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QUARTERLY OPERATION AND MAINTENANCE REPORT – THIRD 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: March 2, 2021



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General Information

Project/Site Information:

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

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Project Number: DEC1004.OM

Client Information:

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

Report Date: 3/2/2021

Report Author:



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Senior Project Scientist

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David Feinson
Project Manager

1.0 **INTRODUCTION**

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

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

This quarterly Operations and Maintenance (O&M) Report summarizes the O&M and monitoring activities completed during the third quarter of 2020 (July through September 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 a 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 1.00 (MW-109) to 7.02 (MW-108) feet below ground surface, as measured in the groundwater monitoring wells during the July 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 April 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 was 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**. The following sections summarize the activities performed by EAR during the third 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 third quarter of 2020. Prior to 2020, an inspection of RW-2 indicated that the screen had collapsed. The previous consultants' attempts at redevelopment of RW-2 were not successful.

3.2 Site Maintenance Activities

Routine Maintenance

- On July 1, 9, 16, 23 and 31, August 13 and 20, and September 3, 9, 16, 21, and 30, 2020, EAR completed routine maintenance (including drum inspection) and grounds-keeping activities on-site. The activities included mowing the lawn and weed removal.
- Monthly inspections of fire extinguisher and emergency lighting and exit sign tests were performed on July 17 and 23, August 20, and September 16, 2020. No issues were identified; emergency lighting passed the monthly tests.

Non-Routine Maintenance

- Restoration of a former excavation area was performed on July 8 and 9, 2020. The excavation had been part of previous investigations. EAR graded the area, disposed of the brush, spread the topsoil, and reseeded the area.
- On July 10, EAR completed fence repair activities.
- On August 6-10, EAR completed fence repairing and tree removal activities following a severe weather event.

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**

On July 28 and 29, 2020, EAR conducted a semi-annual 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	
Sampling Period	2020 Q2	2020 Q3	2020 Q2	2020 Q3	2020 Q2	2020 Q3	2020 Q2	2020 Q3
MW-4D (on-site)	37	54	8.7	7.8	280	2.4	0.96	<1
MW-5S (on-site)	0.57	0.41	<1	<1	<1	<1	<1	<1
MW-101 (on-site)	NS	0.85	NS	0.43	NS	<1	NS	<1
MW-102 (on-site)	NS	<1	NS	<1	NS	<1	NS	<1
MW-103 (on-site)	2.7	3	0.66	0.64	0.57	<1	<1	<1
MW-104 (on-site)	24	50	3.4	4.5	0.79	8.1	<1	<1
MW-105 (on-site)	5.3	1.3	0.37	<1	150	16	12	1
MW-106 (on-site)	11	15	5.3	3.2	9.8	13	0.67	1.6
MW-107 (on-site)	2.8	1.3	0.42	0.61	<1	<1	<1	<1
MW-108 (on-site)	NS	3.4	NS	0.32	NS	<1	NS	<1
RW-1 (on-site)	0.47	0.83	NS	<1	<1	0.52	<1	<1
MW-2S (off-site)	0.8	29	<1	7.9	1.2	100	<1	11
MW-109 (off-site)	NS	0.84	NS	1.6	NS	1.9	NS	<1
MW-111 (off-site)	NS	<1	NS	<1	NS	<1	NS	<1
RW-2 (off-site)	<1	<1	<1	<1	1.6	0.5	<1	<1
<i>Class GA Groundwater Standard, ug/L</i>	<i>5.0</i>		<i>5.0</i>		<i>5.0</i>		<i>2.0</i>	

Notes: **1** Parameter reported at a concentration greater than applicable regulatory standard/criterion
ND = not detected; NS = not sampled; 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 previous, second quarter of 2020, findings. The previous data is included in the table for comparison purposes. Charts showing the variations 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). PCE and TCE were detected in this monitoring well at concentrations exceeding the Class GA Groundwater Standards, which is consistent with the previous sampling event. Cis-1,2-DCE was detected at concentrations below the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit.
- **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-101: The monitoring well is located on the northeastern portion of the Site and screened at 5-15 feet bgs. 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.
- MW-102: The monitoring well is located on the north-central portion of the Site and screened at 5-15 feet bgs. None of the contaminants of concern were detected above the laboratory detection limits.
- MW-103: The monitoring well is located in the northern portion of the Site and screened at 5 to 15 fbg. PCE and TCE were detected at concentrations below the applicable Class GA Standards. Cis-1,2-DCE and vinyl chloride were 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. TCE and cis-1,2-DCE were detected at concentrations below the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit.
- MW-105: The monitoring well is located near the southwestern corner of the treatment building and screened at 5 to 15 fbg. Cis-1,2-DCE was detected in exceedance of the Class GA Standards. PCE and vinyl chloride were detected below the Class GA Standards. TCE was not detected above the laboratory detection limit.
- MW-106: The monitoring well is located in the southeastern corner of the Site and screened at 5 to 15 fbg. PCE and cis-1,2-DCE were detected in exceedance of the Class GA Standards. TCE and vinyl chloride were 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.
- MW-108: The monitoring well is located in the southwestern corner 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.
- MW-109: The monitoring well is located on Orchard Street, approximately 1,700 feet to the southwest of the Site and screened at 25-35 feet bgs. PCE, TCE, and cis-1,2-DCE were detected below the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limits.
- MW-111: The monitoring well is located on Lane Street, approximately 500 feet to the southwest of the Site, and screened at 25-35 feet bgs. None of the contaminants of concern were detected above the laboratory detection limits.
- RW-1: The 4-inch extraction well is located in the southwestern portion of the Site and screened at 10-35 feet bgs. PCE and cis-1,2-DCE were detected at a concentration below the Class GA Standards. TCE 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, and screened at 12-37 feet bgs. 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 monitoring well is located on Tompkins Street, approximately 200 feet to the south of the Site and screened at 12 to 22 fbg. All four COCs (i.e., PCE, TCE, cis-1,2-DCE and vinyl chloride) were detected at concentrations above the Class GA Standards.

In addition to the constituents listed in the table, the following contaminants were detected in the groundwater samples at concentrations exceeding the Class GA Standards:

- MW-4D: Chloroform detected at 100 µg/L (Class GA Standards = 7 µg/L).

5.0 MAINTENANCE ISSUES AND RECOMMENDED SOLUTIONS

The following issues were identified during the third quarter of 2020:

- During a severe weather event, a tree fell onto the property fence and damaged it. The tree was removed, and the fence repaired August 2020.

6.0 FUTURE ACTIVITIES

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

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

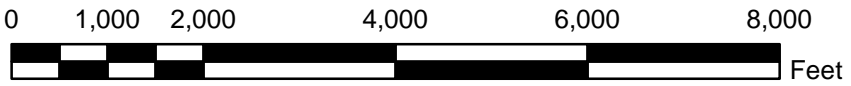
7.0 PROGRESS TOWARD CLEANUP OBJECTIVES

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



1 inch = 2,000 feet






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'

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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CLIFTON PARK, NY 12065
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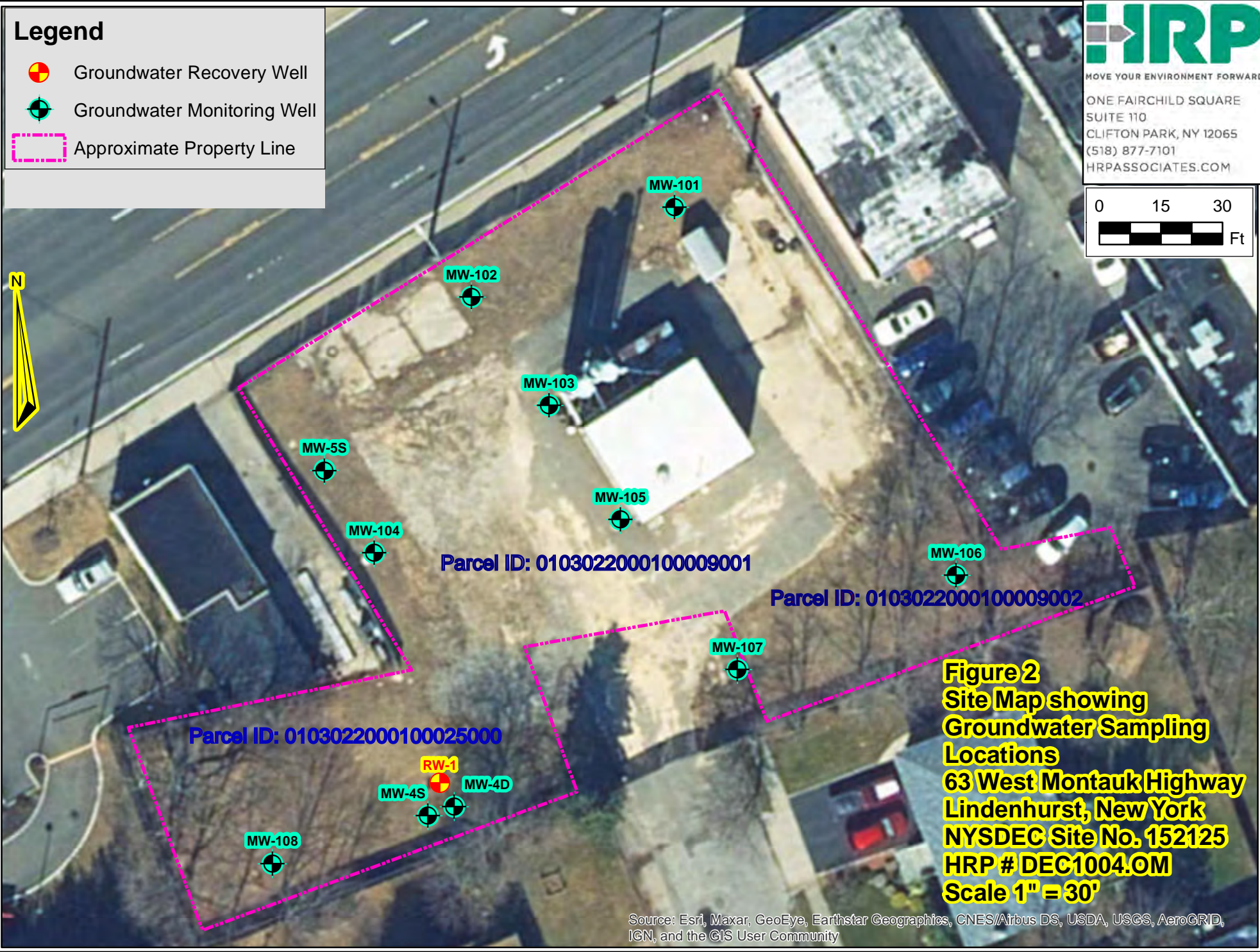
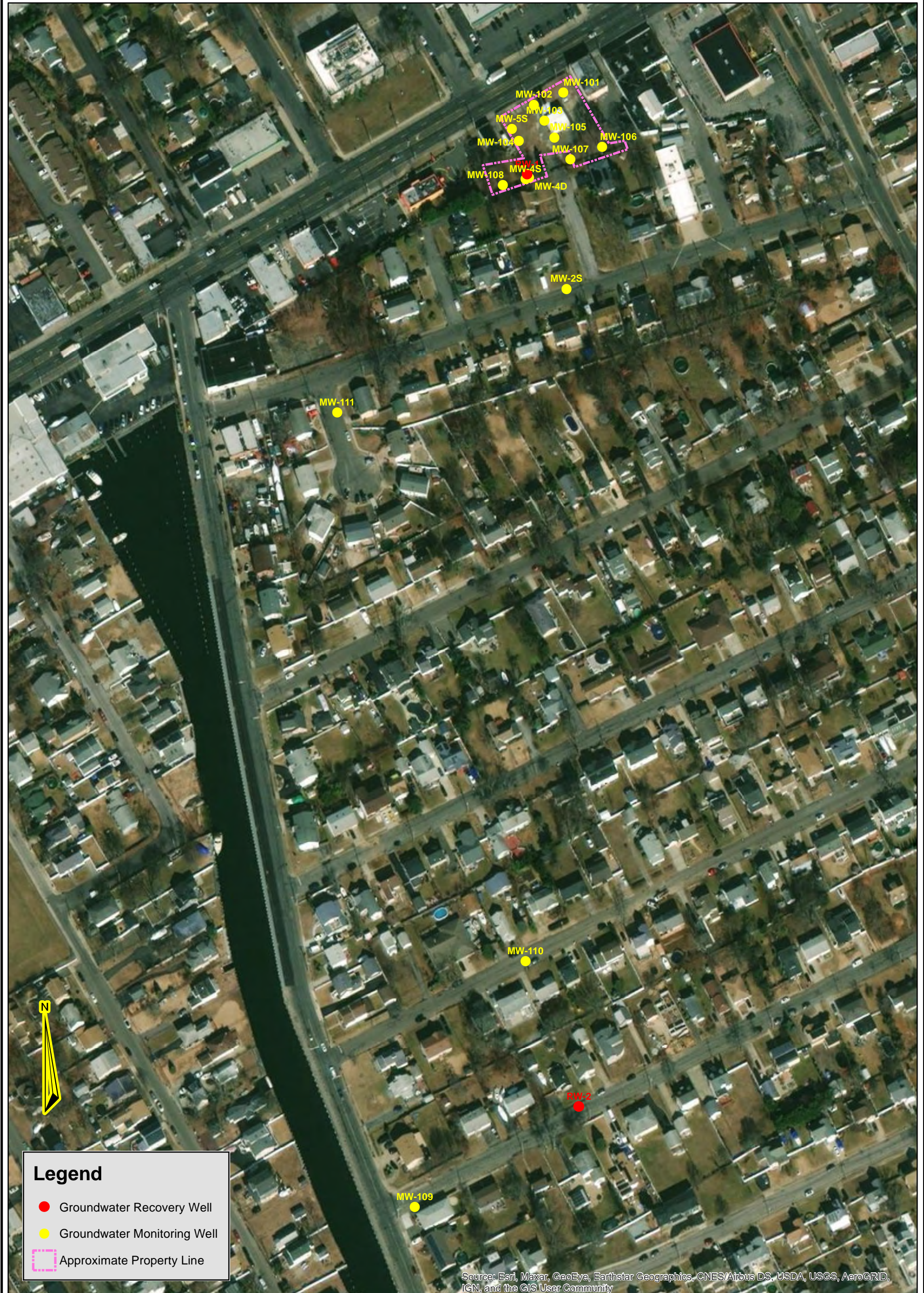


Figure 2
Site Map showing
Groundwater Sampling
Locations
63 West Montauk Highway
Lindenhurst, New York
NYSDEC Site No. 152125
HRP # DEC1004.OM
Scale 1" = 30'

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\BABLON63 WEST MERRICK ROAD\DEC1004\OM\GIS\Figure 3 - 63 West Montauk.mxd



Legend

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

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

ONE FAIRCHILD SQUARE
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**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

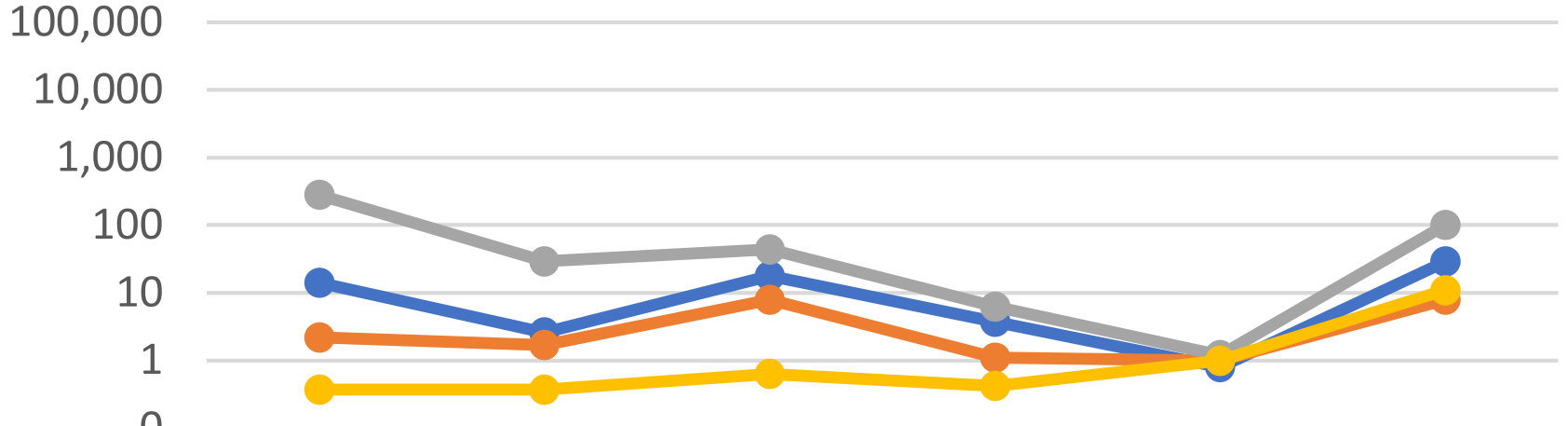
APPENDIX A

Temporal Variations of VOCs Concentrations

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-2S

Concentrations, $\mu\text{g/L}$

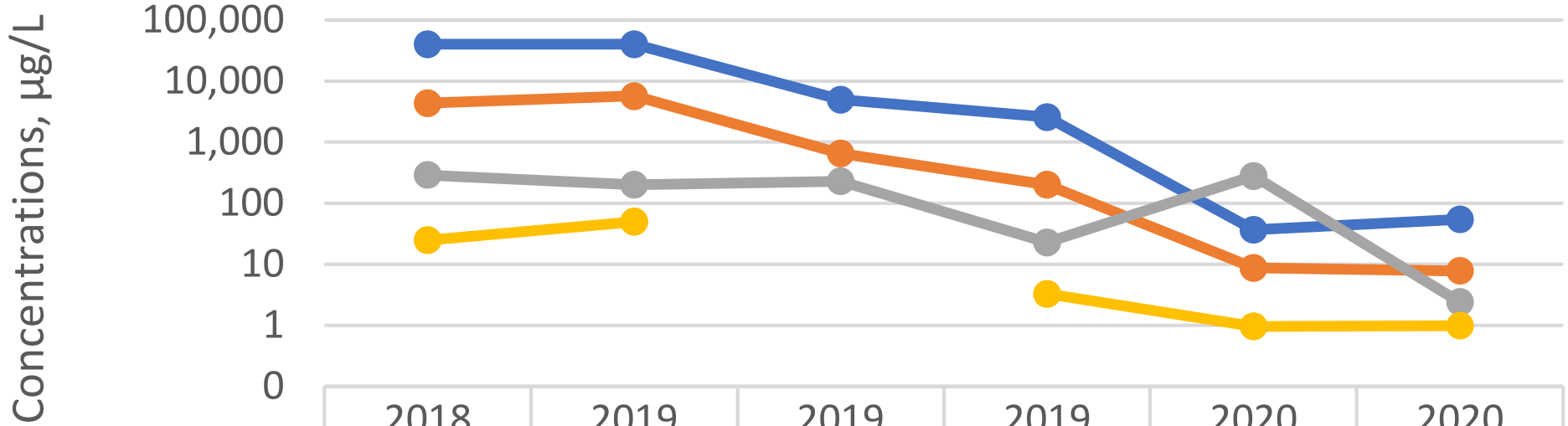


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
—●— PCE	14	2.6	18	3.7	0.8	29
—●— TCE	2.2	1.7	7.9	1.1	1	7.9
—●— Cis-1,2-DCE	280	29	44	6.3	1.2	100
—●— Vinyl Chloride	0.37	0.37	0.63	0.42	1	11

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-4D

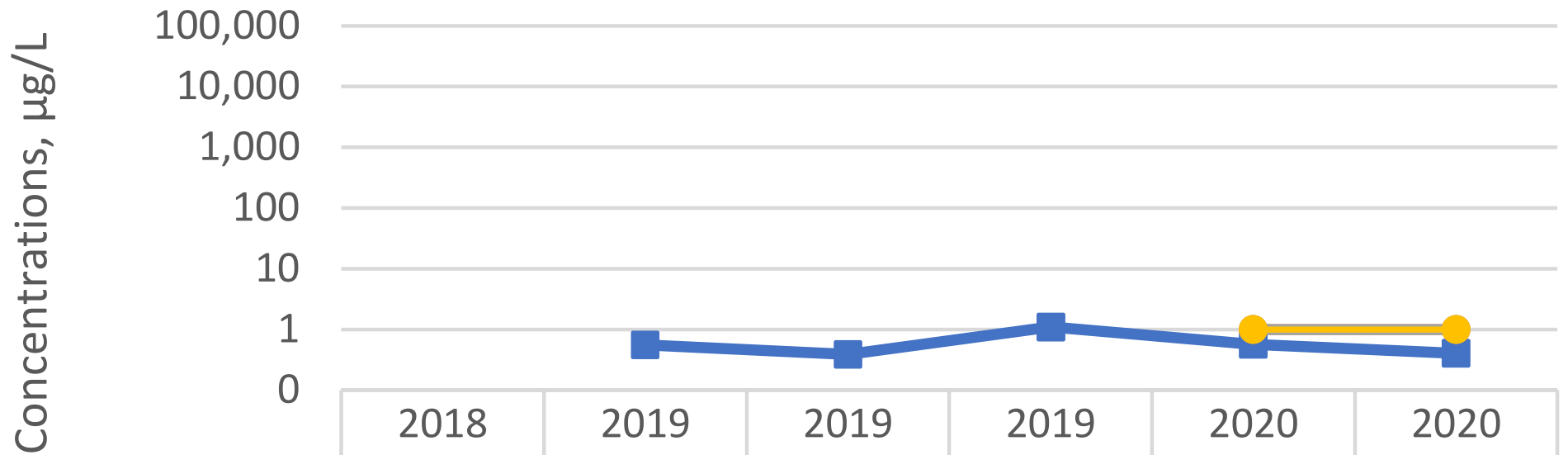





	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
● PCE	40,000	40,000	5,000	2,600	37	54
● TCE	4,300	5,700	650	200	9	8
● Cis-1,2-DCE	290	200	230	23	280	2
● Vinyl Chloride	25	50	0	3	1	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-5S

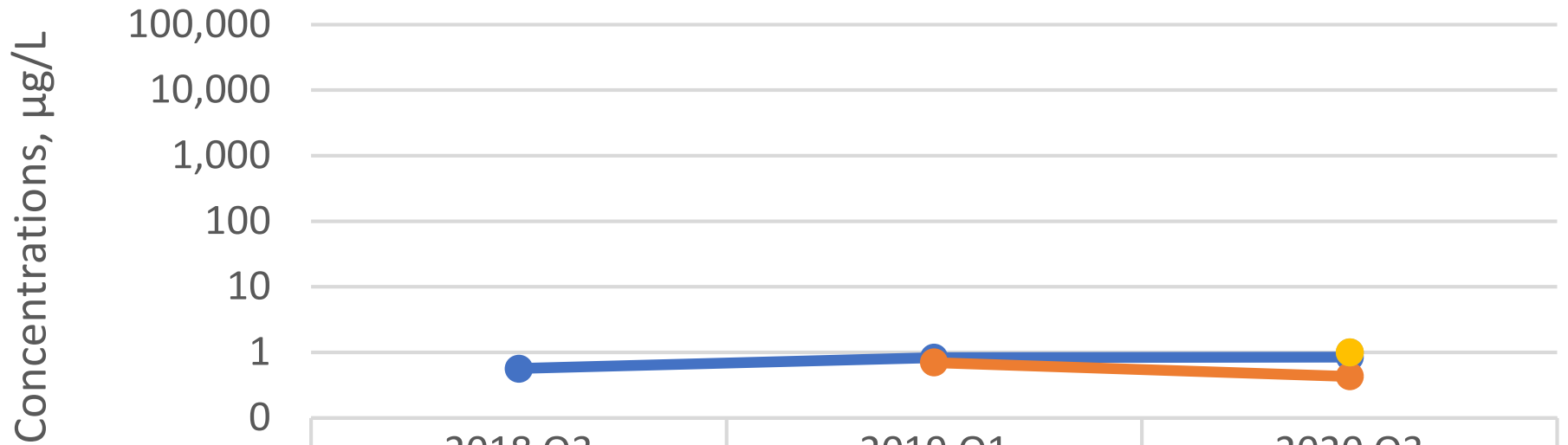


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
 PCE	0	0.56	0.39	1.1	0.57	0.41
 TCE	0	0	0	0	1	1
 Cis-1,2-DCE	0	0	0	0	1	1
 Vinyl Chloride	0	0	0	0	1	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-101

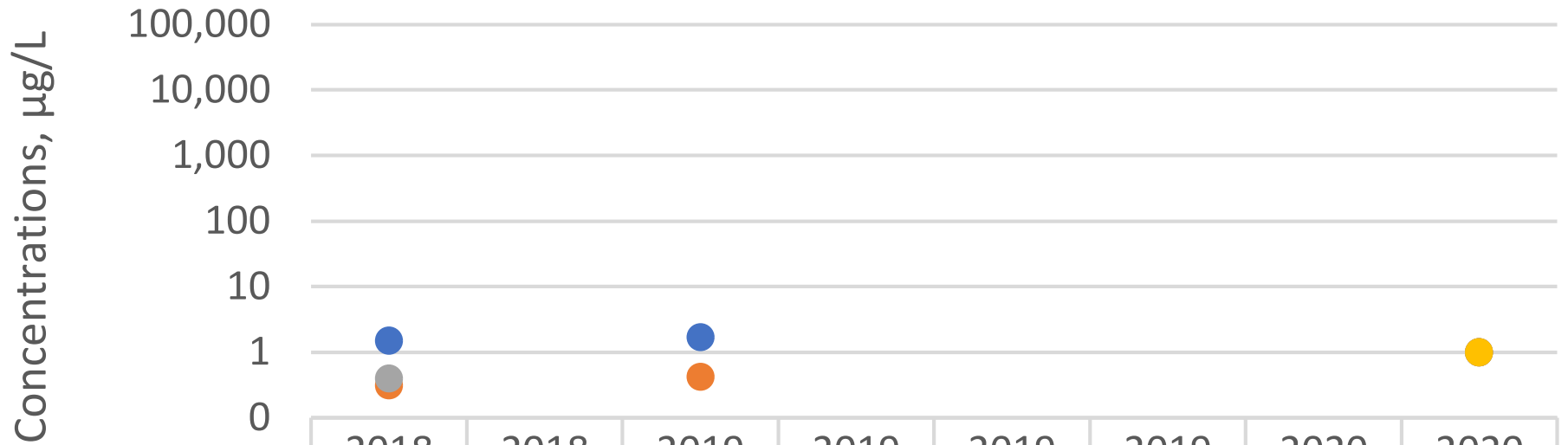


	2018 Q3	2019 Q1	2020 Q3
—●— PCE	0.57	0.83	0.85
—●— TCE	0	0.7	0.43
—●— Cis-1,2-DCE	0	0	1
—●— Vinyl Chloride	0	0	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-102

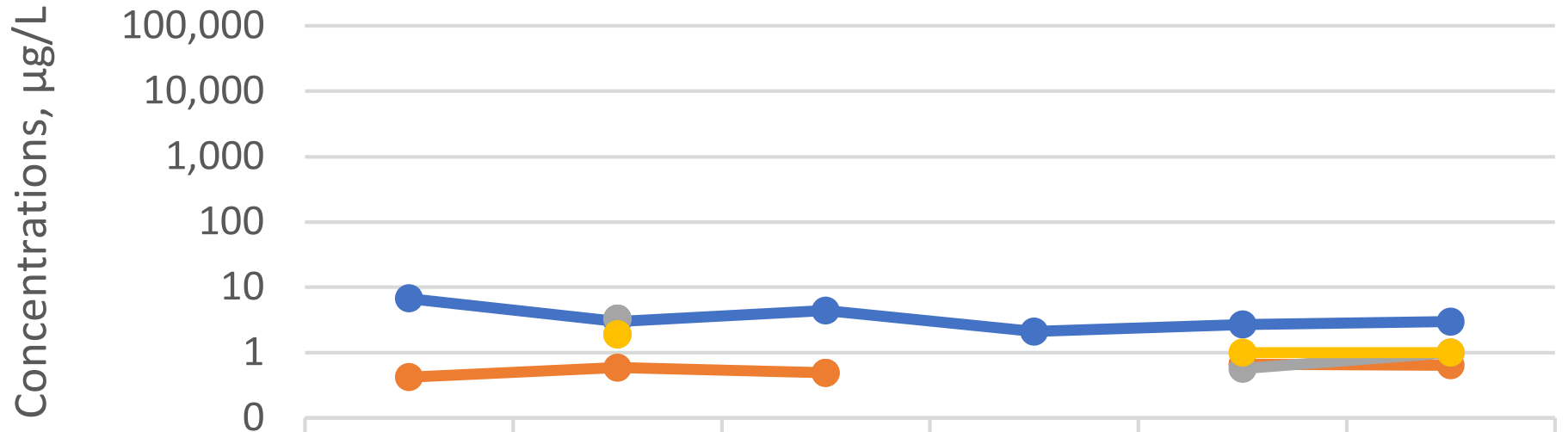


	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q2	2020 Q3
PCE	1.5		1.7					1
TCE	0.31		0.42					1
Cis-1,2-DCE	0.4		0					1
Vinyl Chloride	0		0					1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-103

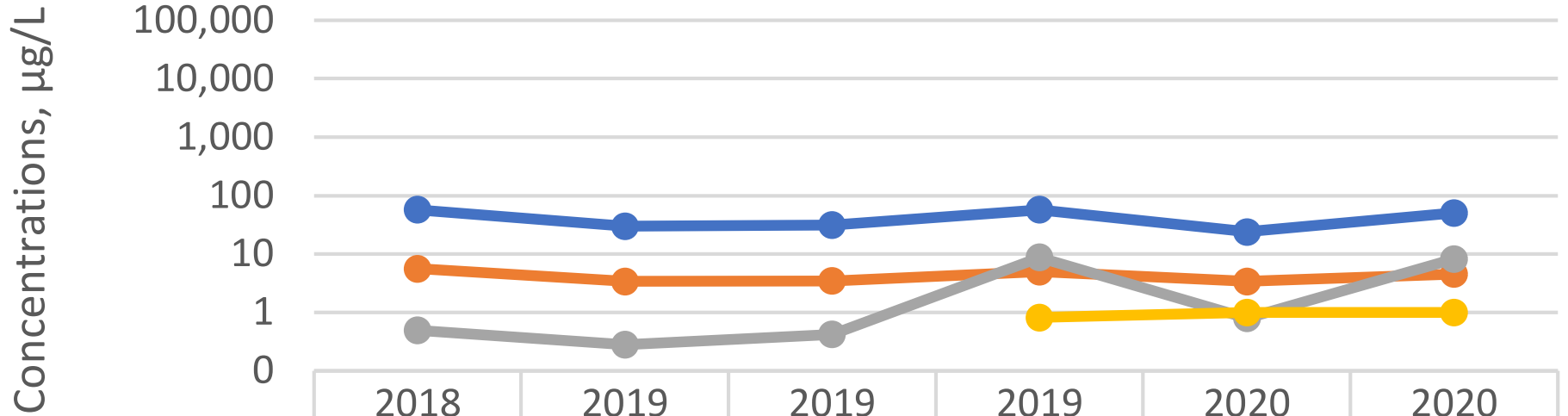


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
PCE	6.7	3	4.4	2.1	2.7	3
TCE	0.42	0.59	0.49	0	0.66	0.64
Cis-1,2-DCE	0	3.3	0	0	0.57	1
Vinyl Chloride	0	1.9	0	0	1	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-104

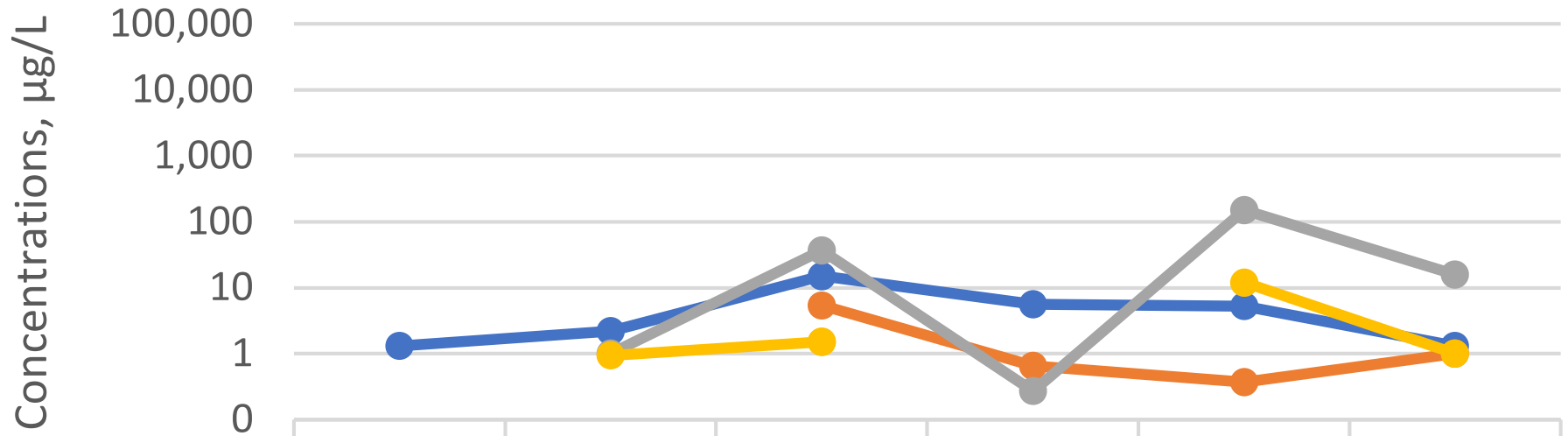


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
● PCE	57	30	31	57	24	50
● TCE	5.6	3.4	3.5	5	3.4	4.5
● Cis-1,2-DCE	0.49	0.28	0.42	8.7	0.79	8.1
● Vinyl Chloride	0	0	0	0.82	1	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-105

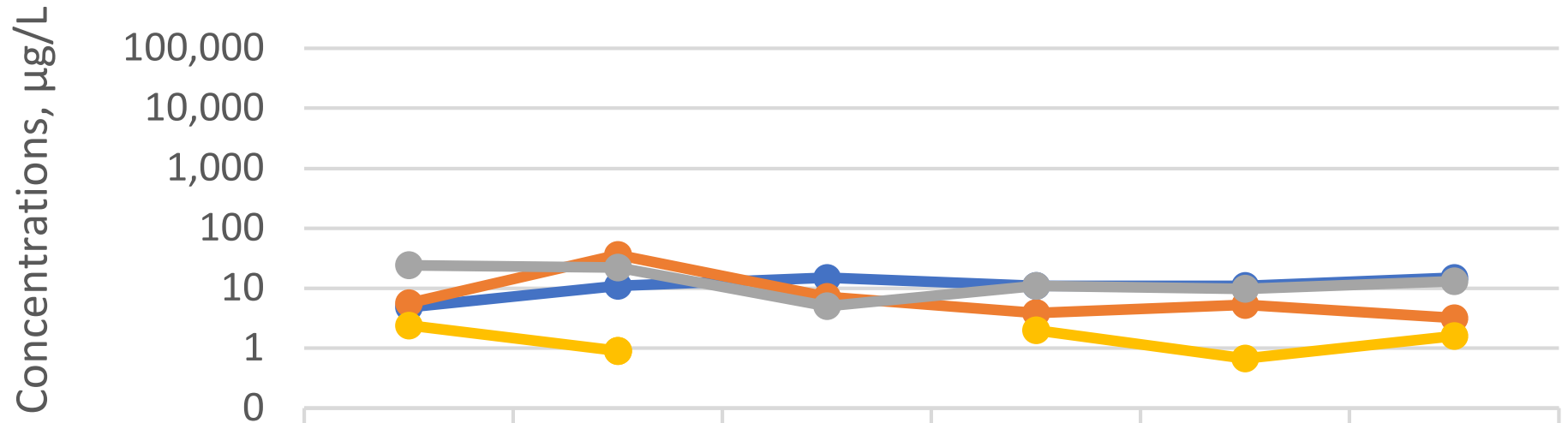


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
● PCE	1.3	2.2	15	5.6	5.3	1.3
● TCE	0	0	5.4	0.66	0.37	1
● Cis-1,2-DCE	0	1	37	0.27	150	16
● Vinyl Chloride	0	0.94	1.5	0	12	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-106

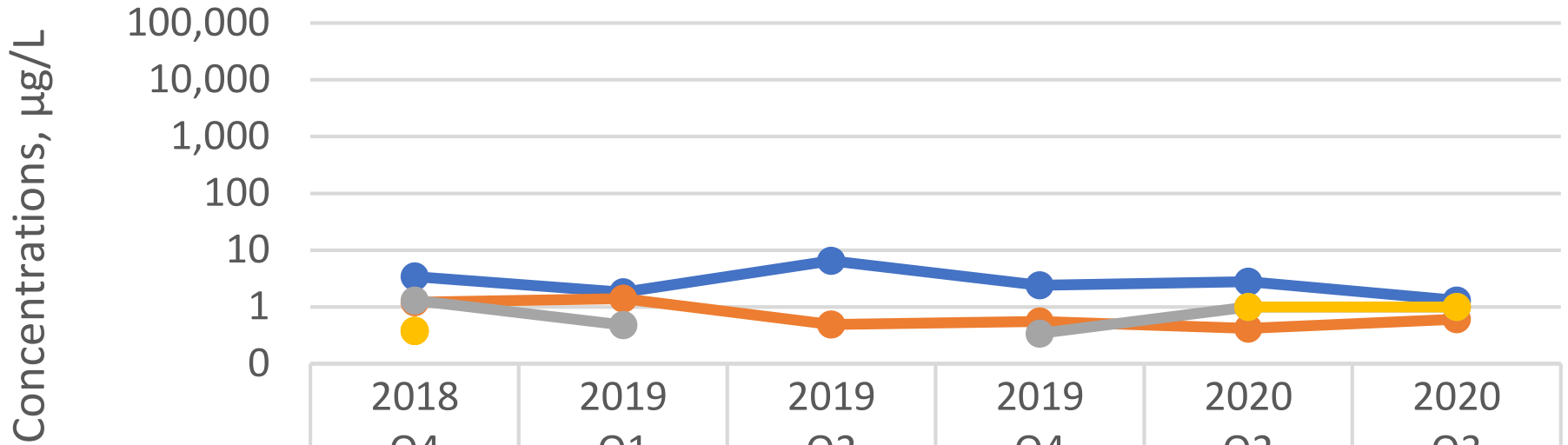


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
—●— PCE	4.8	11	15	11	11	15
—●— TCE	5.6	36	7.1	3.9	5.3	3.2
—●— Cis-1,2-DCE	24	22	5	11	9.8	13
—●— Vinyl Chloride	2.4	0.9	0	2	0.67	1.6

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-107

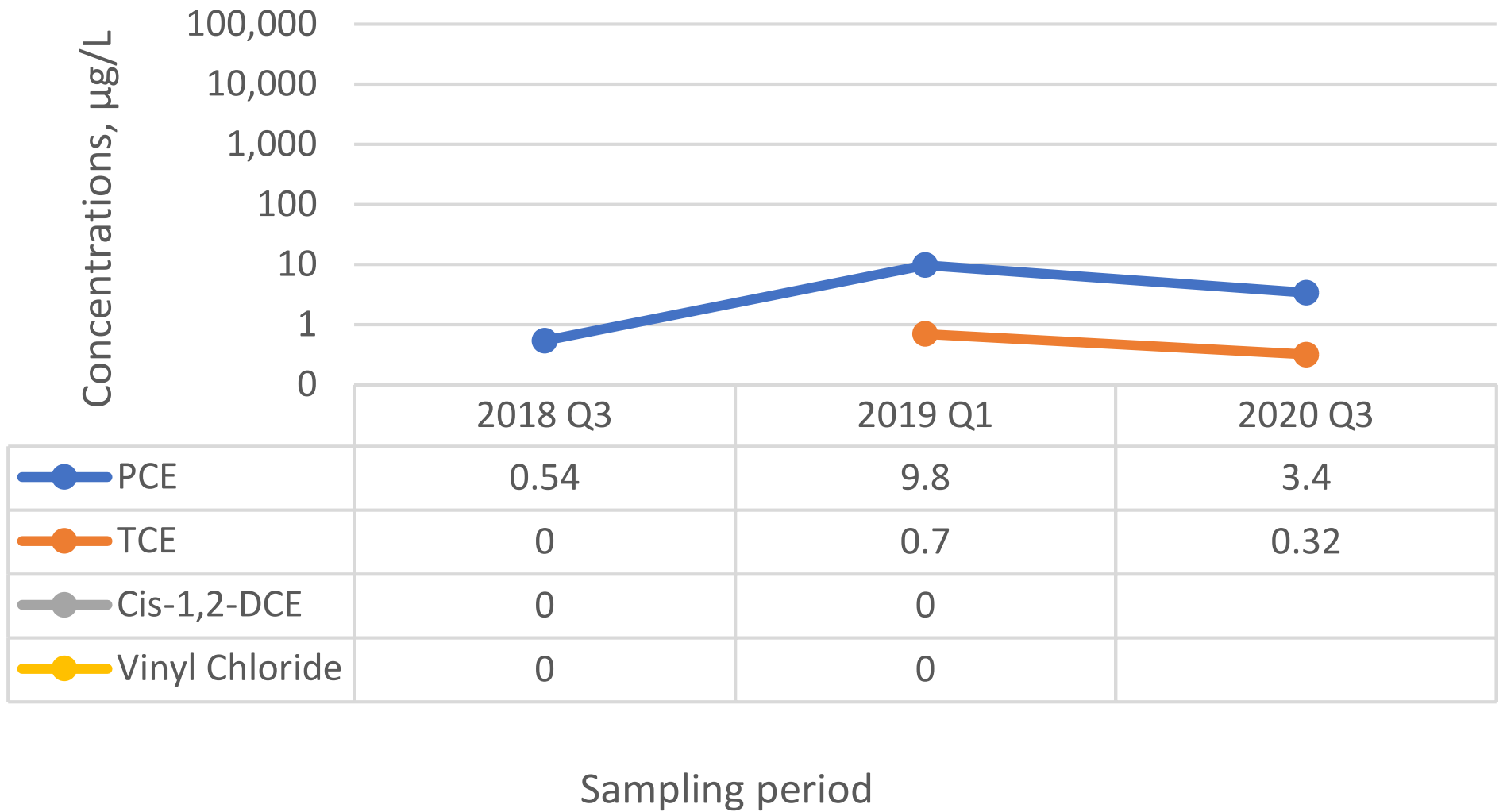


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
—●— PCE	3.4	1.8	6.5	2.4	2.8	1.3
—●— TCE	1.2	1.4	0.49	0.55	0.42	0.61
—●— Cis-1,2-DCE	1.3	0.48	0	0.34	1	1
—●— Vinyl Chloride	0.38	0	0	0	1	1

Sampling period

Temporal Variations of VOCs Concentrations
Active Industrial Uniform Superfund Site #152125
63 West Merrick Road, Lindenhurst, New York
HRP# DEC1004.OM


MW-108



Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-109

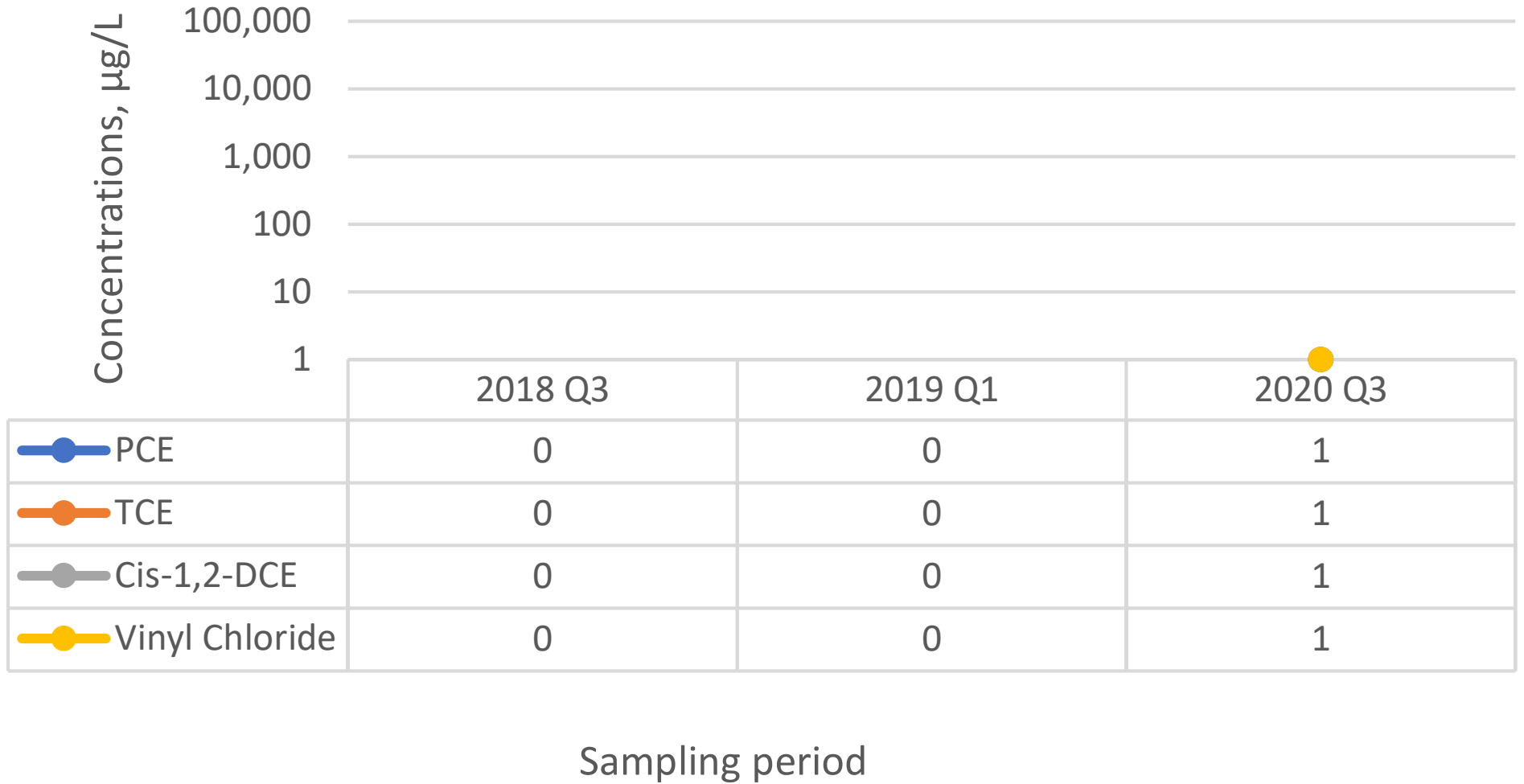


	2018 Q3	2019 Q1	2020 Q3
 PCE	1.1	0	0.84
 TCE	1.9	0	1.6
 Cis-1,2-DCE	1.7	0	1.9
 Vinyl Chloride	0	0	1

Sampling period

Temporal Variations of VOCs Concentrations
Active Industrial Uniform Superfund Site #152125
63 West Merrick Road, Lindenhurst, New York
HRP# DEC1004.OM

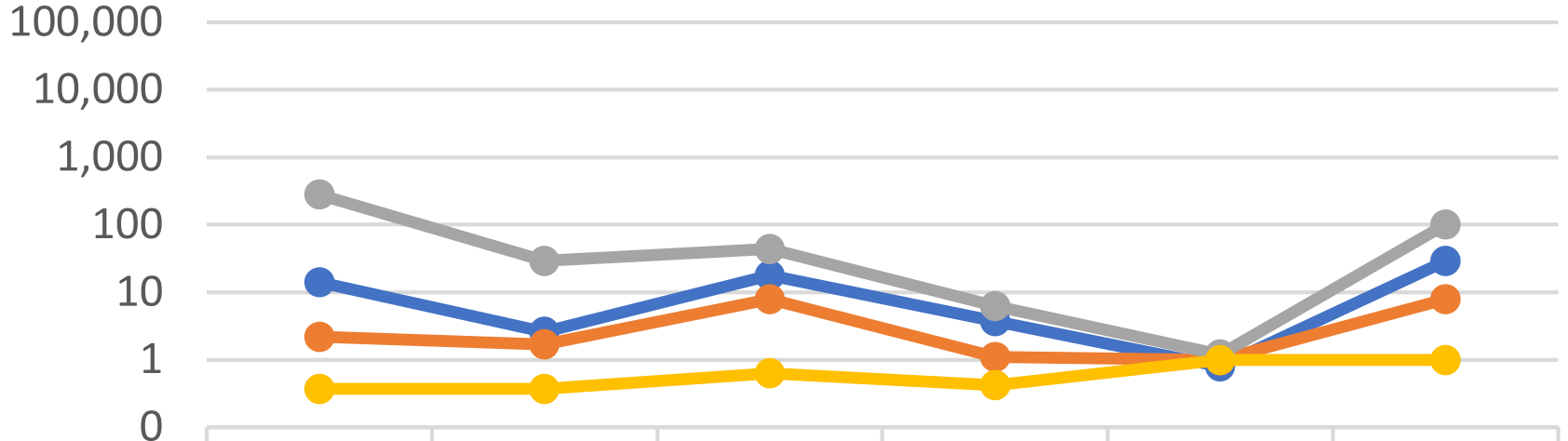
MW-111



Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

MW-2S

Concentrations, µg/L

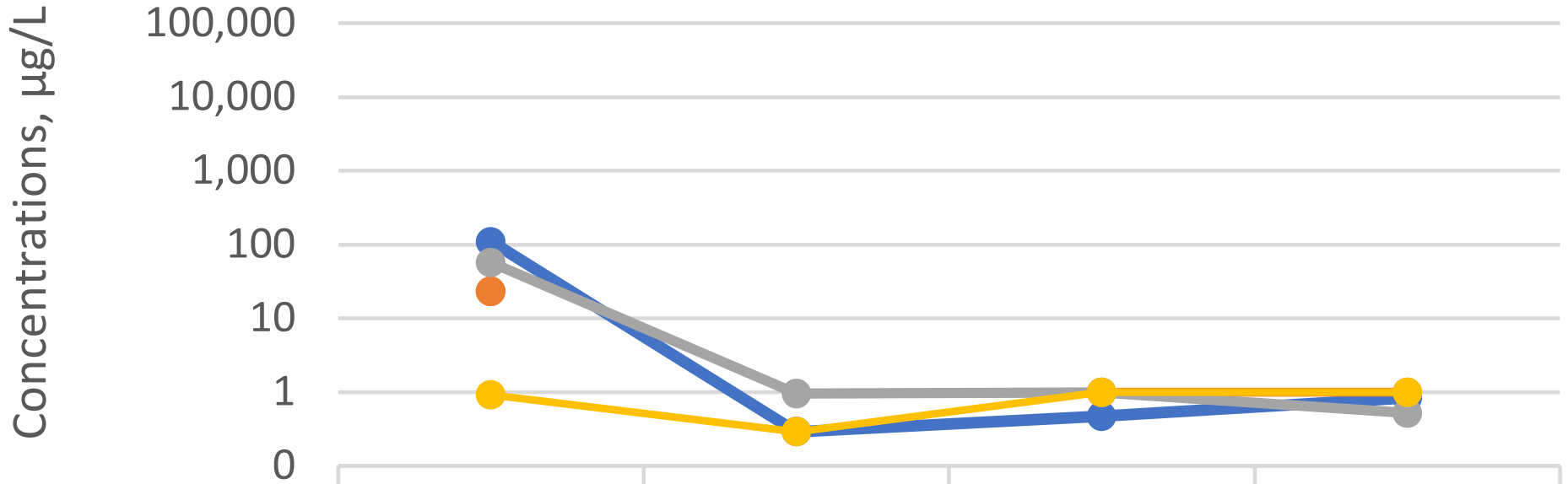


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
—●— PCE	14	2.6	18	3.7	0.8	29
—●— TCE	2.2	1.7	7.9	1.1	1	7.9
—●— Cis-1,2-DCE	280	29	44	6.3	1.2	100
—●— Vinyl Chloride	0.37	0.37	0.63	0.42	1	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

RW-1

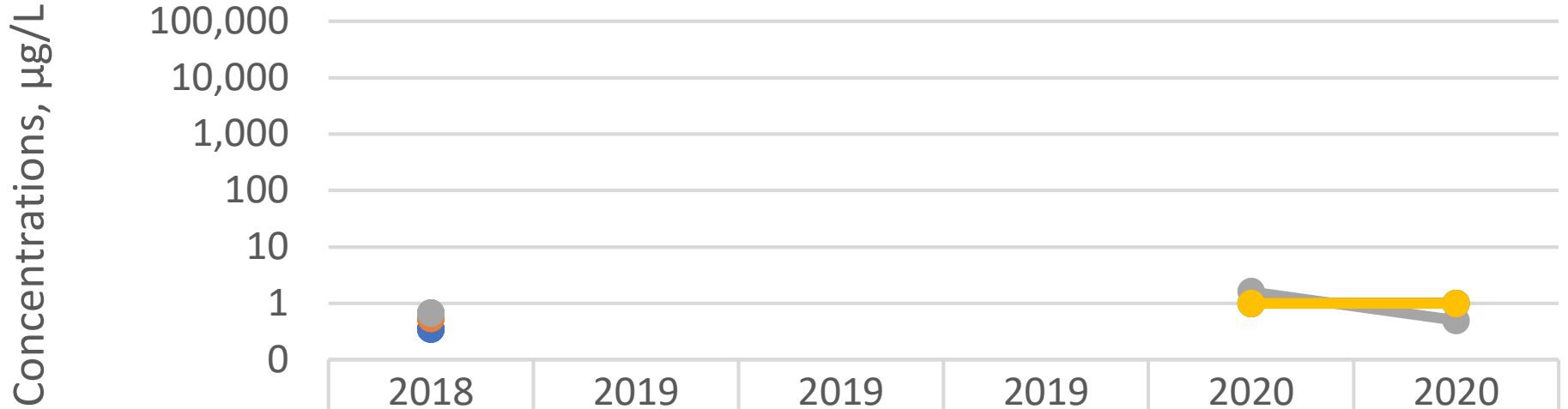






	2018 Q4	2019 Q4	2020 Q2	2020 Q3
PCE	110	0.29	0.47	0.83
TCE	23	0	1	1
Cis-1,2-DCE	57	0.96	1	0.52
Vinyl Chloride	0.91	0.29	1	1

Sampling period

Temporal Variations of VOCs Concentrations
 Active Industrial Uniform Superfund Site #152125
 63 West Merrick Road, Lindenhurst, New York
 HRP# DEC1004.OM

RW-2



	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3
 PCE	0.35	0	0	0	1	1
 TCE	0.54	0	0	0	1	1
 Cis-1,2-DCE	0.67	0	0	0	1.6	0.5
 Vinyl Chloride	0	0	0	0	1	1

Sampling period

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)	
DG	07/1/20 0900	1250	<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: _____

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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"/>
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 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"/>
<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:		

DAILY INSPECTION REPORT

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 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 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)	
DCY DG, AD	7/8/20 / 0800	1500	<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: <ul style="list-style-type: none"> - Graded Land - Disposed of Debris - Spread top soil 				
			<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

OCC-Lindenhurst 63

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

Date: 7/8/20

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D011107	
Site Location: <u>Lindenhurst</u> , New York						Superintendent: _____ NYSDEC PM: _____ Consultant PM: _____ Consultant Site Inspectors: _____	
Weather Conditions							
General Description		<u>Hot & Sunny</u>		AM		<u>Hot & Sunny</u>	
Temperature		<u>90</u>		AM		<u>85</u>	
Wind		<u>N.W. 10 mph</u>		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	<input checked="" type="radio"/> No	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	<input checked="" type="radio"/> No	NA
Were there any nuisance issues reported/observed on this date?	*Yes	<input checked="" type="radio"/> No	NA

Health & Safety Comments

Summary of Work Performed

Arrived at site: 0800

Departed Site: 1500

- Graded Land
- Disposal of debris
- Spread Top Soil

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	<input checked="" type="radio"/> No	NA
Were there any vehicles which were not tarped?	*Yes	<input checked="" type="radio"/> No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site?	*Yes	<input checked="" type="radio"/> No	NA

Personnel and Equipment

Individual	Company	Trade	Total Hours
<u>AG</u>	<u>BAR</u>	<u>Foreman</u>	<u>7.0</u>
<u>AD</u>	<u>"</u>	<u>Labgr</u>	<u>11</u>
<u>BC</u>	<u>"</u>	<u>Labgr</u>	<u>11</u>

DAILY INSPECTION REPORT

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

Date: 7/8/20

DAILY HEALTH CHECKLIST

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

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> 		

062 Lindenhurst b3

DAILY INSPECTION REPORT

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

Date: 7/4/20

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 checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input checked="" 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 checked="" type="checkbox"/>	N/A <input 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)	
DGJBC	7/10/20 0800	1200	<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: <i>Repair Pumps Complete Major Low Maintenance</i>				
			<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

DEC - Lindenhorst 63

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

Date: *7/10/20*

NYSDEC
Division of Environmental Remediation



Department of
Environmental
Conservation



NYSDEC Contract No.
D011107

Site Location: *Lindenhorst* New York

Superintendent:

NYSDEC PM:

Consultant PM:

Consultant Site Inspectors:

Weather Conditions

General Description	AM	PM
<i>Rain</i>		
Temperature <i>70's</i>	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: *0805* Departed Site: *1200*

Repair fence at Crystal Manor lawn 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

Individual	Company	Trade	Total Hours

DAILY INSPECTION REPORT

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

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

DEC - Lindenhost 63

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

Date: *7/10/20*

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 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"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

DEL Londonhurst 23

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

Date: 7/10/20

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 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>			

**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, BCL, AD	7/9/20 0800	1430	<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: Extensive Lawn Maintenance, Regrading & Seeding of TEST PIT AREAS SHEEDING of Limbs from fence line				
			<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: 7/9/20

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D011107		
Site Location: <i>Lindenhurst</i> , New York						Superintendent: NYSDEC PM:		
		Weather Conditions				Consultant PM: Consultant Site Inspectors:		
General Description	<i>Sunny</i>	AM		PM				
Temperature	<i>86°F</i>	AM		PM				
Wind	<i>Light</i>	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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
Summary of Work Performed		Arrived at site:	<i>0800</i>	Departed Site:	<i>1430</i>			
<p><i>Extension of Awn Maintenance, regularly + Sealing of TEST Pit areas - Sheeting of Limbs + Berms along fence line</i></p>								
Equipment/Material Tracking								
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	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								
Individual	Company		Trade		Total Hours			

DAILY INSPECTION REPORT

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

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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
		Yes	No

Site Representatives	
Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

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

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

Site Photographs (Descriptions Below)



Site Grading Activities

Site Grading and Reseeding

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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 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"/>
<u>Comments:</u>		

N/A

DAILY INSPECTION REPORT

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)	
A.D	7/16/20 7:00AM	12:30	<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: grounds keeping				
			<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: 7/16/20
 Serial Number: _____
 Initials: A.D.

	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?	/		

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. Lindenhurst 63 Date: 7/16/20

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
<u>Augusto Dechman</u>	<u>EDA</u>	Yes	<input checked="" type="checkbox"/> 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

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. Indehorst 63 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input 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"/>
<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"/>
<u>Comments:</u> 		

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. Lindenberg 63 Date: 7/16/20

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 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 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 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 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	7/23/20 0900	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: <i>LAWN MAINTENANCE and check FIRE EXTINGUISHER & EMERGENCY LIGHTING</i>				
			<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: 7/23/20
Serial Number: _____
Initials: DB

	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?	✓		

DAILY INSPECTION REPORT

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

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation		NYSDEC Contract No. D011107
Site Location: <u>Gudonk</u> New York				Superintendent: NYSDEC PM:
Weather Conditions				
General Description	<i>Hot, Overcast</i>	AM	<i>Rain</i>	PM
Temperature		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 <input checked="" type="checkbox"/>
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes No NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?				*Yes No NA <input checked="" type="checkbox"/>
Health & Safety Comments				

Summary of Work Performed	Arrived at site:	<u>0900</u>	Departed Site:	<u>1300</u>
<div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> LANN MAINTENANCE AND CHECK FIRE EXTINGUISHER & EMERGENCY LIGHTING </div>				
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				
Individual	Company	Trade	Total Hours	

DAILY INSPECTION REPORT

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

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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
		Yes	No
Site Representatives			
Name		Representing	
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property Owners, Media, etc.			

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date: 7/23/20

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

N/A

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"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

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

Date: 7/23/20

LINDENHURST 63

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> 			

Groundwater Sampling Sheet: Stabilization Purge Method

Site: DEC - LINDENTHURST G3

Start Time: 06:30

Equipment: _____

Date: 7/28/20

End Time: _____

Techs: RC/BV

[check units on YSI and confirm that parameter is in the correct units]

WELL ID	Well Size (inches)	Total Well Depth (ft.)	Depth to Water (ft.)	Length of Column (ft.)	One Standing Water Well Volume (gal.)	Total Gallons Purged (gal.)	Time Sampled (hh:mm)	DO (mg/L)	Temp. (°C)	pH	ORP (mV)	Specific Conductance (uS/cm)	NOTES
MW-107	2	14.57	6.40	8.17	1.429	2.0	8:38	0.97	16.51	7.07	197.3	375	
MW-105	2	14.45	6.65	7.80	1.365	2.0	9:08	1.20	16.51	6.58	296.3	312	
MW-103	2	12.60	6.60	6.00	1.050	1.5	9:36	0.81	16.45	6.72	224.4	618	
MW-102	2	14.25	6.70	7.55	1.32	2.0	10:07	0.77	16.42	6.50	279.8	425	
MW-106	2	13.90	6.65	7.25	1.27	2.0	10:38	0.95	16.50	6.92	192.2	406	
MW-40	4	67.65	6.45	61.20	40.58	41.0	12:21	0.75	16.41	6.08	302.1	444	
MW-106	2	14.40	7.02	7.38	1.29	2.0	12:54	0.64	16.44	6.33	288.0	613	
MW-104	2	14.62	6.90	7.72	1.35	2.0	13:35	0.59	16.88	6.11	233.3	624	

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

~~06:30~~

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

Tolerance for stability:
 Specific Conductance (3%)
 temperature (3%)
 pH +/- 0.1 units

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

Guidelines for Field Screening Values:

pH range = 5 - 9

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

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

MW-105 = MW-X DUPE
 MW-106 = MS/MSD

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

Address: _____

NYS DEC

Regulatory Program: DW NPDES RCRA Other:

TAL-8210

Client Contact		Project Manager: STEVE GOETZ		Site Contact:		Date:		COC No:			
Company Name: EAR		Tel/Email:		Lab Contact:		Carrier:		_____ of _____ COCs			
Address: 225 ATLANTIC AVE		Analysis Turnaround Time <input type="checkbox"/> CALENDAR DAYS <input type="checkbox"/> WORKING DAYS TAT if different from Below 10-DAY		Filtered Sample (Y/N) Perform MS / MSD (Y/N) EPA 816						Sampler:	
City/State/Zip: PATCHOGUE N.Y. 11772										Sample Specific Notes:	
Phone: (631) 447-6400		<input type="checkbox"/> 2 weeks								For Lab Use Only:	
Fax:		<input type="checkbox"/> 1 week								Walk-in Client:	
Project Name: DEC - LINDEN TUNNEL C3		<input type="checkbox"/> 2 days								Lab Sampling:	
Site: 152125		<input type="checkbox"/> 1 day								Job / SDG No.:	
P O #											

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=Grab)	Matrix	# of Cont.	Filtered Sample (Y/N) Perform MS / MSD (Y/N)	EPA 816
MW-107-	7/28/20	8:38	G	AG	3	N	3
MW-105	↓	9:08	↓	↓	3		3
MW-103	↓	9:36	↓	↓	3		3
MW-102	↓	10:07	↓	↓	3		3
MW-106	↓	10:39	↓	↓	9	Y	3
MW-40	↓	12:21	↓	↓	3		3
MW-108	↓	12:54	↓	↓	3		3
MW-101	↓	13:35	↓	↓	3		3
MW-X	↓	-	↓	↓	3		3

Preservation Used: 1= Ice, 2= HCl; 3= H2SO4; 4=HNO3; 5=NaOH; 6= Other **2**

Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.

Non-Hazard Flammable Skin Irritant Poison B Unknown

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

Return to Client Disposal by Lab Archive for _____ Months

Special Instructions/QC Requirements & Comments:

Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody Seal No.:	Cooler Temp. (°C): Obs'd: _____	Corr'd: _____	Therm ID No.:
Relinquished by: Walt A. Cury	Company: EAR	Date/Time: 7/28/20 15:00	Received by: EM FRISGE	Company: EAR
Relinquished by:	Company:	Date/Time:	Received by:	Company:
Relinquished by:	Company:	Date/Time:	Received in Laboratory by:	Company:



**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)			
Bruce Viggotta	7/28/20 07:30		<input type="checkbox"/>	Monitoring	<input type="checkbox"/>	Maintenance
Rob Costanzo	7/28/20 07:30		<input checked="" 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:						
			<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: 7/28/20

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation		NYSDEC Contract No. D011107
Site Location: DEC-LEA-NEW YORK T63 N.Y.				
Weather Conditions				
General Description	Hazy	AM		PM
Temperature	92	AM		PM
Wind	W-S	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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?		*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?		*Yes	No	NA <input checked="" type="checkbox"/>
Health & Safety Comments NONE				
Summary of Work Performed	Arrived at site:	7:30	Departed Site:	
WATER SAMPLING				
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 <input checked="" type="checkbox"/>
Were there any vehicles which were not tarped?		*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?		*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment				
Individual	Company	Trade	Total Hours	
ROB COSTANTINO	EAR	EAR FIELD TECH	6.0	
BRUCE VEGGIATTA	EAR	EAR FIELD TECH	6.0	

DAILY INSPECTION REPORT

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

Date: 7/28/20

Equipment Description	Contractor/Vendor	Quantity	Used
GEO/MP		1	
GENERATOR		1	
VSE		1	

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
			PURE WATER			

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

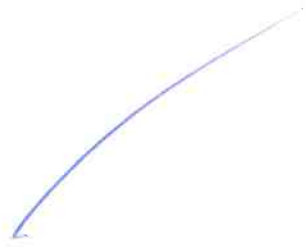
Report No. _____ (Site Name) - NYSDEC Site No. _____ Date: _____

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
NONE			
		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			
NONE			
Interaction with Public, Property Owners, Media, etc.			
NONE			

DAILY INSPECTION REPORT

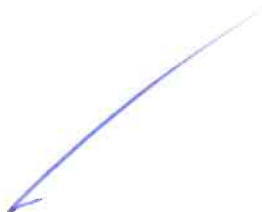
Report No. _____ (Site Name) - NYSDEC Site No. _____ Date: _____

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date: 7/28/20

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 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>		

N/A

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 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. 		
<u>Comments:</u>		

N/A

DAILY INSPECTION REPORT

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

SITE NAME: DEC-LONDENHURST 63

SITE ID.:
INSPECTOR: RC
DATE/TIME: 7/28/20
WELL ID.: MW-101

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	YES	NO
WELL COORDINATES? NYTM X _____ NYTM Y _____ PDOP Reading from Trimble Pathfinder: _____ Satellites: _____ GPS Method (circle) Trimble And/Or Magellan	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. VISIBLE?	YES	NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-101

SURFACE SEAL PRESENT?	YES	NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<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: 8" STEEL

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?	YES	NO
LOCK FUNCTIONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 14.62

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.90

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.

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. NORTH EAST CORNER OF Campground

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

REMARKS:

SITE NAME: DEC-LEADEN/WEST 63

SITE ID.:
INSPECTOR: PC
DATE/TIME: 7/28/20
WELL ID.: MW-108

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)
WELL COORDINATES? NYTM X _____ NYTM Y _____

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

PDOP Reading from Trimble Pathfinder: _____ Satelites: _____
GPS Method (circle) Trimble And/Or Magellan

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

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

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-108

SURFACE SEAL PRESENT?
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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): 8.00

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

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 14.40
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 7.02
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.
SOUTHWEST SECTION OF FIELD

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-LINDEN HWY ST 63

SITE ID: _____
INSPECTOR: RC
DATE/TIME: 7/28/20
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: _____ Satelites: _____
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).....

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-4D

SURFACE SEAL PRESENT?

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 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):

LOCK PRESENT?

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

LOCK FUNCTIONAL?
DID YOU REPLACE THE LOCK?
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)
WELL MEASURING POINT VISIBLE?

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 67.65
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 64.5
MEASURE WELL DIAMETER (Inches): 4
WELL CASING MATERIAL: PC
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.
NEAR FENCE SOUTH SIDE

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

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

REMARKS:

SITE NAME: DEC-LINDENHURST 63

SITE ID: DEC-LWD-63
INSPECTOR: RC
DATE/TIME: 7/28/20
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: _____ Satelites: _____
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).....

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

SURFACE SEAL PRESENT?

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

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) 5' STEEL
PROTECTIVE CASING MATERIAL TYPE:
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?

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

LOCK FUNCTIONAL?
DID YOU REPLACE THE LOCK?
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)
WELL MEASURING POINT VISIBLE?

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 14.57
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.40
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..... CLEAR

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.
CLEAR

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

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

REMARKS:
—

SITE NAME: DEC-LINDENHWSTG3

SITE ID: _____
INSPECTOR: PC
DATE/TIME: 7/28/20
WELL ID: MW-103

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	YES	NO
WELL COORDINATES? NYTM X _____ NYTM Y _____ PDOP Reading from Trimble Pathfinder: _____ Satelites: _____ GPS Method (circle) Trimble And/Or Magellan	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. VISIBLE?	YES	NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

SURFACE SEAL PRESENT?	YES	NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<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
LOCK FUNCTIONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): _____ 12.60
 MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): _____ 6.60
 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

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.
CLEAR

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:

SITE NAME: DEC-LINDENHURST 63

SITE ID.: _____
INSPECTOR: RC
DATE/TIME: 7/28/20
WELL ID.: MW-105

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)
WELL COORDINATES? NYTM X _____ NYTM Y _____
PDOP Reading from Trimble Pathfinder: _____ Satelites: _____
GPS Method (circle) Trimble And/Or Magellan

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

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

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

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

SURFACE SEAL PRESENT?
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

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

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

14.45
2 6.65
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.
CLEAR

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.
BLACKTOP

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

REMARKS:

SITE NAME: DEC-LENDENHURST 63

SITE ID.: _____
INSPECTOR: RC
DATE/TIME: 7/28/20
WELL ID.: MW-102

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: _____ Satelites: _____
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).....
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-102

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: 8"
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?

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

LOCK FUNCTIONAL?

YES	NO
<input type="checkbox"/>	<input checked="" 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): 14.25
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.70
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 GOOD
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.
OPEN

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.
* FIELD BY MIKE HWY.

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

REMARKS:

SITE NAME: DEC- LINDENHURST 63

SITE ID: _____
INSPECTOR: RC
DATE/TIME: 7/28/20
WELL ID.: MW-106

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-106
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: 3"
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?

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

LOCK FUNCTIONAL?

YES	NO
<input type="checkbox"/>	<input checked="" 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): 13.90
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.65
MEASURE WELL DIAMETER (Inches): 2 1/4"
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.
SE-CORNER OF PROPERTY TREES

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:
/

Groundwater Sampling Sheet: Stabilization Purge Method

Site: DEC-LINDENHURST63

Start Time: 06:30

Equipment: _____

Date: 7/29/20

End Time: _____

Techs: PC/BV

[check units on YSI and confirm that parameter is in the correct units]

WELL ID	Well Size (inches)	Total Well Depth (ft.)	Depth to Water (ft.)	Length of Column (ft.)	One Standing Water Well Volume (gal.)	Total Gallons Purged (gal.)	Time Sampled (hh:mm)	DO (mg/L)	Temp. (°C)	pH	ORP (mV)	Specific Conductance (uS/cm)	NOTES
MW-104	2	14.50	6.70	7.80	1365	2.00	9:30	0.49	15.44	6.35	113.7	608	
MW-55	2	23.85	6.25	17.60	3.08	3.50	9:02	0.44	15.45	6.24	119.5	474	
RW-1	4	36.30	9.25	27.05	70.33	70.0	10:07	0.20	13.71	6.55	118.4	429	Purge to stabilize
MW-25	2	23.40	5.51	18.29	3.20	3.50	10:42	0.29	13.51	6.09	126.8	407	
MW-111	2	34.30	3.03	31.27	5.47	6.00	11:32	0.18	13.47	6.15	143.6	358	
MW-109	2	34.40	1.00	33.40	5.845	6.00	12:20	0.36	12.45	6.20	205.4	963	
RW-2	8	35.10	0.80	34.30	89.18	90.00	13:47	0.12	13.80	6.55	387.1	721	

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

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

Tolerance for stability:
 Specific Conductance (3%)
 temperature (3%)
 pH +/- 0.1 units

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

Guidelines for Field Screening Values:
 pH range = 5 - 9
 Temperature range = 10 - 19 (except for VERY warm days - please try to keep purge container cool/shaded area)
 DO range = less than 12 (unless very close to a sparge well)

If readings are not in this range please try to recalibrate (except for temp, which cannot be calibrated). If they remain out of range, please do not write the value on the sheet - it is an equipment error.
PLEASE CONTACT THE PMs IF THERE IS A PROBLEM. THIS DATA IS IMPORTANT AND INCORRECT DATA IS WORSE THAN NO DATA. WE REALLY APPRECIATE YOUR WORK TO KEEP E.A.R. A TOP COMPANY IN THE FIELD

Address: _____

NYSDEC

Regulatory Program: DW NPDES RCRA Other:

TAL-8210

Client Contact		Project Manager:			Site Contact:		Date:		COC No:		
Company Name: <u>EAR</u>		Tel/Email:			Lab Contact:		Carrier:		_____ of _____ COCs		
Address: <u>225 ATLANTIC AVE.</u>		Analysis Turnaround Time <input type="checkbox"/> CALENDAR DAYS <input type="checkbox"/> WORKING DAYS TAT if different from Below <u>10-DAY</u>			Filtered Sample (Y/N) Perform MS/MSD (Y/N) <u>0928-413</u>				Sampler:		
City/State/Zip: <u>PATCHOGUE N.Y. 11772</u>									For Lab Use Only: Walk-in Client: _____ Lab Sampling: _____		
Phone: <u>631 447-6400</u>		<input type="checkbox"/> 2 weeks							Job / SDG No.:		
Fax:		<input type="checkbox"/> 1 week									
Project Name: <u>DEC- LINDENHURST 63</u>		<input type="checkbox"/> 2 days									
Site: <u>152125</u>		<input type="checkbox"/> 1 day									
P O #									Sample Specific Notes:		
Sample Identification		Sample Date	Sample Time	Sample Type (C=Comp, G=Grab)	Matrix	# of Cont.					
<u>MW-104</u>		<u>7/29/20</u>	<u>8:30</u>	<u>G</u>	<u>AQ</u>	<u>3</u>	<u>N</u>	<u>3</u>			
<u>MW-55</u>			<u>9:02</u>								
<u>RW-1</u>			<u>10:07</u>								
<u>MW-25</u>			<u>10:42</u>								
<u>MW-111</u>			<u>11:32</u>								
<u>MW-109</u>			<u>12:20</u>								
<u>RW-2</u>		<u>✓</u>	<u>13:47</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Preservation Used: 1=Ice, 2=HCl, 3=H2SO4, 4=HNO3, 5=NaOH, 6=Other							<u>2</u>				
Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.							Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)				
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown							<input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by Lab <input type="checkbox"/> Archive for _____ Months				
Special Instructions/QC Requirements & Comments:											
Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Custody Seal No.: <u>1515</u>			Cooler Temp. (°C): Obs'd: _____		Corr'd: _____		Therm ID No.: _____		
Relinquished by: <u>[Signature]</u>		Company: <u>EAR</u>		Date/Time: <u>7/29/20</u>		Received by: <u>EAR FREDGE</u>		Company: <u>EAR</u>		Date/Time: <u>7/29/20 15:15</u>	
Relinquished by:		Company:		Date/Time:		Received by:		Company:		Date/Time:	
Relinquished by:		Company:		Date/Time:		Received in Laboratory by:		Company:		Date/Time:	

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)			
Bruce Viggotta	7/29/20 07:30	14:30	<input type="checkbox"/>	Monitoring	<input type="checkbox"/>	Maintenance
Rob Costanzo	7/29/20 07:30	14:30	<input checked="" 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:						
			<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: 7/29/20

NYSDEC Division of Environmental Remediation		NEW YORK STATE Department of Environmental Conservation		50		NYSDEC Contract No. D011107	
Site Location: <u>DEC-LEAD-NEW YORK ST63 N.Y.</u>							
Weather Conditions							
General Description	<u>Hazy</u>	AM			PM	Superintendent: NYSDEC PM: Consultant PM: Consultant Site Inspectors:	
Temperature	<u>92</u>	AM			PM		
Wind	<u>W-S</u>	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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No <input checked="" type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA <input checked="" type="checkbox"/>
Health & Safety Comments							
<u>NONE</u>							
Summary of Work Performed		Arrived at site:	<u>7:30</u>	Departed Site:			
<u>WATER SAMPLING</u>							
Equipment/Material Tracking							
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not tarped?					*Yes	No <input checked="" type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No <input checked="" type="checkbox"/>	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
<u>ROB COSTANZO</u>		<u>EAR</u>		<u>EAR FIELD TECH</u>		<u>6.0</u>	
<u>BRIAN VERGATA</u>		<u>EAR</u>		<u>EAR FIELD TECH</u>		<u>6.0</u>	

DAILY INSPECTION REPORT

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

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
NONE		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

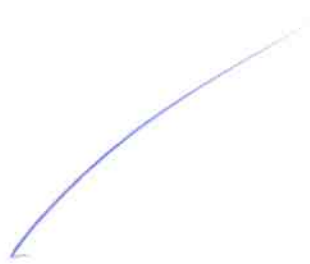
Issues Pending
NONE

Interaction with Public, Property Owners, Media, etc.
NONE

DAILY INSPECTION REPORT

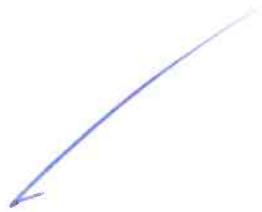
Report No. _____ (Site Name) - NYSDEC Site No. _____ Date: _____

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date: 7/29/20

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 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>		

N/A

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 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. 		
<u>Comments:</u>		

N/A

DAILY INSPECTION REPORT

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

Date: 7/29/20

Page 9 of 9

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

SITE NAME: Dec-Landy

SITE ID.: _____
INSPECTOR: PC
DATE/TIME: 7/29/20
WELL ID.: RW-1

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	YES	NO
WELL COORDINATES? NYTM X _____ NYTM Y _____ PDOP Reading from Trimble Pathfinder: _____ Satelites: _____ GPS Method (circle) Trimble And/Or Magellan	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. VISIBLE?	YES	NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: RW-1

SURFACE SEAL PRESENT?	YES	NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
2 FEET
STEEL

LOCK PRESENT?	YES	NO
LOCK FUNCTIONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input 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.....

36.30
9.25
8

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 WEST

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-LINDY

SITE ID: _____
INSPECTOR: FC
DATE/TIME: 7/29/20
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: _____ Satelites: _____
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) STEEL
PROTECTIVE CASING MATERIAL TYPE: 8
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?

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

LOCK FUNCTIONAL?

YES	NO
<input type="checkbox"/>	<input checked="" 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): 14.50
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.70
MEASURE WELL DIAMETER (Inches): 2
WELL CASING MATERIAL: PC
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

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 FIELD

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

REMARKS:

SITE NAME: Pac-Lady

SITE ID.: _____
INSPECTOR: RC
DATE/TIME: 7/29/20
WELL ID.: MW-55

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
WELL COORDINATES? NYTM X _____ NYTM Y _____ PDOP Reading from Trimble Pathfinder: _____ Satelites: _____ GPS Method (circle) Trimble And/Or Magellan		

WELL I.D. VISIBLE?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

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

SURFACE SEAL PRESENT?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	YES <input checked="" type="checkbox"/>	NO <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):

LOCK PRESENT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
LOCK FUNCTIONAL?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 23.85
 MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.25
 MEASURE WELL DIAMETER (Inches):
 WELL CASING MATERIAL: PRE
 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 NEXT TO N.W. CORNER

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 FIELD

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

REMARKS:

SITE NAME: DEC-LEADY

SITE ID.:
INSPECTOR: PC
DATE/TIME: 7/29/20
WELL ID.: MW-25

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	YES	NO
WELL COORDINATES? NYTM X _____ NYTM Y _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PDOP Reading from Trimble Pathfinder: _____ Satelites: _____		
GPS Method (circle) Trimble And/Or Magellan		

WELL I.D. VISIBLE?	YES	NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

SURFACE SEAL PRESENT?	YES	NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<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:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?	YES	NO
LOCK FUNCTIONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input checked="" 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.....

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 OF HOUSE

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-Lady

SITE ID.:
INSPECTOR: PC
DATE/TIME: 7/29/03
WELL ID.: MW-111

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	YES	NO
WELL COORDINATES? NYTM X _____ NYTM Y _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PDOP Reading from Trimble Pathfinder: _____ Satelites: _____		
GPS Method (circle) Trimble And/Or Magellan		

WELL I.D. VISIBLE?	YES	NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-111

SURFACE SEAL PRESENT?	YES	NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<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: 8 STEEL

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?	YES	NO
LOCK FUNCTIONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 34.30

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): ~~34.30~~ 3.03

MEASURE WELL DIAMETER (Inches): 2

WELL CASING MATERIAL: PC

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 MIDDLE OF ROAD

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:

SITE NAME: Dec-Lady

SITE ID.:
INSPECTOR: RC
DATE/TIME: 7/29/20
WELL ID.: MW-109

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)
WELL COORDINATES? NYTM X _____ NYTM Y _____
PDOP Reading from Trimble Pathfinder: _____ Satelites: _____
GPS Method (circle) Trimble And/Or Magellan

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

WELL I.D. VISIBLE?
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-109

SURFACE SEAL PRESENT?
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)

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

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
3

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

34.40
1.00
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.
MIDDLE OF 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.
PAVEMENT

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

REMARKS:

Sketch

SITE NAME: Dec-2019

SITE ID.:
INSPECTOR: PC
DATE/TIME: 7/29/20
WELL ID.: RW-2

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)	YES	NO
WELL COORDINATES? NYTM X _____ NYTM Y _____ PDOP Reading from Trimble Pathfinder: _____ Satelites: _____ GPS Method (circle) Trimble And/Or Magellan	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL I.D. VISIBLE?	YES	NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<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
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<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:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

STEEL

LOCK PRESENT?	YES	NO
LOCK FUNCTIONAL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input checked="" 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.....

35.10
0.80
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 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:



**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)	
EDGAR	07-31-20/07:30	10:30	<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 and site maintenance, remove debris around fence, cutting grass with lawn mower, weed wack around monitoring 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:				

DAILY INSPECTION REPORT

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

Date: 07-31-20

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		NYSDEC Contract No. D011107		
Site Location: _____, New York						Superintendent:		
Weather Conditions						NYSDEC PM:		
General Description	Rain	AM			PM	Consultant PM:		
Temperature	72°	AM			PM	Consultant Site Inspectors:		
Wind	NE 6 mph	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	<input checked="" type="checkbox"/> No	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	<input checked="" type="checkbox"/> No	NA
Were there any nuisance issues reported/observed on this date?						*Yes	<input checked="" type="checkbox"/> No	NA
Health & Safety Comments								
Summary of Work Performed			Arrived at site:	7:30 am	Departed Site:			
Equipment/Material Tracking								
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	<input checked="" type="checkbox"/> No	NA
Were there any vehicles which were not tarped?						* Yes	<input checked="" type="checkbox"/> No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	<input checked="" type="checkbox"/> No	NA
Personnel and Equipment								
Individual	Company			Trade	Total Hours			

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 63 Date: 07-31-20

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
		Yes	No
Site Representatives			
Name		Representing	
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property Owners, Media, etc.			

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 63 Date: 07-31-20

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

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 63 Date: 7-31-20

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 63 Date: 07-31-20

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 63 Date: 07-31-20

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. **63** Date: **7-31-20**

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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Comments:

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DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 63 Date: 7-31-20

DAILY HEALTH CHECKLIST

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

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>		



**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	8/6/20 0800	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: ASSESS Storm DAMAGE DISCUSS w/ PM AND PICK UP MATERIALS TO REPAIR				
			<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: 8/6/20

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation			NYSDEC Contract No. D011107 Superintendent: NYSDEC PM: Consultant PM: Consultant Site Inspectors:	
Site Location: <u>DANDYVILLE</u> New York						
Weather Conditions						
General Description		AM		PM		
Temperature		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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes	No <input checked="" type="checkbox"/>	NA
Were there any nuisance issues reported/observed on this date?				*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments 						
Summary of Work Performed		Arrived at site: <u>0800</u>	Departed Site: <u>1300</u>			
<i>Assess Storm Damage + Discuss with PM Pick up materials for Repair</i>						
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						
Individual	Company	Trade	Total Hours			

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
		Yes	No
Site Representatives			
Name		Representing	
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property Owners, Media, etc.			

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

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"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

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 checked="" 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 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> 			

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFF-SITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
DG, PL, KL	0800 8/7/20	1400	Monitoring	<input checked="" type="checkbox"/>	Maintenance
			Sampling	<input type="checkbox"/>	Other (Provide Description)
			Alarm Response	<input type="checkbox"/>	
Description: <i>Fence Repair and Basin Renovation</i>					
			Monitoring	<input type="checkbox"/>	Maintenance
			Sampling	<input type="checkbox"/>	Other (Provide Description)
			Alarm Response	<input type="checkbox"/>	
Description:					
			Monitoring	<input type="checkbox"/>	Maintenance
			Sampling	<input type="checkbox"/>	Other (Provide Description)
			Alarm Response	<input type="checkbox"/>	
Description:					

DAILY INSPECTION REPORT

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

NYSDEC Division of Environmental Remediation		NEW YORK STATE Department of Environmental Conservation				NYSDEC Contract No. D011107	
Site Location: <i>INDENTURED</i> New York						Superintendent: NYSDEC PM: Consultant PM: Consultant Site Inspectors:	
Weather Conditions							
General Description	<i>Sunny</i>	AM	<i>Sunny</i>	PM			
Temperature	<i>85</i>	AM	<i>85</i>	PM			
Wind	<i>Light</i>	AM	<i>Light</i>	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 <input checked="" type="checkbox"/>
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Health & Safety Comments							
Summary of Work Performed		Arrived at site:	<i>0800</i>	Departed Site:	<i>1400</i>		
<i>Repair Fence & Remove Damaged TREE</i>							
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							
Individual	Company			Trade		Total Hours	

DAILY INSPECTION REPORT

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

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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

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

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

Site Photographs (Descriptions Below)	
	
Fallen tree	Tree removal activities
	
Fence along West Montauk Hwy damaged during storm	Repaired fence along West Montauk Hwy

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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 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 checked="" 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 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>		

DAILY INSPECTION REPORT

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 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> 			

**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, BC, AD	8/10/20 0730	1430	<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: <i>Begin Fence Repair Continue cutting up and Disposal of Downed TREE</i>				
			<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: _____

NYSDEC Division of Environmental Remediation					NYSDEC Contract No. D011107	
Site Location: <u>Lindelhurst</u> New York					Superintendent:	
Weather Conditions					NYSDEC PM:	
General Description	<u>Sunny</u>	AM	<u>Sunny</u>	PM	Consultant PM:	
Temperature	<u>85</u>	AM	<u>85</u>	PM	Consultant Site Inspectors:	
Wind	<u>Light</u>	AM	<u>Light</u>	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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?				*Yes	No	NA <input checked="" type="checkbox"/>
Health & Safety Comments						
Summary of Work Performed	Arrived at site:	<u>0730</u>	Departed Site:	<u>1430</u>		
<p><i>Continue cutting up & removing. David LEE Begin fence repair on South side of property</i></p>						
Equipment/Material Tracking						
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".						
Were there any vehicles which did not display proper D.O.T numbers and placards?				*Yes	No	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						
Individual	Company	Trade	Total Hours			

DAILY INSPECTION REPORT

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

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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

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

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

Site Photographs (Descriptions Below)



Fence damaged by the tree, south side



Fence damaged by tree after repairs, south side

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

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: _____

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> 			

**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	8/13/20 0900	1303	<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: <i>LAWN MAINTENANCE</i>				
			<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: 8/13/20

DECLINDENHURST63

NYSDEC Division of Environmental Remediation		 NEW YORK STATE	Department of Environmental Conservation		NYSDEC Contract No. D011107 Superintendent: NYSDEC PM: Consultant PM: Consultant Site Inspectors:	
Site Location: LINDENHURST New York						
Weather Conditions						
General Description	OVERCAST	AM	OVERCAST	PM		
Temperature	85	AM	85	PM		
Wind	light	AM	light	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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?				*Yes	No	NA <input checked="" type="checkbox"/>
Health & Safety Comments 						
Summary of Work Performed	Arrived at site:	0900	Departed Site:	1300		
LAWN 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						
Individual	Company	Trade	Total Hours			

DAILY INSPECTION REPORT

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

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

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>		

DAILY INSPECTION REPORT

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 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>			

**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	8/26/20 0800	1200	<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:				

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

Date: 8/20/20

Serial Number: _____

Initials: _____



	Yes	No	N/A
1. Is the extinguisher located in its designated location?	✓		
2.) Is it clear of obstructions to access or visibility?	✓		
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?	✓		

DAILY INSPECTION REPORT

JEE LINDERHAST 63

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

Date: 8/20/20

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation				NYSDEC Contract No. D011107	
Site Location: <u>Linderhast</u> New York		Weather Conditions		Superintendent:		NYSDEC PM:		Consultant PM:	
General Description	<u>Sunny</u>	AM		PM		Consultant Site Inspectors:			
Temperature	<u>70</u>	AM		PM					
Wind	<u>Light</u>	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:		<u>0800</u>	Departed Site:		<u>1200</u>		
<u>LAWN MAINTENANCE</u>									
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									
Individual	Company		Trade		Total Hours				

DAILY INSPECTION REPORT

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

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property Owners, Media, etc.			

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

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"/>
<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 checked="" type="checkbox"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

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 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> 			

**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	9/3/20 0800	1200 1345	<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: perform groundskeeping & general site 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. DEC-Lindenberst/63 Date: 9/3/26

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D011107		
Site Location: <u>Lindenberst</u> , New York						Superintendent: NYSDEC PM:		
Weather Conditions						Consultant PM: Consultant Site Inspectors:		
General Description		AM		PM				
Temperature	<u>80°F</u>	AM	<u>85°F</u>	PM				
Wind	<u>8 mph</u>	AM	<u>8 mph</u>	PM				
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	<input checked="" type="radio"/> No	<input type="radio"/> NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	<input type="radio"/> No	<input checked="" type="radio"/> NA
Were there any nuisance issues reported/observed on this date?						*Yes	<input checked="" type="radio"/> No	<input type="radio"/> NA
Health & Safety Comments 								
Summary of Work Performed		Arrived at site:	<u>0800</u>	Departed Site:	<u>1345</u>			
<u>perform groundskeeping & general site maintenance</u>								
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	<input type="radio"/> No	<input checked="" type="radio"/> NA
Were there any vehicles which were not tarped?						*Yes	<input type="radio"/> No	<input checked="" type="radio"/> NA
Were there any vehicles which were not decontaminated prior to exiting the work site?						*Yes	<input type="radio"/> No	<input checked="" type="radio"/> NA
Personnel and Equipment								
Individual	Company	Trade	Total Hours					
<u>BCC</u>	<u>EIR</u>	<u>Foreman</u>	<u>5.5</u>					

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
		Yes	No
		Yes	No

Site Representatives	
Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

DEC-Lindenhurst 63

Date: *9/3/20*

DAILY HEALTH CHECKLIST

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

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>		

DAILY INSPECTION REPORT

DEC-Lindhurst/63

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

Date: *9/3/20*

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input 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 type="checkbox"/>

Comments:



Empty box for comments.

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
KL	9/9/20 800	1100	<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: cut grass; Drums good condition; fence trimmed of weeds				
			<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. 1-52-125 Date: 9/9/20

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D011107	
Site Location: <u>Dec Linen #1013</u> New York						Superintendent: _____ NYSDEC PM: _____ Consultant PM: _____ Consultant Site Inspectors: _____	
Weather Conditions							
General Description	<u>Cloudy</u>	AM			PM		
Temperature	<u>75°</u>	AM			PM		
Wind	<u>↓</u>	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	<u>NA</u>
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	<u>NA</u>
Were there any nuisance issues reported/observed on this date?					*Yes	<u>No</u>	NA
Health & Safety Comments							
Summary of Work Performed		Arrived at site:		Departed Site:			
<u>Cut grass, checked barrels condition, maintained site</u>							
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							
Individual	Company		Trade		Total Hours		

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 1-52-125 Date: 9/9/20

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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. 1452-125 Date: 9/9/20

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
		Yes	No

Site Representatives	
Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 1-52-125 Date: 9/9/20

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

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 1-52-125 Date: 9/9/20

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 1-52-125 Date: 9/9/20

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 1-52-125 Date: 9/9/20

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 1-52-125 Date: 9/9/20

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input checked="" 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"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 1-52-125 ~~1-52-125~~ Date: 9/9/20

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input 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"/>

Comments:

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
Reiven Lucero	9/16/20 0800	1145	<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: Fire and Safety Lighting inspection, site maintenance, 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:				

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

Date: 9/16/20

Serial Number: _____



Initials: KL

	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?	✓		

DAILY INSPECTION REPORT

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

Date: 9/16/20

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation		NYSDEC Contract No. D011107 Superintendent: NYSDEC PM: Consultant PM: Consultant Site Inspectors: Kelvin Lucero
Site Location: Dec 110600000000 New York				
Weather Conditions				
General Description	Sunny	AM		PM
Temperature	62°	AM		PM
Wind	8	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?	<input type="checkbox"/>	*Yes	<input checked="" type="checkbox"/> No	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	<input type="checkbox"/>	*Yes	<input checked="" type="checkbox"/> No	NA
Were there any nuisance issues reported/observed on this date?	<input type="checkbox"/>	*Yes	<input checked="" type="checkbox"/> No	NA
Health & Safety Comments				
Summary of Work Performed	Arrived at site:	0800	Departed Site:	1145
site maintenance / lawn maintenance / fire and safety lighting inspection				
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?	<input type="checkbox"/>	*Yes	<input checked="" type="checkbox"/> No	NA
Were there any vehicles which were not tarped?	<input type="checkbox"/>	*Yes	<input checked="" type="checkbox"/> No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site?	<input type="checkbox"/>	*Yes	<input checked="" type="checkbox"/> No	NA
Personnel and Equipment				
Individual	Company	Trade	Total Hours	
Kevin Lucero	EAR	Foreman	5.5	

DAILY INSPECTION REPORT

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

Date: 9/16/20

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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: 9/16/20

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
		Yes	No
Site Representatives			
Name		Representing	
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property Owners, Media, etc.			

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. _____ Date: 9/16/20

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

DAILY INSPECTION REPORT

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

Date: 9/16/20

DAILY INSPECTION REPORT

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

Date: 9/16/20

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Date: 9/16/20

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date: 9/10/20

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	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 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 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"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

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

Date: 9/16/20

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 checked="" 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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 checked="" 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)		
MF	21 SEP 20 0830	1430	<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:					
			<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: 9/21/2020

NYSDEC Division of Environmental Remediation			Department of Environmental Conservation		NYSDEC Contract No. D011107 Superintendent: NYSDEC PM: Consultant PM: Consultant Site Inspectors:
Site Location: _____, New York		Weather Conditions			
General Description		AM		PM	
Temperature		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: <u>0830</u>	Departed Site: <u>1730</u>		
maint.					
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					
Individual	Company	Trade		Total Hours	

DAILY INSPECTION REPORT

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

Date: 21 Sep 20

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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: 21 Sep 20

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

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

Date: 21 SEP 20

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

DAILY INSPECTION REPORT

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

Date: _____

21/6/22

DAILY INSPECTION REPORT

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

Date: 21 Sep 20

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Date: 21 Sep 20

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date: 21 SEP 20 Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	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 type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input 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 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"/>
<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"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

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

Date: 21 SEP 20

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	9/30/20 800	1230	<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: <i>Lawn Maintenance</i>					
			<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: _____

NYSDEC Division of Environmental Remediation			Department of Environmental Conservation		NYSDEC Contract No. D011107 Superintendent: NYSDEC PM: Consultant PM: Consultant Site Inspectors:	
Site Location: <i>Ludlow</i> , New York						
Weather Conditions						
General Description	<i>Sunny</i>	AM		PM		
Temperature	<i>70°F</i>	AM		PM		
Wind	<i>15-20</i>	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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes	No <input checked="" type="checkbox"/>	NA
Were there any nuisance issues reported/observed on this date?				*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments						
Summary of Work Performed		Arrived at site: <i>1000</i>	Departed Site: <i>1230</i>			
<i>Land Maintenance</i>						
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						
Individual	Company	Trade	Total Hours			

DAILY INSPECTION REPORT

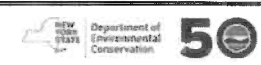
Report No. _____ (Site Name) - NYSDEC Site No. _____ Date: _____

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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

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

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

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>		

DAILY INSPECTION REPORT

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 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> 			