

QUARTERLY OPERATION AND MAINTENANCE REPORT – SECOND QUARTER 2020

Active Industrial Uniform Superfund Site

63 West Merrick Road Lindenhurst, New York

NYSDEC Site Number: 152125

Prepared For:

New York State Department of Environmental Conservation 625 Broadway Albany, New York 12233 Contract #D009808

Prepared By:

HRP Associates, Inc. 197 Scott Swamp Road Farmington, CT 06032

HRP #: DEC1004.OM

Issued On: February 19, 2021



Page i of iii

TABLE OF CONTENTS

1.0	INTE	RODUCTION	1
2.0		BACKGROUND	
	2.1 2.2 2.3 2.4	Site Location and Description	
3.0	OPE	RATIONS AND MAINTENANCE PROGRAM	4
	3.1 3.2	Groundwater Extraction and Treatment System Operations and Maintenance Site Maintenance Activities	
4.0	MON	IITORING PROGRAM	5
	4.1	Groundwater Sampling	
5.0	MAI	NTENANCE ISSUES AND RECOMMENDED SOLUTIONS	8
6.0	FUTI	URE ACTIVITIES	9
7.0	PRO	GRESS TOWARD CLEANUP OBJECTIVES	10



Page ii of iii

Figures

Figure 1 Site Location

Figure 2 Site Map Showing Groundwater Sampling Locations

Figure 3 Site and Surrounding Area: Groundwater Sampling Locations

Appendices

Appendix A Variations of Measured Parameters
Appendix B Operation and Maintenance Reports



Page iii of iii

General Information

Project/Site Information:

Active Industrial Uniform Superfund Site 63 West Merrick Road Lindenhurst, New York

Client Information:

New York State Department of Environmental Conservation 625 Broadway Albany, NY 12233

Report Date: 2/19/2021

Consultant Information:

HRP Associates, Inc. 197 Scott Swamp Road Farmington, CT 06032 Phone: 860-674-9570

E-mail: david.feinson@hrpassociates.com

Project Number: DEC1004.OM

Report Author:

A. Sasha Isenberg Senior Project Scientist

Alapandra Isenberg

Project Manager:

David Feinson Project Manager



1.0 INTRODUCTION

HRP Associates, Inc. (HRP) has been contracted by the New York State Department of Environmental Conservation (NYSDEC) for site management tasks under Standby Engineering Contract D009808. Under this contract, on-going site management was assigned to HRP for the Active Industrial Uniform Superfund Site, NYSDEC Site No. 152125, located at 63 West Merrick Road, Lindenhurst, New York (herein referred to as the "Site"). The Site location is depicted on **Figure 1**. The Site is currently listed on the New York State Registry of Inactive Hazardous Waste Sites as a Class 2 site. This designation is for sites at which the disposal of hazardous waste has been confirmed and the presence of such hazardous waste or its components or breakdown products represents a significant threat to public health or the environment; or sites at which hazardous waste disposal has not been confirmed, but the site has been listed on the Federal National Priorities List (NPL). The United States Environmental Protection Agency (USEPA) oversaw the operations and maintenance (O&M) and Site management from 2001 to 2012. NYSDEC assumed responsibility for site management in 2012. The on-going site management was assigned to HRP in April 2020. This work assignment (WA) includes the following tasks:

- Task 1 Scoping
- Task 2 Site Management Plan
- Task 3 Operation and Maintenance
- Task 4 Monitoring and Reporting
- Task 5 Periodic Review and Report
- Task 6 Remedial System Optimization

This quarterly Operations and Maintenance (O&M) Report summarizes the O&M and monitoring activities completed during the second quarter of 2020 (April through June 2020). This report provides a description of the work performed throughout the reporting period, a discussion of the data obtained, and documents the relevant performance monitoring.



2.0 SITE BACKGROUND

2.1 Site Location and Description

The Active Industrial Uniform Site is a 0.5-acre parcel of land located at 63 West Merrick Road (a.k.a. West Montauk Highway, or State Route 27A). The Site is accessed via a driveway from Tompkins Lane. A fence with locked gate completely surrounds the property. The Site location is shown on **Figure 1**.

The following features are present at the site:

- 35'x35' treatment shed with associated air stripping towers and carbon vessels;
- The remnants of two concrete floor slabs (east and northwest) where one-story concrete block buildings were formerly located (both buildings were demolished in February 1995);
- A paved parking area.

2.2 Site Geology and Hydrogeology

According to the surficial materials map of New York, the surficial geology of the Site consists of outwash sand and gravel, defined as coarse to fine gravel with sand with variable thickness (2-20 meters). Based on reported observations from shallow hand auger soil vapor points installed during the 2007/2008 soil vapor evaluation, the upper ten feet of overburden in the vicinity of the Site is typified by loose medium to coarse sand. The ground surface and uppermost overburden varies from disturbed native sand to topsoil, silty sand, or asphalt.

Depth to groundwater ranged from 5.92 to 9.12 feet below ground surface, as measured during the April 2020 groundwater sampling event. The groundwater flow is reportedly to the southwest towards the Little Neck Creek, which is located approximately 800 feet southwest of the Site.

2.3 Background and Remedial History

This facility operated as a dry cleaner and laundry between 1970 and 1987. Historically, there were two dry cleaning solvent storage areas at the Site: an underground solvent storage tank located on the northwest corner of the property that was removed in 1985, and two above ground solvent storage tanks that were located on a concrete pad near the southwest corner of the property and were removed in October of 1987.

Previous investigations revealed two areas of historical releases of tetrachloroethene (PCE) that have impacted the soil and groundwater at the Site. Remediation at the Site achieved soil cleanup objectives for commercial use and is considered complete. Residual contamination in the soil and groundwater is being managed under a Site Management Plan. A Groundwater Extraction & Treatment (GWE&T) System was installed to control a chlorinated solvent groundwater contamination plume emanating from the site.



The GWE&T system operated between 2001 and 2018. The GWE&T system was shut down in 2018 to allow for the subsurface environment to come to equilibrium prior to completion of additional investigations. HRP assumed site management responsibilities for the Site in March 2020.

2.4 Site Cleanup Objectives

The remedial goals for the Site have been established through the remedy selection process and documented in the Record of Decision (ROD), dated March 26, 1997. According to the ROD, the "overall goal is to meet all appropriate Standards, Criteria, and Guidance (SCGs) and to be protective of human health and the environment". The site-specific goals are presented below:

- Reduce, control, or eliminate to the extent practicable the contamination present within the soils on the Site;
- Eliminate the threat to surface waters by remediating to the extent practicable contaminated groundwater;
- Eliminate the potential for direct human or animal contact with the contaminated soils on the Site;
- Mitigate the impacts of contaminated groundwater to the environment;
- Prevent, to the extent possible, migration of contaminants;
- Provide for attainment of SCGs for groundwater quality at the limits of the area of concern, to the extent practicable; and
- Reduce the threat to homes from high groundwater.



3.0 OPERATIONS AND MAINTENANCE PROGRAM

The operations and maintenance program for the Active Industrial Uniform Site is presented below.

- Periodic groundwater monitoring, including reporting sampling data to NYSDEC;
- Inventory/inspections/maintenance of all groundwater monitoring wells;
- The GWE&T system was shut down on November 30, 2018 under NYSDEC approval. As such, only building maintenance, including routine fire/safety inspection of the treatment plant, is performed on a monthly basis;
- Site maintenance, including (but not limited to) structures and Site grounds upkeep and maintenance (the length of the grass should not exceed six inches per Town ordinance) conducted on a monthly basis.

Environmental Assessment and Remediations (EAR) of Patchogue, New York has been contracted by NYSDEC to perform the groundwater sampling at the Site as well as the Site maintenance activities. EAR conducted the Site maintenance and prepared summary reports during each visit to the Site. The reports are included in **Appendix B**. Below is a summary of activities performed by EAR during the second quarter of 2020.

3.1 Groundwater Extraction and Treatment System Operations and Maintenance

The GWE&T consists of two 4-inch diameter extraction wells, RW-1 and RW-2, designed to pump groundwater to the treatment system housed in a system remediation building. RW-1 is located onsite, in the southwestern portion; RW-2 is located off-site, approximately 1,500 feet southwest of the site (see Figures 2 and 3).

The GWE&T system was shut down in November 2018 and remained turned off during the second quarter of 2020. Recent inspection of RW-2 indicated that the screen has collapsed. The previous consultants attempts at redevelopment of RW-2 were not successful.

3.2 Site Maintenance Activities

Routine Maintenance

- On May 14, 19 and 27, and June 4, 11, 18, and 25, 2020, EAR completed routine maintenance and grounds keeping activities on-site. The activities included mowing the lawn, weed-removal and garbage pick up.
- Monthly inspections of fire extinguisher and emergency lighting and exit sign tests were performed on April 6, May 14, and June 4 and 11. No issues were identified; emergency lighting passed the monthly tests.
- On May 19, 2020, the light bulbs were replaced in an overhead fluorescent fixture.

Non-Routine Maintenance

• No non-routine maintenance activities were performed during the second quarter of 2020.



4.0 MONITORING PROGRAM

The monitoring program for the Active Industrial Uniform Superfund Site includes periodic sampling of select groundwater monitoring wells and two extraction wells (see Table 1 below), including 11 on-site monitoring wells (MW-101 through MW-108, MW-4D, MW-5S, and RW-1) and four off-site monitoring wells (MW-109, MW-111, MW-2S, and RW-2). The locations of the wells are depicted on **Figures 2** and **3**.

Table 1: Groundwater Sampling Requirements and Schedule

Samuling Location		Sampling Free	quency	Analytical Parameters
Sampling Location	Monthly	Quarterly	Semi-Annual	VOC (EPA Method 8260)
MW-101			Х	Х
MW-102			Х	Х
MW-103		Х		Х
MW-104		Х		Х
MW-105		Х		X
MW-106		Х		Х
MW-107		Х		Х
MW-108			Х	Х
MW-109			Х	Х
MW-111			Х	Х
MW-2S		Х		Х
MW-4D		Х		Х
MW-5S		Х		Х
RW-1		Х		Х
RW-2		Х		X

4.1 Groundwater Sampling

In April 2020, EAR conducted a quarterly groundwater sampling event. A headspace reading was collected using a photoionozation detector (PID) at each groundwater monitoring well. PID readings were collected from each well immediately after the removal of the well caps and plugs. Volatile organic compounds (VOCs) were not detected in the headspace of each well.

Groundwater samples were collected from each monitoring well and submitted to a State-certified laboratory, Eurofins/TestAmerica, and analyzed for VOCs via the EPA 8260 method. The analytical results are summarized in Table 2 below.



Table 2. Groundwater Analytical Results

Tubic 2: Cicanatta	cci Anaiye	Site-Specific Contaminant of Concern Concentrations, ug/L											
Monitoring Well ID		Site-	Specific Cor	itaminant of	f Concern Co	ncentration	s, ug/L						
and Location	P	CE	TO	CE	Cis-1,	2-DCE	Vinyl C	hloride					
Sampled by, when	D&B, 2019 Q4	HRP, 2020 Q2	D&B, 2019 Q4	HRP, 2020 Q2	D&B, 2019 Q4	HRP, 2020 Q2	D&B, 2019 Q4	HRP, 2020 Q2					
MW-4D (on-site)	2,600	37	200	8.7	23	280	3.3	0.96					
MW-5S (on-site)	1.1	0.57	ND	ND	ND	ND	ND	ND					
MW-103 (on-site)	2.1	2.7	ND	0.66	ND	0.57	ND	ND					
MW-104 (on-site)	57	24	5.0	3.4	8.7	0.79	0.82	ND					
MW-105 (on-site)	5.6	5.3	0.66	0.37	0.27	150	ND	12					
MW-106 (on-site)	11	11	3.9	5.3	11	9.8	2.0	0.67					
MW-107 (on-site)	2.4	2.8	0.55	0.42	0.34	ND	ND	ND					
RW-1 (on-site)	0.29	0.47	ND	ND	0.96	ND	0.29	ND					
MW-2S (off-site)	3.7	0.8	1.1	ND	6.3	1.2	0.42	ND					
RW-2 (off-site)	ND	ND	ND	ND	ND	1.6	ND	ND					
Class GA Groundwater Standard, µg/L	5.0		5.	0	5.	.0	2.	.0					

Notes: 1 Parameter reported at a concentration greater than applicable regulatory standard/criterion ND = not detected; µg/L = microgram per liter

The table summarizes the on-site and off-site concentrations of the site-specific contaminants of concern (COCs), which include PCE and associated degradation products (trichloroethylene [TCE], cis-1,2-dichloroethylene [cis-1,2-DCE], and vinyl chloride). The results were compared to the findings reported in *Site Management Quarterly Report No. 60* prepared by D&B Engineers and Architects, P.C. dated January 2020, which summarized the findings of the last quarter of 2019 sampling results. The previous data is included in the table for comparison purposes. Charts showing the variation of PCE, TCE, cis-1,2-DCE and vinyl chloride in the monitoring wells are provided in **Appendix A**. Laboratory reports are provided directly to NYSDEC by the contracted laboratory.

The findings of the sampling are discussed below.

- <u>MW-4D</u>: The monitoring well is located in the southwestern portion of the Site and downgradient of the historical dry-cleaning activities. The well is screened at 60 to 70 feet below grade (fbg). The site-specific VOCs including PCE, TCE, and cis-1,2-DCE were detected in this monitoring well at concentrations exceeding the Class GA Groundwater Standards. Vinyl chloride was detected below the Class GA Standards.
- <u>MW-5S</u>: The monitoring well is located in the western portion of the Site and screened at 14 to 24 fbg. PCE was the only contaminant of concern detected in this well. No exceedances of the applicable regulatory standards were identified during the current and previous monitoring events.
- MW-103: The monitoring well is located in the northern portion of the Site and screened at 5 to 15 fbg. PCE, TCE, and cis-1,2-DCE were detected in April 2020 at concentrations below the applicable Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit.



- <u>MW-104</u>: The monitoring well is located on the western portion of the Site and screened at 5 to 15 fbg. PCE was detected in exceedance of the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit. TCE and cis-1,2-DCE were detected in April 2020, but at concentrations below the Class GA Standards.
- <u>MW-105</u>: The well is located near the southwestern corner of the treatment building and screened at 5 to 15 fbg. PCE, cis-1,2-DCE, and vinyl chloride were detected in exceedance of the Class GA Standards in April 2020. Cis-1,2-DCE was detected below the Class GA Standards.
- MW-106: The monitoring well is located in the southeastern corner of the Site and screened at 5 to 15 fbg. PCE, TCE, and cis-1,2-DCE were detected in exceedance of the Class GA Standards. Vinyl chloride was detected below the Class GA Standards.
- <u>MW-107</u>: The monitoring well is located in the southern portion of the Site and screened at 5 to 15 fbg. PCE and TCE were detected at concentrations below the Class GA Standards. Cis-1,2-DCE and vinyl chloride were not detected above the laboratory detection limits.
- <u>RW-1</u>: The 4-inch extraction well is located in the southwestern portion of the Site. PCE was detected at a concentration below the Class GA Standards. TCE, cis-1,2-DCE, and vinyl chloride were not detected above the laboratory detection limits.
- <u>RW-2</u>: The 4-inch extraction well is located on Orchard Street, approximately 1,500 feet to the southwest of the Site. Cis-1,2-DCE was detected below the Class GA Standards. PCE, TCE, and vinyl chloride were not detected above the laboratory detection limits.
- <u>MW-2S</u>: The well is located on Tompkins Street, approximately 200 feet to the south of the Site and screened at 12 to 22 fbg. PCE and cis-1,2-DCE were detected at concentrations below the Class GA Standards. TCE and vinyl chloride were not detected above the laboratory detection limits.

In addition to the constituents listed in the table, the following contaminants were detected in the groundwater samples:

- MW-4D: 1,1-Dichloroethane at 0.67 μ g/L; 1,1-Dichloroethene at 0.93 μ g/L; methyl tert-butyl ether (MTBE) at 0.99 μ g/L.
- MW-105: trans-1,2-Dichloroethene at 1.4 μg/L.

These constituents were detected at concentrations below the Class GA Standards of 5 μ g/L. No standard or guidance value for groundwater is available for MTBE.



Quarterly Operation and Maintenance Report Q2 2020 Active Industrial Uniform Superfund Site #152125 63 West Merrick Road, Lindenhurst, New York Page 8 of 10

5.0 MAINTENANCE ISSUES AND RECOMMENDED SOLUTIONS

No issues were identified during the second quarter of 2020, except for the routine maintenance, such as bulb replacement.



6.0 FUTURE ACTIVITIES

Future maintenance and monitoring activities at the Site includes the following:

- Routine monthly maintenance activities will continue; and
- Semi-annual groundwater sampling is scheduled to be completed in the third quarter of 2020.



Quarterly Operation and Maintenance Report Q2 2020
Active Industrial Uniform Superfund Site #152125
63 West Merrick Road, Lindenhurst, New York
Page 10 of 10

7.0 PROGRESS TOWARD CLEANUP OBJECTIVES

Based on review of O&M field notes and laboratory analysis of samples collected from the groundwater well network, additional monitoring is recommended to monitor the natural attenuation of the dissolved-phase chlorinated solvents detected in groundwater.



Quarterly Operation and Maintenance Report Q2 2020 Active Industrial Uniform Superfund Site #152125 63 West Merrick Road, Lindenhurst, New York

FIGURES



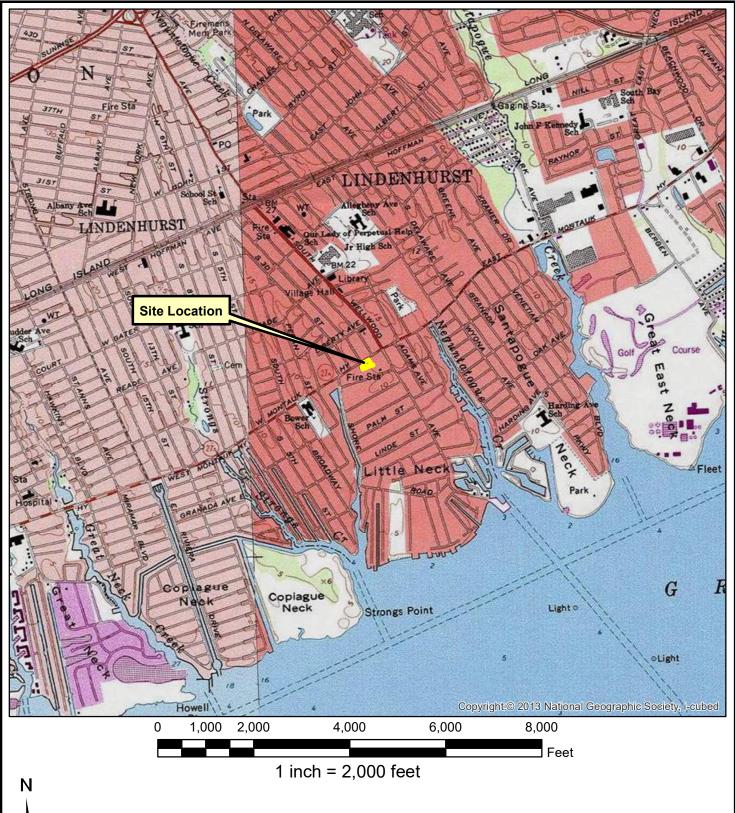


Figure 1
Site Location
63 West Montauk Highway
Lindenhurst, New York
NYSDEC Site No. 152125
HRP # DEC1004.OM
Scale 1" = 2,000'



USGS Quadrangle Information Quad ID: 40073-F3 Name: Bay Shore West, New York Date Rev: 1978 Date Pub: 1979



BOB

DJF

REVIEWED BY:

DRAWN BY:

63 West Montauk Highway Lindenhurst, New York

NYSDEC Site No. 152125

08/04/2020

DEC1004.OM

PROJECT NUMBER:

1 in = 150 ft

DATE:

ONE FAIRCHILD SQUARE

CLIFTON PARK, NY 12065

HRPASSOCIATES.COM

SUITE 110

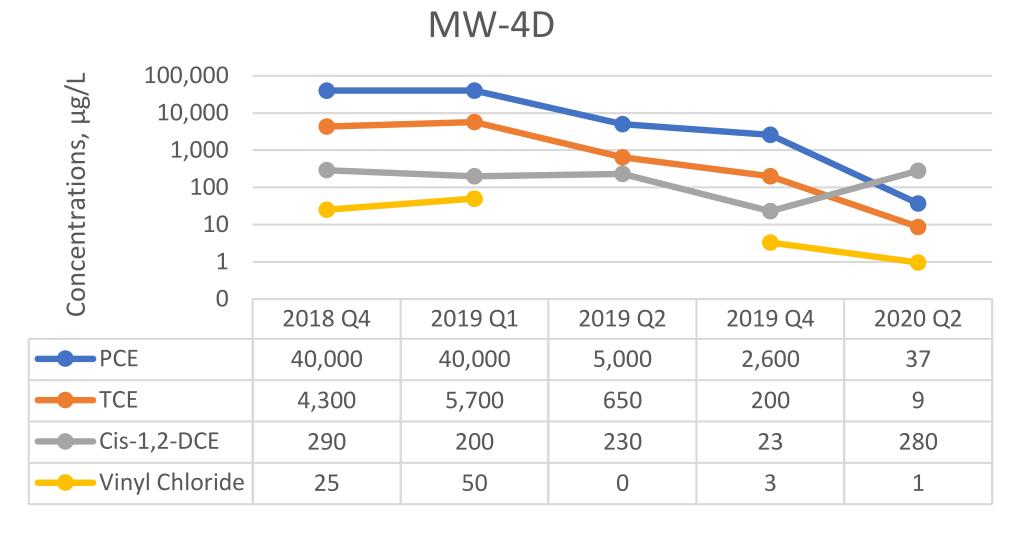
(518) 877-7101

Quarterly Operation and Maintenance Report Q2 2020 Active Industrial Uniform Superfund Site #152125 63 West Merrick Road, Lindenhurst, New York

APPENDIX A

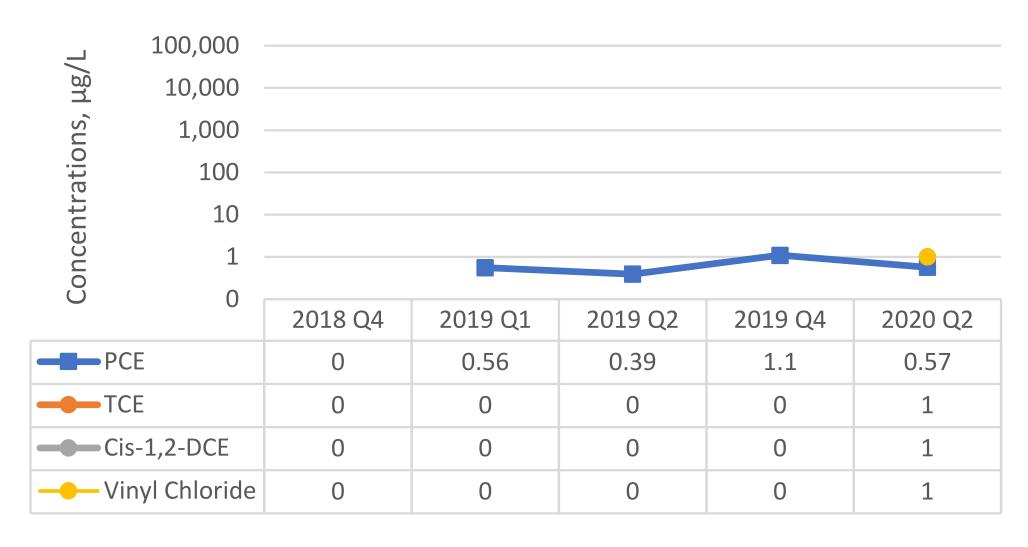
Temporal Variations of VOCs Concentrations





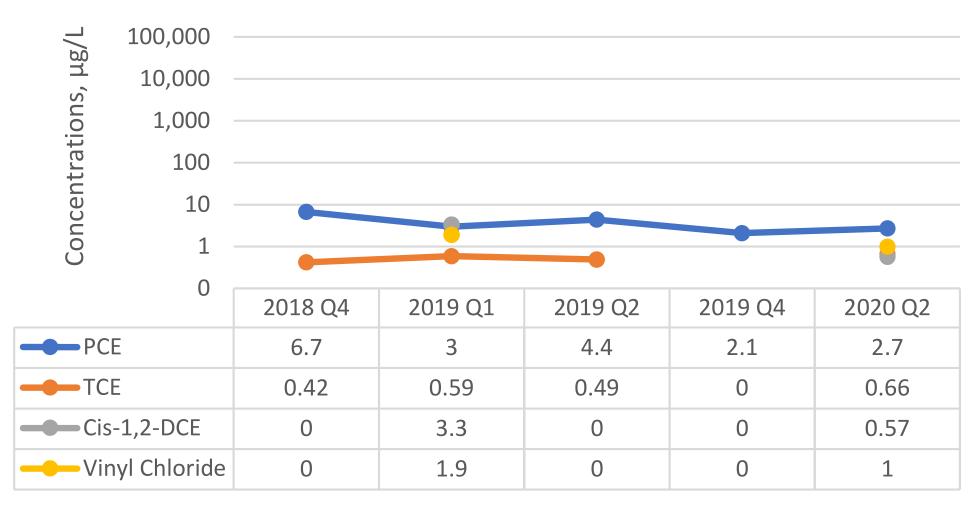
Sampling period

MW-5S



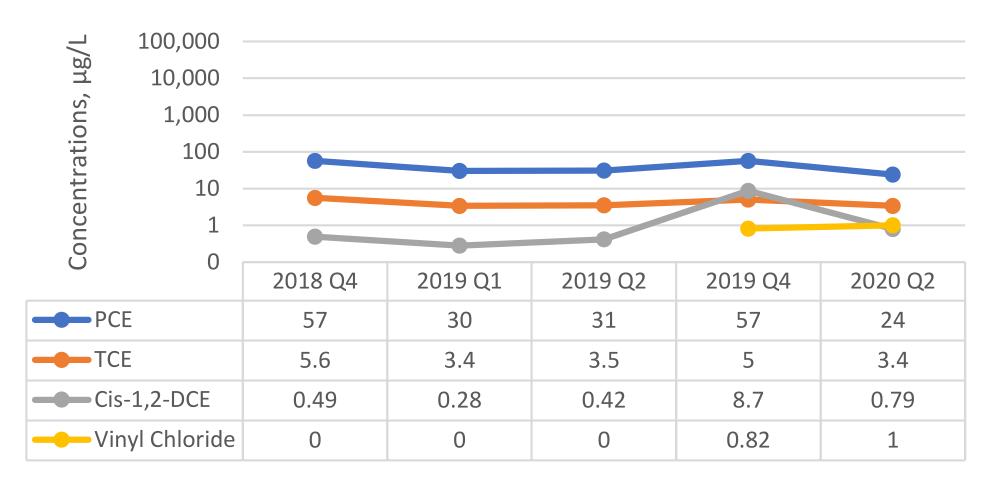
Sampling period

MW-103



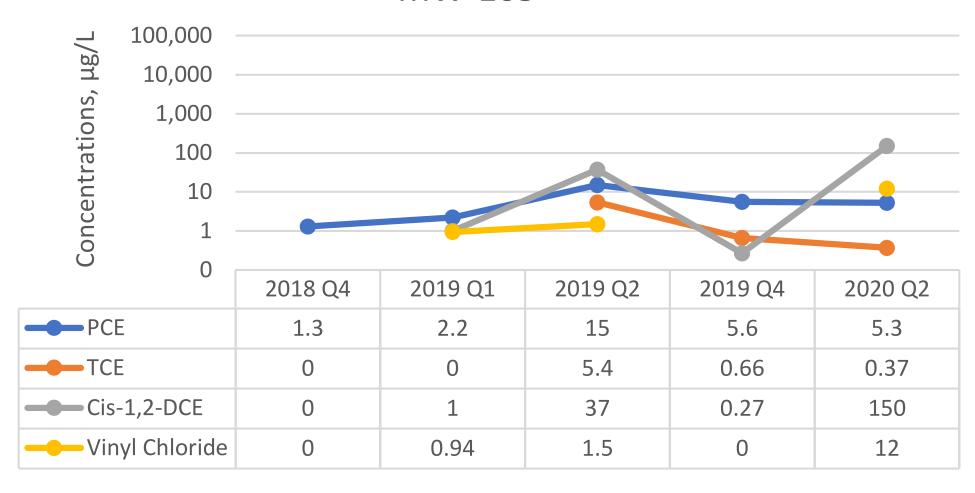
Sampling period

MW-104



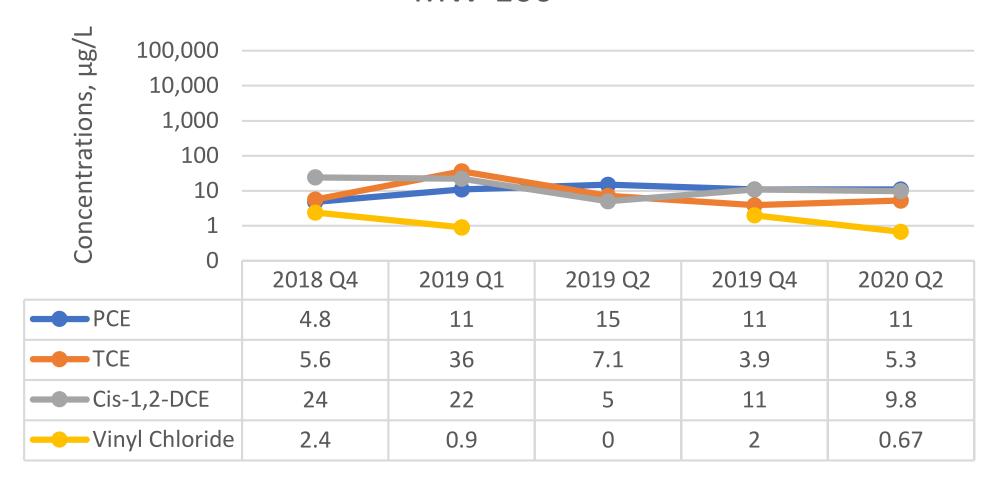
Sampling period

MW-105



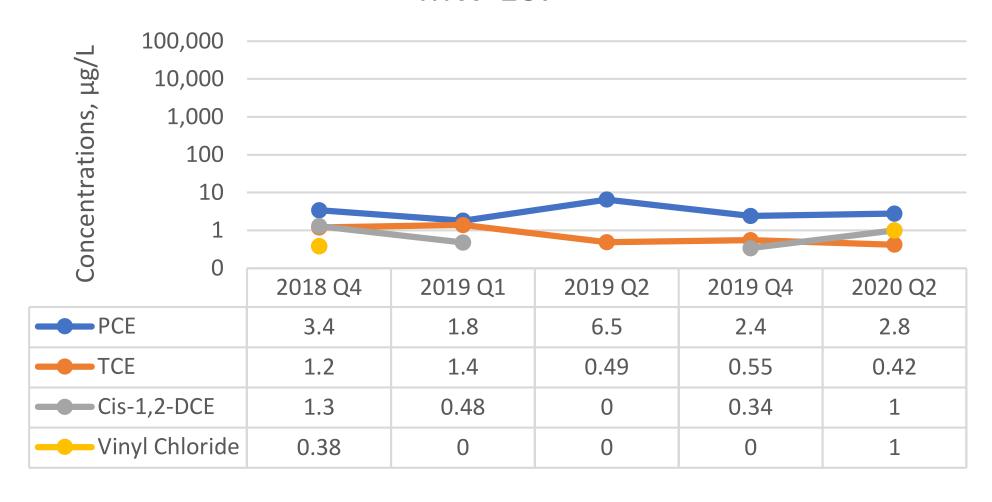
Sampling period

MW-106



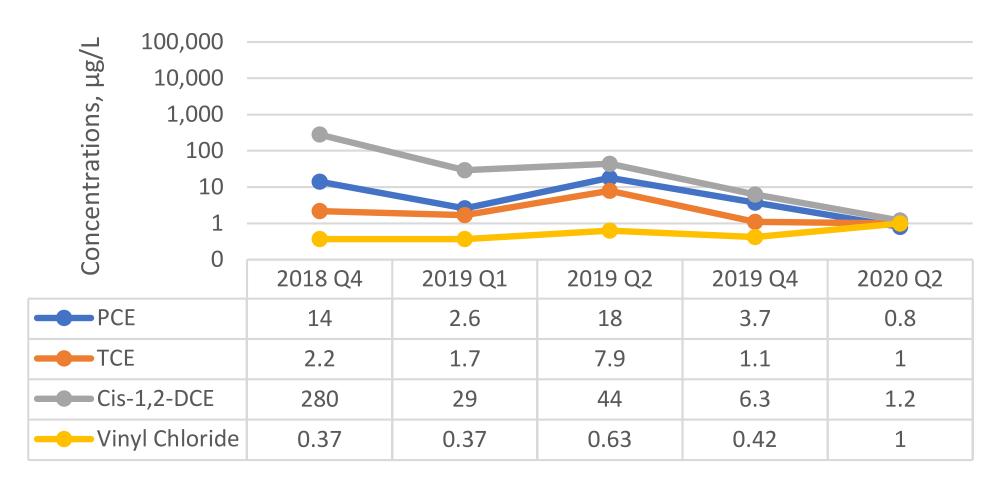
Sampling period

MW-107



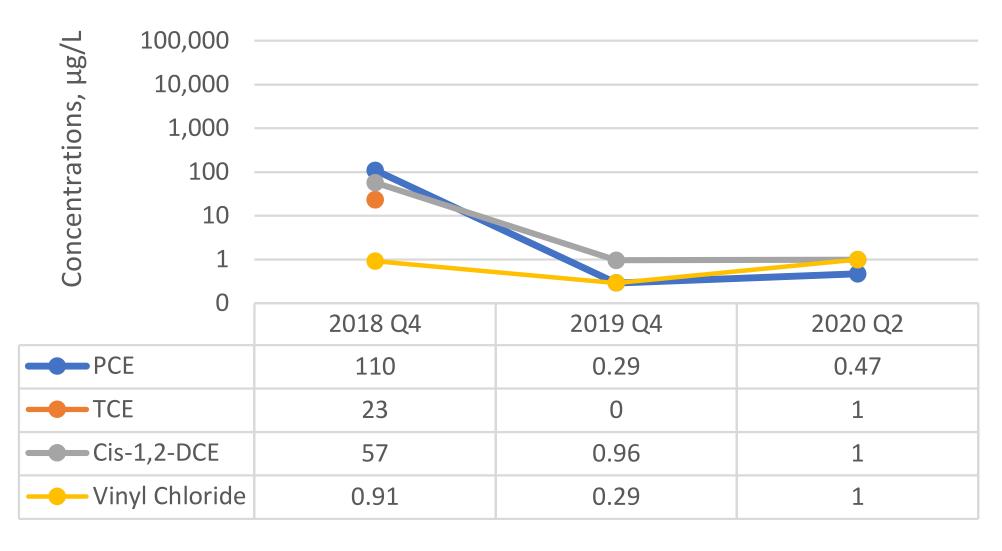
Sampling period

MW-2S



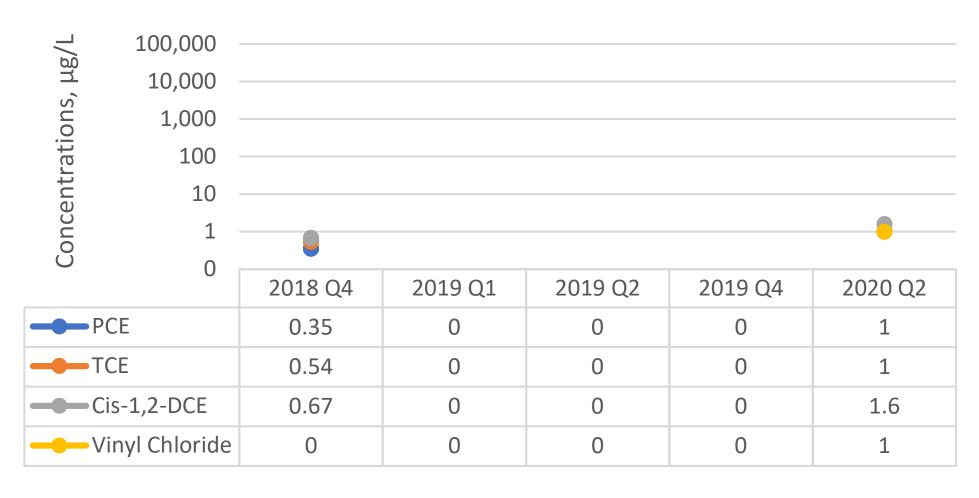
Sampling period

RW-1



Sampling period

RW-2



Sampling period

Quarterly Operation and Maintenance Report Q2 2020 Active Industrial Uniform Superfund Site #152125 63 West Merrick Road, Lindenhurst, New York

APPENDIX B

Operation and Maintenance Reports



ACTIVE INDUSTRIAL UNIFORM SITE, NYSDEC SITE NO. 1-52-125 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SIT	TE VISIT (CHECK BOX BELOW)
RC/BV	4/6/20 07:45		Monitoring	Maintenance
(Sampling	Other (Provide Description)
			Alarm Response	
Description: Took	WATER SAMP	(85 (3 VOAs)	From VARGOLS	WELLS.
		- 1945-14-14-14-14-14-14-14-14-14-14-14-14-14-	Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:				

Active Industrial Uniform Site Site No. 152125 Monthly Inspection of Fire Extinguisher

Date: 4/6/70

Serial Number: 006565 463

Initials: RC

	Yes	No	N/A
Is the extinguisher located in its designated location?			
2.) Is it clear of obstructions to access or visibility?			
3.) Are operating instructions on the name plate legible and facing outward?	/		
4.) Is the extinguisher full?	V	×	
5.) Pressure gauge (or indicator) in the operable range?			
6.) Are safety seals and/or tamper indicators in place and functional?	/	2 11 2 2 2 2 2	
7.) Is the extinguisher in good physical condition?			
8.) Has the extinguisher inspection tag been initialed for the current month?			

Active Industrial Uniform Site Site No. 152125 Emergency Lighting and Exit Sign Test Log

Date: 4/6/20
Serial Number: RC

Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
4/6/20	M		08:30	08:40		
,						
				-		
	= =					
					_	
			P.		li .	

Record DO & ORP but DO NOT use for stability

pH +/- 0.1 units

Groundwater Sampling Sheet: Stabilization Purge Method

Start Time: End Time:

SIRE. DEC-LENSWITUSTES Date: 4/7/20

	e NOTES				. Co.	2								Purge a minimum of 1 well volume & then	it for stabilitation	Tolerance for stability:	Specific Conductance (3%)
t units]	Specific Conductance (uS/cm)	293	292	49h	40h	729								Purge a minin	MA	구 하	Speci
er is in the correc	ORP (mV)	2,402	95.6	62.6	77.0	127.0								THE CHUSET	۲. ۲.	LTICE WARLD	•
nfirm that paramet		7.05	693	5.33	5.84	6h3								716	745	1 784	1 11 0
icheck units on YSI and confirm that parameter is in the correct units]	Temp.	14.02	61'11	13.46	13.05	21.21								8	10.4	2.6	
Check	DO (mg/L)	62.0	29.0	25.0	0,29	hh:0								9	9	1.5	
L	Time Sampled (hh:mm)	34.6	41:01	84:01	11:20	13:42								4	2.65	0.663	
	Total Gallons Purged (gal.)	0.1/4	2.0	40	3.0	91.0								2	7.0	0.175	
	One Standing Water Well Volume (gal.)	72 OH	1,46	3.12	262	016								1.5	0.42	0.105	
	Well Size Total Well Depth (ft.) Depth to Water (ft.) Length of Column One Standing Water (inches)	28119	8.35	17.90	16.69	35.00		111111111111111111111111111111111111111						_	0.18	0.045	
	Depth to Water (ft.)	507	02.9	24.5	80,5	0.50								0.75	0.11	0.0275	
BV	otal Well Depth (ft.)	04.69	1	$I_{\mathcal{I}}$	21.77	35.50								0.5	0.06	0.015	
Techs.	WELL ID (inches)	4 Or-W	- 6	+		<u> </u>	X-37	Tark Land						Well Size (inches)	Aultiplier based on 4 well volume	Multiplier based on 1 well volume	

pH range = 5 - 9

pH range = 5 - 9

Thus RAYE

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 PM \$ 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

[as of 06/05/17]

Groundwater Sampling Sheet: Stabilization Purge Method

02:30

Start Time: End Time:

DEC-LENGENHUSST63

Techs:			,				L	[check	units on YSI and co	onfirm that parame	[check units on YSI and confirm that parameter is in the correct units]	l units]	
WELL ID W	/ell Size To	tal Well Depth (ft.)	Depth to Water (ft.)	Well Size Total Well Depth (ft.) Depth to Water (ft.) Length of Column One Standing Water (ft.)	One Standing Water Well Volume (gal.)	Total Gallons Purged (gal.)	Time Sampled (hh:mm)	DO (mg/L)	Temp. (°C)	Hd	ORP (mV)	Specific Conductance (uS/cm)	NOTES
MATIOS	7	42.41	6.16	8.13	2h/	2,08	57:8	61.19	12.78	6.39	232.0	348	
+	12	1775		6.65	9/./	2.00	9:13	3,56	11,33	6.77	23301	374	
101-WW	N	14.66	6.08	852	64.1	2.00	9:57	19:0	1214	6,72	01/9	453	
21/26	N	13.63	5.13	2,50	1.31	0012	10:27	0,36	11.59	6.31	29.5	8/6	
	R	0h.14	218	32.28	23.9	84.0	13:35	62.0	12.77	8h.3	26.5	346	
	1				15.73)					
	+												
													and the same of th
	+												
Wall Size (inches)	(88)	0.5	0.75	-	1.5	2	4	9	80			Purge a minimum o	Purge a minimum of 1 well volume & then
Autiplier based on 4 well volume	ell volume	90'0	0.11	0.18	0.42	7.0	2.65	9	10.4				
Multiplier based on 1 well volume	vell volume	0.015	0.0275	0.045	ᆈ	0.175	0.663	1.5	2.6		١	Tolerance	Tolerance for stability:
				NW-107		OSW/SW						Specific Cor	Specific Conductance (3%)
Guidelines for Field Screening Values:	Field Scre	ening Values:				A. I.	JONG (١				/+ Ha	elliperature (2.%) DH +/- 0.1 units
pH range = 5 - 9			-	K SIS	1/3/	N. A.	ナー	\.				Record DO & ORP bu	Record DO & ORP but DO NOT use for stability
Temperature range =	= 10 - 19 (e	xcept for VERY wa	arm days - please try t	g/keep purge-containe	Temperature range = 10 - 19 (axcept for VERY warm days - please try tokeep purge-container coot/shaded area)						_		
DO range = less thar	n 12 (unles:	s very close to a st	parge well)										
If readings are not in	this range	please try to recali.	brate (except for temp	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.	brated). If they remain	out of range, please	do not write the value	on the sheet - it is a	n 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 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.

SITE NAME:	DEC-LINDENHIRST 63	Þ
SITE NAME:	DUC LIPSENING	

MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR:

DATE/TIME: WEll ID.:

72
RC
4/6/20
110/0
KW-1

	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?	1
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
A12 NG	
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)	-i/_
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
	K (T)
HEADSPACE READING (ppm) AND INSTRUMENT USED	<u> </u>
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	
PROTECTIVE CASING MATERIAL TYPE:	JEEL_
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	(1 1) (a)
LOCK PRESENT? BOCTED ON	YES NO
LOCK PRESENT?	70 17
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 EDOM MEACURDIO DODIT (F)	Ulda
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	- ():70
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	9.12
MEASURE WELL DIAMETER (Inches):	8
PHYSICAL CONDITION OF VISIBLE WELL CASING:	GOV9 STEE
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
TROAIMITT 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	SARY
IN GARS 40 WEST OF GATE	71111
IP 010177 40 WEN ON 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.	
IN GRASS	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
REMARKS:	
<i>c</i>	

SITE NAME: NEC-LINDENHUNST63	SITE ID.: INSPECTOR:	PC
MONITORING WELL FIELD INSPECTION LOG	DATE/TIME: WEII ID.:	4/0
WELL VICIDI FO (IE., ()) I () () I ()	YI	ES, NO
WELL VISIBLE? (If not, provide directions below)	<u>L</u>	
PDOP Reading from Trimble Pathfinder: Satelites:		
GPS Method (circle) Trimble And/Or Magellan		
GIS Method (chele) Timble And Of Magendin	YI	ES NO
WELL I.D. VISIBLE?		<u> </u>
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)		_
, and the second	<u></u>	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: $MW-107$		
	YI	ES_ NO
SURFACE SEAL PRESENT?		<u> </u>
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<u> </u>	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<u> </u>	<u> </u>
HEADSPACE READING (ppm) AND INSTRUMENT USED		0,0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	***************************************	
PROTECTIVE CASING MATERIAL TYPE:		51880
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):		300
	Ϋ́I	
LOCK PRESENT?		V
LOCK FUNCTIONAL?		V
DID YOU REPLACE THE LOCK?		6
S THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below)		V
WELL MEASURING POINT VISIBLE?		V
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		13.63
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):		6.13
MEASURE WELL DIAMETER (Inches):		2 =
WELL CASING MATERIAL:		INC
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	***************************************	
DESCRIPE ACCESS TO WELL (I. d. l. l. accessibility to the lateral property of	ماس ماس	
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, ove power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF 1		
sower times, proximity to permanent structures, etc.), ADD SKETCH OF LOCATION ON BACK, IF I	recessari.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
IN GRASS IN SONTH EAST	Corcere	,
Confund		
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a gard	len. etc.)	
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	, ••••,	
IN GASS		
In Ours		

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

SITE NAME: DEC-LINDEN/HUST 63	SITE ID.:	
MONITORING WELL FIELD INSPECTION LOG	INSPECTOR: DATE/TIME: WEII ID.:	4/6/20 MW-107
WELL VISIBLE? (If not, provide directions below)		S/ NO
PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan	YES	S- NO
WELL I.D. VISIBLE? 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	
SURFACE SEAL PRESENT?		
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):		STEEL
LOCK PRESENT? LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below) WELL MEASURING POINT VISIBLE?	YES	S NO
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		14.61 6.08 2=
PHYSICAL CONDITION OF VISIBLE WELL CASING:ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPEPROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES		6-00P
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.	1-ST OF GATE
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garde AND ASSESS THE TYPE OF RESTORATION REQUIRED.	en, etc.)	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.):		
REMARKS:		

MONITORING WELL FIELD INSPECTION LOG	SITE ID.: INSPECTOR: DATE/TIME: WEII ID.:	PC 4/6/20 MW-103
	YES	S NO
WELL VISIBLE? (If not, provide directions below)	<u>V</u>	
WELL COORDINATES? NYTM X NYTM Y NYTM Y		
PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan		
Gr S Wethod (circle) Trimble And/OI Wagenan	YEŞ	V NO
WELL I.D. VISIBLE?		
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	···	/
	L	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: $MW-103$		
	YEŞ	y NO
SURFACE SEAL PRESENT?	V	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<u> </u>	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)		
HEADSDACE DEADING (nom) AND DISTRIBUTION ISSED	C	20
HEADSPACE READING (ppm) AND INSTRUMENT USEDTYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	-	
PROTECTIVE CASING MATERIAL TYPE:		STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	<	2=
	YES	NO
LOCK PRESENT?		
LOCK FUNCTIONAL?	<u>V</u>	
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):	E	7.75
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):		2.10
MEASURE WELL DIAMETER (Inches):		2-
WELL CASING MATERIAL:	<i>T</i>	VC
PHYSICAL CONDITION OF VISIBLE WELL CASING:		GEOD
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE		
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	***************************************	-

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.

PAVEMENT

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

REMARKS:

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

SITE NAME: DEC-LINDENHURT 63	SITE ID.:	152125
MONITORING WELL FIELD INSPECTION LOG	INSPECTOR DATE/TIME WEII ID.:	
WELL VISIBLE? (If not, provide directions below)		YES NO
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)		YES NO
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	Г	YES/ NO
SURFACE SEAL PRESENT?		
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):		0.0 5788L 8
LOCK PRESENT? LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below) WELL MEASURING POINT VISIBLE?		YES NO
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	- - - - -	14.29 6.16 2 - PVC 600p
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhower lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF N	ECESSARY.	NRANCE
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garde AND ASSESS THE TYPE OF RESTORATION REQUIRED.	n, etc.)	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.):		

REMARKS:

SITE NAME: DEC-LINDENHURST 63

MONITORING WELL FIELD INSPECTION LOG

SITE ID.: INSPECTOR: DATE/TIME:

WEII ID.:

RC 4/7 RW-Z

	YES NO
WELL VISIBLE? (If not, provide directions below)	125
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)	
2. \ 7	· · · · · · · · · · · · · · · · · · ·
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
	YES/ NO
SURFACE SEAL PRESENT?	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
	• ~
HEADSPACE READING (ppm) AND INSTRUMENT USED	-0.0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	
PROTECTIVE CASING MATERIAL TYPE:	STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): LECTARGE	
	YES NO
LOCK PRESENT?	NH
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below)	
WELL MEASURING POINT VISIBLE?	
MEAGURE WELL DEPTH EDOM MEAGURING DOBIT (E).	0000 35.50
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	8=0.50
WELL CASING MATERIAL:	
PHYSICAL CONDITION OF VISIBLE WELL CASING:	<u> </u>
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	<u></u>
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
TROMINITY TO UNDERGROUND OR OVERLEAD 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	<i>r</i> .
FRONT LAWN	
DESCRIPE WELL CETTRIC (Formula Linealine Salline already at a second at a seco	
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.	
ON ASS	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
(-10, -10 -11 -11 -11 -11 -11 -11 -11 -11 -11	
DELCE DAG	
REMARKS:	

SITE NAME:	DEC-	LENDEN	Huns7

SITE ID.:

INSPECTOR: DATE/TIME:

4/7/20 MW-25

MONITORING WELL FIELD INSPECTION LOG

WEII ID.: YES 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 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: $M\omega-2.5$ 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. FRONT LAWN 1 FOOT 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.): **REMARKS:**

|--|

MONITORING WELL FIELD INSPECTION LOG

SITE ID.:
INSPECTOR:

DATE/TIME: WEll ID.:

KC	3
4/7/20	20
MW-55	55

	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	TALC PIO
THE VICE TO A MOVE TO	YES/NO
WELL I.D. VISIBLE?	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	
MW-55	
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)	V L
AND LID ON LOCK DE LID DAY (00
HEADSPACE READING (ppm) AND INSTRUMENT USED	0.0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	
PROTECTIVE CASING MATERIAL TYPE:	STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	8-
	YES NO
LOCK PRESENT?	
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	V
WELL MEASURING POINT VISIBLE?	
NO COLOUDE WELL DEPOSIT DE OLOUGE COURS OF SOURCE (F)	23.82
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	707
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	3-7-
MEASURE WELL DIAMETER (Inches):	
WELL CASING MATERIAL:	7000
PHYSICAL CONDITION OF VISIBLE WELL CASING:	<u> </u>
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	
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	y.
IN FIELD NOTH EWEST CONTAIN OF	- 105
IN STELL POLL & COURSE 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.	
IN GRASS	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
REMARKS:	
{	

SITE NAME:	DEC-	LINGEN	Hns7	-63
		W	110 021	

MONITORING WELL FIELD INSPECTION LOG

SITE ID.:
INSPECTOR:
DATE/TIME:

WEll ID.:

1/7/20 4/7/20 10-104

	YES NO
WELL VISIBLE? (If not, provide directions below)	6
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)	
	L
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: $MW-104$	
WELL I.D. AS IT ALL LARS ON TROTECTIVE CASING OR WELL	YES NO
SURFACE SEAL PRESENT?	TES NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	
HEADONAGE DE ADMO () AND INCORDAN CENTE LICED	00
HEADSPACE READING (ppm) AND INSTRUMENT USED	
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	
PROTECTIVE CASING MATERIAL TYPE:	STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	46.7
	YES, NO
LOCK PRESENT?	<u> </u>
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	V_{\sim}
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	
WELL MEASURING POINT VISIBLE?	<i>i</i> /
	111
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	1905
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	6,70
MEASURE WELL DIAMETER (Inches):	23
WELL CASING MATERIAL:	IVC
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	
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	
OUT IN FLED CLOSE TO WEST FINCE	
DESCRIPE WELL SETTING (For any other state of the state o	·
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.	
(70A55	
IDENTIEV ANV NË ADDV DOTENTIAL COLIDOES OF CONTAMINATION IF DDESENT	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
	·
REMARKS:	

MONITORING WELL FIELD INSPECTION LOG	SITE ID.: INSPECTOR: DATE/TIME: WEll ID.:	RC 4/7/20 MW-4P
WELL VICIDIES (16 at a mail direction below)	YE	S NO
WELL VISIBLE? (If not, provide directions below)		
PDOP Reading from Trimble Pathfinder: Satelites:		
GPS Method (circle) Trimble And/Or Magellan		
OFS Method (Chele) Thinble Alla/Of Magellati	YE	SZ NO Z
WELL I.D. VISIBLE?		
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	•	10
WELL LOCATION MATCH SITE MAT: (II liot, sketch actual location on back)		
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:		
	YE	8 NO
SURFACE SEAL PRESENT?		71 - 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	<u> 0</u>	<u> 10</u>
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	•	Name of the last o
PROTECTIVE CASING MATERIAL TYPE:		STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):		39
	YE	S 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?	L <u>v</u>	
MEACUDE WELL DEDTHER ON MEACUDING DOINT (Fact).	6	7.40
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		5.05
MEASURE WELL DIAMETER (Inches):		<u> </u>
WELL CASING MATERIAL:		Polo
PHYSICAL CONDITION OF VISIBLE WELL CASING:		600
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	-	0.000
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		
NEXT TO FENCE ON SOUTH SEDE.	- and the same of	swone favec

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

JP GATS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

ACTIVE INDUSTRIAL UNIFORM SITE, NYSDEC SITE NO. 1-52-125 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW			
PG	5/4/20 08VD	1400	Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description:	Montense	e f nee	of Englin	ock		
			Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
			Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description:						

Active Industrial Uniform Site Site No. 152125 Monthly Inspection of Fire Extinguisher

Serial Number:

	Yes	No	N/A
1. Is the extinguisher located in its designated location?	1		
2.) Is it clear of obstructions to access or visibility?			
3.) Are operating instructions on the name plate legible and facing outward?	1		
4.) Is the extinguisher full?	V		
5.) Pressure gauge (or indicator) in the operable range?	1		
6.) Are safety seals and/or tamper indicators in place and functional?			
7.) Is the extinguisher in good physical condition?			
8.) Has the extinguisher inspection tag been initialed for the current month?			

Active Industrial Uniform Site Site No. 152125 Emergency Lighting and Exit Sign Test Log

Dati Serial Numbe Initial	ri	0				
Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explan

7.1	and the same of th				= 2	
Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
5/14/20	M		1100	1130	P	
07.4-	· ·					
	-					
		·				
		_				
					= =	
			10			
					L	
1 = 1						
					X	
1	1	I		1	II.	

ACTIVE INDUSTRIAL UNIFORM SITE, NYSDEC SITE NO. 1-52-125 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW			
DG, BV	5/19/20 0730	1300	Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description: LAWN /	HANTERANCE FLORECEE	L'A Regloc	e s'Lighte	bulbos m		
			Monitoring	Maintenance		
			Monitoring Sampling	Other (Provide Description)		
			Alarm Response	Other (i Toride Description)		
Description:						
			Monitoring	Maintenance		
	200 2000		Sampling	Other (Provide Description)		
		05-21-33	Alarm Response			
Description:						

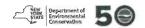
DER LINDENHURST 63

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

Date:

5/27/20

NYSDEC Division of Environme	ntal Remedia	tion NEW YORK STATE Env	artment of Ironmental servation		NYSDEC C	ontrac	t NO.
Site Location: West	Iclin Now	Vork			Superintender		
Site Location. 7705t					NYSDEC PM:		
0		r Conditions		PM	Consultant PN	/ 1:	
General Description Temperature	OVCST:	AM AM		PM	Consultant Sit	e Inspect	tors:
Wind	No.	AM	10	PM			,,,,,
Health & Safety							
If any box below is	checked "Ye	s", provide expla	nation under "H	lealth &			
Were there any changes					*Yes	No	NA
Were there any exceeda				date?	*Yes	No	WA
Were there any nuisanc	e issues reporte	ed/observed on this	date?		*Yes	No	NA
Health & Safety Con	ments						
Summary of Work P	erformed	Arrived at site:	6830	De	eparted Site:		
If any box below is o	hecked "Yes					-T	
If any box below is o	checked "Yes which did not which were no	display proper D.O.Tot tarped?	numbers and place	cards?	*Yes * Yes	mments No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes which did not which were no which were no	display proper D.O.Tot tarped?	numbers and place	cards?	*Yes * Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA)
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? t decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no pment	display proper D.O.Tot tarped? ot decontaminated p	numbers and place	cards? ork site?	*Yes *Yes *Yes *Yes	No No No	NA NA NA



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

Date: 5/27/20

		Contractor/Vendor		Quantity	Us	sed
		1.3				
9.5						
8						
		4			0000	
		**			71	
1	- 3			13		
	- #					
= 33 05						1150
- N AND	0.00		0 0			
			36			-
	- 1/1 - 1/1 HSL					
	- 17		===	- 110		
20 20	41 A 41 W			75	0.0	HL
				447		
			1			
Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or E Facility (If Ap	Disposal oplicable)	Daily Loads	Dail Weig (tons
					Loads	(tons
					Loads	(ton
					Loads	(ton
					Loads	(ton
					Loads	(ton
					Loads	(ton
					Loads	(ton
					Loaus	(ton
					Loaus	(ton
					Loaus	(ton
					Loaus	(ton
					Loads	(ton
	Imported/ Delivered	Imported/ Exported off Site	Imported/ Delivered	Imported/ Delivered Off Site (If Applicable) Source or Exported Off Site (If Applicable) Source Of	Imported/ Delivered off Site (If Applicable) Exported off Site (If Applicable) Facility (If Applicable)	Imported/ Delivered off Site (Maste Profile Source or Disposal Daily

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

Date: 5/27/20

Visitors to Site			
Name	Representing	Entered	Exclusion/CRZ Zo
		Yes	No
		Yes	No
		Yes	No
200		Yes	No
		Yes	No
10 22 27		Yes	No
		Yes	No
	3	Yes	No
		Yes	No
Site Representatives	ii ii		
Name	Representing		
10		ean -	
	0		= = = = = = = = = = = = = = = = = = = =
76.			
Project Schedule Comments			
		1000	
ssues Pending			
teraction with Public, Property O	wners, Media, etc.		

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

Date: 5/17/20

Page 4 of 9

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

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

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

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

Site Photographs (Descriptions Below)	

ort No.	(Site Name) - NYSDEC Site No.	Date:
<u> </u>		
Comments		
Site Inspec		Date:

5/27/20

Date:

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

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:		-241
S 7 102 Nation B By C B		

REMEDIAL ACTIVITIES AT PROPERTIES

	lave anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗷
2. Is	s anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗷
	las 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 nfection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗷
	Does the Department and its contractors have your permission to enter he property at this time?	Yes □	No 🗷
• I k	f 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 is 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 □
Commer	nts:		

Report No. (Site Name) - NYSDEC Site 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/AX
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/AZ
Comments:			

ACTIVE INDUSTRIAL UNIFORM SITE, NYSDEC SITE NO. 1-52-125 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)				
DG	614/20 A00	1400	Monitoring	Maintenance			
ii	·		Sampling	Other (Provide Description)			
			Alarm Respor	nse			
Description:	MANTENS	ne 1 tes	2 Squi	Euresjerry Cights			
A FIRE C.	xtinguister						
*							
			Monitoring	Maintenance			
			Sampling	Other (Provide Description)			
			Alarm Respon	ise			
Description:							
`							
			Monitoring	Maintenance			
1			Sampling	Other (Provide Description)			
			Alarm Respon	nse			
Description:							

Active Industrial Uniform Site Site No. 152125 Monthly Inspection of Fire Extinguisher

7		1
		111
		6/4/70
	Date	614110

Serial Number:

Initials:

	Yes	No	N/A
1. Is the extinguisher located in its designated location?	/		
			((
2.) Is it clear of obstructions to access or visibility?			
	1		
3.) Are operating instructions on the name plate legible and facing outward?	V		
	1		8
4.) Is the extinguisher full?	0		0
	340		
5.) Pressure gauge (or indicator) in the operable range?	/		
6.) Are safety seals and/or tamper indicators in place and functional?		70	3.
	1		
7.) Is the extinguisher in good physical condition?			
	/		
8.) Has the extinguisher inspection tag been initialed for the current month?			

Active Industrial Uniform Site Site No. 152125 Emergency Lighting and Exit Sign Test Log

Date: 4/4/20

Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
6/4/20	M		1100	1115	P	
	es —					
		71				
				-		
	l l					
				LL		



Ì	

Equipment Descript	ion		Contractor/Vendor		Quantity	Use	d
				A) - 18			-
							35 00
	W 18	L.	U. WE W				[1]
83		A 6			#= 22 T		(D) (D) (M)
					* * -		
. 22				11			
37.			750				- 1851 I
2					10		
					3.5		
						-	
			10				
					- 10	4.0.1	
							N 60.99
							-
			4:				
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)*
	W 10 89						
<u> </u>		2					
=======================================							
		5					
							
		7					
		0.0000					
*On-Site scale for off-site ship	ment, delivery t	icket for materia	1 received				
Equipment/Material Trac							



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

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

Page 4 of 9

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

Date:

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

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

Date:

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

Site Photographs (Descriptions Below)	
2000	



LYINSF	PECTION REPORT	Doto	Page
οπ Νο.	(Site Name) - NYSDEC Site No.	Date:	
			3-0
	1		
Comments			
		*//** *** *** *** *** *** *** *** *** *	



DAILY HEALTH CHECKLIST

		Week	201
Is social distancing being practiced?	Yes	No □	
Is the tail gate safety meeting held outdoors?	Yes □	No 🗆	NA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗆	No □	NI
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □	1
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	ents:		

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>			

ACTIVE INDUSTRIAL UNIFORM SITE, NYSDEC SITE NO. 1-52-125 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
BCC	6/11/20 0815	1315	Monitoring	V	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description:	Iskeeping + sife n	ajaknance \			
- Money	Iskeeping + site n gross + head - work no my sorbox	around componed			
Clean	np or gorbox				
	T			_	The same of the sa
			Monitoring	╁	Maintenance
			Sampling	-	Other (Provide Description)
·			Alarm Response		
Description:					
			Monitoring		Maintenance
			Sampling	Т	Other (Provide Description)
			Alarm Response		
Description:					

Active Industrial Uniform Site Site No. 152125 Monthly Inspection of Fire Extinguisher

Date: 6/11/20

Serial Number: 006565463

Initials: BU

	Yes	No	N/A
1. Is the extinguisher located in its designated location?	/		
2.) Is it clear of obstructions to access or visibility?	1		
3.) Are operating instructions on the name plate legible and facing outward?			
4.) Is the extinguisher full?			
5.) Pressure gauge (or indicator) in the operable range?	V		
6.) Are safety seals and/or tamper indicators in place and functional?			
7.) Is the extinguisher in good physical condition?	1		
8.) Has the extinguisher inspection tag been initialed for the current month?			

Date: 6/11/26
Serial Number: 3

Test Date	Annual or Monthly (A or M)	ral or Monthly (A Unit Number Start Time			Pass/Fail	Explanation for failure and planned corrective action		
6/11/20 -	All 1:5	hing inside	e compoun	d is in	working	ond		
			,					
		Si .						

Date: 4/4/20

NYSDEC Division of Environme	ental Remediati	ion New YORK STATE Enviro	tment of nmental rvation	NYSDEC Co D011107			
Site Location: Line lend , New York Superintendent:							
	Weather	Conditions. Co.	1 TRALLY				
General Description		AM	F	Consultant PM			
Temperature	70'5	AM	F	Consultant Site	Inspectors:		
Wind		AM	P	PM			
Health & Safety If any box below is	chacked "Ves	" provide explana	ation under "Heal	th & Safety Comr	nents"		
Were there any change	·		tron undor mou	*Yes	No NA		
Were there any exceedances of the perimeter air monitoring reported on this date?					No NA		
Were there any nuisand	*Yes	No NA					
Health & Safety Cor	<u>.</u>						
Summary of Work F	Performed	Arrived at site:	08/5	Departed Site:	1236		
- Grounds	keeping +)	gerend movite	nance				
Equipment/Material		', provide explana	tion under "Mate	rial Tracking Con	nments".		
	checked "Yes"				nments".		
If any box below is	checked "Yes" s which did not di	isplay proper D.O.T n					
If any box below is a Were there any vehicles	checked "Yes" s which did not di s which were not	isplay proper D.O.T n tarped?	umbers and placard	s? *Yes * Yes	No NA		
If any box below is Were there any vehicles Were there any vehicles	checked "Yes" s which did not di s which were not s which were not	isplay proper D.O.T n tarped?	umbers and placard	s? *Yes * Yes	No NA NA		
If any box below is 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 ipment	isplay proper D.O.T n tarped?	umbers and placard	s? *Yes * Yes	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" s which did not di s which were not s which were not ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes	No NA NO NA		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		
If any box below is a 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 ipment	isplay proper D.O.T n tarped? decontaminated prio	umbers and placard	s? *Yes * Yes site? * Yes Trade	No NA NO NA Total Hours		



Report No. (Site Name) - NYSDEC Site No. Date: 4/11/20

Equipment Description		Contractor/Vendor			Quantity Used		
we-c							
1 10	+) ::= ()		
19 9 85.			.45.				
	1						
-	-				0		
4						,	
S S S							
<u> </u>	1						
- 4							
376							
					1		
===					(4)		
SE							-
5				***************************************			
						· · · · · · · · · · · · · · · · · · ·	
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)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site			r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site			r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site			r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site			r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site			r Disposal Applicable)	Daily	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site			r Disposal Applicable)	Daily	Daily Weight (tons)*
	to Site		(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)*
On-Site scale for off-site ship	to Site	icket for materia	(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)
On-Site scale for off-site ship	to Site	icket for materia	(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)
On-Site scale for off-site ship	to Site	icket for materia	(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)
On-Site scale for off-site ship	to Site	icket for materia	(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)
On-Site scale for off-site ship	to Site	icket for materia	(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)
On-Site scale for off-site ship	to Site	icket for materia	(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)
On-Site scale for off-site ship	to Site	icket for materia	(If Applicable)		r Disposal Applicable)	Daily	Daily Weight (tons)

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

Page 3 of 9

Visitors to Site None			
No.			
Name	Representing	Entered	Exclusion/CRZ Zone
1 4		Yes	No
		Yes	No
		Yes	No
	No.	Yes	No
	A.	Yes	No
		Yes	No
Site Representatives			
Name	Representing		
9 95	5		
- 200			
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property C	ware Modic oto		
interaction with Public, Property C	wilets, Media, etc.		
None			
1			

Report No. (Site Name) - NYSDEC Site No. Date: 6/11/40

Page 4 of 9

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

- Entire outside compound



Report No. (Site Name) - NYSDEC Site No. Date: 4/1/26

Page 6 of 9

Site Photographs (Descriptions Below)	
- E-mailed to PM	
·	
	Ę

port No.	(Site Name) - NYSDEC Site No.	Date:
		Military, walls of the second
Comments		
Comments	<u> </u>	
Site Inspec	tor(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 □
<u>Comments:</u>		
No.		

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:		

Page 9 of 9

Report No. (Site Name) - NYSDEC Site No. Date: 6/11/26

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>			

ACTIVE INDUSTRIAL UNIFORM SITE, NYSDEC SITE NO. 1-52-125 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX		E VISIT (CHECK BOX BELOW)			
DG	6/18/20 0900	1330	Monitoring	X	Maintenance			
			Sampling		Other (Provide Description)			
			Alarm Response					
Description:	MANNENER	•						
			Monitoring		Maintenance			
			Sampling		Other (Provide Description)			
			Alarm Response					
Description:								
			Monitoring		Maintenance			
			Sampling		Other (Provide Description)			
			Alarm Response	E				
Description:								

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

NYSDEC Division of Environmental Remediation Site Location: New Meather Conditions									
Weather Conditions	Division of Environm		tion 😼	Departn Environ Conserv	nent of mental ration		D011107		No.
General Description Temperature AM PM Wind 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? Were there any nuisance issues reported/observed on this date? *Yes No NA Were there any nuisance issues reported/observed on this date? *Yes No NA *Yes No NA Were there any nuisance issues reported/observed on this date? *Yes No NA **Health & Safety Comments **General Description **General									
Temperature AM	COOSIDIANT 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? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? *Yes No NA Health & Safety Comments Summary of Work Performed Arrived at site: Departed Site: **Jes No NA **Pes No NA **Pes No NA **Pes No NA **Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No NA *Yes No NA **Were there any vehicles which did not display proper D.O.T numbers and placards? **Yes No NA **Yes No NA **Were there any vehicles which were not tarped? **Yes No NA		Sonn		Gi-	/,	1 141			
Health & Safety 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? *Yes No NA Were there any nuisance issues reported/observed on this date? *Yes No NA Health & Safety Comments Summary of Work Performed Arrived at site: Departed Site: *Simple Plant Arrived Arrived at site: Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No 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		703			4,	-	Consultant Sit	e inspector	3.
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?	WIND KARRIAFE AW					1-IAI			
Were there any changes to the Health & Safety Plan? 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 No NA Health & Safety Comments Summary of Work Performed Arrived at site: OPOO Departed Site: Some Departed		checked "Yes	s", provide	explanat	ion under "H	lealth &	Safety Com	ments".	/
Were there any nuisance issues reported/observed on this date? *Yes No NA Health & Safety Comments Summary of Work Performed Arrived at site: Departed Site: /S\$6 Lawa Manufacture Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No 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							i e	177	NA
Health & Safety Comments Summary of Work Performed Arrived at site: Departed Site: 1550 Lawr Manufacture Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No 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	Were there any exceed	fances of the per	rimeter air mo	nitoring re	ported on this	date?	*Yes	No /	NA
Summary of Work Performed Arrived at site: Opon Departed Site: /330 Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No NA 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	Were there any nuisance issues reported/observed on this date?					No /	NA		
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No 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	Health & Safety Cor	mments							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No NA Were there any vehicles which were not tarped?									
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No NA Were there any vehicles which were not tarped?									
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No 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	Summary of Work F	Performed	Arrived at	site:	6800	De	parted Site:	13	30
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		VHINEN	ont						
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			", provide	explanati	ion under "M	aterial 1	racking Cor	nments".	
Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA Personnel and Equipment	Were there any vehicle	s which did not	display prope	r D.O.T nu	mbers and plac	cards?		152 -72	
Personnel and Equipment									+
	T		t decontamin	ated prior	to exiting the w	ork site?	* Yes	No	NA
Individual Company Trade Total Hours	Personnel and Equ	ipment							
	Individual		Co	mpany		Tra	ide	Tota	I Hours
	-								
								1	
								-	
	27	+							

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

Equipment Descripti	on		Contractor/Vendor		Quantity	Use	d
					#3%) 33		
					i i		
					90 30	57.	UW S
<u> </u>			9				
					.0		
						(0)	
	0					<u> </u>	
	1.7						
				1			
100							
<u> </u>							
		· · · · · · · · · · · · · · · · · · ·					
	3						
			ii .				
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)*
	10.000						
		3					
100							
	+						
				+	**		
677			and the second	ļ.,			
	+	-		-			
*On-Site scale for off-site ship			al received				
Equipment/Material Tracl	king Comme	nts:					

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

Visitors to Site				
15 (15 to 15			- 10	
Name	R	epresenting	Entered	Exclusion/CRZ Zone
			Yes	No
294			Yes	No
			Yes	No
11 AV 2007 See 5			Yes	No
			Yes	No
3		11	Yes	No
Site Representatives				
Name		Representing		
1 APC				
<i>I</i> .				***
		V 6		
j				
				AM.
32				end for
1				
		Ì		
= +				
Project Schedule Comments				
Issues Pending				
				- (100)
Interaction with Public, Property (Owners, Media,	etc.		

THE R DESCRIPTION	The second secon	22000 - 000	DESCRIPTION OF THE PROPERTY OF
DAHV	INCDEC.	TION I	BEDODT
DAILT	INSPEC'	i iuii i	KEPUKI

Page 4 of 9

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

Date:

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

Page 6 of 9

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

Site Photographs (Descriptions Below)					
ge wege to be a particular to the control of the co					

ort No.	Site Name) - NYSDEC Site No.	Date:	
15/10			
		· .	
Comments			
Site Inspector	61.	Date:	

	_	1	_
U	а	и	е

DAILY HEALTH CHECKLIST

s social distancing being practiced?	Yes 🗹	No □
s 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:		A. 11

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 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 🗆) f
Comments:			

 ╮	_	1	_

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 □	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>			

ACTIVE INDUSTRIAL UNIFORM SITE, NYSDEC SITE NO. 1-52-125 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
DG	6 25 20 0950	1330	Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description:	Martenere				
			Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description:					
			Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description:					

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

NYSDEC Division of Environme	ental Remediat	ion NEW OPPORT	tment of nmental rvation	NYSDEC D011107 Superinter		lo.
Site Location: [LIM]	ENHUESTNev	v York	10-2-2	NYSDEC		i
**		Conditions				
General Description	DESIN		PN			
Temperature	HAS	AM	PN		t Site Inspector	s:
Wind	HOT	C AM	PN	/		
Health & Safety If any box below is	checked "Yes	s", provide explana	ation under "Healt	h & Safety C	omments".	
Were there any change				*Yes	No	NA
Were there any exceed	ances of the per	imeter air monitoring r	reported on this date?	*Yes	No	NA /
Were there any nuisand	ce issues reporte	ed/observed on this da	ite?	*Yes	No	NA.
Health & Safety Cor	nments					
			667	_	127	
Summary of Work P		Arrived at site:	0930	Departed Si	te: 133	0
1	MAI	stenere				
MUMM	A (A t a					
Equipment/Material	T-50-11-00-1					
If any how helow is	i iracking checked "Yes	.". provide explana	tion under "Mater	ial Tracking	Comments".	
If any box below is	checked "Yes				Comments".	NA
If any box below is Were there any vehicle	checked "Yes	display proper D.O.T n				
If any box below is	checked "Yes es which did not des which were no	display proper D.O.T n t tarped?	numbers and placards	? *Yes *Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle	checked "Yes as which did not des as which were no as which were no	display proper D.O.T n t tarped?	numbers and placards	? *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 des which were no es which were no ipment	display proper D.O.T n t tarped?	numbers and placards	? *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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes * Yes ite? * 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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes *Yes ite? *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 des which were no es which were no ipment	display proper D.O.T n t tarped? t decontaminated prior	numbers and placards	? *Yes *Yes ite? *Yes	No No	NA NA NA

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

Equipment Descripti	on	Contractor/Vendor			Quantity Used		
2							name of the same o
		(SE)					
					=		
						S STA	
				- 3-25- one			8 2 2 2 2
							_
					3 U-1		
.g==0r				- 1-2			
					sas na		
2							3-22
				- 1980			
		2					
3 5							
				•			
						59-64	
					.=		
					9:		
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)*

			SUREN DE				
	1 200						
			- 119	15.	- 10.0		The state of the s
				- 1			
			0.5				563
22							
40 00 1 6 6 4 1		islant for motori	al received				
*On-Site scale for off-site ship Equipment/Material Trac			al received				
Equipmentinaterial frac	King Commic	illo.					
t:							

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

Visitors to Site				
Name	Re	presenting	Entered I	Exclusion/CRZ Zone
		r = 20000 W	Yes	No
			Yes	No
			Yes	No
24.			Yes	No
			Yes	No
Site Representatives	Lit			
Name	1.51	Representing		
		_	F98%	227-137-
			908 (script)	ettia essa
			-	
		39/8/4		
37		. Settern Seeme		
= 5.0897				
Project Schedule Comments	55 W.S	e = =====		100
		_		
Issues Pending				
Interaction with Public, Property C	Owners. Media. e	tc.		
mitoria mitoria de la como de la				

Page 4 of 9

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

Date:

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

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

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

Page 6 of 9

Report No.	(Site Name) - NYSDEC Site No.	Date:	
			_

Site Photographs (Descriptions Below)	
	<u> </u>
	7
	78

Report No.	(Site Name) - NYSDEC Site No.	. Date:	
-			
			*
1			
Comments			
Site Inspect	or(s):		Date:

Married			
-10	2	10	2
-	a	ıc	

DAILY HEALTH CHECKLIST

1970 And Control of the Control of t	TO DOT HAIRS	
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 he COVID-19? 	Yes □	No □
2. Is anyone at this location isolated or quarantined for COVID-1	19? Yes □	No □
Has anyone at this locaton had contact with anyone known to COVID-19 in the past 14 days?	have Yes □	No □
 Does anyone at this location have any symptoms of a respirate infection (e.g., cough, sore throat, fever, or shortness of breather). 	7.	No □
5. Does the Department and its contractors have your permission the property at this time?	on to enter Yes □	No □
 If it is not critical that service/entry be carried out immediately be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct se without entry. If it is critical that service/entry be carried out immediately, ad occupants that as a precaution and for our own protection, presonnel will be donning appropriate PPE* (including respirate protection) - and do so prior to entry. 	ervice Yes □ vise oject	No 🗆
Comments:		

_		100		
	-	4	-	
1.7	и	и	н	

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes □	No □	N/AZ
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/AØ
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/AØ
If yes, has Contractor been notified?	Yes □	No □	N/A
<u>Comments:</u>			