



MOVE YOUR ENVIRONMENT FORWARD

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



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General Information

Project/Site Information:

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

Consultant Information:

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Project Number: DEC1004.OM

Client Information:

New York State Department of
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Report Date: 2/19/2021



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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 on-site, 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

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

4.1 Groundwater Sampling

In April 2020, EAR conducted a quarterly groundwater sampling event. A headspace reading was collected using a photoionization 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

Monitoring Well ID and Location	Site-Specific Contaminant of Concern Concentrations, ug/L							
	PCE		TCE		Cis-1,2-DCE		Vinyl Chloride	
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, ug/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; ug/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.

- **MW-4D:** 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.
- **MW-5S:** 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.

- MW-104: 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.
- MW-105: 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.
- MW-107: 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.
- RW-1: 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.
- RW-2: 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.
- MW-2S: 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 µg/L; 1,1-Dichloroethene at 0.93 µg/L; methyl tert-butyl ether (MTBE) at 0.99 µg/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 µg/L. No standard or guidance value for groundwater is available for MTBE.

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

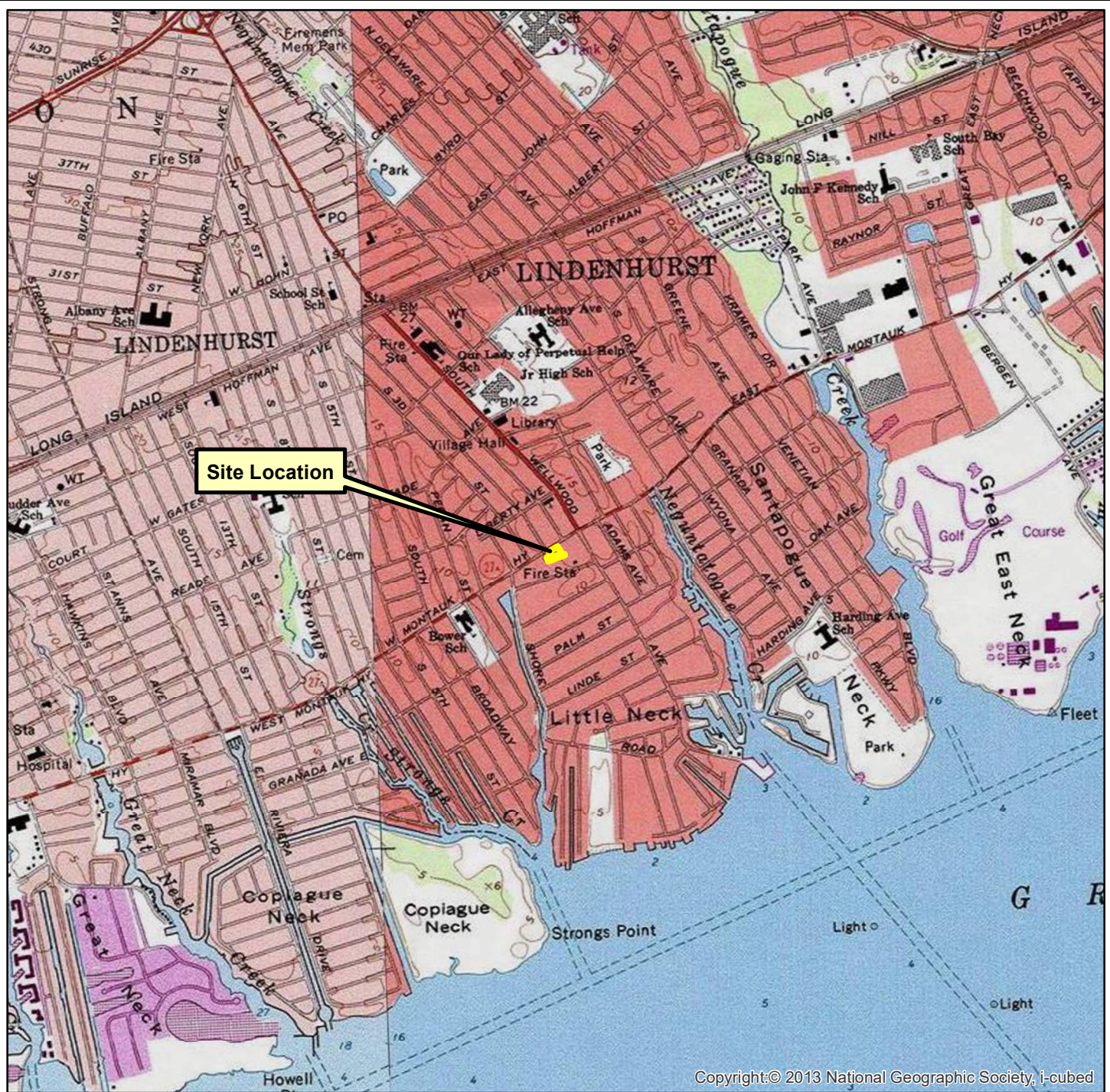
Future maintenance and monitoring activities at the Site includes the following:

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

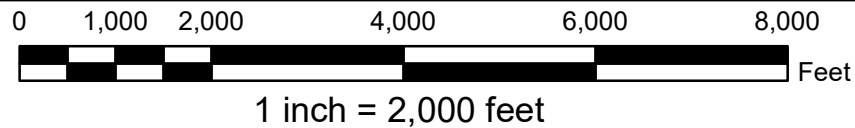
7.0 PROGRESS TOWARD CLEANUP OBJECTIVES

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.

FIGURES



Copyright © 2013 National Geographic Society, i-cubed






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

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

HRP
 MOVE YOUR ENVIRONMENT FORWARD
 ONE FAIRCHILD SQUARE
 SUITE 110
 CLIFTON PARK, NY 12065
 (518) 877-7101
 HRPASSOCIATES.COM

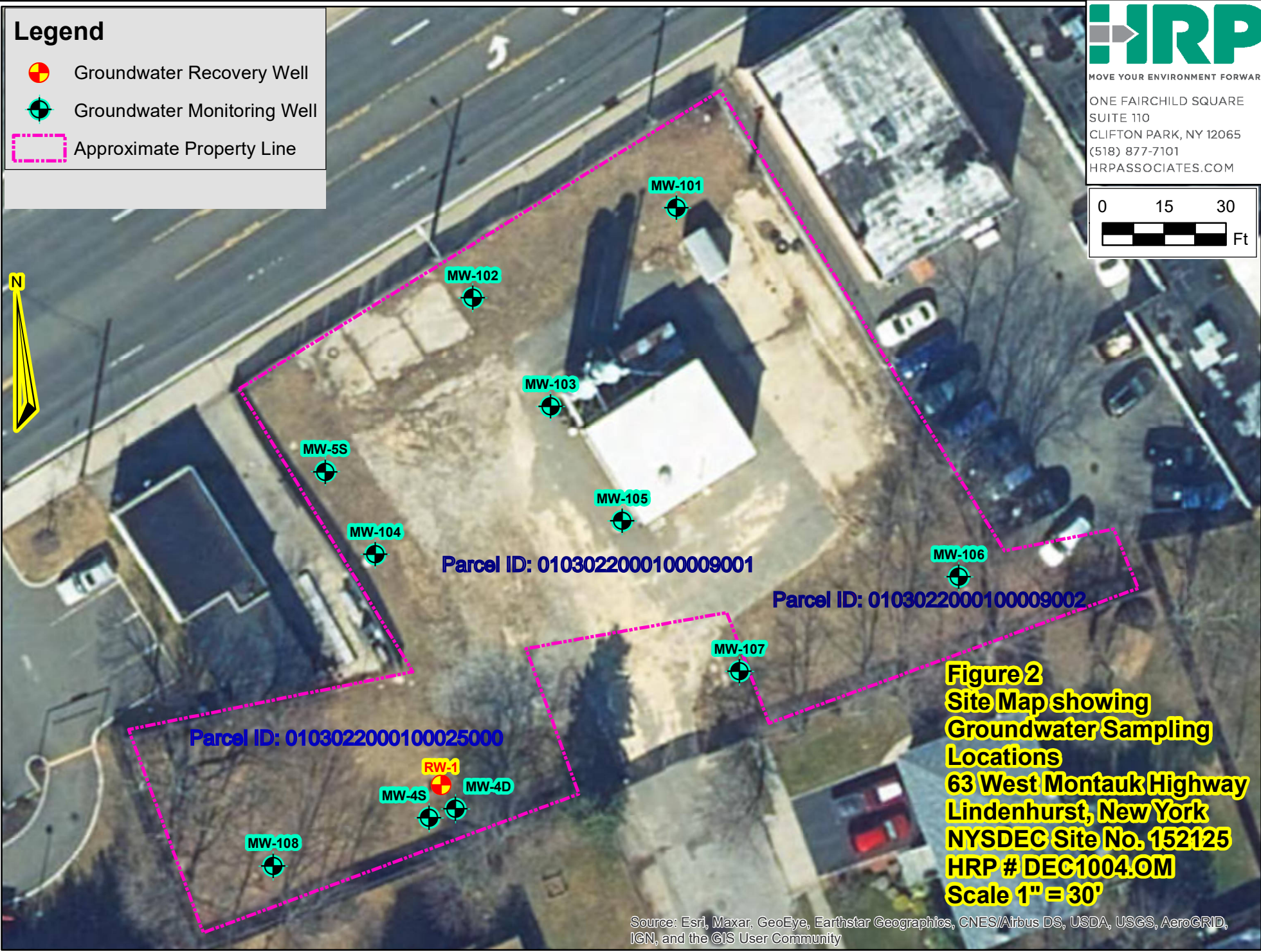
Legend

-  Groundwater Recovery Well
-  Groundwater Monitoring Well
-  Approximate Property Line



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ONE FAIRCHILD SQUARE
SUITE 110
CLIFTON PARK, NY 12065
(518) 877-7101
HRPASSOCIATES.COM



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

Path: S:\Data\NYSDEC - NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION\BABYLON\63 WEST MERRICK ROAD\DEC1004\OM\GIS\Figure 3 - 63 West Montauk.mxd



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community



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MOVE YOUR ENVIRONMENT FORWARD

ONE FAIRCHILD SQUARE
SUITE 110
CLIFTON PARK, NY 12065
(518) 877-7101
HRPASSOCIATES.COM

**Site and Surrounding Area:
Groundwater Sampling Locations**

**63 West Montauk Highway
Lindenhurst, New York
NYSDEC Site No. 152125**

ASI
DESIGNED BY:


BOB
DRAWN BY:

DJF
REVIEWED BY:

11X17
SHEET SIZE:

08/04/2020
DATE:

DEC1004.OM
PROJECT NUMBER:

 **North**

1 in = 150 ft

0

75

150

Ft

FIGURE

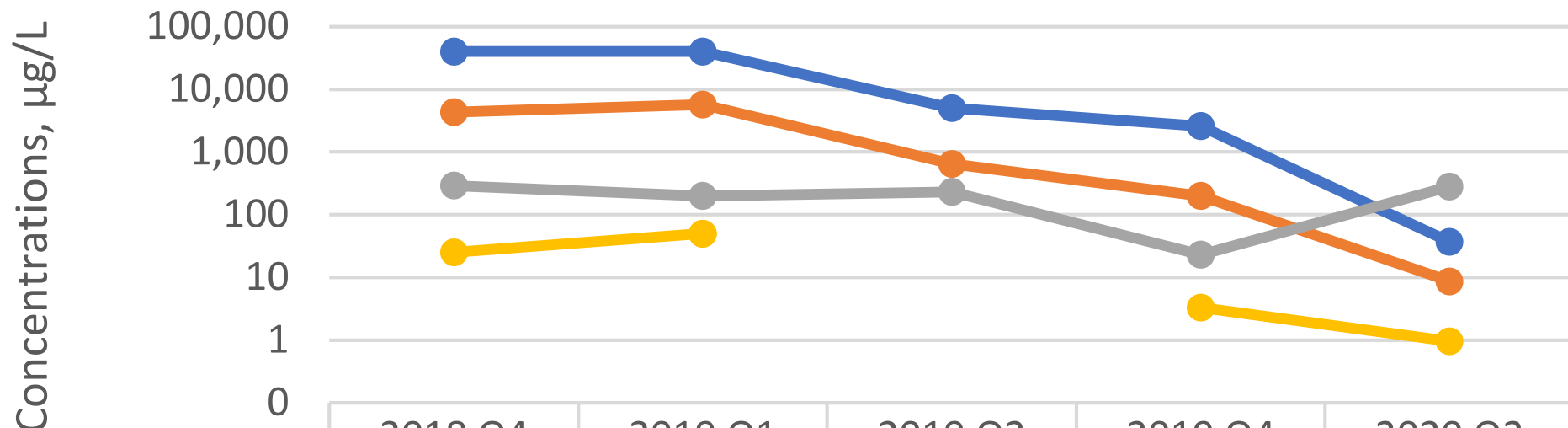
3

APPENDIX A

Temporal Variations of VOCs Concentrations

Temporal Variations of VOCs Concentrations
63 West Merrick Road, Lindenhurst NY
HRP# DEC1004.OM

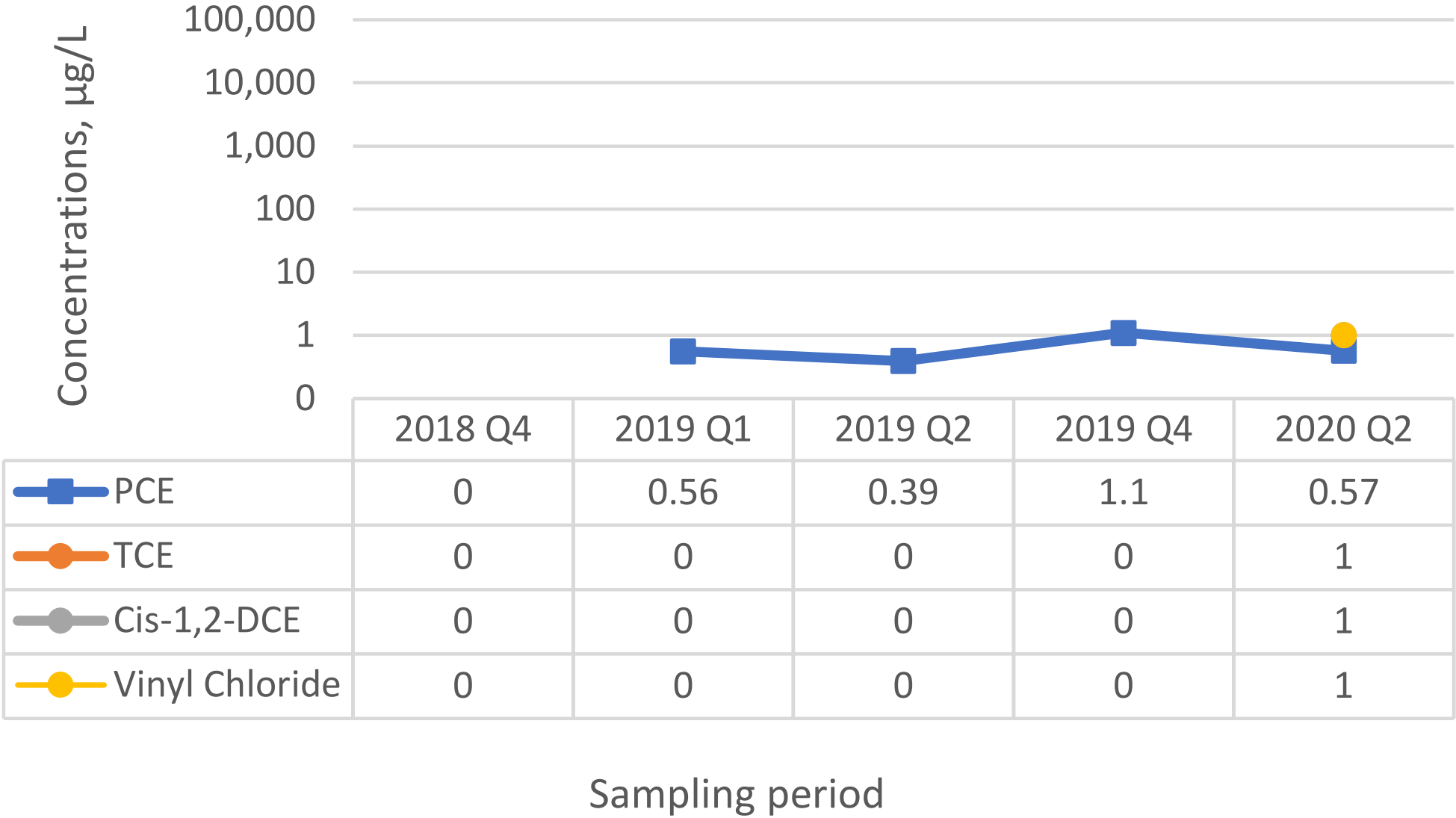
MW-4D



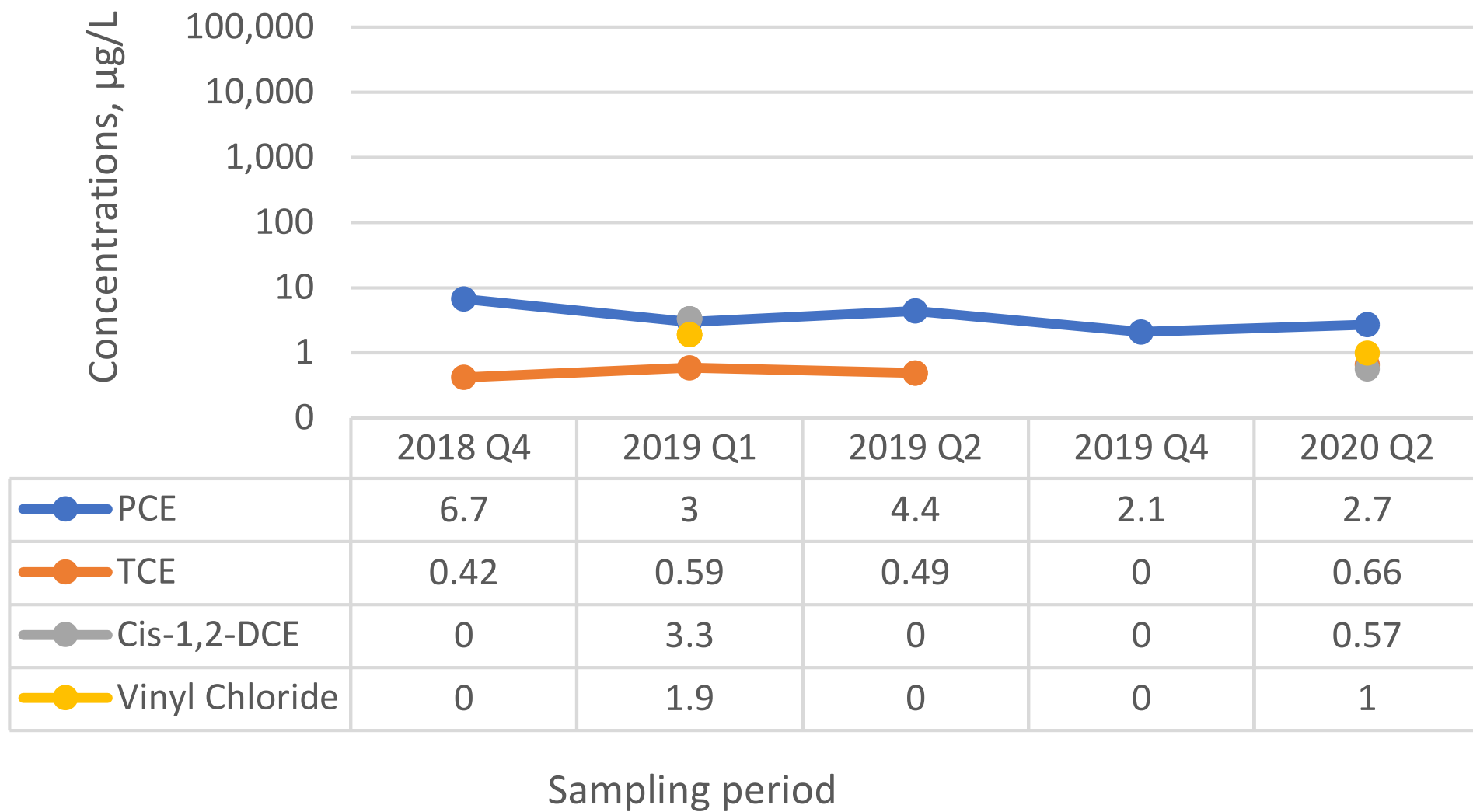
—●— PCE	40,000	40,000	5,000	2,600	37
—●— TCE	4,300	5,700	650	200	9
—●— Cis-1,2-DCE	290	200	230	23	280
—●— Vinyl Chloride	25	50	0	3	1

Sampling period

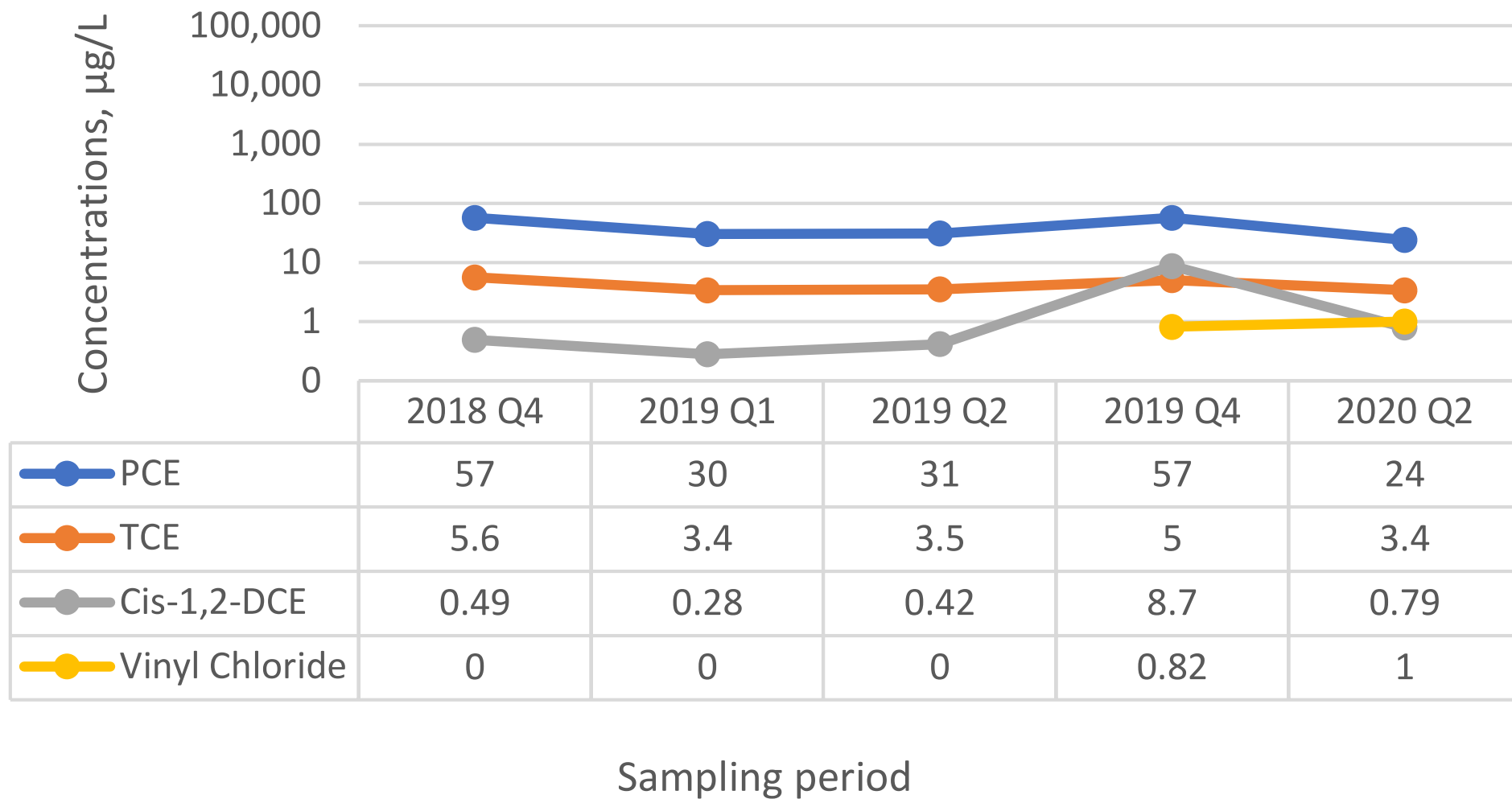
MW-5S



MW-103

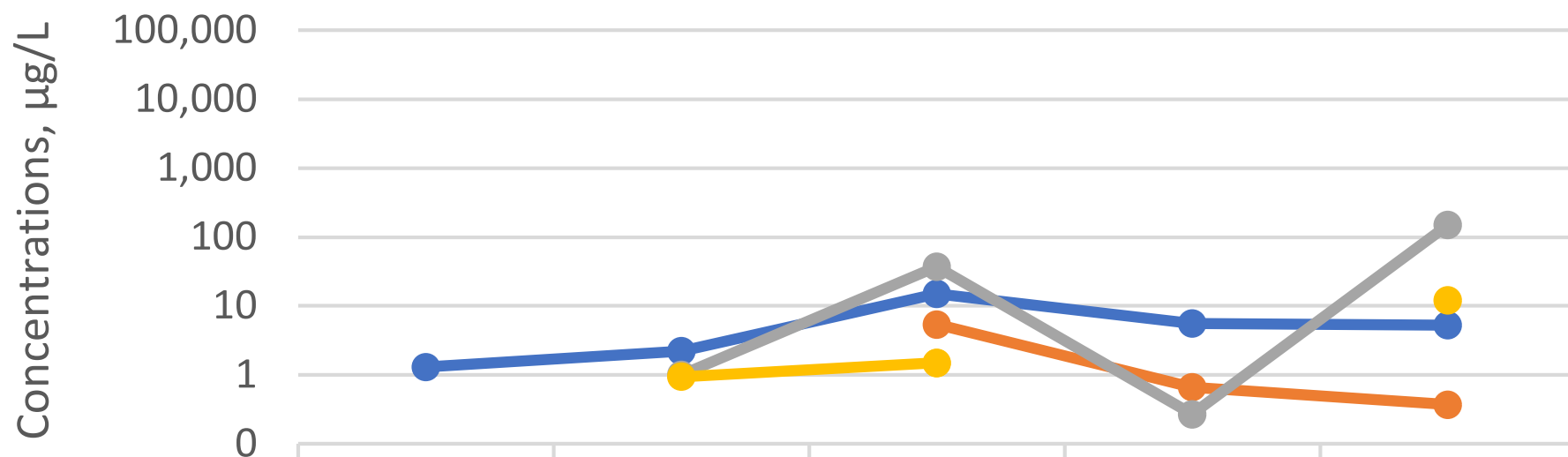


MW-104



Temporal Variations of VOCs Concentrations
63 West Merrick Road, Lindenhurst NY
HRP# DEC1004.OM

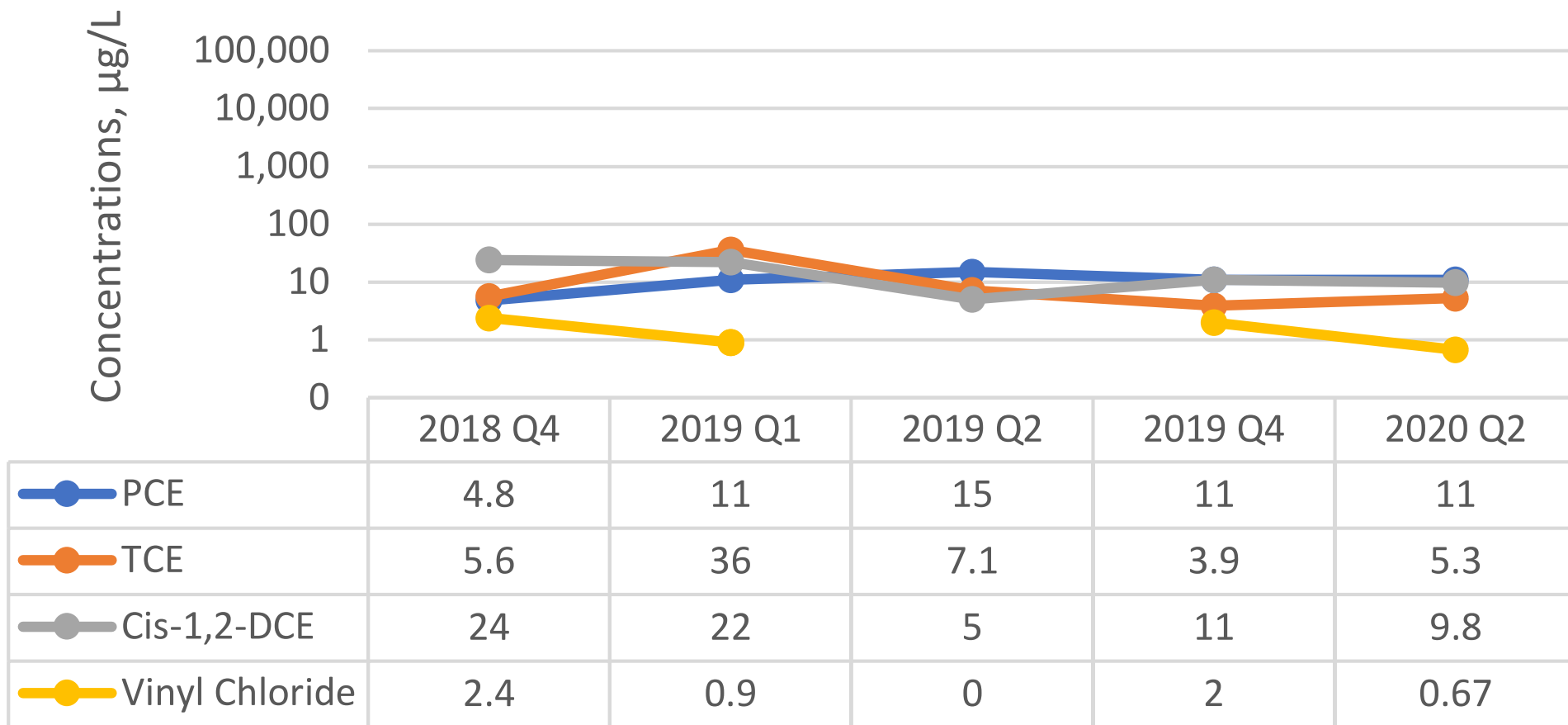
MW-105



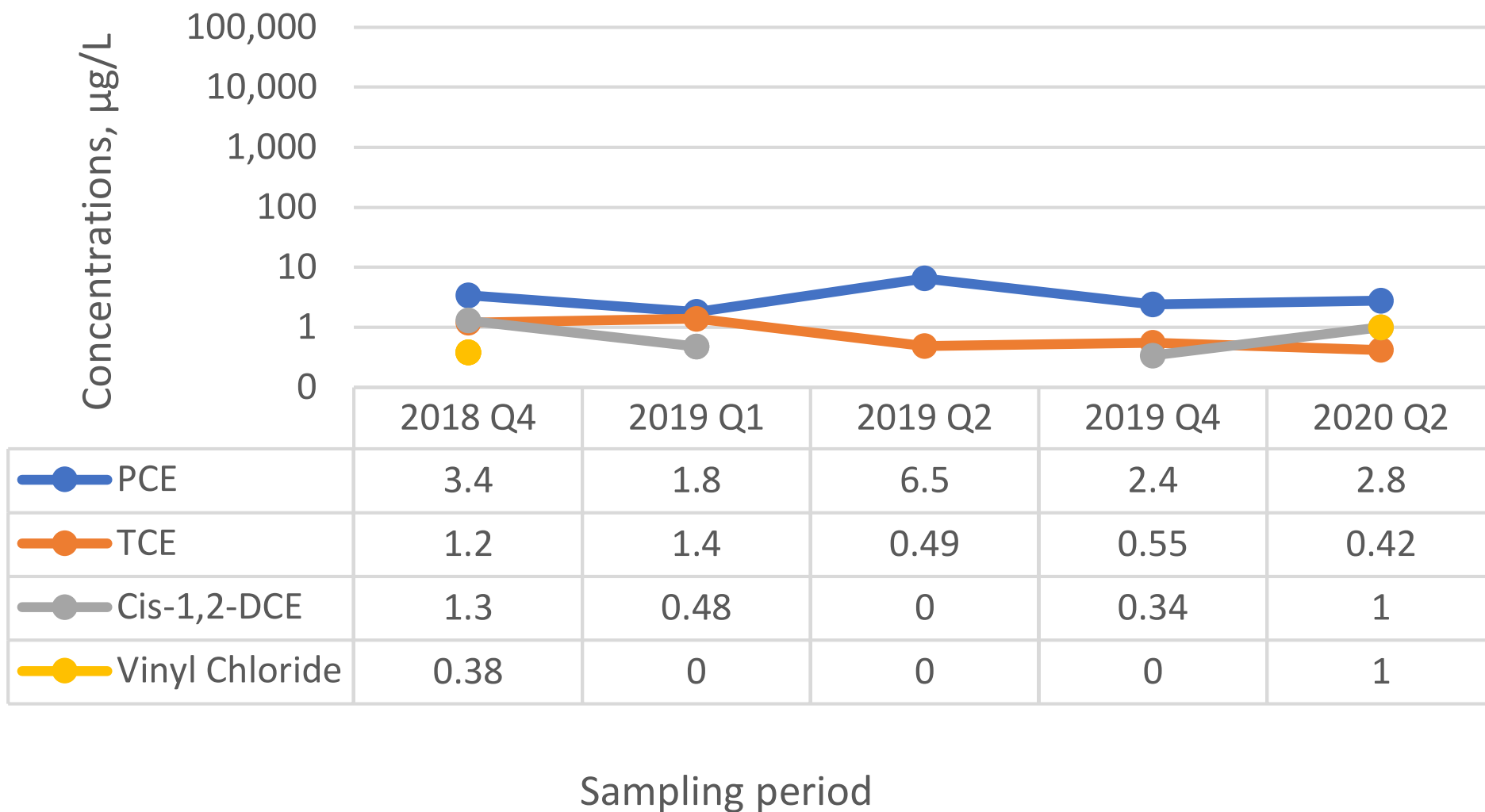
	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2
● PCE	1.3	2.2	15	5.6	5.3
● TCE	0	0	5.4	0.66	0.37
● Cis-1,2-DCE	0	1	37	0.27	150
● Vinyl Chloride	0	0.94	1.5	0	12

Sampling period

MW-106



MW-107

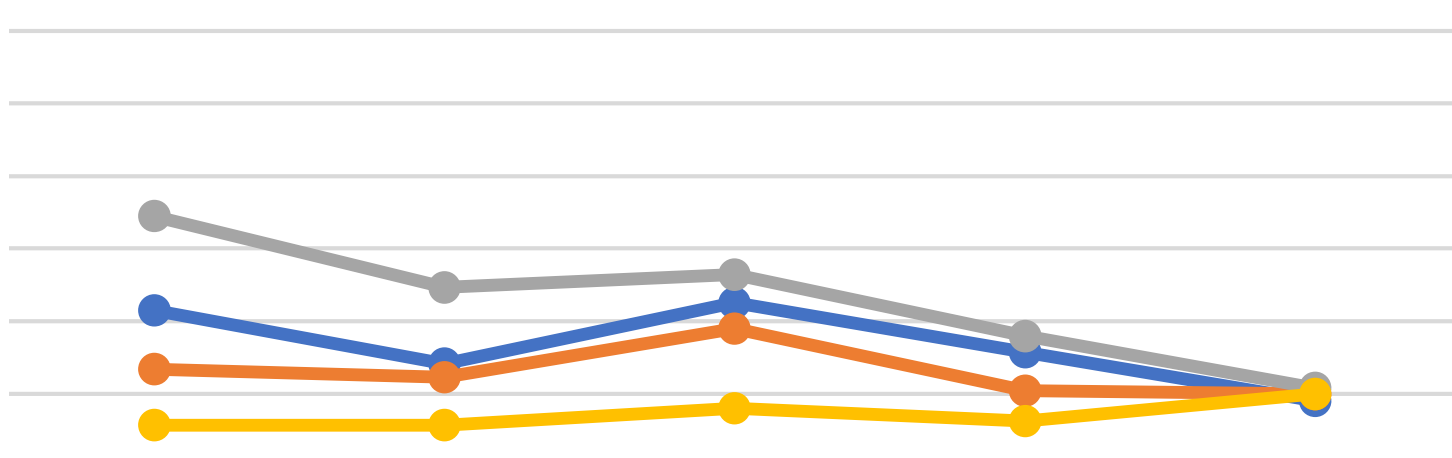


Temporal Variations of VOCs Concentrations
63 West Merrick Road, Lindenhurst NY
HRP# DEC1004.OM

MW-2S

Concentrations, µg/L

100,000
10,000
1,000
100
10
1
0



2018 Q4

2019 Q1

2019 Q2

2019 Q4

2020 Q2

—●— PCE

14

2.6

18

3.7

0.8

—●— TCE

2.2

1.7

7.9

1.1

1

—●— Cis-1,2-DCE

280

29

44

6.3

1.2

—●— Vinyl Chloride

0.37

0.37

0.63

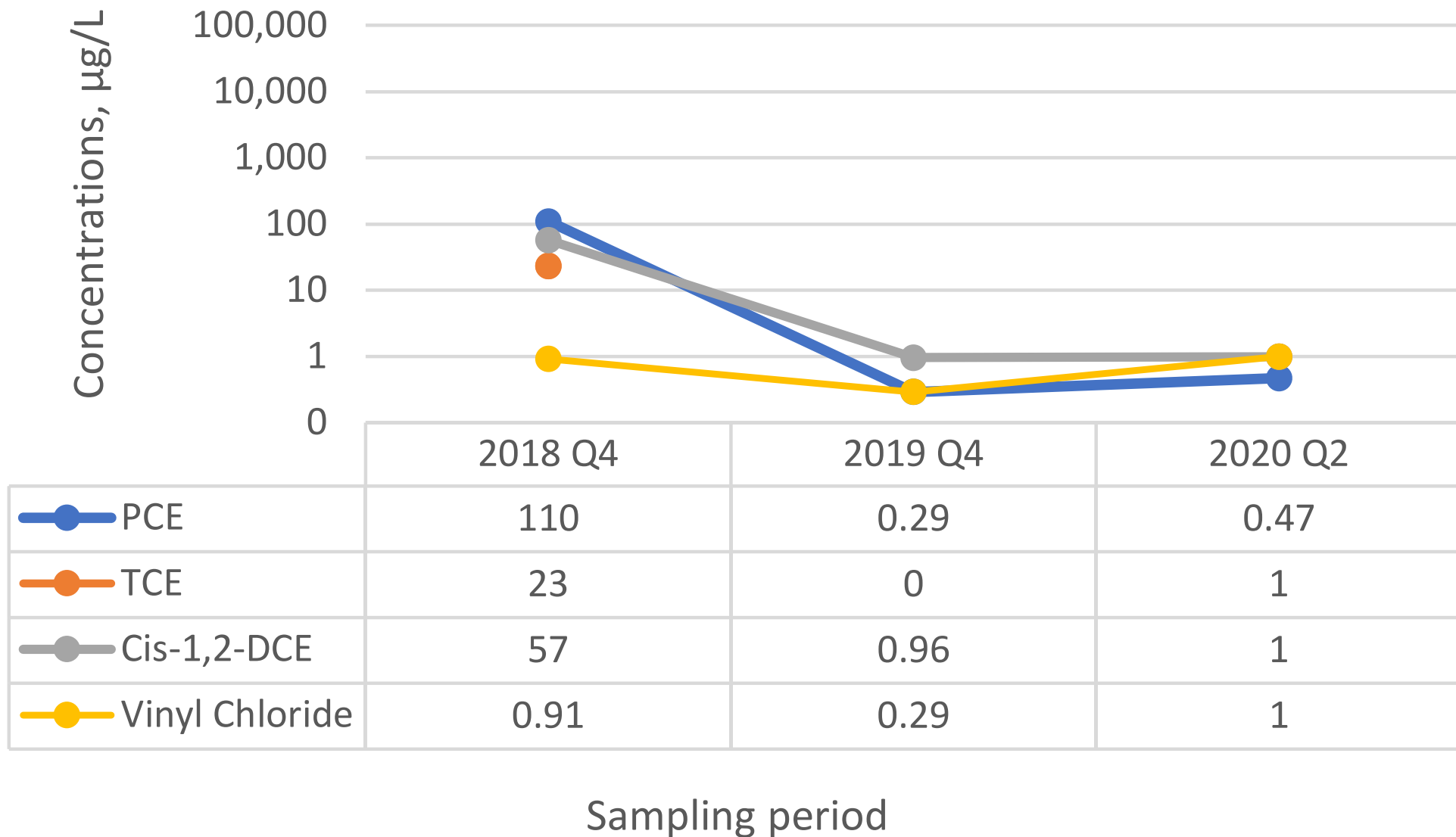
0.42

1

Sampling period

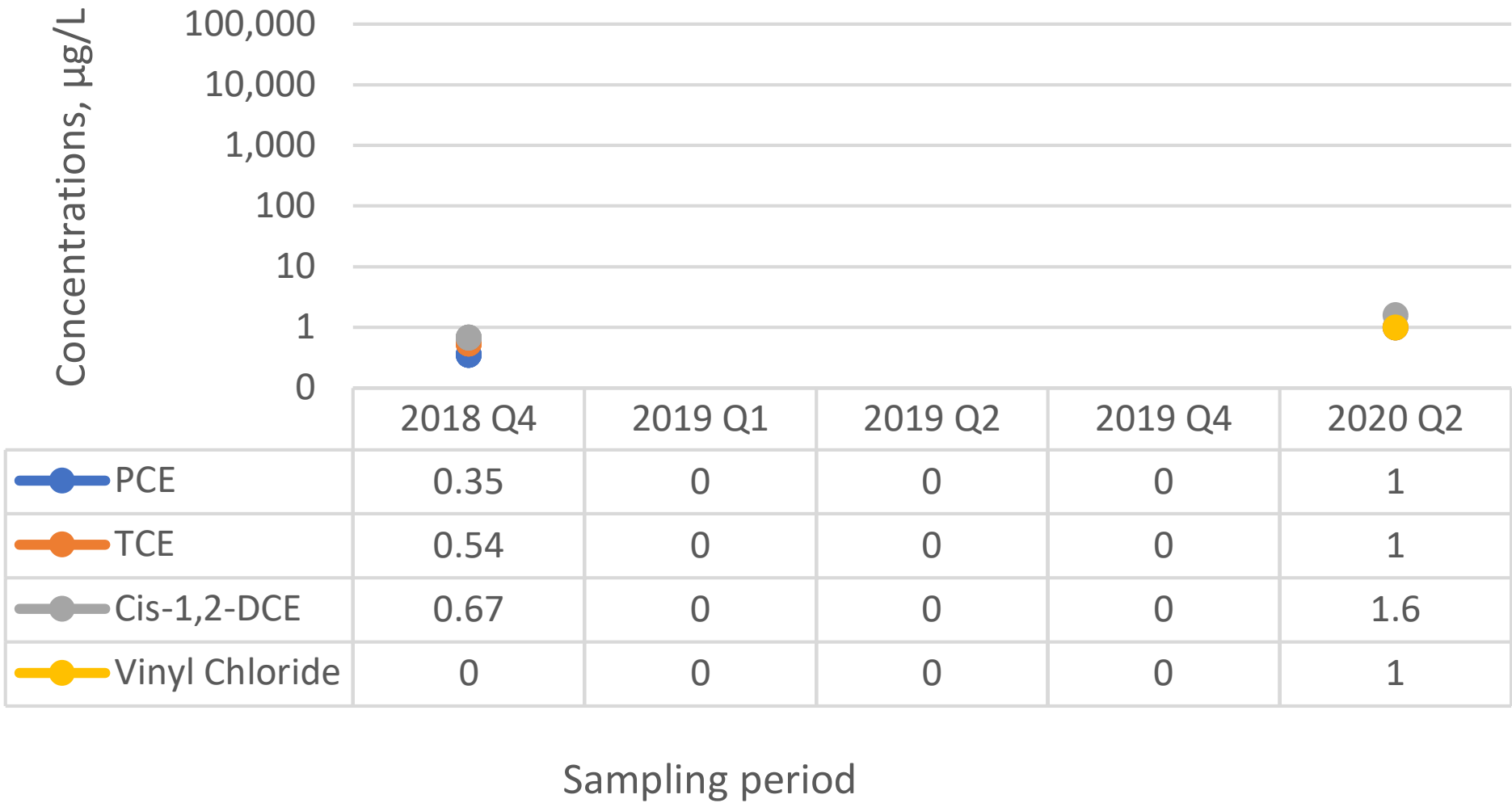
Temporal Variations of VOCs Concentrations
63 West Merrick Road, Lindenhurst NY
HRP# DEC1004.OM

RW-1



Temporal Variations of VOCs Concentrations
63 West Merrick Road, Lindenhurst NY
HRP# DEC1004.OM

RW-2



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 SITE VISIT (CHECK BOX BELOW)		
RC/BV	4/6/20 07:45		<input type="checkbox"/>	Monitoring	<input type="checkbox"/> Maintenance
			<input checked="" type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description: TOOK WATER SAMPLES (3 VOAS) FROM VARIOUS WELLS.					
			<input type="checkbox"/>	Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description: 					
			<input type="checkbox"/>	Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description: 					

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

Date: 4/6/20
Serial Number: D06565463
Initials: RC

	Yes	No	N/A
1. 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?	✓		
5.) Pressure gauge (or indicator) in the operable range?	✓		
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

Date: 11-1-20
Serial Number: _____
Initials: _____ PC

[illegible]

Site: Dec-LenDev/Inst 63

Equipment

Start Time: 12:00

[illegible]

End Time:

.....

[illegible]

Well Size (inches)	0.5	0.75	1	1.5	2	4	6	8
Multiplier based on 4 well volume	0.06	0.11	0.18	0.42	0.7	2.65	6	10.4
Multiplier based on 1 well volume	0.015	0.0275	0.045	0.105	0.175	0.663	1.5	2.6

THE CHURCH
THE U.S.
& THE WORLD

$$\bullet \text{ } m_W - 10\% = m_W - X \text{ DuPE}$$

Guidelines for Field Screening Values:

pH range = 5 - 9

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

NO range = less than 12 (unless very close to a sparge well)

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

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

Purge a minimum of 1 well volume & then wait for stabilization	<p>Tolerance for stability:</p> <p>Specific Conductance (3%)</p> <p>temperature (3%)</p> <p>pH +/- 0.1 units</p>
---	---

*Record DO & ORP but **DO NOT** use for stability*

DEC-DEPENDENT-63

Equipment

Start Time:

0
M
-
6
0

End Time:

416170

Techs: 12/52

[illegible]

[illegible]

Well Size (inches)	0.5	0.75	1	1.5	2	4	6	8
Multiplier based on 4 well volume	0.08	0.11	0.18	0.42	0.7	2.65	6	10.4
Multiplier based on 1 well volume	0.015	0.0275	0.045	0.105	0.175	0.863	1.5	2.6

to keep purge container cool/shaded area)

Guidelines for Field Screening Values:

pH range = 5 - 9

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

DQ 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.

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

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

Purge a minimum of 1 well volume & then wait for stabilization	<p>Tolerance for stability:</p> <p>Specific Conductance (3%)</p> <p>temperature (3%)</p> <p>pH +/- 0.1 units</p>	Record DO & ORP but DO NOT use for stability
--	--	---

SITE NAME: DEC-LINDENHART 63

SITE ID.:

INSPECTOR: RC

DATE/TIME: 4/6/20

WELL ID.:

RW-1

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: NONE

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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):

00
3 ft
STEEL
8"

LOCK PRESENT? BOCTED ON

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.....

41.40
9.12
8"
STEEL
GOOD

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

IN GLASS 40' WEST OF 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 GLASS

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

REMARKS:

Sketch

SITE NAME: DEC- LINDENHURST63

SITE ID:
INSPECTOR: PC
DATE/TIME: 4/6/20
WELL ID: MW-107

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
WELL COORDINATES? NYTM X _____ NYTM Y _____					
PDOP Reading from Trimble Pathfinder: _____ Satellites: _____					
GPS Method (circle) Trimble And/Or Magellan					
WELL I.D. VISIBLE?	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-107					
SURFACE SEAL PRESENT?	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
HEADSPACE READING (ppm) AND INSTRUMENT USED.....	0.0				
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	STEEL				
PROTECTIVE CASING MATERIAL TYPE:	8" steel				
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):					
LOCK PRESENT?	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
LOCK FUNCTIONAL?	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓	
YES	NO				
✓					
DID YOU REPLACE THE LOCK?	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td></td><td>✓</td></tr></table>	YES	NO		✓
YES	NO				
	✓				
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td>✓</td></tr></table>	YES	NO	✓	✓
YES	NO				
✓	✓				
WELL MEASURING POINT VISIBLE?					
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:	1 1/2"				
PHYSICAL CONDITION OF VISIBLE WELL CASING:	GOOD				
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE					
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....					

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

IN GRASS IN SOUTH EAST CORNER OF Compound

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:

/

Sketch

SITE NAME:

DEC-LINDENHURST 63

SITE ID.:

INSPECTOR:

KC

DATE/TIME:

4/6/20

WELL ID.:

MW-107

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-107

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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):

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

14.61

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

6.08

MEASURE WELL DIAMETER (Inches):

2"

WELL CASING MATERIAL:

PVC

PHYSICAL CONDITION OF VISIBLE WELL CASING:

GOOD

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

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

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

IN GRASS JUST INSIDE GATE (EAST OF 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:

Sketch

SITE NAME: DEC-LENDENHurst 63

SITE ID.:
INSPECTOR: PC
DATE/TIME: 4/6/20
WELL ID.: MW-103

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-103

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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):

00
-
STEEL
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
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.....

12.75
6.10
2"
PVC
GOOD

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

INSIDE Compound NEXT TO NW CORNER OF B&D.

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

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC-LENDENITURST 63

SITE ID: 152125
 INSPECTOR: PC
 DATE/TIME: 4/6
 WELL ID: MW-105

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-105

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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):

0.0
STEEL
STEEL
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
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.....

14.29
6.16
2"
PVC
GOOD

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

INSIDE Compound NEXT TO BLDG. ENTRANCE

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

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC- LINDENHURST 63

SITE ID.:
INSPECTOR: RC
DATE/TIME: 4/7
WELL ID.: RW-2

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____
PDOP Reading from Trimble Pathfinder: _____ Satellites: _____
GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: RW-2

SURFACE SEAL PRESENT?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

HEADSPACE READING (ppm) AND INSTRUMENT USED..... 0.0

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

PROTECTIVE CASING MATERIAL TYPE: RECTANGLE

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): RECTANGLE

LOCK PRESENT?

YES	NO
<u>NA</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

LOCK FUNCTIONAL?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

DID YOU REPLACE THE LOCK?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

WELL MEASURING POINT VISIBLE?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 35.50

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 0.50

MEASURE WELL DIAMETER (Inches): 8"

WELL CASING MATERIAL: STEEL

PHYSICAL CONDITION OF VISIBLE WELL CASING: GOOD

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

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

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

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.

GRASS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

SITE NAME: DEC- LINDENHURST

SITE ID: _____

INSPECTOR: RC

DATE/TIME: 4/7/20

WELL ID: MW-25

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-25

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SURFACE SEAL PRESENT?

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

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

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

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

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

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

WELL MEASURING POINT VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.....

<u>0-0</u>
<u>STEEL</u>
<u>8"</u>
<u>21.77</u>
<u>5.08</u>
<u>2"</u>
<u>PVC</u>
<u>GOOD</u>

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 OFF STREET

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.

GRASS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC- LINDENHAST 63

SITE ID.:
INSPECTOR: RC
DATE/TIME: 4/7/20
WELL ID.: MW-55

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____
PDOP Reading from Trimble Pathfinder: _____ Satellites: _____
GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-55

SURFACE SEAL PRESENT?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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"

LOCK PRESENT?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

LOCK FUNCTIONAL?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

DID YOU REPLACE THE LOCK?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

WELL MEASURING POINT VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 23.82

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 5.92

MEASURE WELL DIAMETER (Inches): 2"

WELL CASING MATERIAL: PVC

PHYSICAL CONDITION OF VISIBLE WELL CASING: GOOD

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

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

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

IN FIELD NORTH WEST CORNER OF LOT

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

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

IN GRASS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC-LENDENHST 63

SITE ID.:
INSPECTOR: RC
DATE/TIME: 4/7/20
WELL ID.: MW-104

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____
PDOP Reading from Trimble Pathfinder: _____ Satellites: _____
GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-104

SURFACE SEAL PRESENT?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

HEADSPACE READING (ppm) AND INSTRUMENT USED..... 0.0

TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) 6.20

PROTECTIVE CASING MATERIAL TYPE: STEEL

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): 8"

LOCK PRESENT?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

LOCK FUNCTIONAL?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

DID YOU REPLACE THE LOCK?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

WELL MEASURING POINT VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 14.55

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.20

MEASURE WELL DIAMETER (Inches): 2"

WELL CASING MATERIAL: PVC

PHYSICAL CONDITION OF VISIBLE WELL CASING: GOOD

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

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 FIELD CLOSE TO WEST FENCE

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

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

GRASS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC- LINDENHURST 63

SITE ID.:
INSPECTOR: RC
DATE/TIME: 4/7/20
WELL ID.: MW-4D

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL COORDINATES? NYTM X _____ NYTM Y _____
PDOP Reading from Trimble Pathfinder: _____ Satellites: _____
GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

SURFACE SEAL PRESENT?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

HEADSPACE READING (ppm) AND INSTRUMENT USED..... 0.10
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) —
PROTECTIVE CASING MATERIAL TYPE: STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): 8"

LOCK PRESENT?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

LOCK FUNCTIONAL?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

DID YOU REPLACE THE LOCK?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

WELL MEASURING POINT VISIBLE?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 67.40
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.05
MEASURE WELL DIAMETER (Inches): 4"
WELL CASING MATERIAL: PVC
PHYSICAL CONDITION OF VISIBLE WELL CASING: GOOD
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

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

DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.)
AND ASSESS THE TYPE OF RESTORATION REQUIRED. IN GRASS

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

REMARKS:

Sketch

**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	5/11/20 0800	1400	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: Lawn Maintenance & roof eng work				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

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

Date: 5/19/20

Serial Number: _____

Initials: DG

	Yes	No	N/A
1. 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?	✓		
5.) Pressure gauge (or indicator) in the operable range?	✓		
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?	✓		

Date: 5/14/20
Serial Number: _____
Initials: DG

[illegible]


**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	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: LAWN MAINTENANCE & Replace 8' Light bulbs in overhead fluorescent fixtures.				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

DER LINDENITURST 63

Date: 5/27/20

5/27/20



NEW YORK STATE
Department of
Environmental
Conservation
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DAILY INSPECTION REPORT

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

Date: 5/27/20

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[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Date: 5/27/20

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Visitors to Site

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives

Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.



Department of
Environmental
Conservation



DAILY INSPECTION REPORT

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

Date: 5/27/20

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

DAILY INSPECTION REPORT

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

DAILY INSPECTION REPORT

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date:

5/27/20

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

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

Date:

5/27/20

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NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

**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	6/4/20 0800	1400	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: LAWN MAINTENANCE & TEST SPR Emergency Lights & FIRE EXTINGUISHER				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: 				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: 				

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

Date: 6/4/20
Serial Number: _____
Initials: SG

	Yes	No	N/A
1. 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?	✓		
5.) Pressure gauge (or indicator) in the operable range?	✓		
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

Date: 4/7/20
Serial Number:
Initials: DG

[illegible]

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

Date: _____



NEW YORK STATE
Department of
Environmental
Conservation
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DAILY INSPECTION REPORT

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

[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Visitors to Site

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives

Name	Representing

Project Schedule Comments**Issues Pending****Interaction with Public, Property Owners, Media, etc.**

DAILY INSPECTION REPORT

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

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

DAILY INSPECTION REPORT

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

DAILY INSPECTION REPORT

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

Page 9 of 9

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

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

**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	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: - Groundskeeping + site maintenance - Mowed grass + weed-whack around compound - Clean up any garbage				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

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

Date: 6/11/20
Serial Number: 006565463
Initials: BCC

	Yes	No	N/A
1. 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?	✓		
5.) Pressure gauge (or indicator) in the operable range?	✓		
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

Date: 6/11/20
Serial Number: _____
Initials: BCC

[illegible]

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

Date: 6/10/20

NYSDEC
Division of Environmental Remediation

Department of
Environmental
Conservation

**NYSDEC Contract No.
D011107**

Superintendent:

NYSDEC PM:

Consultant PM:

Consultant Site Inspectors:

Site Location: Lindenhurst, New York

Weather Conditions. *Cool + Breezy*

General Description		AM		PM
Temperature	70's	AM		PM
Wind		AM		PM

Health & Safety

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

Were there any changes to the Health & Safety Plan?	*Yes	No	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA
Were there any nuisance issues reported/observed on this date?	*Yes	No	NA

Health & Safety Comments

Summary of Work Performed	Arrived at site:	08/5	Departed Site:	1236
---------------------------	------------------	------	----------------	------

- Groundskeeping + general maintenance

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

[illegible]Department of
Environmental
Conservation

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

Date: 6/11/20

[illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Date: 6/11/20

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Visitors to Site <u>None</u>			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property Owners, Media, etc.			
<u>None</u>			

DAILY INSPECTION REPORT

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

Date: 6/11/20

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

-Entire outside compound

DAILY INSPECTION REPORT

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

DAILY INSPECTION REPORT

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

Date: 6/11/20

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

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors? <i>NA</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> 		

REMEDIAL ACTIVITIES AT PROPERTIES

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

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			



**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	6/8/20 0900	1330	<input type="checkbox"/>	Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description: LAWN Maintenance					
			<input type="checkbox"/>	Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description:					
			<input type="checkbox"/>	Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description:					

DAILY INSPECTION REPORT

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

Date: _____

DAILY INSPECTION REPORT

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

Date: _____

[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

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

DAILY INSPECTION REPORT

Page 4 of 9

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

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

DAILY INSPECTION REPORT

Page 5 of 9

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

DAILY INSPECTION REPORT

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

Page 7 of 9

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Page 8 of 9

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<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 0930	1330	<input type="checkbox"/>	Monitoring
			<input type="checkbox"/>	Maintenance
			<input type="checkbox"/>	Sampling
			<input type="checkbox"/>	Other (Provide Description)
			<input type="checkbox"/>	Alarm Response
Description: LAWN Maintenance				
			<input type="checkbox"/>	Monitoring
			<input type="checkbox"/>	Maintenance
			<input type="checkbox"/>	Sampling
			<input type="checkbox"/>	Other (Provide Description)
			<input type="checkbox"/>	Alarm Response
Description:				
			<input type="checkbox"/>	Monitoring
			<input type="checkbox"/>	Maintenance
			<input type="checkbox"/>	Sampling
			<input type="checkbox"/>	Other (Provide Description)
			<input type="checkbox"/>	Alarm Response
Description:				

DAILY INSPECTION REPORT

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

Date: _____



NEW YORK STATE
Department of
Environmental
Conservation
50

DAILY INSPECTION REPORT

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

Date: _____

[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

Page 3 of 9

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

Visitors to Site

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives

Name	Representing

Project Schedule Comments

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Issues Pending

--

Interaction with Public, Property Owners, Media, etc.

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DAILY INSPECTION REPORT

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

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

DAILY INSPECTION REPORT

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

DAILY INSPECTION REPORT

Page 6 of 9

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Page 7 of 9

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Page 8 of 9

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

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: _____

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			