

QUARTERLY OPERATION AND MAINTENANCE REPORT – FOURTH 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: April 26, 2021



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General Information

Project/Site Information:

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

Client Information:

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

Report Date: 4/26/2021

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Project Number: DEC1004.OM



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 fourth quarter of 2020 (October through December 2020). This report provides a description of the work performed throughout the reporting period, a discussion of the data obtained, and documents the relevant performance monitoring.



2.0 SITE BACKGROUND

2.1 Site Location and Description

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

The following features are present at the site:

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

2.2 Site Geology and Hydrogeology

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

Depth to groundwater ranged from 5.13 (in MW-2S) to 9.12 (in RW-1) feet below ground surface, as measured during the October 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 has been contracted by NYSDEC to perform the groundwater sampling at the Site as well as the Site maintenance activities. EAR conducted the Site maintenance and prepared summary reports during each visit to the Site. The reports are included in **Appendix B**. Below is a summary of activities performed by EAR during the fourth quarter of 2020.

3.1 Groundwater Extraction and Treatment System Operations and Maintenance

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

The GWE&T system was shut down in November 2018 and remained turned off during the fourth 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 October 6, 16, and 29, November 25, and December 22, 2020, EAR completed routine maintenance (including drum inspection) and grounds-keeping activities on-site. The activities included mowing the lawn, weed-removal, and snow removal.
- Monthly inspections of fire extinguisher and emergency lighting and exit sign tests were performed on October 16, November 12 and 25, and December 22, 2020. No issues were identified; emergency lighting passed the monthly tests.
- An annual emergency lighting and exit sign test was conducted on November 12, 2020. No issues were identified; emergency lighting passed the monthly tests.



Non-Routine Maintenance

- On October 16, 2020, an annual test and maintenance of backflow prevention device of the water treatment system was conducted at the Site, as required by the Suffolk County Water Authority. The system passed the test.
- On December 9, 2020, the heaters were set up to 50°F.
- On December 12, 2020, EAR started preparation activities for the removal of the packed-tower strippers associated with the GWE&T system. EAR took measurements and inspected the tower ports.



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

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

4.1 Groundwater Sampling

On October 15, 2020, EAR conducted a semi-annual groundwater sampling event. A headspace reading was collected using a photoionozation detector (PID) at each groundwater monitoring well. PID readings were collected from each well immediately after the removal of the well caps and plugs. Volatile organic compounds (VOCs) were not detected in the headspace of each well.

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



Table 2: Groundwater Analytical Results

Monitoring Well ID and	Site-Specific Contaminant of Concern Concentrations, ug/L							
Location	PCE		TCE		Cis-1,2-DCE		Vinyl Chloride	
Sampling Period	2020 Q3	2020 Q4	2020 Q3	2020 Q4	2020 Q3	2020 Q4	2020 Q3	2020 Q4
MW-4D (on-site)	54	95	7.8	13	2.4	2	<1	<1
MW-5S (on-site)	0.41	0.34	<1	<1	<1	<1	<1	<1
MW-103 (on-site)	3	5.3	0.64	0.65	<1	<1	<1	<1
MW-104 (on-site)	50	50	4.5	5.8	8.1	1.6	<1	<1
MW-105 (on-site)	1.3	0.5	<1	0.43	16	0.25	1	<1
MW-106 (on-site)	15	11	3.2	2.8	13	13	1.6	2.4
MW-107 (on-site)	1.3	1.2	0.61	0.53	<1	<1	<1	<1
RW-1 (on-site)	0.83	<1	<1	<1	0.52	<1	<1	<1
MW-2S (off-site)	29	1.8	7.9	0.34	100	3.2	11	<1
RW-2 (off-site)	<1	<1	<1	<1	0.5	<1	<1	<1
Class GA Groundwater Standard, μg/L	5		5		5		2	

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

The above 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, third 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.

- <u>MW-4D</u>: The monitoring well is located in the southwestern portion of the Site and downgradient of the historical dry-cleaning activities. The well is screened at 60 to 70 feet below grade (fbg). 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.
- <u>MW-5S</u>: The monitoring well is located in the western portion of the Site and screened at 14 to 24 fbg. PCE was the only contaminant of concern detected in this well. No exceedances of the applicable regulatory standards were identified during the current and previous monitoring events.
- <u>MW-103</u>: The monitoring well is located in the northern portion of the Site and screened at 5 to 15 fbg. Concentrations of PCE were detected in exceedance of Class GA Groundwater Standards. 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 and TCE were detected in exceedance of the Class GA Standards. Cis-1,2-DCE was detected at concentrations below the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit.
- <u>MW-105</u>: The monitoring well is located near the southwestern corner of the treatment building and screened at 5 to 15 fbg. PCE, TCE, and cis-1,2-DCE were detected below the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit.
- <u>MW-106</u>: The monitoring well is located in the southeastern corner of the Site and screened at 5 to 15 fbg. PCE, cis-1,2-DCE, and vinyl chloride were detected in exceedance of the Class GA Standards. TCE was detected below the Class GA Standards.
- <u>MW-107</u>: The monitoring well is located in the southern portion of the Site and screened at 5 to 15 fbg. PCE and TCE were detected at concentrations below the Class GA Standards. Cis-1,2-DCE and vinyl chloride were not detected above the laboratory detection limits.
- <u>RW-1</u>: The 4-inch extraction well is located in the southwestern portion of the Site and screened at 10-35 feet bgs. All four COCs (i.e., PCE, TCE, cis-1,2-DCE and vinyl chloride) were not detected above the laboratory detection limits.
- <u>RW-2</u>: The 4-inch extraction well is located on Orchard Street, approximately 1,500 feet to the southwest of the Site, and screened at 12-37 feet bgs All four COCs (i.e., PCE, TCE, cis-1,2-DCE and vinyl chloride) were not detected above the laboratory detection limits.
- <u>MW-2S</u>: The monitoring well is located on Tompkins Street, approximately 200 feet to the south of the Site and screened at 12 to 22 fbg. PCE, TCE, and cis-1,2-DCE were detected below the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit.

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 12 μ g/L (Class GA Standards = 7 μ g/L).



5.0 MAINTENANCE ISSUES AND RECOMMENDED SOLUTIONS

On October 27, 2020, the State of New York Office of Fire Prevention and Control conducted an inspection at the Site and identified the following violations of the New York State Uniform Fire Prevention and Building Code:

- General requirements. Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.
- Emergency lights did not work when tested.
- An activation test of the emergency lighting equipment shall be completed monthly. The
 activation test shall ensure the emergency lighting activates automatically upon normal
 electrical disconnect and stays sufficiently illuminated for not less than 30 seconds.
- Power test. For battery-powered emergency lighting, a power test of the emergency lighting
 equipment shall be completed annually, the power test shall operate the emergency lighting
 for not less than 90 minutes and shall remain sufficiently illuminated.

The issues were addressed in November 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 first quarter of 2021.



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7.0 PROGRESS TOWARD CLEANUP OBJECTIVES

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



Quarterly Operation and Maintenance Report Q4 2020 Active Industrial Uniform Superfund Site #152125 63 West Merrick Road, Lindenhurst, New York

FIGURES



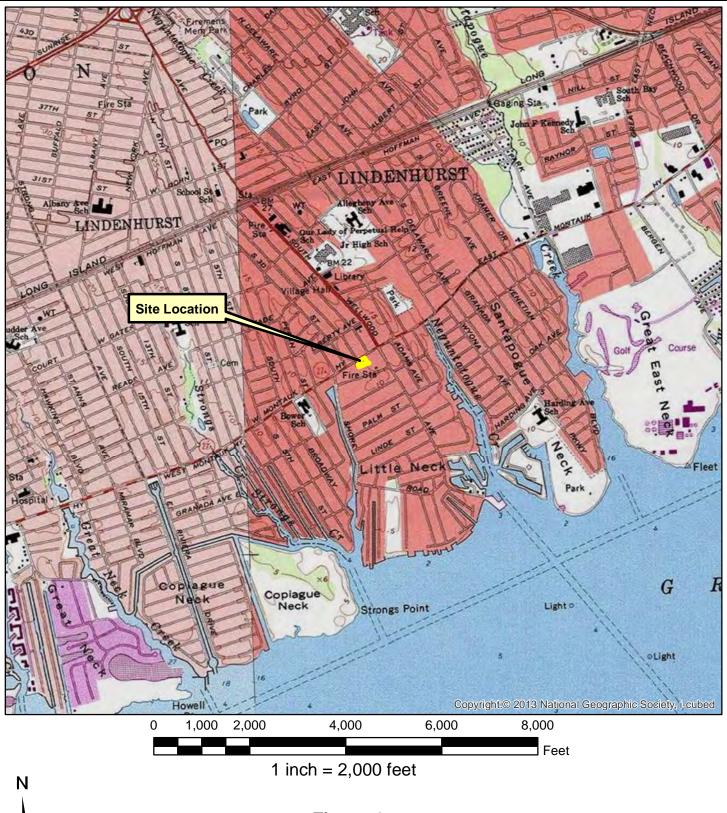


Figure 1
Site Location
63 West Montauk Highway
Lindenhurst, New York
NYSDEC Site No. 152125
HRP # DEC1004.OM
Scale 1" = 2,000'



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



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

HRPASSOCIATES.COM

Surrounding Area: Groundwater Sampling Locations

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

ASI DESIGNED BY:	11X17 SHEET SIZE:
BOB DRAWN BY:	08/04/2020 DATE:
DJF REVIEWED BY:	DEC1004.OM PROJECT NUMBER:

North 1 in = 150 ft

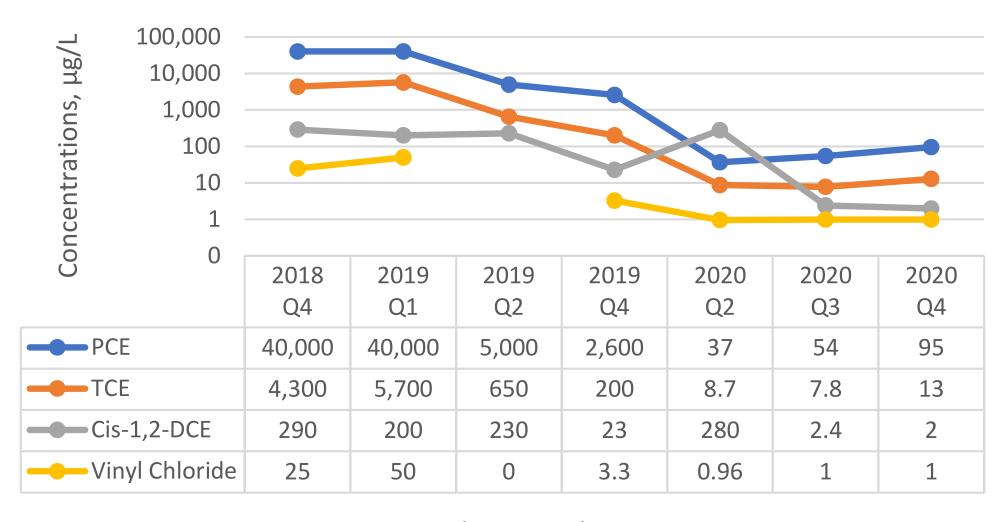
Quarterly Operation and Maintenance Report Q4 2020 Active Industrial Uniform Superfund Site #152125 63 West Merrick Road, Lindenhurst, New York

APPENDIX A

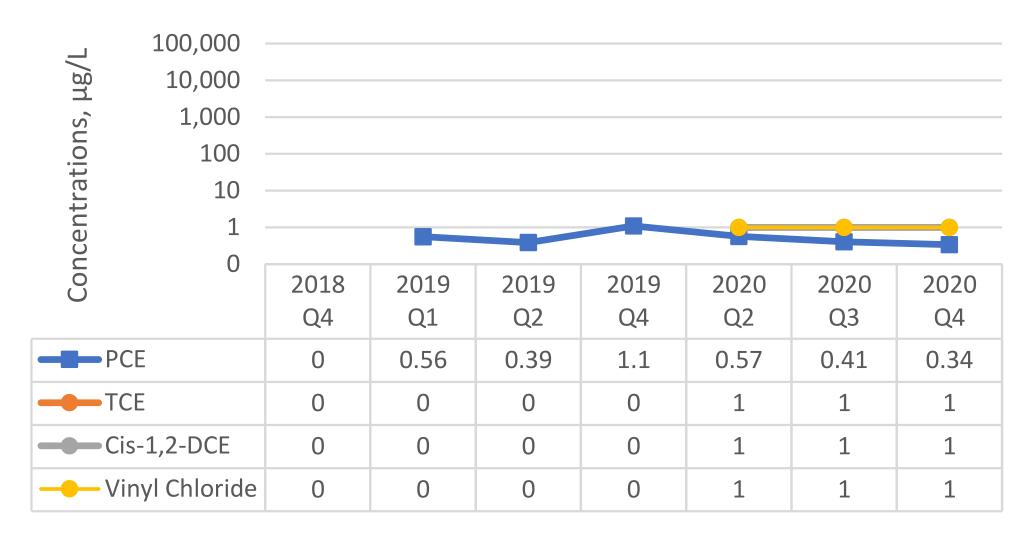
Temporal Variations of VOCs Concentrations



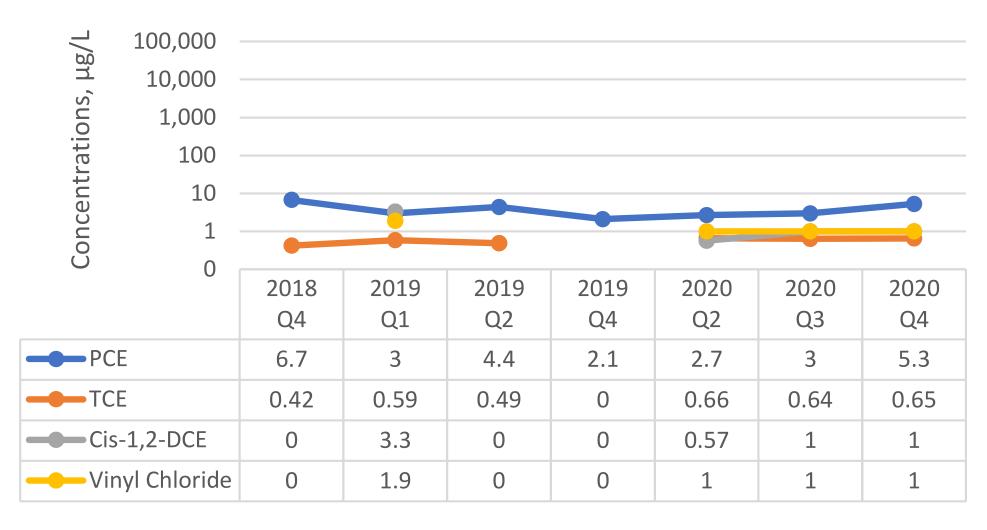
MW-4D



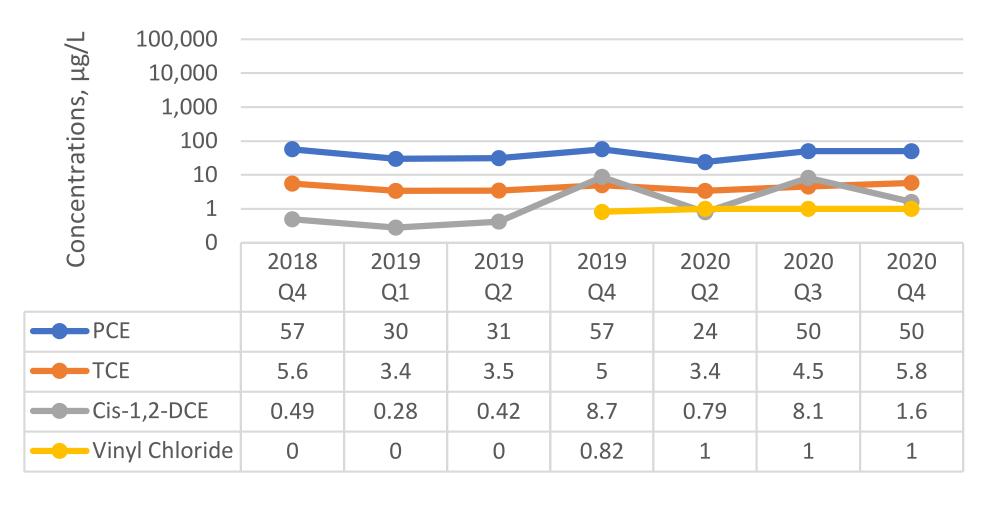
MW-5S



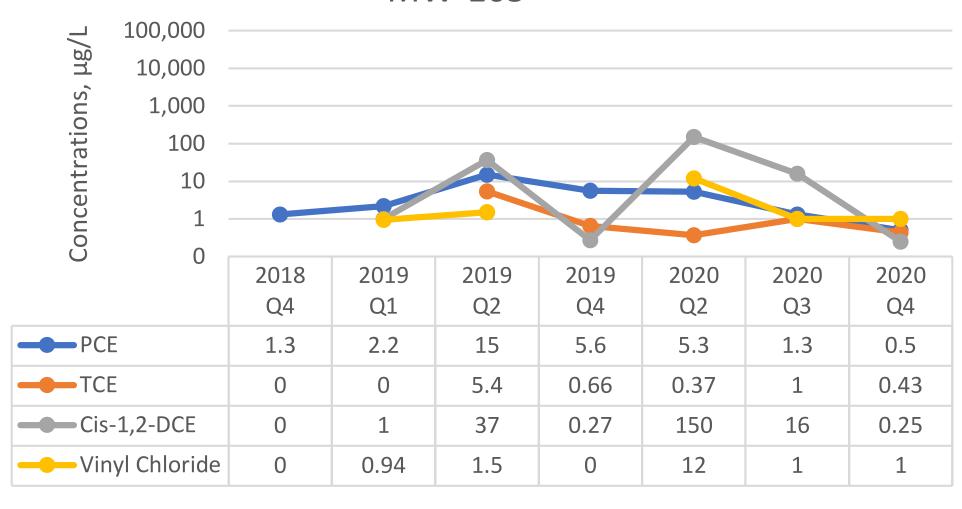
MW-103



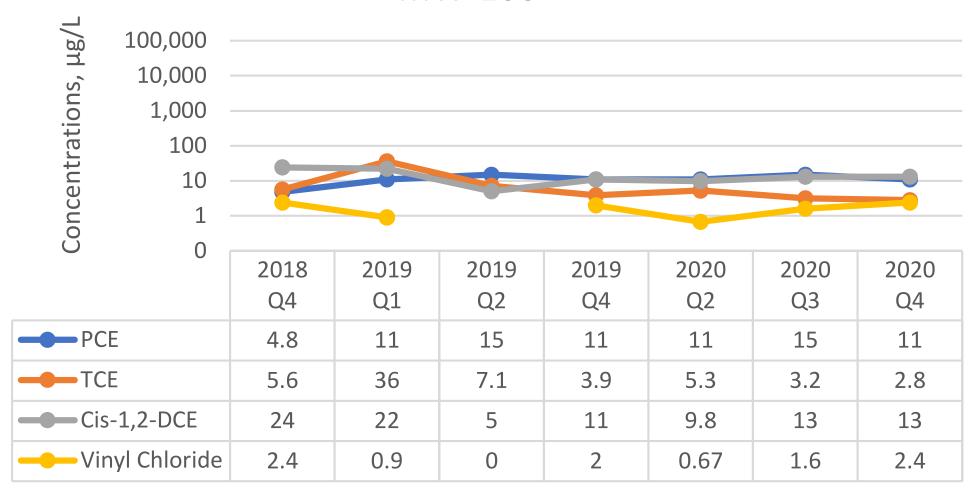
MW-104



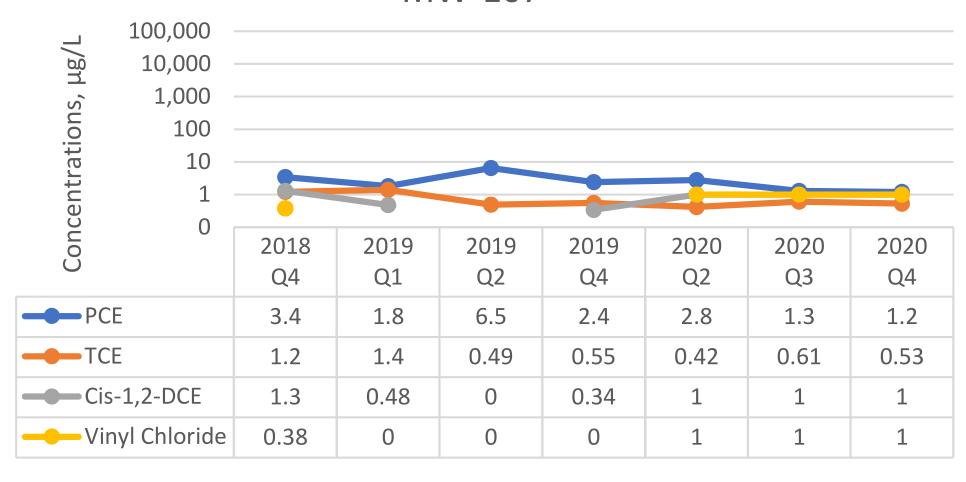
MW-105



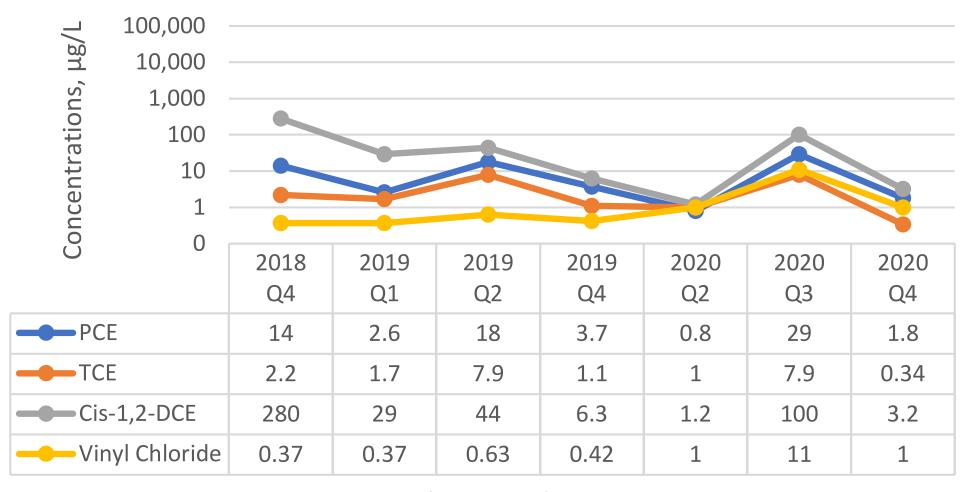
MW-106

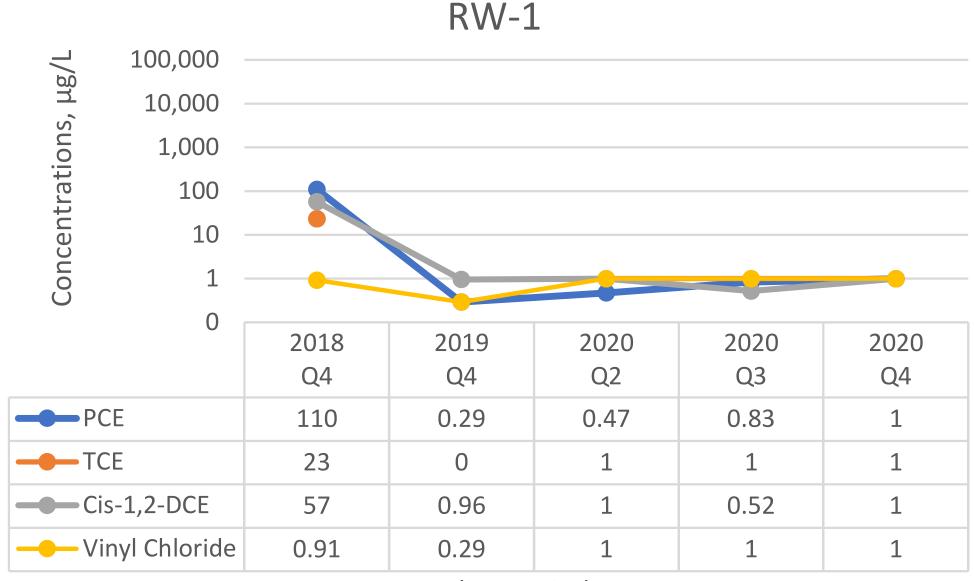


MW-107



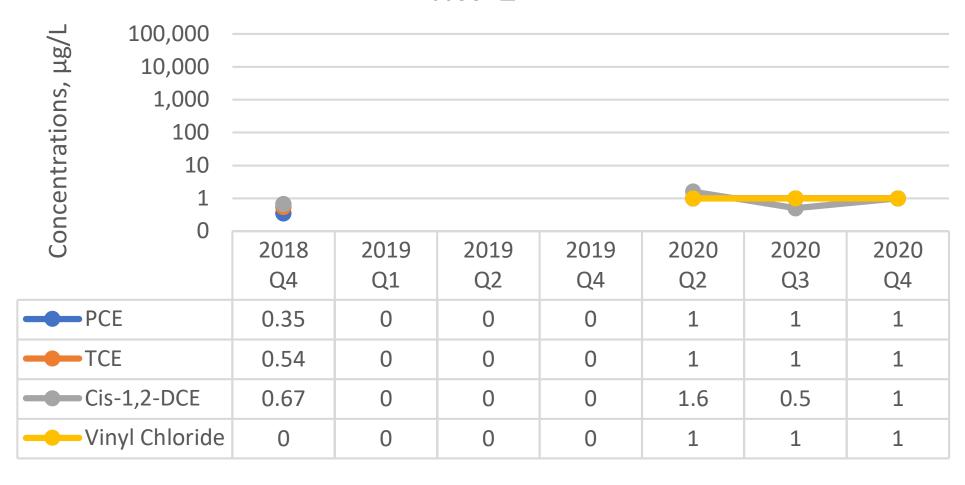
MW-2S





Sampling period

RW-2



Quarterly Operation and Maintenance Report Q4 2020 Active Industrial Uniform Superfund Site #152125 63 West Merrick Road, Lindenhurst, New York

APPENDIX B

Operation and Maintenance Reports



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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SIT	TE VISIT (CHECK BOX BELOW)
DG	10/6/20 0900	1200	Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:	Mantenere			
			T I	T 10. 10. 10.
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
Description:			Alarm Response	
·				
			Monitoring	Maintenance
		<u> </u>	Sampling	Other (Provide Description)
			Alarm Response	
Description:				

PAILY INSPECTION REPORT DECLINITION MET Report No. (Site Name) - NYSDEC Site No. Date: 10/6/20

NYSDEC Division of Environmental Remediat	ion NEW YORK STATE Enviro	tment of nmental rvation		NYSDEC Condition of the NYSDEC		No.
Site Location: , New	v York	11-	- 1	NYSDEC PM:	ıt.	
	Conditions					
General Description One COS			PM	Consultant PM		
Temperature 70	AM			Consultant Site	e Inspecto	rs:
Wind Light	AM	10	PM			
Health & Safety If any box below is checked "Yes	", provide explana	tion under "He	ealth &	Safety Com	ments".	
Were there any changes to the Health &	Safety Plan?	=		*Yes	No x	NA
Were there any exceedances of the peri	imeter air monitoring i	eported on this da	ate?	*Yes	No	NA 🎾
Were there any nuisance issues reporte	d/observed on this da	te?		*Yes	No	NA /
Health & Safety Comments						
Summary of Work Performed LANN MA	Arrived at site:		De	eparted Site:	120	ಶ
Equipment/Material Tracking If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not	lisplay proper D.O.T r	umbers and place	ards?	*Yes * Yes	No No	NA NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not	lisplay proper D.O.T r	umbers and place	ards?	*Yes * Yes	No	NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not	lisplay proper D.O.T r	umbers and place	ards?	*Yes * Yes	No No	NA NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not	lisplay proper D.O.T r	umbers and place	ards? ork site?	*Yes * Yes	No No No	NA NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T r tarped? t decontaminated prio	umbers and place	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
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If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T r tarped? t decontaminated prio	umbers and place	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T r tarped? t decontaminated prio	umbers and place	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T r tarped? t decontaminated prio	umbers and place	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T r tarped? t decontaminated prio	umbers and place	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Yes" Were there any vehicles which did not d Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T r tarped? t decontaminated prio	umbers and place	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA

DAILY INSPECTION REPORT

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

_		4	
1	2	٠	0
ப	а	L	C

Material Description Imported Exported off Site Waste Profile Source or Disposal Facility (if Applicable) Loads Weight (tons) Loads Comments Loads		on		Contractor/Vendor		Quantity	Use	d
On-Site scale for off-site shipment, delivery ticket for material received	34							
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received						- 30 - 121		
On-Site scale for off-site shipment, delivery ticket for material received		-				1		
On-Site scale for off-site shipment, delivery ticket for material received				¥				
On-Site scale for off-site shipment, delivery ticket for material received					10			
On-Site scale for off-site shipment, delivery ticket for material received						N.O.		-
On-Site scale for off-site shipment, delivery ticket for material received		+						
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received							· · · · · · · · · · · · · · · · · · ·	
On-Site scale for off-site shipment, delivery ticket for material received	- U.S.							
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received	- 197							
On-Site scale for off-site shipment, delivery ticket for material received				0				
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received			-7			*2	A.	
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received								
On-Site scale for off-site shipment, delivery ticket for material received	51							
	Material Description	Imported/ Delivered to Site	Exported off Site		Source of	Disposal	Daily	Daily Weight
						. F.F	Loads	(tons)
							Loads	(tons)
						,	Loads	(tons)
							Loads	(tons)
							Loads	(tons)
							Loads	(tons)
							Loads	(tons)
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							Loads	(tons)
								(tons)
quipment/Material Tracking Comments:								(tons)
		ment, delivery t	icket for materia					(tons)
		ment, delivery t	icket for materia					(tons)
		ment, delivery t	icket for materia					(tons)
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		ment, delivery t	icket for materia					(tons)
		ment, delivery t	icket for materia					(tons)

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

Date:

Name	Representing	Entered Exclusion/CRZ Zon		
-M		Yes	No	
2 2		Yes	No	
		Yes	No	
Site Representatives				
lame	Representing			
Œ.				
		4.7		
2				
2 =:	, , , , , , , , , , , , , , , , , , ,			
	all and a second a			
Project Schedule Comments				
ssues Pending		-		
nteraction with Public, Property (Owners Media etc			
meraction with abile, r roperty c	Which S, Micala, Cto.			



DAILY INSPECTION REPORT

Page 4 of 9

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

Date:

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

Date:

DAILY INSPECTION REPORT

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

Page 6 of 9

Site Photographs (Descriptions Below)				

ILY INSPECTION REPORT port No. (Site Name) - NYSDEC Site No.	Page Date:
(Site Name) - NTSDEC Site No.	Date.
Comments	
Comments	
Site Inspector(s):	Date:

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DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖄
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖄
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🕅
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🎾	No □
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □
Comme	ents:		



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1 1	-	m.	\sim

NUISANCE CHECKLIST

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

Groundwater Sampling Sheet: Stabilization Purge Method

Site	DE	CC-L	INDENI	twest 63	3			Start Time: 06	6:00		Equipment:		- m - 74 % - 74 Mil (1975/75-17-)	
Date	1	0/15	120					End Time:				-247a		
Tec	ns:	RC	BV					:	11726-200 21726-200					
								_	[check	units on YSI and o	onfirm that param	eter is in the correct		
	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
MI	3-105	2	14.27	6.33	7.94	1.39	2.0	8:25	0.59	20,50	6.18	-108.5	385	
m	2-103	2	12.65	6.25	6.40	1.12	2.0	8:57	0.58	20,78	6.40	113.8	407	
774	1-55	2	23,55	5-95	17.60	3.08	3.5	9:33	0.38	18.88	5.98	-96.1	351	
MV	1-104	2	14,57	6.30	8.27	1,45	20	10:02	0.42	19.77	6.61	-98.0	437	
MIL	1-107	2	14.59	6,20	8.39	1.47	2.0	10:47	0.39	19.346	660	-101.4	411	
ML	-106	2	13.84	6,29	7.55	1.32	CLS	11:24	0.55	18.72	6.43	-74.8	207	
Mh	1-25	2	21.82	5.13	16.69	2.92	3.00	12:09	0.74	17.19	5.88	37.1	314	
										lane.				
								1000						
							J							
==										5				
								-		14				
-													1	
-								90						
								<u> </u>						
	Well Size (in	ches)	0.5	0.75	1	1.5	2	4	6	8				of 1 well volume & then
/lultip	lier based on 4	well volume	0.06	0.11	0.18	0.42	0.7	2.65	6	10.4			wait for s	stabillization
Multi	olier based on 1	1 well volume	0.015	0.0275	0.045	0.105	0.175	0.663	1.5	2.6				e for stability:
	Guidelines fe	or Field Sc	reening Values:		M	W-103=	MW-X	N	1W-107 M	smsp			1	nductance (3%) ature (3%)
pH r	ange = 5 - 9												l .	- 0.1 units
				m days - please try to	keep purge container	cool/shaded area)								t DO NOT use for stability
DO	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

Chain of Custody Record 454991 & eurofins



Environment Testing TestAmerica

Client Contact	Project M	anager: '	ogram: 5. Goe				Contact		Date:		COC No:
	Tel/Email:) 1 GOE	72			ab Contact: Carrier:				of / COCs
Company Name: EAR			urnaround	Time		Lab	T		Carrie		Sampler:
City/State/Zip: PATCHOCUE /NY / 11772		DAR DAYS		RKING DAY	(S						For Lab Use Only:
Phone: 631-447-6400		T if different fr		adito Diti		1 2	- 3				Walk-in Client:
ax:				7 N.	AAA	~ Z	13				Lab Sampling:
Project Name: ASC-LEWNEWHURST 63			1 week	FANDA 10-DA	pour	Z	- 69				
Site:			2 days	10-DX	14		3 8				Job / SDG No.:
0# SITE # 152125			1 day			nple	EM METHOD 8260				
SEIER I DOING			Sample			San					
	Commis	Samula	Type		1	Led Led	4				1-1-1
Communication to the section of the	Sample Date	Sample Time	(C=Comp, G=Grab)	Matrix	# of Cont.	ilter		1 1 1			Sample Specific Notes:
Sample Identification		-		4	Com.		- 12				Sample Specific Notes.
MW-105	10/15/20	0825	G	AQ	3	NV	_				
MW-103		0857	1	1	3		3				
MW-58		0933			3		3				
MW-104		1002			3	1	13				
MW-107		1047			9	117	19				
MW-106		1124			3	IIIA	v 3				
MW-28		1209			3	11	13				
MW-X	1	1.00	1/	V		VI	13		++++		
111W-N			V	V		H	++				
		1	-	-		H	++		++++		
				-		H	++				
		<u> </u>				4	++				
						Ц					
reservation Used: 1= Ice, (2= HCl;)3= H2SO4; 4=HNO	3; 5=NaOH;	6= Other_		et in		1	2				
Possible Hazard Identification:	I lat any	TDA Mante	Orden for	the name	-la in th	S	iample D	isposal (A fee	e may be asse	ssed if samples are	retained longer than 1 month)
Are any samples from a listed EPA Hazardous Waste? Ple Comments Section if the lab is to dispose of the sample.	ease List any	EPA waste	Codes for	the sam	ple in in	e					
Non-Hazard Flammable Skin Irritant	Poisor	n B	Unkn	own		\dashv	Retu	rn to Client	Disposal i	by Lab Arch	thive for Months
Special Instructions/QC Requirements & Comments:	2					_	1			-,	
special instructions/40 (tequitorions & comments)	ATEGO	~411	R	LEI	THE	ni	12,5	e AFC	DIE STEN	·	
Custody Seals Intact: Yes No	Custody S			ELL	200	140	BLC.	Cooler Temp.	WE STED	Corr'd:	Therm ID No.:
Relinguished by:	Company	<i>(</i> :		Date/T	ime: /	F	Received	by:		Company:	Date/Time:
EAR-RC		FAR		10/157	20/15	20	EA.	n Frat	SGE	EAR	- 10/15/20/1500
Relinquished by:	Company		No. of the last of	Date/T			Received			Company:	Date/Time:
						\rightarrow					
Relinguished by:	Company	**		Date/T	ime:	I F	Received	in Laboratory b	ρv.	Company:	Date/Time:

SITE	NAME:	

DEC-LINDY 63

SITE ID.:

INSPECTOR:

7 /	
10/15/20	
2422 3	6
MW-Z	7

MONITORING WELL FIELD INSPECTION LOG DATE/TIME: WEII ID .: YES NO WELL VISIBLE? (If not, provide directions below) NYTM Y WELL COORDINATES? NYTM X PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan YES NO WELL I.D. VISIBLE? WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)..... WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-ZS NO SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) HEADSPACE READING (ppm) AND INSTRUMENT USED...... TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE: MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): NO LOCK PRESENT? LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) WELL MEASURING POINT VISIBLE? MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): MEASURE WELL DIAMETER (Inches): WELL CASING MATERIAL: PHYSICAL CONDITION OF VISIBLE WELL CASING: ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES..... DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NECESSARY. FRONT / NWN - 2 ft AN 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. 9/2055 IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.): REMARKS:

SITE	NAME:	

_	Carlo	
DOB-	15000	62
rec	LINDY	0

SITE ID.: INSPECTOR:

DATE/TIME:

10/15/20	
1012 1056	9
10-100	-

MONITORING WELL FIELD INSPECTION LOG

	WEll ID.:	MW-10
		YES NO
WELL VISIBLE? (If not, provide directions below)		
WELL COORDINATES? NYTM XNYTM Y		
PDOP Reading from Trimble Pathfinder: Satelites:		
GPS Method (circle) Trimble And/Or Magellan	Ē	vina, byo
WELL I.D. VISIBLE?	-	YES NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)		
	L	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW-108	г	YES/ NO
SURFACE SEAL PRESENT?	1	ILG NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	F	V
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)		
THO I DO THE STILL OF THE STILL	_	300 1000
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):		
	-	YES NO
LOCK PRESENT?	-	/
LOCK FUNCTIONAL?	1	V
DID YOU REPLACE THE LOCK?	-	V ,
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	-	1 1
WELL MEASURING POINT VISIBLE?	L	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		13.84
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	-	179
MEASURE WELL DIAMETER (Inches):	-	2
WELL CASING MATERIAL:	-	PUP
PHYSICAL CONDITION OF VISIBLE WELL CASING:	_	GOOD
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	_	000-
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	-	CLEAR
THOUGHT TO STOP DAKONO STOP DE CALLETE DE CALLETE	-	
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead	ead	
power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NE	CESSARY.	
SOUTHEAST CONVER OF PROPERTY IN G	RASS	
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.):		
(c.g. Gas station, sait pite, etc.).		
	Arian .	
	XXX	
REMARKS:		
KIM KKS.		

SITE	NA	ME:	

DEC- LENDY 63

SITE ID.: INSPECTOR:

DATE/TIME:

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101	15	200
14	W-	10

MONITORING WELL FIELD INSPECTION LOG

	WEll ID.:	MW-107
	1	YES / NO
WELL VISIBLE? (If not, provide directions below)		V
WELL COORDINATES? NYTM XNYTM Y		
PDOP Reading from Trimble Pathfinder: Satelites:		
GPS Method (circle) Trimble And/Or Magellan		
		YES NO
WELL I.D. VISIBLE?	-	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)		
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: MW 107		YES / NO
SURFACE SEAL PRESENT?		IES NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<u> </u>	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	-	
TROTECTIVE CASING IN GOOD CONDITION: (II dumlaged, describe select)		
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):		80
		YES NO
LOCK PRESENT?		V
LOCK FUNCTIONAL?		
DID YOU REPLACE THE LOCK?	\vdash	V
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below)	-	
WELL MEASURING POINT VISIBLE?		
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		14.59
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):		670
MEASURE WELL DIAMETER (Inches):		2
WELL CASING MATERIAL:	-	PUC
PHYSICAL CONDITION OF VISIBLE WELL CASING:	_/-	G000
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, overhow power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NE	CESSARY.	ce
North		· · · · · · · · · · · · · · · · · · ·
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden	i, etc.)	
AND ASSESS THE TYPE OF RESTORATION REQUIRED.		
G82455		——————————————————————————————————————
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT		
(e.g. Gas station, salt pile, etc.):		
	337	
REMARKS:	· · · · · · · · · · · · · · · · · · ·	
ALGIN MARK.		
	1000000	

SITE	NAME:	

DEC-LOUDY 63

SITE ID.:

WEll ID.:

INSPECTOR: DATE/TIME:

10/15/20 MW-55

MONITORING WELL FIELD INSPECTION LOG

	TATE CALL
WELL VISIDIES (If not married directions below)	YES/NO
WELL VISIBLE? (If not, provide directions below)	V
PDOP Reading from Trimble Pathfinder: Satelites:	
GPS Method (circle) Trimble And/Or Magellan	
of 5 tribinou (birete)	YES NO
WELL I.D. VISIBLE?	V
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	1/
. 41 55	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	
	YES NO
SURFACE SEAL PRESENT?	-
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	V
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	V
HEADSPACE READING (ppm) AND INSTRUMENT USED	00
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	0.0
PROTECTIVE CASING MATERIAL TYPE:	STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	411
WEASORE I ROTECTIVE CASING INSIDE DIAWETER (mones).	YES NO
LOCK PRESENT?	
LOCK FUNCTIONAL?	
DID YOU REPLACE THE LOCK?	
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)	
WELL MEASURING POINT VISIBLE?	V
	03
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	23.55
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	5.95
MEASURE WELL DIAMETER (Inches):	2
WELL CASING MATERIAL:	nc
PHYSICAL CONDITION OF VISIBLE WELL CASING:	6000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	A 1-2
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	7
5 from Ferre North West see	- 13
July 10 to 1 t	8
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.	
AND ASSESS THE TITE OF RESTORATION REQUIRED.	
ZIO JEEN	
TOTAL MATERIAL AND A DESCRIPTION AND ADDRESS OF A DATE O	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
REMARKS:	

	SITE ID.: INSPECTOR: DATE/TIME:	10/05/20
	WEll ID.:	mw-10?
WELL VISIBLE? (If not, provide directions below)	YES	NO
PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan	YES	NO
WELL I.D. VISIBLE? WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	V	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	YES	NO
SURFACE SEAL PRESENT?	V	
HEADSPACE READING (ppm) AND INSTRUMENT USED		O 10 STEEL
LOCK PRESENT? LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below) WELL MEASURING POINT VISIBLE?	YES	NO
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.		2.65 2.25 2.000 2.000
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhepower lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NEW	CESSARY.	wa B

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 FRUO

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

REMARKS:

Sketch

SITE NAME: DEC-LINDEN HARST 63		SITE ID.:
MONTO DING WITH THE PROPERTION I	0.0	INSPECTOR:
MONITORING WELL FIELD INSPECTION I	LOG	DATE/TIME: 10/5/2 WEII ID.: 10/5/2
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 Magellar	n	YES/ NO
WELL I.D. VISIBLE?		I ES NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location		V
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	MW-105	L vma L via
SURFACE SEAL PRESENT?		YES NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe be		
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, descri	27	
HEADSPACE READING (ppm) AND INSTRUMENT USED		0.0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN F		
PROTECTIVE CASING MATERIAL TYPE:		STEEL G" YES NO
LOCK PRESENT?		1ES NO
LOCK FUNCTIONAL?		V
DID YOU REPLACE THE LOCK?		V
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (IF WELL MEASURING POINT VISIBLE?		V
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		14.27
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet)		6.33
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 MAP PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES		CLEAR
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mount power lines, proximity to permanent structures, etc.); ADD SKETCH Q	ed rig, natural obstructions, overh	nead
power lines, proximity to permanent structures, etc.), ADD SKETCH O	Krom Compound	BLDG.
	The for posture	<i>p</i> 0,00
DESCRIBE WELL SETTING (For example, located in a field, in a play	yground, on pavement, in a garde	n, etc.)
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	PAVEMENT	
	9/9/2555	
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMIN (e.g. Gas station, salt pile, etc.):	NATION, IF PRESENT	
(e.g. Gas station, san pue, cte.).		
45		

REMARKS:

SITE NAME: DEC-LIPBY 63	SITE ID.:	
	INSPECTOR:	
MONITORING WELL FIELD INSPECTION LOG	DATE/TIME:	10/15/20
	WEll ID.:	MW-104
		,
	YES	NO _
WELL VISIBLE? (If not, provide directions below)		
WELL COORDINATES? NYTM XNYTM Y		
PDOP Reading from Trimble Pathfinder: Satelites:		
GPS Method (circle) Trimble And/Or Magellan		
	YES	NO
WELL I.D. VISIBLE?		
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	V	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:		-
SURFACE SEAL PRESENT?	YES	NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	1/	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	V	
HEADSPACE READING (ppm) AND INSTRUMENT USED		0.0
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)		
PROTECTIVE CASING MATERIAL TYPE:	9	TEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	200	8"
	YES	NO
LOCK PRESENT?		
LOCK FUNCTIONAL?		
DID YOU REPLACE THE LOCK?		V
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes,describe below)		·
WELL MEASURING POINT VISIBLE?	V	N. Company
	121	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):	170	3/
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	61	30
MEASURE WELL DIAMETER (Inches):	2	210
WELL CASING MATERIAL:		ve
PHYSICAL CONDITION OF VISIBLE WELL CASING:		600
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE		lage
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES		Cap -
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhood		
power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NE		
5 From Fails ON WEST	- STOE OF F	repense
		0
Discontinuo viente de la contraction de la contr	ata)	***************************************
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garder	1, 810.)	
AND ASSESS THE TYPE OF RESTORATION REQUIRED.		
TELO /		
YOUNG AND A DOWN DOWN AND A GOLD COUNT AND A TION OF DRIVENIT		
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT		
(e.g. Gas station, salt pile, etc.):		
REMARKS:	W 1812	
	7-X4012-17-	

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)		
PLamborto	10/15/20 0730		Monitoring	Maintenance	
D. Frofling	10/1/20 0900		Sampling	Other (Provide Description)	
			Alarm Response		
Description:					
			Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description:					
			Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description:					

GROUNDWATER SAMPLING SHEET: Stabilization Purge Method

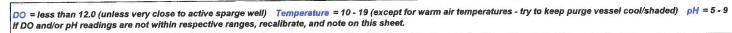
Site: DECLinchurst 63	Start Time: _	6630	Equipment:	16 F150,	Mouseon Purp.	YSI, PID.
Date: 10/18/20	On-Site Time:	6730	_	WEM		×
Techs: PL	End Time: _	1500	-			

Well ID	Well Diameter	Total Well Depth		Length of Water Column	Volume	Total Volume Purged	Time Sample Collected	DO	ORP	Conductivity	Temperature	рН
	(inches)	(feet)	(feet)	(feet)	(gallons)	(gallons)	(HH:MM)	(mg/L)	(mV)	(Os/cm)	(°C)	
RW2	8	35,9"	0.50	35.4	92,04	95	0930	0.28	296	386	17.88	6.68
RWI	8	33,77	9,29	24.48	63.65	65	1300	0.36	71.0	321	17.58	6.68
MW40	4	67.89		61.8	63.65	40	1300	0.36	-52.7	30/	16.6	7.25
	<u> </u>						1000					
					ave established						0	
	Ø.											
# J			200	<u> </u>				(3) Western (1)				
									5.			
							Tal	lerances for stabili	ty maseurements	3 %	3 %	+/- 0.10

Notes/Comments

Well Diameter (inches)	0.50	0.75	1.00	1.50	2.00	4.00	6.00	8.00
Multiplier, based on 4 well volumes	0.06	0.11	0.18	0.42	0.70	2.65	6.00	10.40
Multiplier, based on 1 well volume	0.015	0.0275	0.045	0.105	0.175	0.663	1.50	2.60

Purge a minimum of 1 well volume.





Chain of Custody Record 452486 & eurofins



Environment Testing TestAmerica

Address:					
		m: DW NPDES	RCRA Other:		TAL-8210
Client Contact	Project Manager: 5, 60		Site Contact:	Date: 10/18/20	COC No:
Company Name: E, A. R.	Tel/Email: Goet 2 OF	nuiro-Assanticon	ab Contact:	Carrier:	of COCs
Address: 22 CATIANTIC AUC	Analysis Turna				Sampler:
City/State/Zip: Patchague NY 11772	CALENDAR DAYS	WORKING DAYS			For Lab Use Only:
Phone: 631 4476400	TAT if different from Be	4 4 4 4	z		Walk-in Client:
Fax: 631 447 6487	2 week	ks 10 day	2 >		Lab Sampling:
Project Name: DECL Indenhurst 63	1 week	k	200		
Site: #152125	2 days		WW		Job / SDG No.:
BO#59,11# 98 01861	1 day		ASAMPIE (Y/N)		
		ample	orm MS		
		Type =Comp, # of	lou lou		
Sample Identification		=Grab) Matrix Cont.	Perform Form		Sample Specific Notes:
RWI	9 0100	6 Au 3 1	11/2		
1,001	19	May 3	1713		
RWL	\$ 0930				
MW 40	2 1300 1	UUV	W3		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
				 	
Preservation Used: 1= Ice, 2= HCI; 3= H2SO4; 4=HNO3	E-N-OH C- Other				
Possible Hazard Identification:	; 5=NaOH; 6= Other	man, dela massand	Sample Disposal / A fee m	ay be assessed if samples are retain	ed longer than 1 month)
Are any samples from a listed EPA Hazardous Waste? Plea	ase List any EPA Waste Coo	des for the sample in the	cample Disposar (A lee in	ay be assessed if sumples are return	od longer than I month,
Comments Section if the lab is to dispose of the sample.					
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant	Poison B	Unkńown	Return to Client	Disposal by Lab Archive for	Months
Special Instructions/QC Requirements & Comments:	0 0				
	ATHORN IS	DEISUENAZI	ES REDNESTED		
Custody Seals Intact: Yes No	Custody Seal No.:	CLUEVE VITO	Cooler Temp. (°C): Obs'd: Corr'd:	_ Therm ID No.:
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
1. Freder	E.A. R	10/18/20 1500			10/15/20 1500
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received in Laboratory by:	Company:	Date/Time:

MONITORING WELL FIELD INSPECTION LOG MELL VISIBLE? (If not, provide directions below)	SITE NAME: DEC Linderhars + 63	SITE ID.:	
WELL VISIBLE? (If not, provide directions below) WELL COORDINATES? NYTM X PDOP Reading from Trimble Pathfinder: GPS Method (circle) Trimble And/Or Magellan WELL LD. VISIBLE? WELL LD. VISIBLE? WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL COATION MATCH SITE MAP? (if not, sketch actual location on back). WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL COATION MATCH SITE MAP? (if cracked, heaved etc., describe below) WELL COATION MATCH SITE MAP? (if fracked, heaved etc., describe below) WELL COATION COATION (If damaged, describe below) WELL MEADSPACE READING (ppm) AND INSTRUMENT USED. TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (if applicable) FROTECTIVE CASING MATERIAL TYPE: MEASURE PROTECTIVE CASING INSIDE DIAMETER (inches): WELL MEASURE PROTECTIVE CASING MATCH SILL SDOUBLE CASED? (If yes, describe below) WELL MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE WELL D		INSPECTOR:	1/2
WELL VISIBLE? (If not, provide directions below) WELL COORDINATES? NYTM X PDOP Reading from Trimble Pathfinder: GPS Method (circle) Trimble And/Or Magellan WELL LD. VISIBLE? WELL LD. VISIBLE? WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back). WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL PRESENT? SURFACE SEAL OMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) HEADSPACE READING (ppm) AND INSTRUMENT USED. TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE: MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): LOCK FUNCTIONAL? DID YOU REPLACE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) WELL MEASURING POINT VISIBLE? MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE WELL DIAMETER (Inches): WELL CASING MATERIAL: PHYSICAL CONDITION OF VISIBLE WELL CASING: ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES. DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhead power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF 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.	MONITORING WELL FIELD INSPECTION LOG		10/15/2
WELL VISIBLE? (If not, provide directions below) WELL COORDINATES? NYTM X POOP Reading from Trimble Pathfinder: GPS Method (circle) Trimble And/Or Magellan YES NO WELL ID. VISIBLE? WELL LO.CATION MATCH SITE MAP? (if not, sketch actual location on back). WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL LD. AS IT APPEARS ON PROTECTIVE CASING OR WELL: WELL CASING IN GOOD CONDITION? (If damaged, describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) HEADSPACE READING (ppm) AND INSTRUMENT USED. TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) FROSTECTIVE CASING INSIDE DIAMETER (Inches): YES NO Observed WELL CASING AND THE WELL IS DOUBLE CASED? (If yes, describe below) WELL MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE WELL DIAMETER (Inches): ### WELL CASING MATERIAL: ### WELL CASING POINT VISIBLE WELL CASING: ### ASSURE WELL DIAMETER (Inches): ### ASSURE WELL CASING MATERIAL: ### ASSURE WELL CASING WELL: ### ASSURE WELL CASING WELL: ### ASSURE WELL DIAMETER (Inches): ### ASSURE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden, etc.) AND ASSESS THE TYPE OF RESTORATION REQUIRED.		WEILID.:	MMAR
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PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below) HEADSPACE READING (ppm) AND INSTRUMENT USED		_ 8	/
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TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE: MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): VES NO LOCK PRESENT? LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) WELL MEASURING POINT VISIBLE? MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE 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. 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.	PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	7	
PROTECTIVE CASING MATERIAL TYPE: MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): LOCK PRESENT? LOCK FUNCTIONAL? DID YOU REPLACE THE LOCK? IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below) WELL MEASURING POINT VISIBLE? MEASURE WELL DEPTH FROM MEASURING POINT (Feet): MEASURE WELL 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. 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.	HEADSPACE READING (ppm) AND INSTRUMENT USED		Ø
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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. 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.	IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)		. 4
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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. 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.		6	.09
PHYSICAL CONDITION OF VISIBLE WELL CASING: ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE			4"
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE			ove -
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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.	power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NE	ECESSARY.	
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.	EASILY Accessible		
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	In the second		
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	PERCENTE WITH COMMING OF		
S. T. Carrier and C.		n, etc.)	
Inside compound	N. C. C. Carlotte, and C.		
	Inside conjound		

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

	SITE ID.: INSPECTOR:	1)2
	DATE/TIME: WEII ID.:	10/15/20 RW1
WELL VISIBLE? (If not, provide directions below)	YE	S NO
PDOP Reading from Trimble Pathfinder: Satelites: Satelites: Magellan	YE	S NO
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back)	X	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:	YE	S NO
SURFACE SEAL PRESENT?	× ×	
HEADSPACE READING (ppm) AND INSTRUMENT USED TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable) PROTECTIVE CASING MATERIAL TYPE:	87	0 el 3' ee 0 9"
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?	YE	S NO
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.	3. 9 8	3,77 ,29 g: f-ee/ food
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overhower lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NE	CESSARY.	
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garder AND ASSESS THE TYPE OF RESTORATION REQUIRED.		
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT (e.g. Gas station, salt pile, etc.):		
REMARKS:		

MONITORING WELL FIELD INSPECTION LOG	YES NO YES NO YES NO YES NO YES NO
WELL VISIBLE? (If not, provide directions below) WELL COORDINATES? NYTM X NYTM Y PDOP Reading from Trimble Pathfinder: Satelites: GPS Method (circle) Trimble And/Or Magellan WELL I.D. VISIBLE? WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back) WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	YES NO YES NO X X X
WELL COORDINATES? NYTM XNYTM YPDOP 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) WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	YES NO
WELL COORDINATES? NYTM XNYTM YPDOP 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) WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
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) WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
WELL I.D. VISIBLE? WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back) WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
WELL I.D. VISIBLE? WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back) WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back) WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT? SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below) PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	YES NO
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL: SURFACE SEAL PRESENT?	YES NO
SURFACE SEAL PRESENT?	YES NO
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	× 1.0
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	X
HEADSPACE READING (ppm) AND INSTRUMENT USED	X
	8
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)	,
PROTECTIVE CASING MATERIAL TYPE:	STEEL
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):	YES NO
LOCK PRESENT?	X
LOCK FUNCTIONAL?	1
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):	35.9
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):	0.50'
MEASURE WELL DIAMETER (Inches):	8"
WELL CASING MATERIAL:	S'TEE!
PHYSICAL CONDITION OF VISIBLE WELL CASING:	6000
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE	
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES	none
DESCRIBE ACCESS TO WELL: (Include accessibility to truck mounted rig, natural obstructions, overheap power lines, proximity to permanent structures, etc.); ADD SKETCH OF LOCATION ON BACK, IF NEC	ad CESSARY.
easily accessible	
DESCRIBE WELL SETTING (For example, located in a field, in a playground, on pavement, in a garden,	etc.)
AND ASSESS THE TYPE OF RESTORATION REQUIRED.	
Residential Front ymré/lawn	W 5.10
IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT	
(e.g. Gas station, salt pile, etc.):	
vone	
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 SIT	E VI	SIT (CHECK BOX BELOW)
MF	16 OCT 20 0830	115	Monitoring	×	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description:					
			Monitoring		Maintenance
			Sampling	L	Other (Provide Description)
			Alarm Response		
Description:					
1					
			Monitoring	T	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description:					

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

Date: Serial Number: Buckeye: DO 480 6565 763

Initials:

	Yes	No	N/A
1. Is the extinguisher located in its designated location?			
2.) Is it clear of obstructions to access or visibility?	V		
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?	V		
7.) Is the extinguisher in good physical condition?			
8.) Has the extinguisher inspection tag been initialed for the current month?			

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

Date: 16 ort V

	IVIF					V
Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
16 005 20	M				ASS	
			-			·
				0		3
		- 1				
				1		
						8 -
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		- ,			,	
_			W 1823	in .	p.	

SUFFOLK COUNTY WATER AUTHORITY

4060 Sunrise Hwy/PO BOX 38 Oakdale NY 11769 (631) 563-0266 (Ph) (631) 218-1145 (Fax)

REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE (215B)

X Annual Test

For the Year 2020

A separate form must be completed for each device

SCWA CA # 3000586542

PLEASE NOTE: INCO	MPLETE FORMS WILI	L NOT BE P	Wate	o tre	ETURNED TO	THE CUSTOMER
201 0	A. Wigliotto		Location of	4100r	<u> 3 W Z</u>	CULHER
Address OSO KI	City CITY Zip		03-65	2 W	MONTAL	uk Hwes.
1 2	noufacturer RPZ/2	<u> </u>	Model 9757	NN/A X/	Size (in inches)	Serial Number
	Check Valve No 1	Check Valve			tial Pressure	Line Pressure psi
Test before repair	LeakedClosed TightXO	Leaked Closed Tight	<u> 1</u> 0_		at <u>35</u> psid	Date Tested (m/d/y) 10, 16, 20
•	Pressure drop across 1 st check valve <u>9:5</u> psid		-			
Describe repairs & materials used						Repaired by Name
Final test			77-21 34-14-14-14-14-14-14-14-14-14-14-14-14-14			Lic # Date Repaired //
	Pressure drop across 1 st check valve	Closed tight _		Opened :	atpsid	Date (m/d/y)
Water Meter # N/A	Meter Reading		Type of Service	Fire	Irrigation	Other
etc.	cies, bypasses, outlets before		tions between	device and	d point of entry, m	issing/inadequate air gaps
Certification: This device me I hereby certify the forego Ryon Jone	ing data to be correct	99 11311	21 524	acceptable	e containment dev	rice at the time of testing
Backflow Tester Name (Print	0 93	Cert # Exp Date 56 10,31,2	Consume 20 524	r Affairs#	Signature/ RF	De Brumo
Master Plumber's Name (Print Suffork Co	$\frac{1}{2} \frac{1}{2} \frac{1}$		MP Too	r Affairs# WN 01 WN 01	Signature F HWTIN F Baby)	gton#2306
Customer's name (Print)	Signatur	e (Certification	4		OSF	447-6400

Report No. (Site Name) - NYSDEC Site No. Date: 16 0007 20

NYSDEC Division of Environme		ion Si	Depar PATE Environment Conse	tment of onmental ervation	5		NYSDEC (D011107		t No.	
Site Location: 🖘 🍱	. New	York					Superintende			
	Weather	Condition	15				NYSDEC PM	•		
General Description	RATE	AM				PM	Consultant P	M:		
Temperature	601	AM				PM	Consultant Si	te Inspec	ctors:	
Wind	ENE	AM				PM				
Health & Safety If any box below is	checked "Yes	". provide	explan	ation und	er "He	ealth 8	Safety Con	ıments"		
Were there any change							*Yes	No.	NA	-
Were there any exceed	ances of the peri	meter air me	onitoring	reported on	this da	ate?	*Yes	No	(A)	
Were there any nuisano	ce issues reported	d/observed	on this da	ate?			*Yes	No	SIA	
Health & Safety Cor	nments							•		
				I						
Summary of Work P	Performed	Arrived a	t site:	0830		D	eparted Site:	11	30	
Equipment/Material	checked "Yes"									_
If any box below is a Were there any vehicles	checked "Yes" s which did not di	isplay prope					*Yes	No	(NA)	-
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes" s which did not di s which were not	isplay prope tarped?	r D.O.T r	umbers an	d placa	ards?	*Yes * Yes	No No	(NA) (NA)	-
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes" s which did not di s which were not s which were not	isplay prope tarped?	r D.O.T r	umbers an	d placa	ards?	*Yes * Yes	No	(NA)	-
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes" s which did not di s which were not s which were not	splay prope tarped? decontamin	er D.O.T r	umbers an	d placa	ards? rk site?	*Yes * Yes ? * Yes	No No No	(NA)	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site?	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
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If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	
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If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin	er D.O.T r nated prio	r to exiting	the wo	ards? rk site? Ti	*Yes *Yes ? *Yes	No No No	NA NA NA otal Hours	

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

Date: 16 our

Equipment Description	on		Contractor/Vendor	- Apr	Quantity	Use	d
i in							
F. 57							
							}
					-		

		-					
							1
Ęs							
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
<u>~</u>							
					_AF 76 _A		5 5 00
							4
40.0%						İ	
*On-Site scale for off-site shipm Equipment/Material Track			ai received				
Equipmentimaterial frack	ing comme	iita.					
1							

DAILY INSPECTION REPORT

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

Date: 16 oct 20

Page 3 of 9

Name		Representing	Entered Exclusion/CRZ			
RYAN JONES	LYND	LYND VALVE		No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
	H		Yes	No		
Site Representatives						
lame		Representing				
- D2	Management					
4						
Project Schedule Commen	ts					
ssues Pending				- A		
				-		
nteraction with Public, Pro	perty Owners, Med	ia, etc.				

Date: 16 OCT 20

Page 4 of 9

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

DAILY INSPECTION REPORT

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

Date:

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

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No. Date: 16 at a

Page 6 of 9

Site Photographs (Descriptions Below)	
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	CTION REPO (Site Name) -	ite No.	Date:	16 atro	Page
TCTVO.	(Onto Hamo)			lle See-	
	1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
Comments					
	or(s):	 		Date:	

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

Date: 16 ours

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DA	ш	_ Y		AL	- 1 🖂	UE	IEU	$r \sim L$	-101	

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

REMEDIAL ACTIVITIES AT PROPERTIES

			1
1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗆
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗆
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No □
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No □
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No □
If Yes	to any of 1-4 above:		
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes 🗆	No 🗆
Comme	ents:		

Page 9 of 9

NUISANCE CHECKLIST

		1	
Were there any community complaints related to work on this date?	Yes □	Nò.□	N/A□
Were there any odors detected on this date?	Yes □	No 🗓	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🗆	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A 🗆
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🗆	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🗆	N/A 🗆
Was turbidity checked at the Montauk Highway outfall?	AM □	PM 🗆	N/A□
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No 🗆	N/A□
Was the temporary fabric structure closed at the end of the day?	Yes □	No 🗓	N/A□
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes □	No 🛚	N/A□
If yes, has Contractor been notified?	Yes □	No/□	N/A□
Comments:		V	

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)			
JB	10/29/20 9:15		Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description:	intende / Weedwasking	& Jam mower				
			Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
			Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description:						

DAILY INSPECTION REPORT

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

Date: 10/29/20

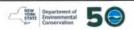
Division of Environmental Rer	mediation YORK STATE Enviro	rtment of onmental ervation	D011107 Superintend	lent:	
Site Location: dindenhurst	, New York		NYSDEC P		
We	eather Conditions		Consultant		
General Description	AM	PN	М	Site Inspecto	ore.
Temperature Wind	AM AM	PN PN		one mapecti	J. J.
Wind Health & Safety	AM	PI	**		
Health & Safety If any box below is checked	d "Yes", provide explan	ation under "Healt	h & Safety Co	mments".	
Were there any changes to the H			*Yes	(NO)	NA
Were there any exceedances of t		reported on this date?	*Yes	No	NA
Were there any nuisance issues			*Yes	N ₉	NA
Health & Safety Comments					
Summary of Work Performe	ed Arrived at site:	9115	Departed Site	e:	
The state of the s	antence / cut lour				
equipment/Material Tracking	lg	ation under "Materia	jal Tracking	Comments	n _.
If any box below is checked	"Yes", provide explana			Comments (No 2	".
If any box below is checked Were there any vehicles which d	d "Yes", provide explana id not display proper D.O.T			Comments (No)	
If any box below is checked Were there any vehicles which d Were there any vehicles which w	d "Yes", provide explana id not display proper D.O.T were not tarped?	numbers and placards	*Yes	(No)	NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w	d "Yes", provide explana id not display proper D.O.T were not tarped?	numbers and placards	*Yes	(No)	NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes	(No) No	NA NA
If any box below is checked Were there any vehicles which down which we will will will will be with the will be willi	I "Yes", provide explana iid not display proper D.O.T vere not tarped? vere not decontaminated prior	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
f any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
f any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
f any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
If any box below is checked Were there any vehicles which d Were there any vehicles which w Were there any vehicles which w Personnel and Equipment Individual	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA
4	I "Yes", provide explana id not display proper D.O.T were not tarped? were not decontaminated price Company	numbers and placards	*Yes *Yes site? *Yes	(No) No	NA NA NA



DAILY INSPECTION REPORT

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

Equipment Descript	tion		Contractor/Vendor		Quantity	Use	d
				127			
And the Historian .							
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
	-						
*On-Site scale for off-site ship			Lacational				
Equipment/Material Trac			Teccived				



Report No.	(Site Name) - NYSDEC Site No.	Date:	
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Yes No Site Representatives Name Representing Project Schedule Comments Issues Pending Interaction with Public, Property Owners, Media, etc.	Name		Representing	Entered	Exclusion/CRZ Zon
Yes No Ye				Yes	No
Yes No Site Representatives Name Representing				Yes	No
Yes No Site Representatives Name Representing Project Schedule Comments				Yes	No
Yes No No Yes No Yes No No Yes No Yes No No No Yes No No No Yes No No No Yes No No Yes No No No No Yes No N				Yes	No
Yes No Yes No Yes No Site Representatives Representing Project Schedule Comments Ssues Pending				Yes	No
Yes No Yes No No Site Representatives Representing Project Schedule Comments Site Representing Project Schedule Comments Site Representing Project Schedule Comments Project				Yes	No
Site Representatives Name Representing Project Schedule Comments Sessues Pending					
Site Representatives lame Representing Project Schedule Comments ssues Pending				Yes	
Project Schedule Comments ssues Pending				Yes	No
Project Schedule Comments ssues Pending	ite Representatives				
ssues Pending	ame		Representing		
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ssues Pending	Project Schedule Comments				
	Dendies				
nteraction with Public, Property Owners, Media, etc.	ssues Pending				
Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
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Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
Interaction with Public, Property Owners, Media, etc.					
	nteraction with Public, Property	Owners, Medi	a, etc.		

Report No.

(Site Name) - NYSDEC Site No.

Date: 10/29/20

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

Page 4 of 9

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

Date:

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

Site Photographs (Descriptions Below)	
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	1

	ECTION REPORT	Date:	Pa
ort NO.	(Site Name) - NYSDEC Site No.	Date:	 -
	"\\		
Comments			
Comments			

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

_				
П	2	te:		

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No ☑
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No ☑
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes 🗹	No □
Comm	ents:		

Date: 10/29/20

NUISANCE CHECKLIST

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



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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE	VISIT (CHECK BOX BELOW)
PL	11/12/20 1045	1315	Monitoring	Maintenance
			Sampling	Øther (Provide Description)
			Alarm Response	
Description: Tes	+ E-lighting extinguisting			
Fet	extinguisting	inspected		
	N			
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:				

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

Date: 11/12/20
Serial Number: 06565463
Initials: PL

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

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

Date: 11/12/20

Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
11/12/20	m		1115	1116	PASS PASS	_
11/12/20	A		1115	1250	PASS	_
					M	

Report No. (Site Name) - NYSDEC Site No. Date: 11/12/20

NYSDEC Division of Environmen	ital Remedia	ation New York STATE Enviro	rtment of conmental ervation		D011107		
Site Location:	No	w York			Superintender	nt:	
Site Location:					NYSDEC PM:		
General Description	-	er Conditions	2/ /	PM	Consultant PM	1 :	
Temperature	6000		104.24	PM	Consultant Sit	e Inspec	tors:
Wind	000	AM	2	PM	o o nountaint on	о торос	
Health & Safety							
If any box below is converted there any changes			ation under "He	eaith &	*Yes	No No	NA
Nere there any changes Nere there any exceedar			roported on this do	ato?	*Yes	No)	NA NA
Were there any nuisance				ale?	*Yes	No	NA NA
Health & Safety Comr		ted/observed on this da	ate r		Tes (INO	INA
ummary of Work Pe	rformed	Arrived at site:		Тр	eparted Site:		
f any box below is ch	ecked "Ye					_	The same of the sa
If any box below is ch Were there any vehicles were there any vehicles were	which did not which were no	display proper D.O.T rot tarped?	numbers and placa	ards?	*Yes * Yes	No No	NA NA
If any box below is ch Were there any vehicles we Were there any vehicles were there any vehicles were	which did not which were no which were no	display proper D.O.T rot tarped?	numbers and placa	ards?	*Yes * Yes	No	NA
Equipment/Material T If any box below is ch Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipment	which did not which were no which were no	display proper D.O.T r ot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes * Yes	No No No	NA NA
If any box below is changed with the second of the second	which did not which were no which were no which were no ment	display proper D.O.T rot tarped?	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
If any box below is chew leading to the work of the wo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
If any box below is chew leading to the work of the wo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
If any box below is chew where there any vehicles was were there any vehicles was were there any vehicles was personnel and Equipment individual	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
If any box below is chew leading to the work of the wo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
f any box below is chew leading to the following the follo	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
If any box below is chew where there any vehicles was were there any vehicles was were there any vehicles was personnel and Equipment individual	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA
If any box below is chew where there any vehicles was were there any vehicles was were there any vehicles was personnel and Equipment individual	which did not which were no which were no which were no ment	display proper D.O.T rot tarped? ot decontaminated prio	numbers and placa	ards? rk site	*Yes *Yes ? *Yes	No No No	NA NA NA

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

Date: 11/12/20

	on		Contractor/Vendor		Quantity	Use	a
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	-						
	Imported/ Delivered	Exported	Waste Profile	Source or	Disposal	Daily	Dail
Material Description	Delivered to Site	off Site	(If Applicable)	Source or Facility (If	Applicable)	Loads	Weig (tons
			1				
		1	Λ				
		Α .					
		Λ					
			A				
			A				

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

Date: 11/12/20

Page 3 of 9

Visitors to Site			
Name	Representing	Entered	Exclusion/CRZ Zone
A Lombardo	BIAR	Yes	No
	677773	Yes	No
		Yes	No
Site Representatives			
Name	Representing		
		100	
		-	
Project Schodule Comments			
Project Schedule Comments			
Issues Pending			
Interaction with Public, Property	Owners Media etc		
interaction with Fublic, Property	Owners, Media, etc.		

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

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

Page 4 of 9

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

Page 6 of 9

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

Site Photographs (Descriptions Below)	
	1/2

ILY INSPECTION REPORT oort No. (Site Name) - NYSDEC Site No.	Date:	Pag
10101101101		
		-
Comments		
	Date:	

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	15	-11	г	_

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗷
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	Nov
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes	No 🗆
If Yes	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No 🗆
Commo	ents:		

Date:

NUISANCE CHECKLIST

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



State of New York
Office of Fire Prevention and Control

1220 Washington Avenue, Bldg 7A Albany, NY 12226 Phone#: (518) 474-6746

Fax#: (518) 474-3240

REPORT OF INSPECTION AND NOTICE OF VIOLATION

Facility: DEC Remediation Site - 152125

You are hereby notified that an inspection of the above named facility by the New York State Office of Fire Prevention and Control disclosed violations of the New York State Uniform Fire Prevention and Building Code. The nature and location of the violations are specified on the accompanying pages.

These violations pose a potential for physical injury or death to the occupants of the building due to fire. As required by Title 19 of the New York Code Rules and Regulations (NYCRR), these violations are expected to be abated within the time frame identified. Failure to remedy the violations by the date specified can expose the custodial agency to potential sanctions or penalties based on the severity of the hazard(s), and/or closure of the building if conditions constitute an imminent threat to public health or safety.

Verification that the corrective action has been taken may be performed through re-inspection of the property.

Any questions relating to this inspection should be directed to the New York State Office of Fire and Prevention and Control - Fire and Life Safety Branch at the location indicated below.

District Supervisor:

Tygar, Bradley Deputy Chief

Inspector: Plume, Roy James Jr



State of New York Office of Fire Prevention and Control

1220 Washington Avenue, Bldg 7A Albany, NY 12226

Phone#: (518) 474-6746 Fax#: (518) 474-3240

REPORT OF INSPECTION NOTICE OF VIOLATION

Agency:

Department of Environmental Conservation System ID#:

29697

Region:

DEC Region 1

Building No.:

Facility: DEC Remediation Site - 152125

Escort:

Building: Active Industrial Uniform

Inspected by: Plume, Roy James Jr

63 W Merrick Rd

Inspection Date: 10/27/2020

Lindenhurst, NY 11757

Reviewed by:

Date of Reinsp: 11/26/2020

Page 1

Agency Contact:

Vandree, Charles

625 Broadway, 10th Floor

Albany, NY 12207

Phone (518) 402-9381

County:

Suffolk

----- Building Information -----

Type of Construction: Number of stories: Total square feet:

Building Condition: In Normal use

Inspection Report

Agency: Department of Environmental Conservation

Region: DEC Region 1

Facility: DEC Remediation Site - 152125 Building: Active Industrial Uniform

----- Violations -----

Violation:

General requirements. Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Hazard Cls.: Code Refer.: 15F-906.2 Abate By: 07/25/2019

Entire building, General Location:

Description: No documentation provided for annual inspection

Violation: Emergency lights did not work when tested

Hazard Cls.: Minimal Code Refer .: 15F-604.4 Abate By: Abated

Location:

An activation test of the emergency lighting equipment shall be 3 Violation:

> completed monthly. The activation test shall ensure the emergency lighting activates automatically upon normal electrical disconnect and

stays sufficiently illuminated for not less than 30

Hazard Cls.: Minimal Code Refer .: 15F-604.6.1 Abate By: 07/25/2019

Location: Entire building, General

Description: No documentation provided for monthly activation test

Power test. For battery-powered emergency lighting, a power test of Violation:

the emergency lighting equipment shall be completed annually. The power test shall operate the emergency lighting for not less than 90

minutes and shall remain sufficiently illuminated

Hazard Cls.: Minimal Code Refer .: 15F-604.6.2 Abate By: 07/25/2019

Entire building, General Location:

Description: No documentation provided for annual power test

----- Recommendations ------

ADDITIONAL EXPLANATION

Violation#: 1

General requirements. Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

CHAPTER 9 FIRE PROTECTION SYSTEMS SECTION 906 PORTABLE FIRE EXTINGUISHERS

906.2 General requirements. Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

- 1. The distance of travel to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.
- 2. Thirty-day inspections shall not be required and maintenance shall be allowed to be once every 3 years for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:
- 3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.
 906.2.1 Certification of service personnel for portable fire extinguishers. Service personnel providing or conducting maintenance on portable fire extinguishers shall possess a valid certificate issued by an approved governmental agency, or other approved organization for the type of work performed.

Part III Building and Equipment Design Features

Violation#: 3

An activation test of the emergency lighting equipment shall be completed monthly. The activation test shall ensure the emergency lighting activates automatically upon normal electrical disconnect and stays sufficiently illuminated for not less than 30

CHAPTER 6 BUILDING SERVICES AND SYSTEMS
SECTION 604 EMERGENCY AND STANDBY POWER SYSTEMS
604.6 Emergency lighting equipment. Emergency lighting shall
be inspected and tested in accordance with Sections 604.6.1
through 604.6.2.1.

604.6.1 Activation test. An activation test of the emergency lighting equipment shall be completed monthly. The activation test shall ensure the emergency lighting activates automatically upon normal electrical disconnect and stays sufficiently illuminated for not less than 30 seconds. 604.6.1.1 Activation test record. Records of tests shall be maintained. The record shall include the location of the emergency lighting tested, whether the unit passed or failed, the date of the test and the person completing the test. Part III Building and Equipment Design Features

Violation#: 4

Power test. For battery-powered emergency lighting, a power test of the emergency lighting equipment shall be completed annually. The power test shall operate the emergency lighting for not less than 90 minutes and shall remain sufficiently illuminated

CHAPTER 6 BUILDING SERVICES AND SYSTEMS
SECTION 604 EMERGENCY AND STANDBY POWER SYSTEMS
604.6 Emergency lighting equipment. Emergency lighting shall
be inspected and tested in accordance with Sections 604.6.1
through 604.6.2.1.

604.6.2 Power test. For battery-powered emergency lighting, a power test of the emergency lighting equipment shall be completed annually. The power test shall operate the emergency lighting for not less than 90 minutes and shall remain sufficiently illuminated for the duration of the test. 604.6.2.1 Power test record. Records of tests shall be maintained. The record shall include the location of the emergency lighting tested, whether the unit passed or failed, the date of the test and the person completing the test. Part III Building and Equipment Design Features

ADMINISTRATIVE RIGHT OF APPEAL

GENERAL

Requests for clarification and questions related to this inspection report should be directed first to the inspector identified on the report. Follow up or further inquiry may be made to the district supervisor of the Office of Fire Prevention and Control, Fire and Life Safety Branch responsible for the region in which the building is located.

To formally dispute a violation, a request for review must be presented in writing, with clear explanation of the circumstances to:

Chief of the Fire and Life Safety Branch Office of Fire Prevention and Control 1220 Washington Avenue, Bldg 7A Albany, NY 12226 (518)-474-6746

If there is the desire to challenge that determination a formal appeal may be made to the Deputy State Fire Administrator for Enforcement at the above address. Such appeal must be presented in writing and clearly detail justification for the dispute.

LEGAL VARIANCE

To pursue relief from strict application of the requirements of the New York State Uniform Fire Prevention and Building Code (Uniform Code), a "variance" may be pursued. The procedures for variances and appeals regarding the Uniform Code are established in 19 NYCRR Part 1205. Requests for a variance generally require a hearing before a Board of Review. Some requests for a variance can be resolved through an administrative process when NYS Department of State staff determines it is appropriate. For additional information, or to initiate a variance or appeal process, contact should be made with the appropriate Department of State regional office. An application for a variance or appeal of a local determination regarding applicable provisions of the New York State Uniform Fire Prevention and Building Code may be found at:

http://www.dos.ny.gov/dcea/pdf/varianceapp 311.pdf

COMPLIANCE PLANS

With justification, a time extension to abate a specific violation may be granted. Such extensions are determined "Compliance Plans" because they are only considered if the request demonstrates a detailed, legitimate plan that reasonably assures compliance by the date requested. Compliance plans may be submitted as a written request to the regional Fire and Life Safety Branch Deputy Chief at the address provided on this notice. To be considered, the request must be in writing and must set forth work already accomplished, the work remaining, the reason why an extension of time is necessary, and the date by which all work will be completed. All possible supporting and justifying documentation should accompany the request. Time extensions are not automatic or guaranteed. They are granted solely on the merit of each compliance plan. The compliance plan must be completed and signed by a member of the requesting agency's management team that is authorized to commit project funding, provide timelines, and commit the agency to the legal specifications of the request.

Take notice that an application for an extension constitutes a legal obligation to correct the violation by the date granted and that failure to meet the conditions of said compliance plan will result in the assessment of penalties accrued during the extension period.

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)		
JB	11/26/20 7130	11/25/20 10515	Monitoring	Maintenance	
			Sampling	χ Other (Provide Description)	
			Alarm Response		
Description: check property, allow psec on	mow/weedwark where property for meter	recessary. conduct m Reading	withly fire Inspection,	Emergency light hapection,	
			Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
			Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description:					

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

Date: 11/25/20
Serial Number: 006565463
Initials: 56

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

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

Date: 11/25/20
Serial Number: Initials: TB

Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
1/25/20	М		8:39	8:40	pass	

Date: 11 /25/20

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

NYSDEC Contract No. Department of Environmental Conservation NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: , New York NYSDEC PM: Weather Conditions Consultant PM: **General Description** AM PM Consultant Site Inspectors: 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 (B) Were there any exceedances of the perimeter air monitoring reported on this date? *Yes NA Were there any nuisance issues reported/observed on this date? *Yes Na NA **Health & Safety Comments Summary of Work Performed** Arrived at site: Departed Site: property, now/weedwach. conducted 11 monthly Fire & Emergency lights allow psf 6 on site for meter reaching 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 (P) NA Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes NA No Personnel and Equipment Individual Company Trade **Total Hours** EAR

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

Date: // /25/20

ion		Contractor/Vendor		Quantity	Use	d
						-
	-					
					-	
Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
					-	
					-	
-						
-			-		+	
					+	
	Halvat fax at	I received				
	Imported/ Delivered to Site	Imported/ Delivered to Site Exported off Site	Imported/ Delivered to Site	Imported/ Delivered to Site Exported off Site (If Applicable) Facility (If applicable) Facility (If applicable) Facility (If applicable)	Imported/ Delivered to Site Exported off Site (If Applicable) Facility (If Applicable) Facility (If Applicable)	Imported/ Delivered to Site Exported off Site (If Applicable) Facility (If Applicable) Daily Loads Daily Loads

Report No. (Site Name) - NYSDEC Site No. Date: 11/25/20

Name		Representing	Entered	Exclusion/CRZ Zone	
			Yes	No No	
			Yes	No	
		1	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 Pron	arty Owners Media	etc			
Interaction with Public, Prop	erty Owners, Media	, etc.			
Interaction with Public, Prop	erty Owners, Media	, etc.			
Interaction with Public, Prop	erty Owners, Media	, etc.			

Date: 11/25/20

Page 4 of 9

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

Date: 11/25/20

Site Photographs (Descriptions Below)				
	1			

oort No.	(Site Name) - NYSDEC Site No.	Date: /// 25/20	
Comment			
Comment	.5		
Site Inene	octor(o):	Date:	

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗷
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No ₺
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🗹
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
If Yes	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □

NUISANCE CHECKLIST

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

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

Monitoring	Maintenance
Sampling	X Other (Provide Description)
Alarm Response	
Monitoring	Maintenance
Sampling	Other (Provide Description)
Alarm Response	
Monitoring	Maintenance
Sampling	Other (Provide Description)
Alarm Response	
	lonitoring larm Response larm Response larm Response larm Response

NYSDEC Division of Environme	ental Remediati	ion New YORK STATE Environ Conserv	ment of imental vation	NYSDEC 0 D011107 Superintende		No.
Site Location:	, New	/ York		NYSDEC PM		
	Weather	Conditions				
General Description		AM	PM	Consultant P	M:	
Temperature		AM	PM	Consultant Si	ite Inspect	ors:
Wind		AM	PM			
Health & Safety If any box below is	checked "Yes	", provide explanat	tion under "Health	& Safety Con	nments".	
Were there any change				*Yes	(No)	NA
Were there any exceed	ances of the peri	meter air monitoring re	eported on this date?	*Yes	(NG	NA
Were there any nuisand				*Yes	No	NA
Health & Safety Con		aroboorvou on tino date	•	1.00	100	1.0.
Summany of Marile D	Nowformer of	A minus di attack	- I	Departed Site:		
Summary of Work F		Arrived at site:		Departed Site:		
Equipment/Meta-:	Tracking					
Equipment/Material If any box below is	checked "Yes'					
Were there any vehicles			imbers and placards?		No	NA
Were there any vehicles			to eviting the work site	* Yes	No No	NA NA
Were there any vehicles		decontaminated prior	to exiting the work site	e? Yes	INO	INA
Personnel and Equi	pment					
Individual		Company		Trade	То	tal Hours

Date: 12/9/20

			Contractor/Vendor		Quantity	Use	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o	r Disposal Applicable)	Daily Loads	Dai Weig (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dail Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Dail Weig (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily	Dai Wei (ton
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily	Dai Weig (ton

Date: 12/9/20

		1	
Name	Representing		Exclusion/CRZ Zone
JB	EAR	Yes	No
		Yes	No
Site Representatives	The second second		
Name	Representing		
Project Schedule Comments			
Issues Pending			
issues Fellullig			
Internation with D. L.E. Door			
Interaction with Public, Property	Owners, Media, etc.		

Date: 12/9/20

Page 4 of 9

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

Date: 12/9/20

Date: 12/9/20

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

Date: 12/9/20

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No.
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 6
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗀
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes	No 🗆
If Yes	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □

NUISANCE CHECKLIST

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

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

TIME OFFSITE	REASON FOR SIT	REASON FOR SITE VISIT (CHECK BOX BELOW)
1400	Monitoring	Maintenance
	Sampling	Other (Provide Description)
	Alarm Response	
5 V J 1		remove and transport
swements of MJ		
king for Fifty 10	mova/	
	Monitoring	Maintenance
		Other (Drewide Description)
	Sampling	Other (Flovide Description)
	Sampling Alarm Response	Other (Frovide Description)
	Alarm Response	Oner (Flovide Description)
	Alarm Response Monitoring	Maintenance
	Alarm Response Monitoring Sampling	Maintenance Other (Provide Description)
	1400 1400 Evenuts of AS	of AST's

Date: /2/11/20 Report No. (Site Name) - NYSDEC Site No.

NYSDEC Contract No. NEW YORK STATE Environmental NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: . New York NYSDEC PM: Weather Conditions Consultant PM: **General Description** Portly cloudy AM 50°F PM Consultant Site Inspectors: **Temperature** AM AM PM Wind **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". *Yes No NA Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? *Yes NOD NA Were there any nuisance issues reported/observed on this date? *Yes No NA **Health & Safety Comments** Departed Site: Summary of Work Performed Onsite to take pictors + measurements of AST's for prep for removal and transport to Brentwood Enjoy - Opened ports on ASTs to inspect packing for future removal 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 NA * Yes No NA Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA Personnel and Equipment Trade **Total Hours** Individual Company Tech 3 EAR BUC

		Contractor/Vendor		Quantity	Use	u
_						
	-					
					,	
Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weigh (tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
						(tons)
	Imported/ Delivered	Imported/ Delivered off Site	Imported/ Delivered off Site (If Applicable)	Imported/ Delivered to Site (If Applicable) Exported (If Applicable) Facility (If	Imported/ Delivered off Site (If Applicable) Exported Waste Profile Source or Disposal Facility (If Applicable)	Imported/ Delivered to Site off Site (If Applicable) Facility (If Applicable) Loads

Date: 12/1/26

Name Representing Entered Exclusion/CRZ Zon Yes No Yes Yes Yes Yes		Representin	g Entered	Exclusion/CRZ Zone
Yes No Site Representatives Name Nore Representing	None			No
Yes No Site Representatives Name Nore Representing			Yes	No
Yes No Site Representatives Name Nore Representing			Yes	No
Yes No Yes No Yes No Yes No Yes No Site Representatives Name Nore Representing			Yes	No
Yes No Yes No Yes No Site Representatives Name Nore Representing Project Schedule Comments			Yes	No
Yes No Yes No Site Representatives Name Norw Representing Project Schedule Comments				
Site Representatives Name Nore Representing Project Schedule Comments				
Site Representatives Name Nore Representing Project Schedule Comments				
Name Nore Representing Representing Project Schedule Comments			Yes	No
Project Schedule Comments				
	Name Nore	Repres	enting	
		N. C.		
	Built of Sahadala Samuel			
Issues Pending	Project Schedule Comments			
Issues Pending				
Issues Pending				
Issues Pending				
Issues Penaing	Lance Bandina			
	issues Pending			
Interaction with Public, Property Owners, Media, etc.	Interaction with Public, Prope	erty Owners, Media, etc.		
Interaction with Public, Property Owners, Media, etc.	Interaction with Public, Prope	erty Owners, Media, etc.		
Interaction with Public, Property Owners, Media, etc.	Interaction with Public, Prope	erty Owners, Media, etc.		
Interaction with Public, Property Owners, Media, etc.	Interaction with Public, Prope	erty Owners, Media, etc.		
Interaction with Public, Property Owners, Media, etc.	Interaction with Public, Prope	erty Owners, Media, etc.		
Interaction with Public, Property Owners, Media, etc.	Interaction with Public, Prope	erty Owners, Media, etc.		
Interaction with Public, Property Owners, Media, etc.	Interaction with Public, Prope	erty Owners, Media, etc.		

DAIL	YIN	SPE	CTION	REP	ORT
	- 1 113	O: L:			O 1 \ 1

Page 4 of 9

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

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

Site Photographs (Descriptions Below) -pretures emailed to PM

DAILY INSPECTION REPORT

ort No.	(Site Name) - NYSDEC Site No.	Date:	
Comments	S		



Page 9 of 9

Date: 12/11/26

NUISANCE CHECKLIST

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



Page 8 of 9

Date: 12/1/20

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No ☑
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗷
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗷
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
f Yes	to <u>any</u> of 1-4 above: If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □
Comm	ents:		

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

3	
	REASON FOR SITE VISIT (CHECK BOX BELOW)
KL - EL 12-22-20 / 07:00 11:30 Monitoring	Maintenance X
Sampling	Other (Provide Description)
Alarm Response	
Description:	
Monitoring	Maintenance
Sampling	Other (Provide Description)
Alarm Response	
Description:	
Monitoring	Maintenance
Sampling	Other (Provide Description)
Alarm Response	
Description:	

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

Date: 12-22-20
Serial Number:
Initials: KL - EL

Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
12-22-20	H		09:00	09:05	pass	
				-		
						I.
_		2				
	_					

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

Date: 12-22-20

Serial Number: Initials:

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

Date: 12-22-20

Temperature 37 39 Wind 7 mph 7 mph Health & Safety	W York r Conditions AM AM AM	rtment of onmental ervation	PM PM PM	NYSDEC D011107 Superintenda NYSDEC PM Consultant F Consultant S	ent: //: PM: Site Inspect	tors:
If any box below is checked "Yes	s", provide explan	ation under "He	ealth 8			
Were there any changes to the Health &				*Yes	No	NA
Were there any exceedances of the per			ate?	*Yes	No	NA
Were there any nuisance issues reporte Health & Safety Comments	ed/observed on this da	ate?		*Yes	No)	NA
Summary of Work Performed	Arrived at site:	07:00	De	eparted Site:		30
Equipment/Material Tracking If any box below is checked "Yes" Were there any vehicles which did not d	isplay proper D.O.T r	ition under "Ma numbers and place	terial ards?	*Yes	No	NA
Were there any vehicles which were not		- 4 :4: 41 · · ·	de elle O	* Yes	No	1NA
Were there any vehicles which were not Personnel and Equipment	decontaminated prio	r to exiting the wo	rk site?	* Yes	No	NA
Individual	Company		T	ade	-	tal Hours

Report No. (Site Name) - NYSDEC Site No. 1 indentural 63 Date: 12-22 - 20

	tion		Contractor/Vendor		Quantity	Us	ed
			····				
					76		
						- 10	- 11
8						9	

				4			
					27 3		
<u> </u>							
				***************************************		100	
-							

Material Description	Imported/ Delivered	Exported off Site	Waste Profile	Source of	Disposal	Daily	Daily Weigh (tons)
	to Site	off Site	(If Applicable)	Facility (If	Applicable)	Loads	(tons)
						0	
					5.	9	
					55	9	
					27		
					527	100	
					4.	6	
n-Site scale for off-site ship	ment, delivery t	icket for materia	I received				
on-Site scale for off-site ship			I received				
			I received				
			I received				
			I received				
			I received				
			I received				
			l received				

Report No. (Site Name) - NYSDEC Site No. linder horst 63 Date: 12-22-20

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
	****		Yes	No
		· · · · · · · · · · · · · · · · · · ·	Yes	No
			Yes	No
			Yes	No
	, i		Yes	No
Site Representatives			-	
Name		Representing		
				<u> </u>
				-
- 12			·	
		1		
Project Schedule Comments				
Issues Pending				
issues rending				
Interaction with Public, Property	Owners, Media, et	c.		



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

Report No. (Site Name) - NYSDEC Site No. findenhuist 63 Date: 12-22-20

Report No. (Site Name) - NYSDEC Site No.\indenhuv\$163Date: 12-22-20

Site Photographs (Descriptions Below)	
7-2- 27	
9	

Report No. (Site Name) - NYSDEC Site No. Imaghurst 63 Date: 12-22-20

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W.C.		
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Comments		
Comments Site Inspector(s):	Date:	

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes □	No 🖆
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖾
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🕏
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No 🔯
 If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes □	No □

NUISANCE CHECKLIST

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