Sharle
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"
(2.52.5)	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):	105,55
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	20.06
MEASURE WELL DIAMETER (Inches):	2.0
WELL CASING MATERIAL:	pra
PHYSICAL CONDITION OF VISIBLE WELL CASING:	6000
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
TROMINITY TO CIVILLACKOOND OK OVERHEAD CHEFTES	
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 NECESSAR'	Y.
In middle of molly college parking lot need comes	
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.	
Sct on asphalt	
	<del></del>
IDENTIFY ANY MEADRY POTENTIAL GOLD OF GOLD AND LATION IF PREGRAT	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
Non	
REMARKS: Concerte pad is cracked, outside piece of manhale is broken	+ Missray

SITE NAME:	DEC	Hem	Spend	206

## MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

DATE/TIME: WEll ID.:

103	T MEG INO
	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
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)	
WELD BOOTH ON NEW YORK STATE WITH CONTROL OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	
WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
WELLED. AS IT ATTEMS ON TROTLETTVE CASING OR WELL.	YES NO
CVERTA CRI GE AV PREGENTO	YES NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
	- LOID
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.1///
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Manhal /~0,5
PROTECTIVE CASING MATERIAL TYPE:	Stee
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"
	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?	
WELL MEASURING FORM VISIBLE:	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	13204
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	7/ 2/
	2.0"
MEASURE WELL DIAMETER (Inches):	PUC
WELL CASING MATERIAL:	
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Cood
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	Work
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 NECESSAR	Υ.
In middle of Molloy College Parking Lot, Need comes	
,	
	*
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.	
set an asphalt	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
None	
REMARKS:	-
+ Concert pad is crocked, manhole cover streks up above gra	Je.
survey ran is come of randon some site of a second great	

SITE NAME: DEC- femp stead 206

### MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

DATE/TIME:

WEII ID.:

	YEŞ NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM X NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
GPS Method (circle) 1 rimole And/Or Magenan	
	YES NO
WELL I.D. VISIBLE?	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
( 2005)	
WELL LD ACIT ADDEAD ON PROTECTIVE CASDIC OR WELL	
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)	
The Ferritz energe in 1900 constitution (it damages, decense ones,)	
HEADERACE BEADING ( ) AND DIGHT RESTRICTED	0 /00
HEADSPACE READING (ppm) AND INSTRUMENT USED	0,0/7/0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	manhola
PROTECTIVE CASING MATERIAL TYPE:	Stee
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	YES NO
LOCK DESCRITE	ILS 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?	
WEEL MEASURING FORTY VISIBLE:	
NEL CAMPE VIEW A DEPOSIT OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A SECOND OF THE COLUMN AS A	120 1
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	134,13
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	21.57
MEASURE WELL DIAMETER (Inches):	2,671
WELL CASING MATERIAL:	104
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Book
	2
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	Now
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	7
	•
Located in south end of parky lot median in between cars	
DESCRIPE WITH SETTING OF	
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.	
Jet in Joss	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
None	
Voe	
REMARKS:	

CITE NAME.	DEC-Hempeters	206
SITE NAME:	UE WHEM by Fred	206

### MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

DATE/TIME: WEll ID.:

F	
	YES NO
WELL VISIBLE? (If not, provide directions below)	V
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	Trad bro
	YES NO
WELL I.D. VISIBLE?	1
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
AZMU-7	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: ASMW-7	
	YES NO
SURFACE SEAL PRESENT?	1//
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	1
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
	- clain
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.0/8/0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Green Box
PROTECTIVE CASING MATERIAL TYPE:	Plast re
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	38.5" × 26.5"
	YES NO
LOCK PRESENT?	MA
LOCK FUNCTIONAL?	NA
DID YOU REPLACE THE LOCK?	NA
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	· ·
WELL MEASURING POINT VISIBLE?	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	Cannot Gonze
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	Camof Goise
MEASURE WELL DIAMETER (Inches):	10-12"
WELL CASING MATERIAL:	Specy
PHYSICAL CONDITION OF VISIBLE WELL CASING:	6000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	Nove
DESCRIPE ACCESS TO WELL (I. I.	
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead	137
power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSAR	CY.
Located south and of parking lot median between parking spools	
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.	
set in gress	
30/	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
	- W
REMARKS:	
	180
Sketch	
Sketch	

Site:	14/	psteut o 20	20.6		Groundwate	er Sampling	Start Time:	ilization Pur 600 00	ge Method	Equipment: 19	Podge Plo Lh, Ge	d, General	abor OLD
Techs: NC	An	).		,			-		; VOI - 1	6 4 4			1
	T	T	<del></del>	Γ	<del>                                     </del>			- [check	Cunits on YSI and	confirm that param	neter is in the corre	Specific	
WELLID	Well Size (inches)	Total Well Depth (ft.	Depth to Water (ft.)	Length of Column (ft.)	One Standing Water Well Volume (gal.)	Total Gallons Purged (gal.)	Time Sampled (hh:mm)	DO (mg/L)	Temp. (*C)	рН	ORP (mV)	Conductance (uS/cm)	NOTES
Ashw-6	2"	132'	21.84	110.2	19.3	20		1,27	16,13	5.72	268	461	
4 - 7	104					150		1.06	17,2	8,4	95.4	260	
11 -5	24	132'	21.78	110,2	19,3	20		2.56	16,4	7.17	247,7	417	
4-4	2"	106.6	20,43	86,17	15,1	20		1.66	16.08	7.18	204.0	735	
" - 3	2"	89,35'	20115	69.2	12	15		7.31	15,04	8.2	292,5	363	
					8							g <u>=30</u>	
		-											
						500000000000000000000000000000000000000							
	(2)				186					1			
			***********										
										3.5			
					3								
Well Size (ii	nchae'	0.5	0.75		4.5	2	4	-	8			Burns a minim	of 1 well volume & then
Aultiplier based on		1	0.75	0.18	1.5 0.42	0.7	2.65	6	10.4	]			stabilization
Multiplier based on	1 well volum	0.015	0.0275	0.045	0.105	0.175	0,663	1.5	2.6	.]			ce for stability:
Guidelines i	or Field Sc	reening Values:											onductance (3%) erature (3%)
pH range = 5 - 9												1	⊬- 0,1 units
Temperature rang	je = 10 - 19	(except for VERY wa	arm days - please try to	keep purge containe	er cool/shaded area)							Record DO & ORP b	out DO NOT use for stability
DO range = less t	han 12 (unl	ess very close to a sp	parge well)										

If readings are not in this range please try to recalibrate (except for temp, which cannot be calibrated). if they remain out of range, please do not write the value on the sheet - it is an equipment error.

PLEASE CONTACT THE PMS IF THERE IS A PROBLEM. THIS DATA IS IMPORTANT AND INCORRECT DATA IS WORSE THAN NO DATA, WE REALLY APPRECIATE YOUR WORK TO KEEP E.A.R. A TOP COMPANY IN THE FIELD

**Groundwater Sampling Sheet: Stabilization Purge Method** Equipment 19 Dodge, Generalor, 4SI, WLM, Geopup, PID [check units on YSI and confirm that parameter is in the correct units] Specific ORP Time Sampled Temp. Length of Column One Standing Water Total Gallons NOTES рΗ Conductance WELL ID Total Well Depth (ft.) Depth to Water (ft.) (°C) (mg/L) Well Volume (gal.) Purged (gal.) (hh:mm) (inches) (uS/cm) 408 6.02 asur 2 1000 1100 1200 0730 Purge a minimum of 1 well volume & then

Well Size (Inches)	0.5	0.75	1	1.5	2	4	6	8
Multiplier based on 4 well volume		0.11	0.18	0,42	0.7	2.65	6	10.4
Multiplier based on 1 well volume	0.015	0.0275	0.045	0.105	0.175	0.663	1.5	2.6

**Guidelines for Field Screening Values:** 

pH range ≈ 5 - 9

Temperature range = 10 - 19 (except for VERY warm days - please try to keep purge container cool/shaded area)

DO range = less than 12 (unless very close to a sparge well)

If readings are not in this range please try to recalibrate (except for temp, which cannot be calibrated). If they remain out of range, please do not write the value on the sheet - it is an equipment error.

PLEASE CONTACT THE PMS IF THERE IS A PROBLEM. THIS DATA IS IMPORTANT AND INCORRECT DATA IS WORSE THAN NO DATA. WE REALLY APPRECIATE YOUR WORK TO KEEP E.A.R. A TOP COMPANY IN THE FIELD

Purge a minimum of 1 well volume & then wait for stabilization

Tolerance for stability:

Specific Conductance (3%)

temperature (3%)

pH +/- 0.1 units

Record DO & ORP but DO NOT use for stability

SITE NAME:	DEC Hemps	Len 206

### MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

PZ

DATE/TIME: WEll ID.:

1/14/20 12 1-5mw-3

	YES, NO
WELL VISIBLE? (If not, provide directions below)	X
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	YES, NO
WELL I.D. VISIBLE?	7
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	*
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	VES NO
SURFACE SEAL PRESENT?	YES NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	-×
PROTECTIVE CASING IN GOOD CONDITION? (II damaged, describe below)	
HEADSPACE READING (ppm) AND INSTRUMENT USED	_8
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	12" Boltdown man tole
PROTECTIVE CASING MATERIAL TYPE:	steel_
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	
A COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO THE COMPANIE TO	YES NO
LOCK PRESENT?	X,
LOCK FUNCTIONAL?	X
DID YOU REPLACE THE LOCK?	X
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	X
WELL MEASURING POINT VISIBLE?	- X
MEACURE WELL DEPTH EDOM MEACHDING DOINT (Egot):	29.35
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	20,18
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	1 n
WELL CASING MATERIAL:	DUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	1,-000
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	pone
TROMINITY TO UNDERGROUND OR OVERGIEND OTHER DOCUMENTS.	- June
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	<i>7</i> .
woodet area Adjacent to parking lot	
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)	ii 18 - 8 -
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	
wooded area	
WOOCEC TICE	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
home	
DEMARKS	
REMARKS:	

SIT	TT.	N	A	M	₽.

DECHEMPS tent 206

SITE ID.: INSPECTOR:

DATE/TIME: WEll ID.:

## MONITORING WELL FIELD INSPECTION LOG

	6
	YES, NO
WELL VISIBLE? (If not, provide directions below)	X
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
	YES NO
WELL I.D. VISIBLE?	X
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	V
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
	YES NO
SURFACE SEAL PRESENT?	X,
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	X
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
	01
HEADSPACE READING (ppm) AND INSTRUMENT USED	05
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	12 " Bo It do
PROTECTIVE CASING MATERIAL TYPE:	stee!
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12
MEANORED I ROTE OF ON THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERS	YES NO
LOCK PRESENT?	~
LOCK FUNCTIONAL?	Q
DID YOU REPLACE THE LOCK?	X
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	×
WELL MEASURING POINT VISIBLE?	V
WEDD WEARSONGTONY VISIBED.	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	106.6
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	20,43
MEASURE WELL DIAMETER (Inches):	2"
WELL CASING MATERIAL:	DUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	CF MG C
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	nano
TROMINITI TO UNDERGROUND OR OVERHELD CTERTES	.,,
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 NECESSA	ARY
e 45, ly Accessible	
	***
	278
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.	
parking lot / Mavement	
THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
nine	
	100 Hill W
REMARKS:	0.
ICATA MADO.	
THE ANNUAL IN	

CIT	'III'	N A	ME	•

DECHemps tend 201

SITE ID.: INSPECTOR:

DATE/TIME: WEll ID.:

### MONITORING WELL FIELD INSPECTION LOG

	le le le le le le le le le le le le le l
	YES NO
WELL VISIBLE? (If not, provide directions below)	7
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	ALIC NO
	YES NO
WELL I.D. VISIBLE?	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	X
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
	YES NO
SURFACE SEAL PRESENT?	X
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	×
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	×
	M
HEADSPACE READING (ppm) AND INSTRUMENT USED	
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	12" Bult down "
PROTECTIVE CASING MATERIAL TYPE:	57 eel
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"
	YES NO
LOCK PRESENT?	X
LOCK FUNCTIONAL?	*
DID YOU REPLACE THE LOCK?	×
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below)	X
WELL MEASURING POINT VISIBLE?	X
	V 12. C
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	132
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	21.78
MEASURE WELL DIAMETER (Inches):	2"
WELL CASING MATERIAL:	NUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	none
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 NECESSA	RY.
parking 1st/ easily accessible	
	-
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.	
parking lot parement	m = 100 h
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
none	
	ALCON.
REMARKS:	
	1 10

SITE NAME: DEC Hempstes 206	
MONITORING WELL FIELD INSPECTION LOG	f

SITE ID.: INSPECTOR:

D

W

DATE/TIME:	2/19/20	4
VEII ID.:	ASNW-	7

	TITIC DIO
WITH A MIGNEY PO (ICC) and the first of the Laboratory of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	YES NO
WELL VISIBLE? (If not, provide directions below)	
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites: Sateli	
GPS Method (circle) Trimble And/Or Magellan	YES NO
WITH A D. AHARDA PA	1ES 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)	×
	al
HEADSPACE READING (ppm) AND INSTRUMENT USED	
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	Al I
PROTECTIVE CASING MATERIAL TYPE:	1 38 pc
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	VEG NO
Y O GYF DD FIGER 1990	YES NO
LOCK PRESENT?	11/14
LOCK FUNCTIONAL?	1/1/1
DID YOU REPLACE THE LOCK?	10/18
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below)	01/0
WELL MEASURING POINT VISIBLE?	10/17
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	runnot greego
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	4
MEASURE WELL DIAMETER (Inches):	70-12"
WELL CASING MATERIAL:	steel
PHYSICAL CONDITION OF VISIBLE WELL CASING:	bood
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	0-00-
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	none
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 NECESSA	ARY.
located in median of parking lot	
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.	
set in grass/ easily necessible	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
(0	
	-
REMARKS:	
	24 5 5 22 5 7

SITE NAME: DEC Hempstead 206

## MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

WEll ID.:

DATE/TIME:

	YES NO
THE THOMAS OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	1ES NO
WELL VISIBLE? (If not, provide directions below)	X
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
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 BOCATION WATCH SITE WITH: (II not, sketch detail location on odok)	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
WELL I.D. AS IT AFFEARS ON PROTECTIVE CASING OR WELL	YES NO
CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CA	ILS NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	N <sub>2</sub>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
HEADSPACE READING (ppm) AND INSTRUMENT USED	0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	-
PROTECTIVE CASING MATERIAL TYPE:	steel
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	1.2 m
WILLIAM TROTTO THE CITATION OF A STATE OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTR	YES NO
LOCK PRESENT?	4
LOCK FUNCTIONAL?	×
	<i>y</i> -
DID YOU REPLACE THE LOCK?	X
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	I K
WELL MEASURING POINT VISIBLE?	K
	12.1
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	102
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	21.84
MEASURE WELL DIAMETER (Inches):	2"
WELL CASING MATERIAL:	puc
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	parameter .
TROMINIT TO ONDEROROOND OR OVERHEAD OTHER TEDS	
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 NECESSAF	2V
	· I •
exs.ly 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.	
planter/parking lot median	
planter partitions to the ectuary	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
REMARKS:	

SITE NAME: DEC Jemp 206

### MONITORING WELL FIELD INSPECTION LOG

SITE ID.:

INSPECTOR: DATE/TIME:

7/15/20 Hz

WEll ID.:

	YES NO
WELL VISIBLE? (If not, provide directions below)	X
WELL COORDINATES? NYTM X NYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
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 AND A GAR AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	VEG NO
SURFACE SEAL PRESENT?	YES NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<del>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </del>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
TROTECTIVE CABING IN GOOD CONDITION: (in damaged, describe below)	<u> </u>
HEADSPACE READING (ppm) AND INSTRUMENT USED	Ø
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	12" Boltdown manhole
PROTECTIVE CASING MATERIAL TYPE:	steel
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"
(	YES NO
LOCK PRESENT?	V
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	4
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	1
WELL MEASURING POINT VISIBLE?	X
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	90.67
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	21,65
MEASURE WELL DIAMETER (Inches):	24
WELL CASING MATERIAL:	PUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	none
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 NECESSAL	DV
	KI.
PASITY Accessible	
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.	
inside E/C grassy Area	
This te p 10 , grassy niet	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
none	
DEMARKS	T. (14)
REMARKS:	

SITE NAME: DEC Hemp 206

### MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

DATE/TIME: WEII ID.:

7/15/20 Mm

	YES NO
WELL VISIBLE? (If not, provide directions below)	TES NO
WELL COORDINATES? NYTM XNYTM Y	
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
Of 5 Method (chele) Thinble And/Of Wagehan	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?	4
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	4
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
HEADSPACE READING (ppm) AND INSTRUMENT USED	D
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	12" boldown manhola
PROTECTIVE CASING MATERIAL TYPE:	STee!
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	12"
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	YES NO
LOCK PRESENT?	<u> </u>
LOCK FUNCTIONAL?	2
DID YOU REPLACE THE LOCK?	X
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	×
WELL MEASURING POINT VISIBLE?	X
WEED NEW OTHER COUNTY OF THE PROPERTY OF THE P	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	REOM
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	19 63
MEASURE WELL DIAMETER (Inches):	17.73
WELL CASING MATERIAL:	DUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	-19
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	G002
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	None
THOMAS I TO OTO DECORDOR OF CALLED CITED IN THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	Joon 2
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 NECESSAR	Y.
easily accessible	
	<del></del>
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.	
wooded area w/path	
- 400 cec in each of the	_
	TO A TRANSPORT OF THE PARTY OF THE PARTY.
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
pone	
p one	
REMARKS:	

Report No. Franklin Cleaners - NYSDEC Site No.

Date:7/14/20

NYSDEC Division of Environme		ION 🔟 Con	artment of Ironmental servation		NYSDEC C100611	Contract	No.	
Site Location: Hempstead, New York						NYSDEC PM: Payson Long		
Weather Conditions						PM: Trisha	•	
General Description	General Description Sunny AM PM							
Temperature	7501	AM		PM	Consultant	Site Inspecto	ors:	
Wind	25 mp4	AM	·	PM				
Health & Safety If any box below is	checked "Yes	", provide expla	nation under "I	Health 8	Safety Co	mments".		
Were there any change	es to the Health &	Safety Plan?			*Yes	No)	NA	
Were there any exceed	dances of the peri	imeter air monitorin	g reported on this	date?	*Yes	(No)	NA	
Were there any nuisan	ce issues reporte	d/observed on this	date?		*Yes	No	NA	
Health & Safety Cor	mments					Name of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o		
			1715		1.10			
Summary of Work F	Performed	Arrived at site:	0715	D	eparted Site	e:		
Equipment/Material If any box below is	checked "Yes"							
If any box below is Were there any vehicle	checked "Yes' es which did not d	lisplay proper D.O.T			*Yes	No	NA	
If any box below is Were there any vehicle Were there any vehicle	checked "Yes' es which did not des which were not	lisplay proper D.O.T tarped?	numbers and pla	acards?	*Yes * Yes	No No	NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes" es which did not d es which were not es which were not	lisplay proper D.O.T tarped?	numbers and pla	acards?	*Yes * Yes	No	NA	
If any box below is Were there any vehicle Were there any vehicle	checked "Yes" es which did not d es which were not es which were not	lisplay proper D.O.T tarped?	numbers and pla	acards?	*Yes * Yes	No No	NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes" es which did not d es which were not es which were not ipment	lisplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	acards? work site?	*Yes * Yes * Yes	No No No	NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes ? * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	lisplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	acards? work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' es which did not des which were not es which were not ipment	isplay proper D.O.T tarped? t decontaminated pr Company	numbers and pla	work site?	*Yes * Yes * Yes	No No No	NA NA NA	

<b>Equipment Description</b>	on		Contractor/Vendor		Quantity	Use	d
Seacrator			- 11,1112		/	سر	
-eo Puro					1	مستو	
ounter level m	refer			202	1	je .	
P. I.P.				5 KH W 55	1	3	10
- 5, I.					/		
				Ti T	~		
	2				-		
	22				2-		
	-				**		
3	22				8 1		
	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			4				
					100		
					101		
				·			
		4!!					
	-		· · ·		S	<del>.</del>	
					-		
					79		220
					=		
		-			2		
					328		
					9		
	Imported/ Delivered	Exported	Waste Profile	Source or	Disposal	Daily	Daily Weight

Material Description	Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Weight (tons)*
= 11						
	-					
	15					
	<b>_</b>					
	1					
	1	9 1		24.1		
				2 2 2000		945
	1	20 20				

\*On-Site scale for off-site shipment, delivery ticket for material received

**Equipment/Material Tracking Comments:** 

Date: 7/14/20 Page 3 of 9

Name	Representing	Entered	Exclusion/CRZ Zon
		Yes	No
	3 1	Yes	No
		Yes	No
ite Representatives			
ame	Representing	A	
	**		
	5-A1_ 12_ 12_ 13_ 14_ 15_ 1600		
1479 127 Ling (1707) 487			
			-76
		=	
			7
roject Schedule Comments	1		
Toject ochedale ochmichts		-	2 (1)
Danding			
ssues Pending			
nteraction with Public, Property Own	are Madia atc		
P 11 E	513, Miedia, etc.		
College Employee			

### **DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/14/20 Page **4** of **9** 

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

SEE site MAD

Report No. Franklin Cleaners - NYSDEC Site No. Date: 7/14/20 Page 5 of 9

Date: 7/24/20

Site Photographs (Descriptions Below)		
		300000
	,	
· · · · · · · · · · · · · · · · · · ·		

	CTION REPORT Franklin Cleaners - NYSDEC Site	No. Date: 7/14/20	Page 7 of		
			· · · · · · · · · · · · · · · · · · ·		
		2 1 2 4 2			
Zanosoli o. on					
Comments	4 1 2 4 1				
· · · · · · · · · · · · · · · · · · ·					
Site Inspector	r(s):	Date:			

Date: 7/14/25 Page 8 of 9

### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗸	No □
Is the tail gate safety meeting held outdoors?	Yes⊅	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🔼	No □
Were personal protective gloves, masks, and eye protection being used?	Yes⊯	No □
Are sanitizing wipes, wash stations or spray available?	Yes 🔀	No □
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 □	No
Comments:		

### REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have	Yes □	No 🗷
2	COVID-19? Is anyone at this location isolated or quarantined for COVID-19?		/
۷.	anyone at this location isolated of quarantified for COVID-13!	Yes □	No
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	Non
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	NO
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes	No 🗆
If Yes	to any of 1-4 above:	2	
•	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 □	No 🗆
Comm	ents:		

## NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes □	Noos	N/A□
Were there any odors detected on this date?	Yes □	Nook	N/A 🗆
Was noise outside specification and/or above background on this date?	Yes □	Nox	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	NooZ	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🗵	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ 🗆	N/A
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 💢	No □	N/M
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/ASZ
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 □	No □	N/A
If yes, has Contractor been notified?	Yes □	No □	N/AN
<u>Comments:</u>			

SACTEMENTO

## Chain of Custody Record 450546

音像.	7				755		
1.3	P	11	re	7t	ì	n	8
B. 65	-	24	11	J 6		4.0	10

**Environment Testing** TestAmerica

Address:																		
	Regulatory Pr					RC		Other:	-1445-454									TAL-8210
Client Contact	Project Manager: 7				_		ntact:				Date:				С	OC No:		
Company Name: E, A, P,	Tel/Email: Vicale			MATI	Lab	Con	ntact:				Carrie	er:			_	2 of _	2_ co	Cs
Address: 225 ATlantic Ave		Turnaround		com			8									ampler:		
City/State/Zip: Patchague NY 11772	CALENDAR DAYS		RKING DAY												1 1	or Lab Use O	nly:	- Missey - Sans
Phone: 6314476400	TAT if different	from Below /	D CA	y	13	Z									1 1	/alk-in Client:		
Fax: 6314476497		2 weeks	,	(a	23	- 4									La	ab Sampling:		
Project Name: Franklin Cleaners		1 week		1	5	2 0	2						1 5		1			
Site: 130050	-	2 days			Se (	§ .	*								Jo	ob / SDG No.:		
PO# DEC Hemps tend 206		1 day			Sample (Y/N)	S .						7						
Sample Identification	Sample Sample	Sample Type (C=Comp, G=Grab)	Matrix	# of Cont.	Filtered S.	P E										Sample	Specific N	Intes:
			A CONTRACTOR OF THE	R CHARLES MONTH HERE		+	,	-	BPLOLY FOR CASE 1000			stee acumous vice	COMPANIES CO.	ORGEN PORTORINA STREET	stan energieten erann	Gampio	Opedille 14	Oles.
ASMW-6	0 0915	6	AQ	2	NA	NX	-		$\perp \perp$									
ASMW-6 ASMW-7 ASMW-5 ASMW-4	7 1000			2	MA	V	4											
ASMW-5	0 1110			6	M	1+	1											
Asmw-4	8 1200		1	2	M	V×												
45mw-3	1245			2	NA	VI X												
ASMW-X	13 XX			2	NI	NX												
ASMW-X  Field Blank  Equipment Blank WLM 20200714  Equipment Blank tubing 20200714	3 0815			1	NI	NX												
Equipment Blank WLM 20200714	J 0840			2	M	VX												
Equipment Blank tubing 20200714	0835	4	V	2	MA	VX	1											
, , , ,			T					200 March 1										
																, me		
Preservation Used: 1= Ice, 2= HCl; 3= H2SO4; 4=HNO3;	5=NaOH; 6= Other																	
Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Please Comments Section if the lab is to dispose of the sample.	se List any EPA Wast	e Codes for	the sam	ple in the		3amp	ole Dis	sposal (	A fee	may b	e asses	ssed it s	sample	s are reta	ained Io	onger than 1	month)	(6)
Non-Hazard Flammable Skin Irritant	Poison B	Unkn	iown		$\Box$		Return	to Client			Disposal b	y Lab		Archive 1	for	Months		
Special Instructions/QC Requirements & Comments:																		
Custody Seals Intact: Yes No	Custody Seal No.:							Cooler Te					Corr'd		Th	erm ID No.:		
Relinquished by:	Company:		Date/Ti	ime:/40	OF	Recei	yed b	P. S	CHurn	6 F	ide	Comp	any:	R		ate/Time:/	140	ò
Relinquished by:	Company:		Date/Ti		F	Recei	ived b	y:	Jones Jo		7	Comp				ate/Time:		
Relinquished by:	Company:		Date/Ti	ime:	F	Recei	ived in	n Laborat	tory by:	:		Comp	any:		D	ate/Time:		

## Chain of Custody Record 450544 & eurofins

Environment Testing TestAmerica

Address:	Regul	atory Pro	gram: [	DW	NPDES	;		CRA	Ot	her:						,					TAL-82	210
Client Contact						Site Contact: Date							Date: 7/14/20						COC No:			
Company Name: EAR	Tel/Email:	VICAL	E@SW	D-QI	+nm	Lab	Cor	ntac	t:			000145	Ca	rrier:						of&	COCs	
Address: 235 AHORHO AND		Analysis T	urnaroun	Time	com	T		T	T			T	Т			T			T	Sampler:		
City/State/Zip: Parchrone DV ITTA	CALEN	DAR DAYS	Wo	RKING DA	YS					ļ				1 1	- }					For Lab Use Only:		
Phone: 631-447-6450	TA	T if different fr	om Below _	100	ZUS		2	100												Walk-in Client:		
Fax: 631-447-649		2	weeks		00	2	>	1	1			- 1						-		Lab Sampling:		
Project Name: Franklin aleaners		1	week			>		0.5.7.0	5		1				ı					25 2407		
Site: 130050		2	days			) e	S J	) 5	1				Į							Job / SDG No.:		-
Site: 130050 PO#DEC-HEMORIENDADO		1	day				3 5	100	)				1									
			Sample			Sp	E	10			1 1				1	į			ŀ			
·	Sample	Sample	Type (C≍Comp,		# of	tere	erfor	8 3														
Sample Identification	Date	Time	G=Grab)	Matrix	Cont.		Perform MS / MSD (Y / N)	07	)	a se a martina	nerecone o	TO THE PARTY AND	Marriera Estados	an metrosten	moderna o vini	ericken excesses	XII SINTANTO	Service Transport	and represent	Sample Speci	ific Notes:	in vise a
ASMW-6	0	0915	G	AQ	5	W	NY	4														
ASMW-7 ASMW-4 ASMW-3	8	1000			5	W	Ny	44	(					$\perp \downarrow$								
ASMW-5	20	1110			15	W	YX	4		Mo	//	us	0	SA	upl	e						
Asmw-4	161	1200			5	N	N X	4×						Ш								
ASMW-3	2.1	1245			5	N	NX	4														
ASMW-X	12	XX			5	N		44	4					$\perp \perp$								
Field Blank_20200714 Trip Blank_20200714	2	0815			3	Ŋ	NY	LX														
Trip Blank_ 20200714	¥	0830	V	V	2	M	NY	4				5										
			2.0																			
																		2				
Preservation Used: 1= Ice, 2= HCI; 3= H2SO4; 4=HNO3;	5=NaOH;	6= Other _			Till B																	
Possible Hazard Identification:							Sam	ple l	Dispos	al (A	fee	may	be as	sess	ed if	samp	oles a	re ret	aine	d longer than 1 mont	h)	
Are any samples from a listed EPA Hazardous Waste? Please Comments Section if the lab is to dispose of the sample.	se List any l	EPA Waste	Codes for	the san	ple in th	ne																
Non-Hazard Flammable Skin Irritant	Poisor	В	Unk	nown		$\neg$		Retu	ırn to Cli	ent			Dispo	sal by l	.ab			Archive	for	Months		
Special Instructions/QC Requirements & Comments:	33																					
			74-1-2			-			10 (		7	100	51 11			_	1.6			TE ID No.		
Custody Seals Intact: Yes No	Custody S						_			er Ter						_ Cor				Therm ID No.:		
Relinquished by:	Company	Ack		Date/1	ime:/4	Received by:  EAN Stuple fr. lg. Company: Date/Time:  Received by: Company: Date/Time:						Date/Time:	400									
Relinquished by:	Company			Date/1	ime: Received by: Company: Date/Time:					Date/Time:												
Relinquished by:	Company			Date/1	ime:	$\dashv$	Rece	Received in Laboratory by:						Company:						Date/Time:		

## Chain of Custody Record 450542 & eurofins



Environment Testing TestAmerica

Address:																		1 100	LPHIEGE	rea
	Regulator	ry Program:	DW [	NPDES		RCF	A 🔲	Other:												TAL-8210
Client Contact		ger: T. Vien					tact:				Date:	71	5/0	10			COC No:			
Company Name: E.A.R		Ne enviro		Ticon	Lab	Con	tact:				Carrie		0/-					of _2	COC	s
Address: 225 ATMATIC AUR	Anal	lysis Turnaround	Time			T						TT			T		Sampler:			
City/State/Zip: Patchoque Nr 11712	CALENDAR I		RKING DAY		1.											1 1	For Lab Us	e Only:	Transit Control	- 0 d huge
Phone: 631447 6400	TAT if dit	ifferent from Below	WI		2		_					1	1				Walk-in Clie	ent:		
Fax: 631447 6497		2 weeks			2 >	:	.4										Lab Samplii	ng:		
Project Name: Franklin Cleaners		1 week		- 1	> 0	1.	5		1			i								
Site: 130050		2 days			MS (	V	0										Job / SDG N	۱o.:		
PO# DEC Hempstere 206		1 day	-		ered Sample (Y/N)	0,	0													
,		Sample			S P E	100	1													
1441 07 4 4	Sample Sa	mple Type		# of Cont.	e le	6	100													
Sample Identification	Date T	ime G=Grab)	Matrix	Cont.	P B		90	30 50 00 00 00 00 00 00 00 00 00 00 00 00	THE POWER PROPERTY AND	Marin Marin		17/ MI 22 M		- 100 70			Sam	ple Spec	cific No	otes:
ASMW-1	2 10	000 E	Ag	5	VK	4	×													
Asmw -2	7 08	345	1	5	UN	X	X					2								
EW-1	16	00		5	NN	Y	X													
EW-2	3 12	200		5	MN	X	X													
ASMW-1 ASMW-2 EW-1 EW-2 Trip blank 2020 0715	107	730 V	1	2	NN	1														
					T															
										111111111111111111111111111111111111111						100				
					T	T														j
					T	T												035-00 B		
					T				1 29							$\Box$				9
						Τ														
					T	Т							11							
Preservation Used: 1= ice, 2= HCl; 3= H2SO4; 4=HNO3;	5=NaOH; 6= 0	ther					H 35					<b>35</b> 8			9 =					1937/193
Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Pleas Comments Section if the lab is to dispose of the sample.	se List any EPA	Waste Codes for t	he samp	ole in the	S	ampl	e Dispo	sal ( A	fee n	nay be	asses	sed if	sample	es ar	e reta	ined	longer thar	1 1 mont	th)	
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant	Poison B	Unkno	wn				Return to C	lient		☐ Di	sposal by	Lab		A	rchive f	or	Mont	:hs		
Special Instructions/QC Requirements & Comments:																				
Custody Seals Intact: Yes No	Custody Seal N	No ·					Con	ler Te	mp, (°C	C): Obs	s'd:	-	Corr'c	d:		T	herm ID No	.:		
Religionished by:			Daţe/Ti	me:	R	eceiv	ed by:		1 (	,		Comp					Date/Time:	9 940		
1. Sondato	Company:		7/15/2	10/43	ŏ	E	ed by:	SAN	ple	fro	de	E	4.K.	1			7/15/20	19	130	
Kelinquished by:	Company:		Date/Ti	me:	Re	eceiv	ed by:				£.	Comp	any:			1	Date/Time:			9
Relinquished by:	Company:		Date/Tii	me:	Re	eceiv	ed in La	borato	ry by:			Comp	any:				Date/Time:		-	

# Chain of Custody Record 401330 & eurofins

Environment Testing TestAmerica

Address:															1	TESTAMEN	ca
	Regulatory F	rogram:	□ DW [	NPDES	5 [	RC	RA 🗌 C	Other:				v					TAL-8210
Client Contact	Project Manager:	T. Vica	ele.		Site	Con	tact:			Date:	7/1	5/2	0		COC No:		
Company Name: E.A.R.	Tel/Email: Vical	ep Envir	U-ASM	MIGO	Lab	Con	tact:			Carrie	r:					2 coc	s
Address: 22 SATIANTIC AVE	Analysis	s Turnaroun	d Time	2	П					TT					Sampler:		
City/State/Zip: Patchague NT 11772	CALENDAR DAYS		RKING DAY		1										For Lab Use O	nly:	
Phone: 6314476400 6	TAT if differer	nt from Below	10 day	5	(N)	2			1 1						Walk-in Client:		
Fax: 631 447 648 7		2 weeks			2	F	1	æ							Lab Sampling:		
Project Name: Franklin Cleaners Site: 130050		1 week			5	18		1 1							524015	-	
Site: 130050		2 days			e	18							1		Job / SDG No.:		
PO# DEC Hempster 206		1 day			amp	1							10				
·	Sample Sampl	Sample Type (C=Comp,		# of Cont.	ered S	Torm 1											
Sample Identification	Date Time		Matrix	Cont.	Filt										Sample	Specific No	tes:
ASMW-1 ASMW-2 EW-1 EW-2	0 1000	) 6	Aq	0	W	1 4											Electric Section of Control
45mw-2	\$ 0845		10	2	M	V X											
EW-1	2 1100			2	MA	1X											
EW-2	1200			2	MA	1											
										П							
																	H-11-10-10-10-11-11-11-11-11-11-11-11-11-
						Ŀ											
														10			
														8			200
												7021					
Preservation Used: 1= Ice, 2= HCI; 3= H2SO4; 4=HNO3;	5=NaOH; 6= Other																
Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Plea Comments Section if the lab is to dispose of the sample.	se List any EPA Was	te Codes for	the samp	le in the	S	ampi	e Dispos	al ( A fe	e may b	assess	ed if sa	imples	are ret	tained	longer than 1 n	nonth)	
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant	Poison B	Unkn	own			□ R	eturn to Cli	ent		isposal by	Lab		Archive	for	Months		
Special Instructions/QC Requirements & Comments:					-												
Custody Seals Intact: Yes No	Custody Seal No.:							er Temp	. ("C): Ob	s'd:	(	Corr'd:_			Therm ID No.:		_
Relinquished by:	Company:		Date/Tin	ne:	R	eceiv	ed by:	Silvera	10 P-	1	Compa	ny:	0.		Date/Time: 7/15/20	1430	
Relinquished by:	Company:		Date/Tin							Date/Time:							
Relinquished by:	Company:		Date/Tin	ne:	R	Received in Laboratory by:				Laboratory by: Company:					Date/Time:		

## APPENDIX D DATA VALIDATION CHECKLISTS



#### DATA VALIDATION CHECKLIST

Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	April 25, 2018	
Sample Team:	EAR	
Matrix/Number	Water/ 9 (ASMW-1 to -7 and EW-1 & EW-2)	
of Samples:	Field Duplicate/ 1 (ASMW-X=ASMW-2)	
	Trip Blank/ 1	
Analyzing Laboratory:	TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW-8	45 Method 8260C
Laboratory Report No:	460-154885	Date:5/4/18

## ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance					
	Reported		Acce	ptable	Not	
	No	Yes	No	Yes	Required	
1. Sample results		X		X		
2. Parameters analyzed		X		X		
3. Method of analysis		X		X		
4. Sample collection date		X		X		
5. Laboratory sample received date		X		X		
6. Sample analysis date		X		X		
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X		
8. Narrative summary of QA or sample problems provided		X		X		
A 11'					-	

QA - quality assurance

#### Comments:

The data packages have been reviewed in accordance with the NYSDEC 6/05 ASP Quality Assurance/ Quality Control (QA/QC) requirements. A validation was conducted on the data package and any applicable qualification of the data was determined using the USEPA National Functional Guidelines of Organic Data Review, January 2017, method performance criteria, and D&B Engineers and Architects, P.C. professional judgment. The qualification of data discussed within this data validation checklist did not impact the usability of the sample results.



## ORGANIC ANALYSES VOCS

	Reported			rmance eptable	Not	
	No	Yes	No	Yes	Required	
1. Holding times		X		X		
2. Blanks						
A. Method blanks		X	X			
B. Trip blanks		X	X			
C. Field blanks					X	
3. Matrix spike (MS) %R		X	X			
4. Matrix spike duplicate (MSD) %R		X	X			
5. MS/MSD precision (RPD)		X		X		
6. Laboratory control sample (LCS) %R		X	X			
7. Surrogate spike recoveries		X		X		
8. Instrument performance check		X		X		
9. Internal standard retention times and areas		X		X		
10. Initial calibration RRF's and %RSD's		X		X		
11. Continuing calibration RRF's and %D's		X		X		
12. Transcriptions – quant report vs. Form I		X		X		
13. Field duplicates RPD		X		X		

VOCs - volatile organic compounds %R - percent recovery %D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor

RPD - relative percent difference

#### Comments

Performance was acceptable, with the following exception:

- 2A&B. Acetone and methylene chloride were detected in the method and/or trip blanks. Acetone was qualified as non-detect (UB) in sample ASMW-5.
- 3&4,6. The %Rs were above the QC limits for 1,1-dichloroethene, methylene chloride and trans-1,2-dichloroethene in the MS, MSD and LCS associated with all samples. They were not detected above the reporting limit in the samples therefore qualification of the data was not necessary.

The %Rs were above the QC limits for methylene chloride, 1,1-dichloroethene, trans-1,2-dichloroethene, trichlorofluoromethane and methyl acetate in the LCS associated with the Trip Blank. They were not detected above the reporting limit in the sample therefore qualification of the data was not necessary.



## DATA VALIDATION AND QUALIFICATION SUMMARY

## **Laboratory Numbers: 154885**

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
ASMW-5	Acetone	UB	Detected in the method and trip blanks

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 6/12/2018
VALIDATION PERFORMED BY SIGNATURE:	Dom'n Br



#### DATA VALIDATION CHECKLIST

Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	July 5, 2018	
Sample Team:	EAR	
Matrix/Number	Water/ 4 (ASMW-1,-2,-4 & -5)	
of Samples:	Field Duplicate/ 1 (ASMW-X=ASMW-2)	
	<u>Trip Blank/ 0</u>	
Analyzing Laboratory:	TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW-	-845 Method 8260C
Laboratory Report No:	460-160005	Date:7/20/2018

## ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

Performance				
Reported		Acce	ptable	Not
No	Yes	No	Yes	Required
	X		X	
	X		X	
	X		X	
	X		X	
	X		X	
	X		X	
	X		X	
	X		X	
		No Yes X X X X X X X X X X X	Reported Acce No Yes No X X X X X X X X X X X X X X X X X X X	No         Yes         No         Yes           X         X         X           X         X         X           X         X         X           X         X         X           X         X         X           X         X         X           X         X         X           X         X         X

QA - quality assurance

#### Comments:

The data packages have been reviewed in accordance with the NYSDEC 6/05 ASP Quality Assurance/ Quality Control (QA/QC) requirements. A validation was conducted on the data package and any applicable qualification of the data was determined using the USEPA National Functional Guidelines of Organic Data Review, January 2017, method performance criteria, and D&B Engineers and Architects, P.C. professional judgment. The qualification of data discussed within this data validation checklist did not impact the usability of the sample results.



## ORGANIC ANALYSES VOCS

	Rep	orted		rmance eptable	Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks					X
C. Field blanks					X
3. Matrix spike (MS) %R		X		X	
4. Matrix spike duplicate (MSD) %R		X		X	
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD		X		X	

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### **Comments**:

Performance was acceptable.



## DATA VALIDATION AND QUALIFICATION SUMMARY

## **Laboratory Numbers: 160005**

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 9/27/2018
VALIDATION PERFORMED BY SIGNATURE:	Don't Br



### **DATA VALIDATION CHECKLIST**

Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	July 11, 2018	
Sample Team:	EAR	
Matrix/Number	Water/ 5 (ASMW-3,-6 & -7 and EW-1 &-2)	
of Samples:	Field Duplicate/ 0	
	<u>Trip Blank/ 1</u>	
Analyzing Laboratory:	TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA S	W-845 Method 8260C
Laboratory Report No:	460-160516	Date:7/23/2018

## ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
	Reported		Acce	ptable	Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	
11					

QA - quality assurance

#### Comments:

The data packages have been reviewed in accordance with the NYSDEC 6/05 ASP Quality Assurance/Quality Control (QA/QC) requirements. A validation was conducted on the data package and any applicable qualification of the data was determined using the USEPA National Functional Guidelines of Organic Data Review, January 2017, method performance criteria, and D&B Engineers and Architects, P.C. professional judgment. The qualification of data discussed within this data validation checklist did not impact the usability of the sample results.



## ORGANIC ANALYSES VOCS

	Reported			rmance eptable	Not	
	No	Yes	No	Yes	Required	
1. Holding times		X		X		
2. Blanks						
A. Method blanks		X		X		
B. Trip blanks		X		X		
C. Field blanks					X	
3. Matrix spike (MS) %R					X	
4. Matrix spike duplicate (MSD) %R					X	
5. MS/MSD precision (RPD)					X	
6. Laboratory control sample (LCS) %R & RPD		X		X		
7. Surrogate spike recoveries		X		X		
8. Instrument performance check		X		X		
9. Internal standard retention times and areas		X		X		
10. Initial calibration RRF's and %RSD's		X		X		
11. Continuing calibration RRF's and %D's		X		X		
12. Transcriptions – quant report vs. Form I		X		X		
13. Field duplicates RPD		X		X		

VOCs - volatile organic compounds %R - percent recovery %D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### **Comments**:

Performance was acceptable.



## DATA VALIDATION AND QUALIFICATION SUMMARY

## **Laboratory Numbers: 160516**

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 9/27/2018
VALIDATION PERFORMED BY SIGNATURE:	10mm Br



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	October 10, 2018	
Sample Team:	EAR	
Matrix/Number	Water/ 8 (ASMW-1,-3 to -5 & EW-1& EW-2)	
of Samples:	Field Duplicate/ 1 (ASMW-X=ASMW-1)	
	<u>Trip Blank/ 1</u>	
Analyzing Laboratory:	TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW-8	345 Method 8260C
Laboratory Report No:	460-166757	Date:10/19/2018

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

		Performance			
Reported		Acceptable		Not	
No	Yes	No	Yes	Required	
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
		No Yes X X X X X X X X X X X X	Reported Acce No Yes No X X X X X X X X X X X X X X X X X X X	Reported Acceptable  No Yes No Yes  X X  X X  X X  X X  X X  X X  X X  X	

QA - quality assurance

#### Comments:



### ORGANIC ANALYSES VOCS

	Rep	Reported Performa Acceptal			Not	
	No	Yes	No	Yes	Required	
1. Holding times		X		X		
2. Blanks						
A. Method blanks		X	X			
B. Trip blanks		X	X			
C. Field blanks					X	
3. Matrix spike (MS) %R		X	X			
4. Matrix spike duplicate (MSD) %R		X	X			
5. MS/MSD precision (RPD)		X	X			
6. Laboratory control sample (LCS) %R		X	X			
7. Surrogate spike recoveries		X		X		
8. Instrument performance check		X		X		
9. Internal standard retention times and areas		X		X		
10. Initial calibration RRF's and %RSD's		X				
11. Continuing calibration RRF's and %D's		X				
12. Transcriptions – quant report vs. Form I		X		X		
13. Field duplicates RPD		X		X		

VOCs - volatile organic compounds %R - percent recovery %D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

#### **Comments**:

Performance was acceptable, except the following:

- 2A&B. Methylene chloride was detected in method blank and trip blank. Methylene chloride was qualified as non-detect (UB) in samples ASMW-5, ASMW-6 and ASMW-7.
- 3-6. The %Rs were below the QC limits for 1,2,4-trichlorobenzene and 1,2,3-trichlorobenzene in the MS, MSD and LCS. The RPD was above the QC limit for 1,2,3-trichlorobenzene. 1,2,4-Trichlorobenzene and 1,2,3-trichlorobenzene were qualified as an estimated detection limit (UJ) in all samples.



### **Laboratory Numbers: 166757**

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
ASMW-5, ASMW-6 and ASMW-7	Methylene chloride	UB	Detected in method blank and trip blank
All samples	1,2,4-Trichlorobenzene and 1,2,3-trichlorobenzene	UJ	The %Rs were below the QC limits in the MS, MSD and LCS

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 11/27/2018
VALIDATION PERFORMED BY SIGNATURE:	Don't Br



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	October 26, 2018	
Sample Team:	EAR	
Matrix/Number	Water/1 (ASMW-2)	_
of Samples:	Field Duplicate/ 0	
	<u>Trip Blank/ 0</u>	
Analyzing Laboratory:	TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW-	845 Method 8260C
Laboratory Report No:	460-168131	Date:11/06/2018

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

		Performance			
Reported		Acceptable		Not	
No	Yes	No	Yes	Required	
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
	X		X		
		No Yes X X X X X X X X X X X X	Reported Acce No Yes No X X X X X X X X X X X X X X X X X X X	Reported         Acceptable           No         Yes         No         Yes           X         X         X           X         X         X           X         X         X           X         X         X           X         X         X           X         X         X           X         X         X	

QA - quality assurance

#### Comments:



### ORGANIC ANALYSES VOCS

	Reported		Reported Performance Acceptable		Reported		Not
	No	Yes	No	Yes	Required		
1. Holding times		X		X			
2. Blanks							
A. Method blanks		X		X			
B. Trip blanks					X		
C. Field blanks					X		
3. Matrix spike (MS) %R		X	X				
4. Matrix spike duplicate (MSD) %R		X	X				
5. MS/MSD precision (RPD)		X		X			
6. Laboratory control sample (LCS) %R		X		X			
7. Surrogate spike recoveries		X		X			
8. Instrument performance check		X		X			
9. Internal standard retention times and areas		X		X			
10. Initial calibration RRF's and %RSD's		X		X			
11. Continuing calibration RRF's and %D's		X		X			
12. Transcriptions – quant report vs. Form I		X		X			
13. Field duplicates RPD					X		

VOCs - volatile organic compounds %R - percent recovery %D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

#### Comments:

Performance was acceptable, except the following:

3-6. The %Rs were above the QC limits for 1,1,2,2-tetrachloroethane, 1,1,2-trichloro-1,2,2-trifluoroethane, 1,1-dichloroethane, 1,1-dichloroethene, chloroform, dichlorodifluoromethane, methyl tert-butyl ether, methylene chloride, trans-1,2-dichloroethene and trichlorofluoromethane in the MS and MSD. These compounds were not detected in the sample therefore qualification of the data was not necessary.



### **Laboratory Numbers: 168131**

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
No qualification of the data			
was not necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 11/27/2018
VALIDATION PERFORMED BY SIGNATURE:	10mm Br



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	January 23, 2019	
Sample Team:	EAR	
Matrix/Number	Water/ 3 (ASMW-4, ASMW-5 & ASMW-6)	
of Samples:	Field Duplicate/ 0	
	Trip Blank/ 0	
Analyzing Laboratory:	TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW-8	345 Method 8260C
Laboratory Report No:	460-174046	Date: 1/31/2019

## ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance			mance	
_	Reported		Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



# ORGANIC ANALYSES VOCS

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks	X				
C. Field blanks					X
3. Matrix spike (MS) %R		X		X	
4. Matrix spike duplicate (MSD) %R		X		X	
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### Comments:

Performance was acceptable.



**Laboratory Numbers: 174046** 

#

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
No qualification of the data			
was not necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 2/21/2019
VALIDATION PERFORMED BY SIGNATURE:	10mm 18r

#



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	January 29, 2019	
Sample Team:	EAR	
Matrix/Number of Samples:	Water/ 6 (ASMW-1,-3 to -7 & EW-1& EW-2) Field Duplicate/ 1 (ASMW-X=ASMW-2) Trip Blank/ 0	
Analyzing Laboratory:	TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW-	845 Method 8260C
Laboratory Report No:	460-174422	Date:02/08/2019

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
_	Repo	orted	Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



### **ORGANIC ANALYSES VOCS**

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks	X				
C. Field blanks					X
3. Matrix spike (MS) %R		X	X		
4. Matrix spike duplicate (MSD) %R		X	X		
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X	X		
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD		X		X	<u> </u>

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

RRF - relative response factor %RSD - percent relative standard deviation

RPD - relative percent difference

Performance was acceptable, except the following:

3-6. The %Rs were above the QC limits for carbon tetrachloride, 1,1,2,2-tetrachlorethane and 1,2dibromo-3-chloropropane in the LCS, MS and/or MSD 422. They were not detected so qualification of the data was not necessary.



**Laboratory Numbers: 174422** 

#

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
No qualification of the data			
was not necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 2/21/2019
VALIDATION PERFORMED BY SIGNATURE:	10mm 13m

#



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	July 2, 2019	
Sample Team:	EAR	
Matrix/Number	Water/ 6 (ASMW-1&2 and 6&7)	
of Samples:	Field Duplicate/ 0	
	Trip Blank/ 1	
	Field Blank/ 1	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW 1,4-Dioxane: USEPA SW-845 Method 8270D SIM	
Laboratory Report No:	460-186005	Date:07/31/2019

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Repo	Reported		rmance ptable	Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



### ORGANIC ANALYSES VOCs & 14-Dioxane

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks		X		X	
C. Field blanks		X		X	
3. Matrix spike (MS) %R		X	X		
4. Matrix spike duplicate (MSD) %R		X	X		
5. MS/MSD precision (RPD)		X	X		
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

#### Comments:

Performance was acceptable, except the following:

3-5. The %Rs were above the QC limits for 1,1,1-trichloroethane, 2-butanone (MEK), 2-hexanone, 4-methyl-2-pentanone (MIBK), bromoform, chlorobromomethane, chlorodibromomethane, chloroform, dichlorobromomethane and 1,2-dichloroethane in the MS and/or the MSD. The RPDs were above the QC limits for 1,2-dichloropropane, 2-butanone (MEK), 2-hexanone, 4-methyl-2-pentanone (MIBK) and o-xylene in the MS/MSD. They were not detected so qualification of the data was not necessary.

The %Rs were below the QC limits for 1,1,2,2-tetrachloroethane, benzene, carbon disulfide, ethylbenzene, isopropylbenzene, methylcyclohexane, m-xylene & p-xylene and o-xylene in the MSD. These compounds were qualified as an estimated detection limit (UJ) in all samples.



**Laboratory Numbers: 186005** 

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
All samples	1,1,2,2-Tetrachloroethane, benzene, carbon disulfide, ethylbenzene, isopropylbenzene, methylcyclohexane, m- xylene & p-xylene and o- xylene	UJ	The %Rs were below the QC limits in the MS and/or MSD.
1,4-Dioxone			
No qualification of the data was not necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 9/23/2019
VALIDATION PERFORMED BY SIGNATURE:	10mm Br



Project Name:	Franklin Cleaners aka Hempstead		
Project Number:	3150-10		
Sample Date(s):	July 2, 2019		
Sample Team:	EAR		
Matrix/Number of Samples:	Water/ 6 (ASMW-1&2 and 6&7) Field Blank/ 1 Equipment Blank/ 1 Trip Blank/ 0		
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Sacrar	mento, CA	
Analyses:	Perfluorinated Alkyl Substances (PFAS):	by method EPA 537	
Laboratory Report No:	320-51981	Date:07/31/2019	

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

			Perfor	mance	
	Repo	orted	Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



### **ORGANIC ANALYSES PFAS**

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks	X				
C. Field & Equipment blanks		X		X	
3. Matrix spike (MS) %R					X
4. Matrix spike duplicate (MSD) %R					X
5. MS/MSD precision (RPD)					X
6. Laboratory control sample (LCS) %R & LCS duplicate (RPD)		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check					X
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference %RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### Comments:

Performance was acceptable.



Laboratory Numbers: 320-51981

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>PFAS</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 9/26/2019
VALIDATION PERFORMED BY SIGNATURE:	Dom'n Br



Project Name:	Franklin Cleaners aka Hempstead		
Project Number:	3150-10		
Sample Date(s):	July 3, 2019		
Sample Team:	EAR		
Matrix/Number	Water/3 (ASMW-3-5)		
of Samples:	Field Duplicate/ 1 (ASMW-X=ASMW-4)		
	Trip Blank/ 1		
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Edison, NJ		
Analyses:	Volatile Organic Compounds (VOCs): USEPA S 1,4-Dioxane: USEPA SW-845 Method 8270D S		
Laboratory Report No:	460-186078	Date:07/29/2019	

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

### Comments:



### **ORGANIC ANALYSES** VOCs & 14-Dioxane

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks		X		X	
C. Field blanks					X
3. Matrix spike (MS) %R		X	X		
4. Matrix spike duplicate (MSD) %R		X	X		
5. MS/MSD precision (RPD)		X	X		
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD		X		X	

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

RRF - relative response factor %RSD - percent relative standard deviation

RPD - relative percent difference

Performance was acceptable, except the following:

3-5. The %Rs were above the QC limits for 1,1,1-trichloroethane, 2-butanone (MEK), 2-hexanone, 4-methyl-2-pentanone (MIBK), bromoform, chlorobromomethane, chlorodibromomethane, chloroform, dichlorobromomethane and 1,2-dichloroethane in the MS and/or MSD. The RPDs were above the QC limits for 1,2-dichloropropane, 2-butanone (MEK), 2-hexanone, 4-methyl-2-pentanone (MIBK) and o-xylene in the MS/MSD. They were not detected so qualification of the data was not necessary.

The %Rs were below the QC limits for 1,1,2,2-tetrachloroethane, benzene, carbon disulfide, ethylbenzene, isopropylbenzene, methylcyclohexane, m-xylene & p-xylene and o-xylene in the MSD. These compounds were qualified as an estimated detection limit (UJ) in all samples.



### **Laboratory Numbers: 460-186078**

Sample ID	Analyte(s)	Qualifier	Reason(s)
<b>VOCs</b>			
All samples	1,1,2,2-Tetrachloroethane, benzene, carbon disulfide, ethylbenzene, isopropylbenzene, methylcyclohexane, m-xylene & p-xylene and o-xylene	UJ	The %Rs were below the QC limits in the MS and/or MSD.

VALIDATION PERFORMED BY 6	& DATE:	Donna M. Brown	9/23/2019
VALIDATION PERFORMED BY SIGNATURE:		Dom'n Br	



Project Name:	Project Name: Franklin Cleaners aka Hempstead		
Project Number:	3150-10		
Sample Date(s):	July 3, 2019		
Sample Team:	EAR		
Matrix/Number	Water/ 3 (ASMW-3-5)		
of Samples:	Field Duplicate/ 1 (ASMW-X=ASMW-4)		
	Trip Blank/ 0		
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Sacramer	nto, CA	
Analyses:	Perfluorinated Alkyl Substances (PFAS): by	method EPA 537	
Laboratory Report No:	320-52062	Date:07/29/2019	

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
_	Repo	Reported		ptable	Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

### Comments:



### ORGANIC ANALYSES PFAS

	Rep	oorted		rmance eptable	Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X	X		
B. Trip blanks	X				
C. Field & Equipment blanks					X
3. Matrix spike (MS) %R		X		X	
4. Matrix spike duplicate (MSD) %R		X		X	
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check					X
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD		X		X	•

VOCs - volatile organic compounds

%D - percent difference

RRF - relative response factor

%R - percent recovery

%RSD - percent relative standard deviation

RPD - relative percent difference

#### Comments:

Performance was acceptable, except the following:

2a. Perfluorobutanesulfonic acid (PFBS) and perfluorohexanesulfonic acid (PFHxS) were detected in the method blank. These compounds were detected at concentrations much higher than the method blank and the "B" was removed from the compounds for all samples.



**Laboratory Numbers: 320-52062** 

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>PFAS</u>			
All samples	Perfluorobutanesulfonic acid (PFBS) and perfluorohexanesulfonic acid (PFHxS)	B qualifier removed	Detected in the method blank and detected at concentrations much higher in samples

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 9/26/2019
VALIDATION PERFORMED BY SIGNATURE:	Bom M Br



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	July 26, 2019	
Sample Team:	EAR	
Matrix/Number of Samples:	Water/ 2 (EW-1&2) Field Blank/ 0 Equipment Blank/ 0 Trip Blank/ 0	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Sacramen	to, CA
Analyses:	Perfluorinated Alkyl Substances (PFAS): by	method EPA 537
Laboratory Report No:	320-52696	Date:07/31/2019

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
	Reported		Acce	ptable Not	
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



## ORGANIC ANALYSES PFAS

	Rep	oorted		rmance eptable	Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks	X				
C. Field & Equipment blanks					X
3. Matrix spike (MS) %R		X		X	
4. Matrix spike duplicate (MSD) %R		X		X	
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check					X
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### Comments:

Performance was acceptable.



**Laboratory Numbers: 320-52696** 

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>PFAS</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 9/26/2019
VALIDATION PERFORMED BY SIGNATURE:	Dom'n Br



Project Name:	Franklin Cleaners aka Hempstea	d
Project Number:	3150-10	
Sample Date(s):	July 24, 2019	
Sample Team:	EAR	
Matrix/Number	Water/ 2 (EW-1 & -2)	
of Samples:	Field Duplicate/ 0	
	Field Blank/ 0	
	<u>Trip Blank/ 0</u>	
Analyzing	Eurofins TestAmerica Laborator	ies Edison NI
Laboratory:	Euromis TestAmerica Laborator	ics, Edison, NJ
Analyses:	Volatile Organic Compounds (V	OCs): USEPA SW-845 Method 8260C
	1,4-Dioxane: USEPA SW-845 N	1ethod 8270D SIM
Laboratory Report No:	460-187513	Date:07/30/2019

### ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
	Repo	orted	Acce	ptable	Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



## ORGANIC ANALYSES VOCs & 14-Dioxane

	Rep	orted		rmance eptable	Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks					X
C. Field blanks					X
3. Matrix spike (MS) %R		X		X	
4. Matrix spike duplicate (MSD) %R		X	X		
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

#### Comments:

Performance was acceptable, except the following:

4. The %R was below the QC limit for trans-1,3-Dichloropropene in the MSD and was qualified as an estimated detection limit (UJ) in all samples.



**Laboratory Numbers: 460-187513** 

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
All samples	Trans-1,3-Dichloropropene	UJ	The %R was below the QC limit in the MSD
1,4-Dioxone			
No qualification of the data was not necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 9/26/2019
VALIDATION PERFORMED BY SIGNATURE:	Dom'n Br



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	October 15, 2019	
Sample Team:	EAR	
Matrix/Number	Water/ 4 (ASMW-1, -3, -4 and -5)	_
of Samples:	Field Duplicate/ 0	
	Trip Blank/ 1	
	Field Blank/1	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SW-1,4-Dioxane: USEPA SW-845 Method 8270D SIM	845 Method 8260C
Laboratory Report No:	460-194254	Date:10/28/2019

#

## ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
	Repo	orted	Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



### **ORGANIC ANALYSES VOCs & 14-Dioxane**

	Reported		Performance Acceptable		Not	
	No	Yes	No	Yes	Required	
1. Holding times		X		X		
2. Blanks						
A. Method blanks		X		X		
B. Trip blanks		X		X		
C. Field blanks		X	X			
3. Matrix spike (MS) %R		X		X		
4. Matrix spike duplicate (MSD) %R		X	X			
5. MS/MSD precision (RPD)		X	X			
6. Laboratory control sample (LCS) %R		X		X		
7. Surrogate spike recoveries		X		X		
8. Instrument performance check		X		X		
9. Internal standard retention times and areas		X		X		
10. Initial calibration RRF's and %RSD's		X		X		
11. Continuing calibration RRF's and %D's		X		X		
12. Transcriptions – quant report vs. Form I		X		X		
13. Field duplicates RPD		X		X		

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

Performance was acceptable, except the following:

- 2C. Methylene chloride and m & p-xylenes were detected in the Field blank. They were not detected so qualification of the data was not necessary.
- 4-5. The %Rs were above the QC limits for chloromethane and dichlorodifluoromethane in the MSD. The RPD was above the QC limit in 1,2,3-trichlorobenzene. They were not detected so qualification of the data was not necessary.



Laboratory Numbers: 460-194254

ı		

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
No qualification of the data was			
necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 12/12/2019	
VALIDATION PERFORMED BY SIGNATURE:	10m 7 \$ Br	

#



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	October 15, 2019	
Sample Team:	EAR	
Matrix/Number	Water/ 4 (ASMW-1, -3, -4 and -5)	
of Samples:	Field Duplicate/ 0	
	Field Blank/ 1	
	Equipment Blank/ 2	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, South Bur	rlington, VT
Analyses:	Perfluorinated Alkyl Substances (PFAS): by	method PFAS IDA
Laboratory Report No:	200-51028	Date:11/01/2019

#

# ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
	Reported		Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

#### Comments:



# ORGANIC ANALYSES PFAS

	Rep	orted		rmance eptable	Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks					X
C. Field & Equipment blanks		X		X	
3. Matrix spike (MS) %R		X		X	
4. Matrix spike duplicate (MSD) %R		X		X	
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check					X
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### **Comments**:

Performance was acceptable.



**Laboratory Numbers: 200-51028** 

ŧ

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>PFAS</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 12/12/2019
VALIDATION PERFORMED BY SIGNATURE:	10mm #Br

#



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	October 16, 2019	
Sample Team:	EAR	
Matrix/Number of Samples:	Water/ 5 (ASMW-2, -6, -7 and EW-1,-2) Field Duplicate/ 1 (ASMW-X=ASMW-2) Trip Blank/ 1	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA S 1,4-Dioxane: USEPA SW-845 Method 8270D S	
Laboratory Report No:	460-194455	Date:10/29/2019

ш

# ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
	Repo	orted	Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

### Comments:



# ORGANIC ANALYSES VOCs & 14-Dioxane

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks		X		X	
C. Field blanks					X
3. Matrix spike (MS) %R		X	X		
4. Matrix spike duplicate (MSD) %R		X	X		
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD		X		X	

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### Comments:

Performance was acceptable, except the following:

3-4. The %Rs were above the QC limits for 1,1,2,2-tetrachloroethane 1,1-dichloroethane and/or 1,2-dichloropropane. They were not detected so qualification of the data was not necessary.



**Laboratory Numbers: 460-194455** 

ı	1			
H	ł	•		
	t	•		

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>VOCs</u>			
No qualification of the data was			
necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 12/12/2019
VALIDATION PERFORMED BY SIGNATURE:	12mm #Br

#



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	October 16, 2019	
Sample Team:	EAR	
Matrix/Number of Samples:	Water/ 5 (ASMW-2, -6, -7 and EW-1,-2) Field Duplicate/ 1 (ASMW-X=ASMW-2)	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Sacramer	nto, CA
Analyses:	Perfluorinated Alkyl Substances (PFAS): by	method EPA 537
Laboratory	320-55495	Date:11/11/2019

#

# ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
_	Repo	orted	Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

### Comments:



# ORGANIC ANALYSES PFAS

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks					X
C. Field & Equipment blanks					X
3. Matrix spike (MS) %R					X
4. Matrix spike duplicate (MSD) %R					X
5. MS/MSD precision (RPD)					X
6. Laboratory control sample (LCS) %R & LCS duplicate (RPD)		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check					X
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD		X		X	

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### **Comments:**

Performance was acceptable.



CATION SUMMARY Laboratory Numbers: 320-55495

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>PFAS</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 12/12/2019
VALIDATION PERFORMED BY SIGNATURE:	10mm #Br

#



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	January 8, 2020	
Sample Team:	EAR	
Matrix/Number	Water/ 4 (ASMW-1 to -3, EW-1 and -2)	
of Samples:	Field Duplicate/ 0	
	Trip Blank/ 1	
	Field Blank/1	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA SV 1,4-Dioxane: USEPA SW-845 Method 8270D SIN	
Laboratory Report No:	460-200504	Date:01/20/2020

# ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance					
_	Repo	Reported		ptable	Not	
	No	Yes	No	Yes	Required	
1. Sample results		X		X		
2. Parameters analyzed		X		X		
3. Method of analysis		X		X		
4. Sample collection date		X		X		
5. Laboratory sample received date		X		X		
6. Sample analysis date		X		X		
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X		
8. Narrative summary of QA or sample problems provided		X		X		

QA - quality assurance

### Comments:



# ORGANIC ANALYSES VOCs & 14-Dioxane

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	-
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks		X		X	
C. Field blanks		X		X	
3. Matrix spike (MS) %R					X
4. Matrix spike duplicate (MSD) %R					X
5. MS/MSD precision (RPD)					X
6. La boratory control sample (LCS) & LCS Duplicate %R & RPD		X	X		
7. Surrogate spike recoveries		X		X	
8. Instrument performance check		X		X	
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference

%RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### Comments:

Performance was acceptable, except the following:

6. The %R was below the QC limit for 1,2,4-trichlorobenzene in the LCS duplicate associated with samples EW-1 and EW-2. It was qualified as an estimated detection limit (UJ) in the associated samples.



# **Laboratory Numbers: 460-200504**

Sample ID	Analyte(s)	Qualifier	Reason(s)
VOCs			
EW-1 and EW-2	1,2,4-Trichlorobenzene	UJ	The %R was below the QC limit in the LCS duplicate

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 1/29/2020
VALIDATION PERFORMED BY SIGNATURE:	Don't Br



Project Name:	Franklin Cleaners aka Hempstead	
Project Number:	3150-10	
Sample Date(s):	January 8, 2020	
Sample Team:	EAR	
Matrix/Number of Samples:	Water/ 4 (ASMW-4 to -7) Field Duplicate/ 1 (ASMW-6 = ASMWX) Trip Blank/ 0 Field Blank/0	
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, Edison, NJ	
Analyses:	Volatile Organic Compounds (VOCs): USEPA 1,4-Dioxane: USEPA SW-845 Method 8270D S	
Laboratory Report No:	460-200510	Date:01/17/2020

# ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Repo	orted		mance ptable	Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

### Comments:



### **ORGANIC ANALYSES** VOCs & 14-Dioxane

	Reported			ormance eptable	Not	
	No	Yes	No	Yes	Required	
1. Holding times		X		X		
2. Blanks						
A. Method blanks		X		X		
B. Trip blanks					X	
C. Field blanks					X	
3. Matrix spike (MS) %R		X		X		
4. Matrix spike duplicate (MSD) %R		X		X		
5. MS/MSD precision (RPD)		X		X		
6. Laboratory control sample (LCS) %R		X	X			
7. Surrogate spike recoveries		X		X		
8. Instrument performance check		X		X		
9. Internal standard retention times and areas		X		X		
10. Initial calibration RRF's and %RSD's		X		X		
11. Continuing calibration RRF's and %D's		X		X	_	
12. Transcriptions – quant report vs. Form I		X		X		
13. Field duplicates RPD		X		X		

VOCs - volatile organic compounds

%D - percent difference

RRF - relative response factor

#### $\%RS\hat{D}$ - percent relative standard deviation %R - percent recovery RPD - relative percent difference

Performance was acceptable, except the following:

6. The %Rs were below the QC limits for 1,1-dichloroethane and methyl tert-butyl ether in the LCS. They were qualified as an estimated detection limit (UJ) in the all samples.



## **Laboratory Numbers: 460-200510**

Sample ID	Analyte(s)	Qualifier	Reason(s)
VOCs			
All samples	1,1-Dichloroethane and methyl tert-butyl ether	UJ	The %Rs were below the QC limits in the LCS

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 1/29/2020
VALIDATION PERFORMED BY SIGNATURE:	Down Br



Project Name:	Franklin Cleaners aka Hempstea	<u>d</u>
Project Number:	3150-10	
Sample Date(s):	January 08, 2020	
Sample Team:	EAR	
Matrix/Number	Water/ 5 (ASMW-1 to -3, EW-1	and -2)
of Samples:	Field Duplicate/ 0	<del></del>
	Field Blank/ 1	
	Equipment Blank/2	
Analyzing Laboratory:	Eurofins TestAmerica Laborator	es, West Sacramento, CA
Analyses:	Perfluorinated Alkyl Substance	s (PFAS): by method 537(modified)
Laboratory Report No:	320-57682	Date: 1/27/2020

# ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
_	Reported		Acce	otable	Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

### Comments:



## **ORGANIC ANALYSES PFAS**

	Reported			ormance eptable	Not	
	No	Yes	No	Yes	Required	
1. Holding times		X		X		
2. Blanks						
A. Method blanks		X		X		
B. Trip blanks					X	
C. Field & Equipment blanks		X		X		
3. Matrix spike (MS) %R		X		X		
4. Matrix spike duplicate (MSD) %R		X		X		
5. MS/MSD precision (RPD)		X		X		
6. Laboratory control sample (LCS) %R		X		X		
7. Surrogate spike recoveries		X		X		
8. Instrument performance check					X	
9. Internal standard retention times and areas		X		X		
10. Initial calibration RRF's and %RSD's		X		X		
11. Continuing calibration RRF's and %D's		X		X		
12. Transcriptions – quant report vs. Form I		X		X		
13. Field duplicates RPD					X	

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference %RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### Comments:

Performance was acceptable.



**Laboratory Numbers: 320-57682** 

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>PFAS</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 1/28/2020
VALIDATION PERFORMED BY SIGNATURE:	Don't Br



Project Name:	Franklin Cleaners aka Hempstead		
Project Number:	3150-10		
Sample Date(s):	January 08, 2020		
Sample Team:	EAR		
Matrix/Number	Water/ 4 (ASMW-4 to -7)		
of Samples:	Field Duplicate/ 1 (ASMW-6 = ASMWX)		
	Field Blank/0		
	Equipment Blank/0		
Analyzing Laboratory:	Eurofins TestAmerica Laboratories, West Sacramento, CA		
Analyses:	Perfluorinated Alkyl Substances (PFAS): by method 537(modified)		
Laboratory Report No:	320-57684	Date: 1/27/2020	

# ANALYTICAL DATA PACKAGE DOCUMENTATION GENERAL INFORMATION

	Performance				
_	Reported		Acceptable		Not
	No	Yes	No	Yes	Required
1. Sample results		X		X	
2. Parameters analyzed		X		X	
3. Method of analysis		X		X	
4. Sample collection date		X		X	
5. Laboratory sample received date		X		X	
6. Sample analysis date		X		X	
7. Copy of chain-of-custody form signed by Lab sample custodian		X		X	
8. Narrative summary of QA or sample problems provided		X		X	

QA - quality assurance

### Comments:



## **ORGANIC ANALYSES PFAS**

	Reported		Performance Acceptable		Not
	No	Yes	No	Yes	Required
1. Holding times		X		X	-
2. Blanks					
A. Method blanks		X		X	
B. Trip blanks					X
C. Field & Equipment blanks		X		X	
3. Matrix spike (MS) %R		X		X	
4. Matrix spike duplicate (MSD) %R		X		X	
5. MS/MSD precision (RPD)		X		X	
6. Laboratory control sample (LCS) %R		X		X	
7. Surrogate spike recoveries		X		X	
8. Instrument performance check					X
9. Internal standard retention times and areas		X		X	
10. Initial calibration RRF's and %RSD's		X		X	
11. Continuing calibration RRF's and %D's		X		X	
12. Transcriptions – quant report vs. Form I		X		X	
13. Field duplicates RPD					X

VOCs - volatile organic compounds %R - percent recovery

%D - percent difference %RSD - percent relative standard deviation

RRF - relative response factor RPD - relative percent difference

### Comments:

Performance was acceptable.



**Laboratory Numbers: 320-57684** 

Sample ID	Analyte(s)	Qualifier	Reason(s)
<u>PFAS</u>			
No qualification of the data			
was necessary.			

VALIDATION PERFORMED BY & DATE:	Donna M. Brown 1/28/2020
VALIDATION PERFORMED BY SIGNATURE:	Don't Br