

Project: Spectrum Finishing - Remedial Action  
 Contractor: EnviroTrac Environmental Services  
 CDM Job No: D-006956 Site No. 1-52-029  
 CDM Project Manager: John Blaum

CDM  
 100 Crossways Park West  
 Woodbury, NY 11797  
 Telephone: 516.496.8400  
 Fax: 516.496.8864

### DAILY REPORT

Day: 

|   |   |   |   |    |   |   |
|---|---|---|---|----|---|---|
| S | M | T | W | TH | F | S |
|---|---|---|---|----|---|---|

  
 Date: 5-Jun-09  
 REPORT No. 158  
 PAGE No. 1

|                 |       |               |          |      |      |
|-----------------|-------|---------------|----------|------|------|
| <b>WEATHER</b>  | Clear | Partly Cloudy | Overcast | Rain | Snow |
| <b>TEMP L/H</b> |       | 57/61         |          |      |      |
| <b>HUMIDITY</b> | Dry   | Moderate      | High     |      |      |
| <b>WIND</b>     | Calm  | Light         | Moderate | High |      |
| <b>WIND DIR</b> | N     | E             | S        | W    |      |
|                 | NE    | SE            | SW       | NW   |      |

PREPARED BY: F.Robinson TITLE: Inspector

### AVERAGE FIELD FORCE

| Name of Contractor | Title                | Hours Worked | Remarks              |
|--------------------|----------------------|--------------|----------------------|
| EnviroTrac         | Construction Manager | 1x8 hrs      | M.Rose               |
| EnviroTrac         | Operator             | 1x8 hrs      | J.Byrnes             |
| EnviroTrac         | Technician           | 1x8 hrs      | K.Davies             |
| Cork and Sons      | Operator             | 1x8 hrs      | G.Cork               |
| Cork and Sons      | Technician           | 2x8 hrs      | J.Moreno, E.O'Connor |
|                    |                      |              |                      |
|                    |                      |              |                      |

### EQUIPMENT AT THE SITE

I = Idle      W = Working

|                                |   |
|--------------------------------|---|
| 20" Storage Container - W      | Cork and Sons: Mack Dump Truck - W        |
| Case 621C Front End Loader - I | Cork and Sons: Case 580 Backhoe - W       |
| CAT 430E Backhoe - W           | Cork and Sons: Case CX225SR Excavator - W |
| CAT 226B skidder - W           |   |
|                                |   |
|                                |   |

### HEALTH AND SAFETY

| Name | Time (From - To) | Task/Level of PPE                      |
|------|------------------|--|
|      |                  | All workers onsite were in level D-PPE |

### CONSTRUCTION ACTIVITIES

|   |
|---|
| <b>Site Representative:</b> Frank Robinson - CDM  |
| <b>Health and Safety Site Officer:</b> N/A  |
| <b>DESCRIPTION OF WORK PERFORMED AND OBSERVED</b>   |
| 1- Tailgate H&S meeting performed before the start of the work day. No air monitoring today due to rain all day.  |
| 2-EnviroTrac collected end point samples from CP-1 (51 Cabot St.) and CP-2 (61 Cabot St.) using a hand auger to collect the sample. Samples will be analyzes for metal EPA 6010 and 7470 and volatiles EPA 8260.  |
| 3-Cork and Sons performed the following work: 50 Dale St.: Received a delivery of structures from LI Pre-Cast. Installed PDS-11 and 12 which were wrapped in filter fabric as recommended by the Town. PDS-11 is in as hazardous soil area and the excavated material was segregated into the hazardous soil pile. PDS-12 had to be moved ~5' to the west due to its proximity to the utility pole. No visible contamination was observed in either excavation. |
| 4-EnviroTrac abandoned the following structures by breaking up the top part of the structure into the bottom of the structure and filling with on site clean material. 51 Cabot St.: CP-1; 61 Cabot St.: CP-2.  |
| 5-United Cesspool pumped the liquid (7,000 gallons) from CP-9 and 10. Kevin Oldham (SCDPW) was on site for oversight of the pumping. The liquid was disposed of at the Bergen Point WWTP.   |
| 6- AARCO removed the non-haz septic system clean out roll off for disposal.   |

x - Designates report is continued on additional pages

CDM Site Representative: F. Robinson

Project Manager: John Blaum

**PHOTOGRAPHIC LOG**

**Date: 06/05/09**

**CDM Job No. D-006956**

**Spectrum Finishing Remedial Action**

**SITE No. 1-52-029**

| <b>PHOTO</b> | <b>DATE</b> | <b>TIME</b> | <b>DESCRIPTION</b>                        |
|--------------|-------------|-------------|---|
| 100_0762.jpg | 6/5/2009    | AM          | CP-1, 51 Cabot St., partially abandoned   |
| 100_0764.jpg | 6/5/2009    | AM          | PDS-11, 50 Dale St., installed            |
| 100_0765.jpg | 6/5/2009    | AM          | CP-1, 51 Cabot St., completely abandoned  |
| 100_0766.jpg | 6/5/2009    | AM          | CP-2, 61 Cabot St., partially abandoned   |
| 100_0767.jpg | 6/5/2009    | PM          | PDS-11, 50 Dale St., completely installed |
| 100_0768.jpg | 6/5/2009    |             | CP-2, 61 Cabot St., completely abandoned  |
| 100_0769.jpg | 6/5/2009    |             | PDS-12, 50 Dale St., completely installed |

# PHOTOS 6-05-09



100\_0762.jpg - CP-1, 51 Cabot St., partially abandoned



100\_0764.jpg - PDS-11, 50 Dale St., installed



**100\_0765.jpg - CP-1, 51 Cabot St., completely abandoned**



**100\_0766.jpg - CP-2, 61 Cabot St., partially abandoned**



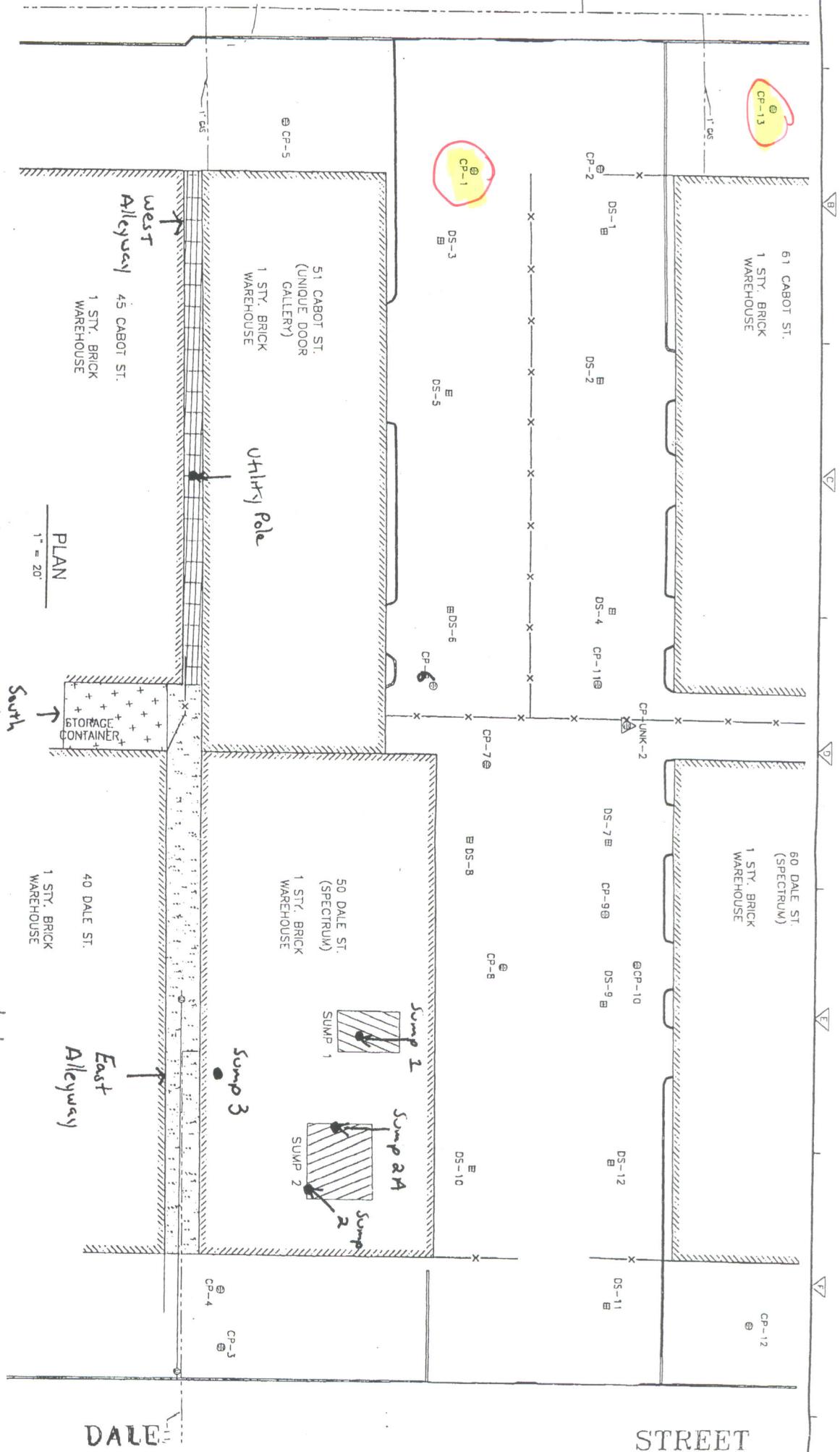
100\_0767.jpg - PDS-11, 50 Dale St., completely installed



100\_0768.jpg - CP-2, 61 Cabot St., completely abandoned



100\_0769.jpg - PDS-12, 50 Dale St., completely installed

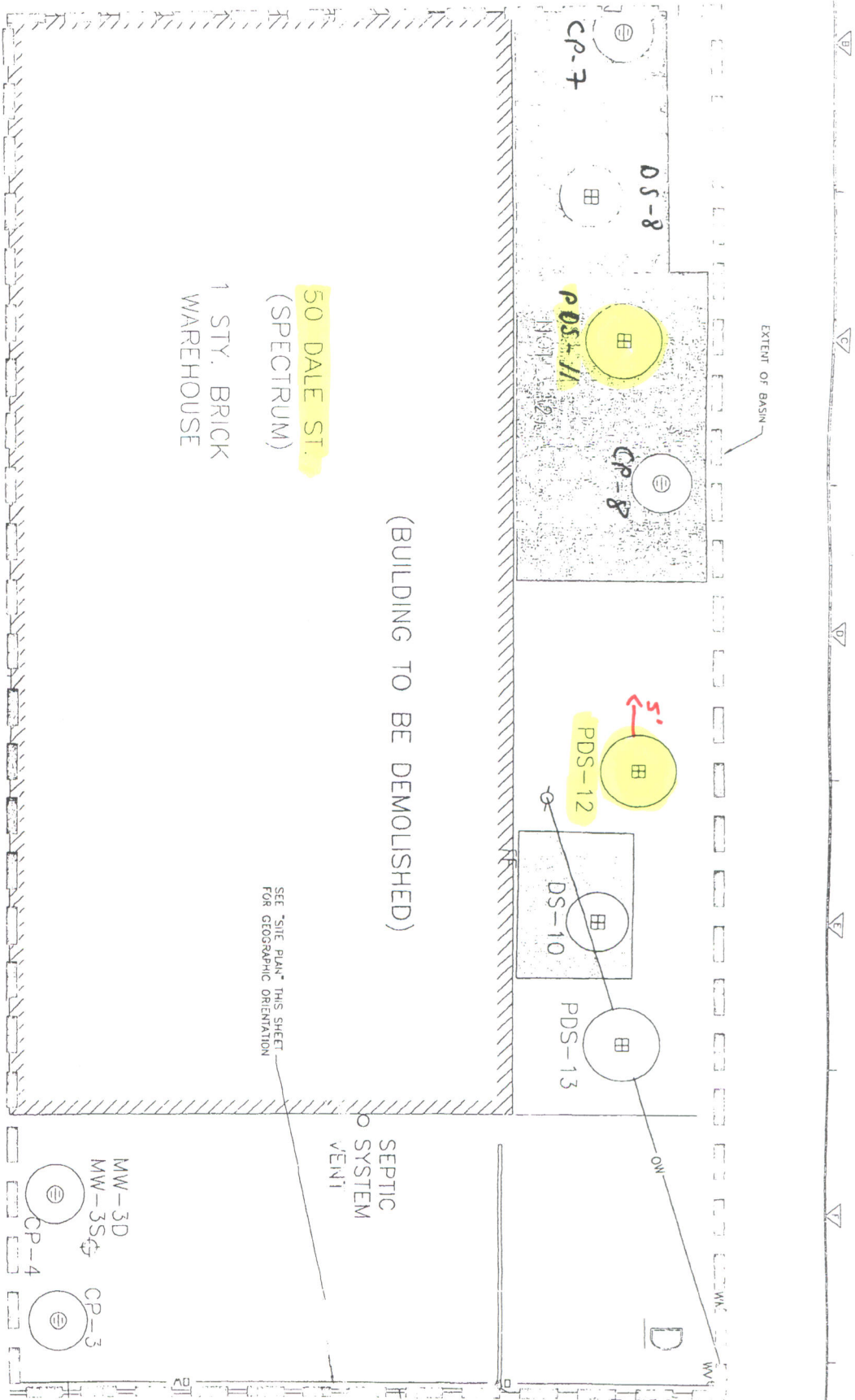


PLAN  
1" = 20'

6/5/09  
Work Area  
End Point Sample

DALE

STREET



EXTENT OF BASIN

(BUILDING TO BE DEMOLISHED)

50 DALE ST.  
(SPECTRUM)

1 STY. BRICK  
WAREHOUSE

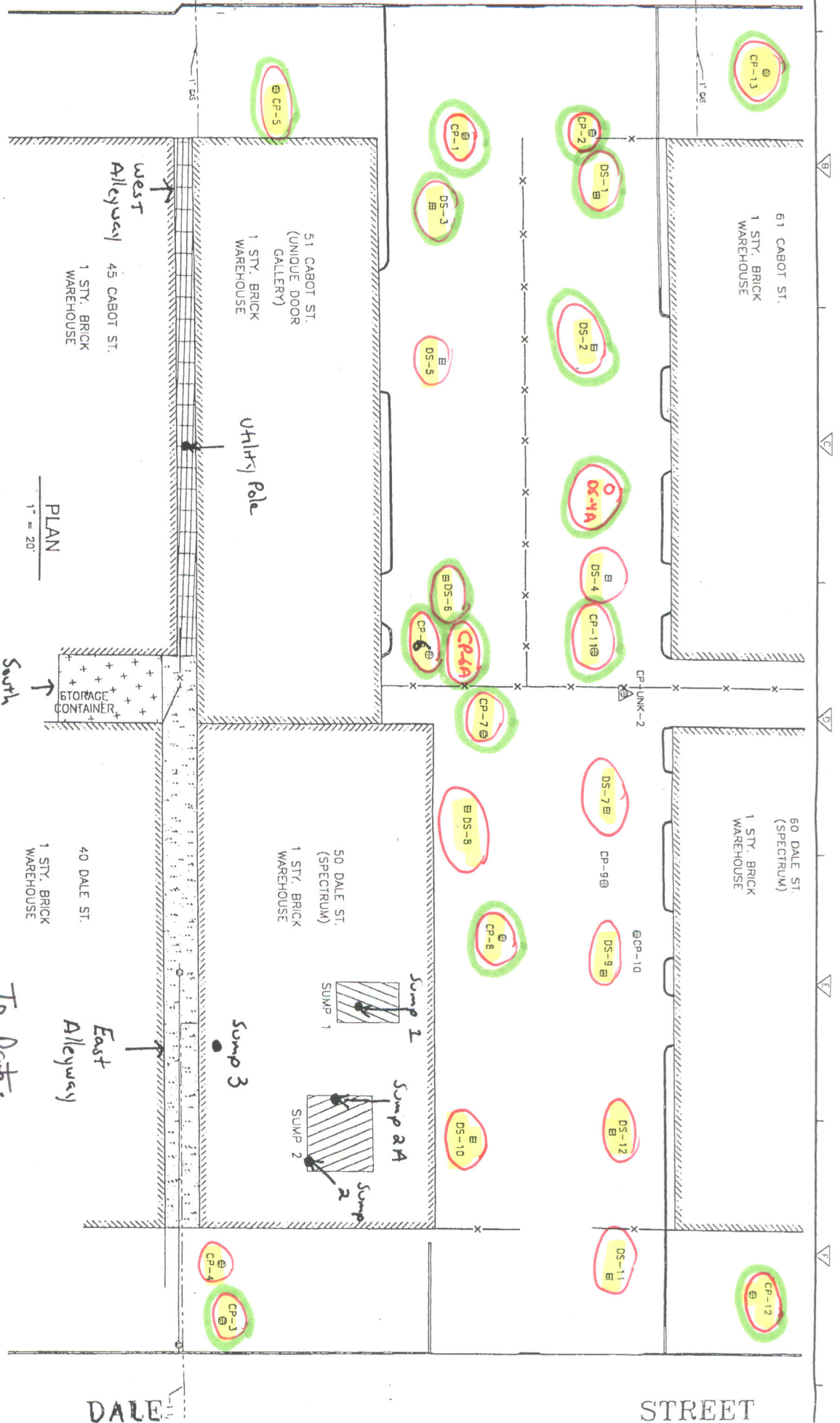
SEE "SITE PLAN" THIS SHEET  
FOR GEOGRAPHIC ORIENTATION

SEPTIC  
SYSTEM  
VENT

PLAN  
1" = 10'

6/5/09





**To Date:**

- Structures cleaned out
- end point sampled
- Abandoned

DALE

STREET



20 Stiriz Road • Brookhaven, NY 11719  
 Tel: (631) 286-0240 • Fax: (631) 286-6313

Order No. \_\_\_\_\_ Date 6-5 2009

Sold To \_\_\_\_\_

Ship To 609 94th St - W Babylon VIA LPON

| QUANTITY | DESCRIPTION                 | PRICE | AMOUNT |
|----------|-----------------------------|-------|--------|
|          | Concrete Covers             |       |        |
|          | 8' x 4'6" Drain Ring        |       |        |
|          | 8' x 4'0" Drain Ring        |       |        |
|          | 8' x 3'6" Drain Ring        |       |        |
|          | 8' x 3'0" Drain Ring        |       |        |
|          | 8' x 2'0" Drain Ring        |       |        |
|          | 8' x 2'9" Dome              |       |        |
|          | 8' x 6" Slab                |       |        |
|          | 8' x 8" Slab                |       |        |
|          | 4' - 10" x Manhole w/ Steps |       |        |
|          | 1000 gal. Septic Tank       |       |        |
|          | 10' x 3' Drain Ring         |       |        |
|          | 10' x 4' Drain Ring         |       |        |
| <u>4</u> | 10' x 5' Drain Ring         |       |        |
|          | 10' x 3'8" Dome             |       |        |
| <u>3</u> | 10' x 8" Slab               |       |        |
|          | 1' Extension                |       |        |
|          | 2' Extension                |       |        |
|          | Catch Basin                 |       |        |

**A SERVICE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL INVOICES 30 DAYS PAST DUE (AN ANNUAL RATE OF 18%)**

FREIGHT  
 TAX  
 TOTAL

All claims and returned goods MUST be accompanied by this bill

NS 57309

Rec'd By \_\_\_\_\_

# United Cesspool Service, Inc.

P.O. Box 416, Oakdale, NY 11769  
631-750-6000 (Fax) 631-750-6002

JOB WORK ORDER

4341

Arrived on job ... 08:25 A.M. / P.M.  
Left job ... A.M. / P.M.

|                     |        |                  |
|---------------------|--------|------------------|
| MECHANIC<br>Rick J. | HELPER | DATE<br>06/05/09 |
|---------------------|--------|------------------|

|                            |  |
|----------------------------|--|
| JOB NAME<br>Commercial Bid | JOB PHONE<br>(NASSAU JOB)  |
| ADDRESS<br>50 DAVE ST.     | <input type="checkbox"/> LATE NIGHT<br><input type="checkbox"/> SUNDAY<br><input type="checkbox"/> HOLIDAY |
| CITY<br>BABYLON, NY.       |  |
| BILL TO                    | PHONE  |
| ADDRESS                    | <input type="checkbox"/> NEW<br><input type="checkbox"/> REFERRAL<br><input type="checkbox"/> REPEAT       |

|                 |                       |  |  |
|-----------------|-----------------------|--|--|
| PUMPING         | Pumped 2,000 gals     |  |  |
| CHEMICALS       | one septic tank & one |  |  |
| LINE CLEANING   | pool.                 |  |  |
| SINK TUB TOILET |                       |  |  |
| LABOR           |                       |  |  |
| OTHER           |                       |  |  |

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils such as: walks, curbs, driveways, sewer lines, water lines, gas lines, arches, shrubs, lawn, trees, clotheslines, telephone and electric lines, etc. Signer assumes liability representatively and personally for payment of contract amount.

|           |  |
|-----------|--|
| SUB TOTAL |  |
| TAX       |  |
| TOTAL     |  |

DATE PAID \_\_\_\_\_  
CHECK NO. \_\_\_\_\_  
AMT. REC'D. \_\_\_\_\_  
 CASH    M.C.    VISA    LEFT BILL

"COLLECTION COSTS"- I agree to pay any cost of collection money I owe under this agreement, including court costs, attorney fees, and any other disbursements not in excess of 18% of the unpaid debt.

### GENERATOR SIGNED STATEMENT

I, \_\_\_\_\_, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:  
 (1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.  
 "I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

*[Signature]*      06-05-09  
 \_\_\_\_\_  
 Customer's Signature      Date

|  |  |                                    |   |   |
|--|--|------------------------------------|---|---|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>  |  | 1. Generator's US EPA ID No.       | Manifest Doc. No.<br><b>45674</b>                     | 2. Page 1<br>of <b>1</b>                      |
| 3. Generator's Name and Mailing Address<br><b>NYSDEC<br/>625 Broadway - 12<sup>th</sup> Floor<br/>Albany, NY 12233</b>   |  | 50 Dale St,<br>Westbury, NY        |   |   |
| 4. Generator's Phone ( )   | 5. Transporter 1 Company Name<br><b>AARCO ENVIRONMENTAL SERVICES CORP.</b> |                                    | 6. US EPA ID Number<br><b>N Y R 0 0 0 1 0 7 3 2 6</b> | A. Transporter's Phone<br><b>631-586-5900</b> |
| 7. Transporter 2 Company Name  | 8. US EPA ID Number  |                                    | B. Transporter's Phone                                |   |
| 9. Designated Facility Name and Site Address<br><b>EDITHCOTE<br/>972 Nicolls Rd.<br/>Deer Park, NY</b>   |  | 10. US EPA ID Number               |   | C. Facility's Phone<br><b>631-586-0530</b>    |
| 11. Waste Shipping Name and Description  |  |                                    | 12. Containers  | 13. Total Quantity                            |
| a. <b>Non-Hazardous/Non-contaminated Sanitary Sludge</b>   |  |                                    | No.   | Type  |
| b.   |  |                                    |   |   |
| c. <b>Box #202447</b>  |  |                                    |   |   |
| d.   |  |                                    |   |   |
| D. Additional Descriptions for Materials Listed Above<br><b>11A. CPSAAG78<br/>CP12 AA679<br/>CP13 AA680</b>  |  |                                    | E. Handling Codes for Wastes Listed Above             |   |
| 15. Special Handling Instructions and Additional Information<br><b>EMERGENCY PHONE # 631-586-5900</b>  |  |                                    |   |   |
| 16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste. |  |                                    |   |   |
| Printed/Typed Name<br><b>Frank Robinson</b>  |  | Signature<br><i>Frank Robinson</i> |   | Month Day Year<br><b>6 5 09</b>               |
| 17. Transporter 1 Acknowledgement of Receipt of Materials  |  |                                    |   |   |
| Printed/Typed Name<br><b>TOM SLEE</b>  |  | Signature<br><i>Tom Slee</i>       |   | Month Day Year<br><b>6 5 09</b>               |
| 18. Transporter 2 Acknowledgement of Receipt of Materials  |  |                                    |   |   |
| Printed/Typed Name   |  | Signature                          |   | Month Day Year                                |
| 19. Discrepancy Indication Space   |  |                                    |   |   |
| 20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.   |  |                                    |   |   |
| Printed/Typed Name   |  | Signature                          |   | Month Day Year                                |

GENERATOR

TRANSPORTER

FACILITY