



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:

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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

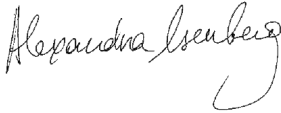
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Client Information:

New York State Department of
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Report Date: 4/26/2021



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1.0 INTRODUCTION

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

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

This quarterly Operations and Maintenance (O&M) Report summarizes the O&M and monitoring activities completed during the 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 on-site, in the southwestern portion; RW-2 is located off-site, approximately 1,500 feet southwest of the site (see Figures 2 and 3).

The GWE&T system was shut down in November 2018 and remained turned off during the 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

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

4.1 Groundwater Sampling

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

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

Table 2: Groundwater Analytical Results

Monitoring Well ID and Location	Site-Specific Contaminant of Concern Concentrations, ug/L							
	PCE		TCE		Cis-1,2-DCE		Vinyl Chloride	
Sampling Period	2020 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, ug/L	5		5		5		2	

Notes: **1** Parameter reported at a concentration greater than applicable regulatory standard/criterion
ND = not detected; ug/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.

- **MW-4D:** The monitoring well is located in the southwestern portion of the Site and downgradient of the historical dry-cleaning activities. The well is screened at 60 to 70 feet below grade (fbg). PCE and TCE were detected in this monitoring well at concentrations exceeding the Class GA Groundwater Standards, which is consistent with the previous sampling event. Cis-1,2-DCE was detected at concentrations below the Class GA Standards. Vinyl chloride was not detected above the laboratory detection limit.
- **MW-5S:** The monitoring well is located in the western portion of the Site and screened at 14 to 24 fbg. PCE was the only contaminant of concern detected in this well. No exceedances of the applicable regulatory standards were identified during the current and previous monitoring events.
- **MW-103:** 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.
- MW-105: 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.
- MW-106: 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.
- MW-107: The monitoring well is located in the southern portion of the Site and screened at 5 to 15 fbg. PCE and TCE were detected at concentrations below the Class GA Standards. Cis-1,2-DCE and vinyl chloride were not detected above the laboratory detection limits.
- RW-1: The 4-inch extraction well is located in the southwestern portion of the Site 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.
- RW-2: The 4-inch extraction well is located on Orchard Street, approximately 1,500 feet to the southwest of the Site, and screened at 12-37 feet bgs. All four COCs (i.e., PCE, TCE, cis-1,2-DCE and vinyl chloride) were not detected above the laboratory detection limits.
- MW-2S: The monitoring well is located on Tompkins Street, approximately 200 feet to the south of the Site and screened at 12 to 22 fbg. 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 µg/L (Class GA Standards = 7 µg/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

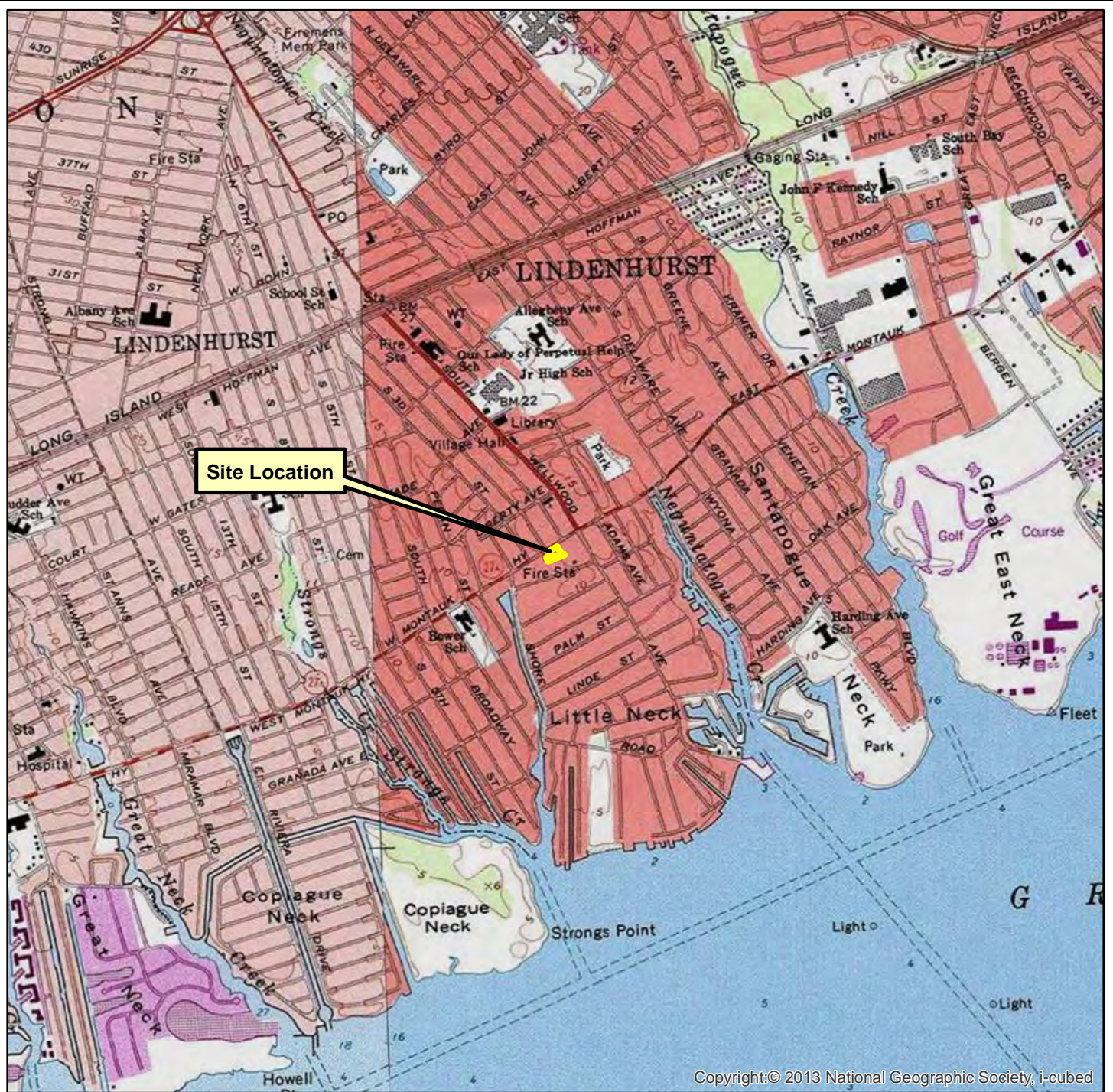
Future maintenance and monitoring activities at the Site include the following:

- Routine monthly maintenance activities will continue; and
- Quarterly groundwater sampling is scheduled to be completed in the first quarter of 2021.

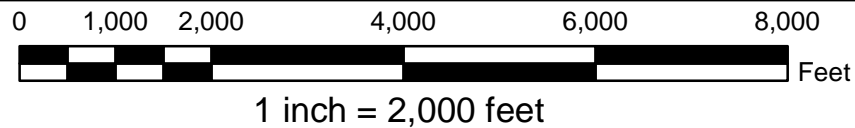
7.0 PROGRESS TOWARD CLEANUP OBJECTIVES

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

FIGURES



Copyright:© 2013 National Geographic Society, i-cubed






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

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

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

Legend

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



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

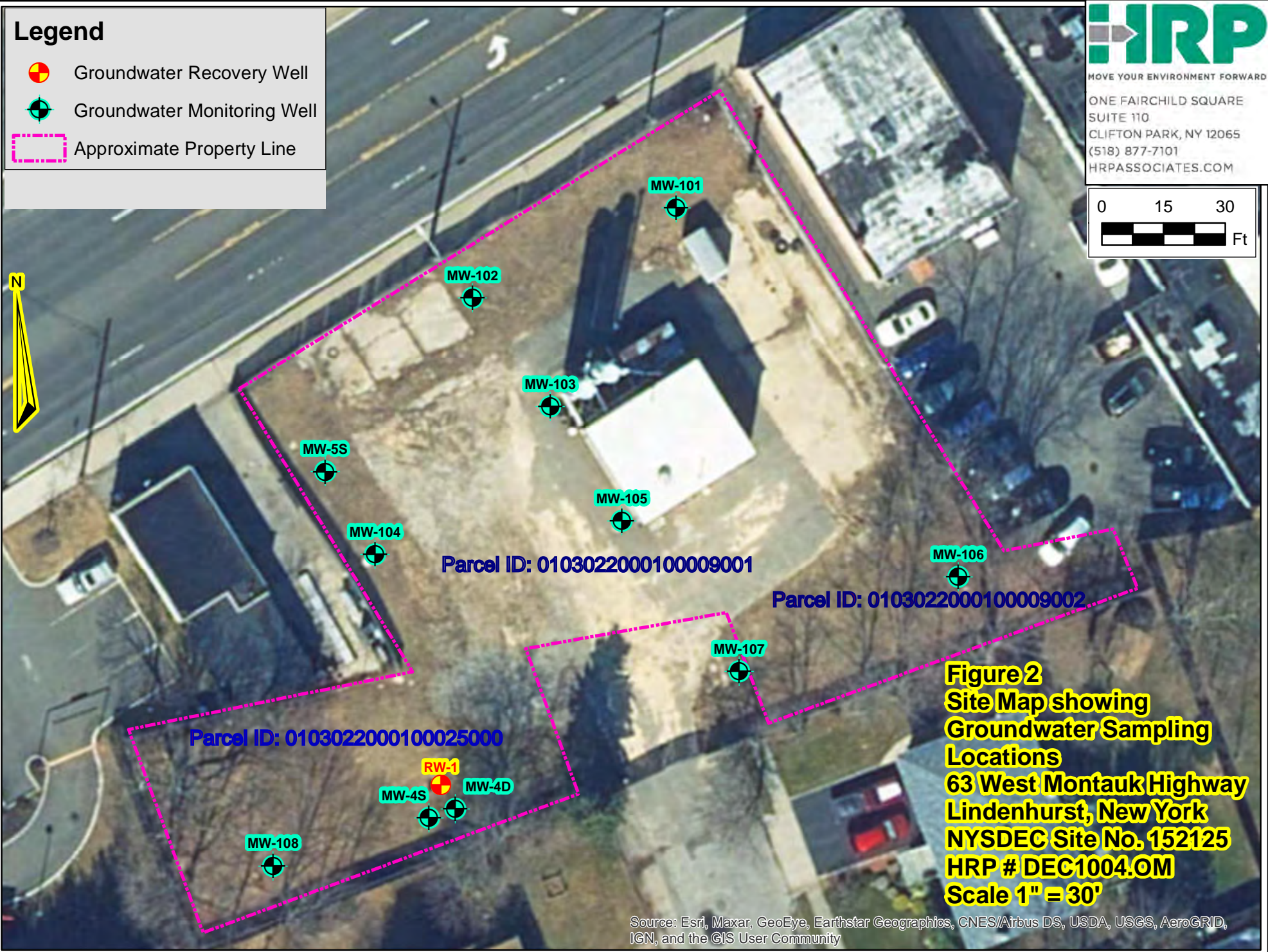


Figure 2
Site Map showing
Groundwater Sampling
Locations
63 West Montauk Highway
Lindenhurst, New York
NYSDEC Site No. 152125
HRP # DEC1004.OM
Scale 1" = 30'

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

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



Legend

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



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(518) 877-7101
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Site and Surrounding Area:
Groundwater Sampling Locations

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

ASI
DESIGNED BY:

BOB
DRAWN BY:

DJF
REVIEWED BY:

11X17
SHEET SIZE:

08/04/2020

DATE:

DEC1004.OM
PROJECT NUMBER:

North

1 in = 150 ft
0 75 150
Ft

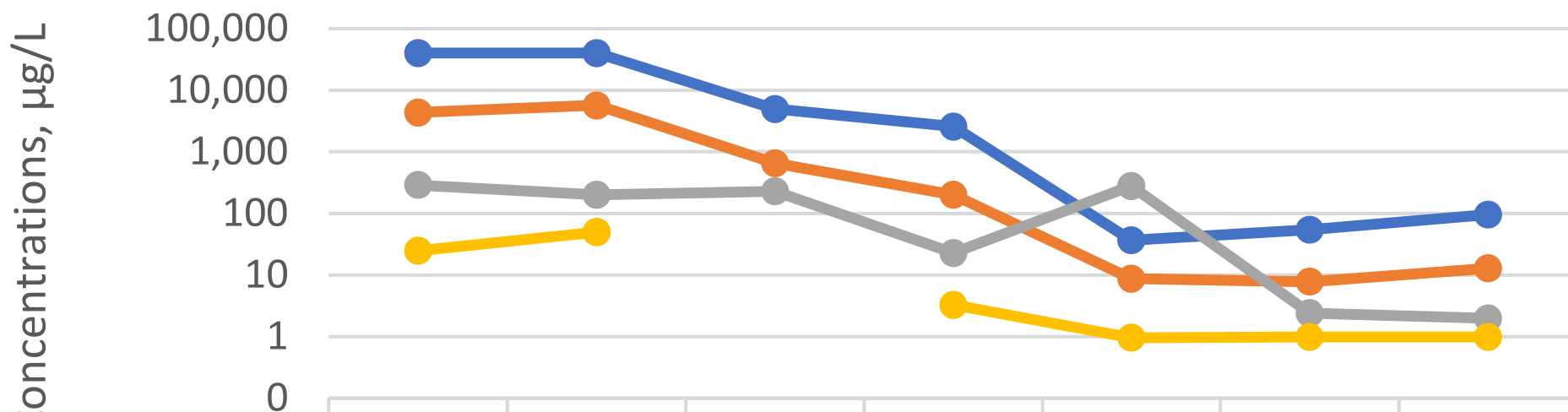
FIGURE
3

APPENDIX A

Temporal Variations of VOCs Concentrations

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

MW-4D

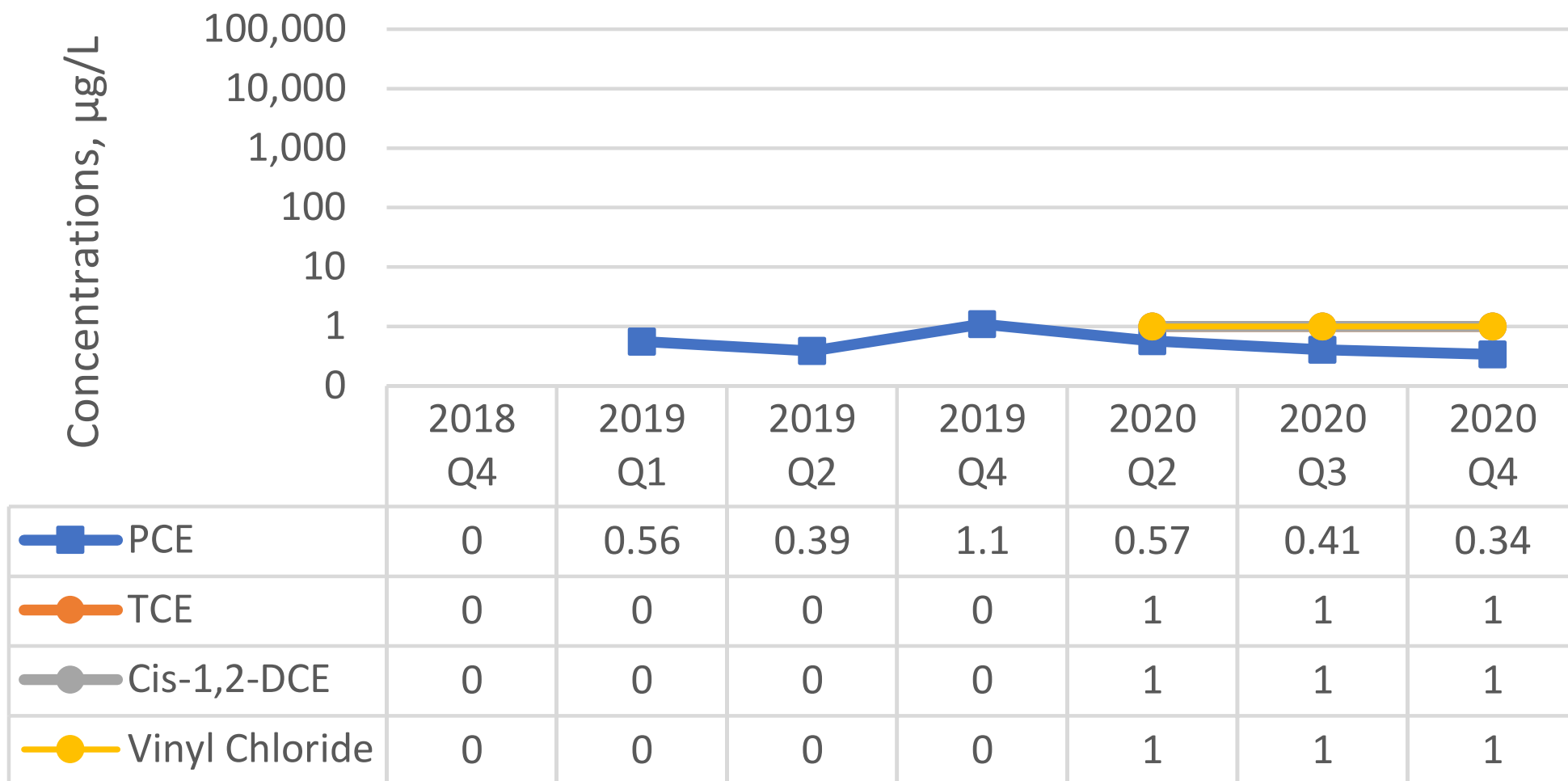


	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3	2020 Q4
—●— PCE	40,000	40,000	5,000	2,600	37	54	95
—●— TCE	4,300	5,700	650	200	8.7	7.8	13
—●— Cis-1,2-DCE	290	200	230	23	280	2.4	2
—●— Vinyl Chloride	25	50	0	3.3	0.96	1	1

Sampling period

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

MW-5S



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

MW-103

Concentrations, µg/L

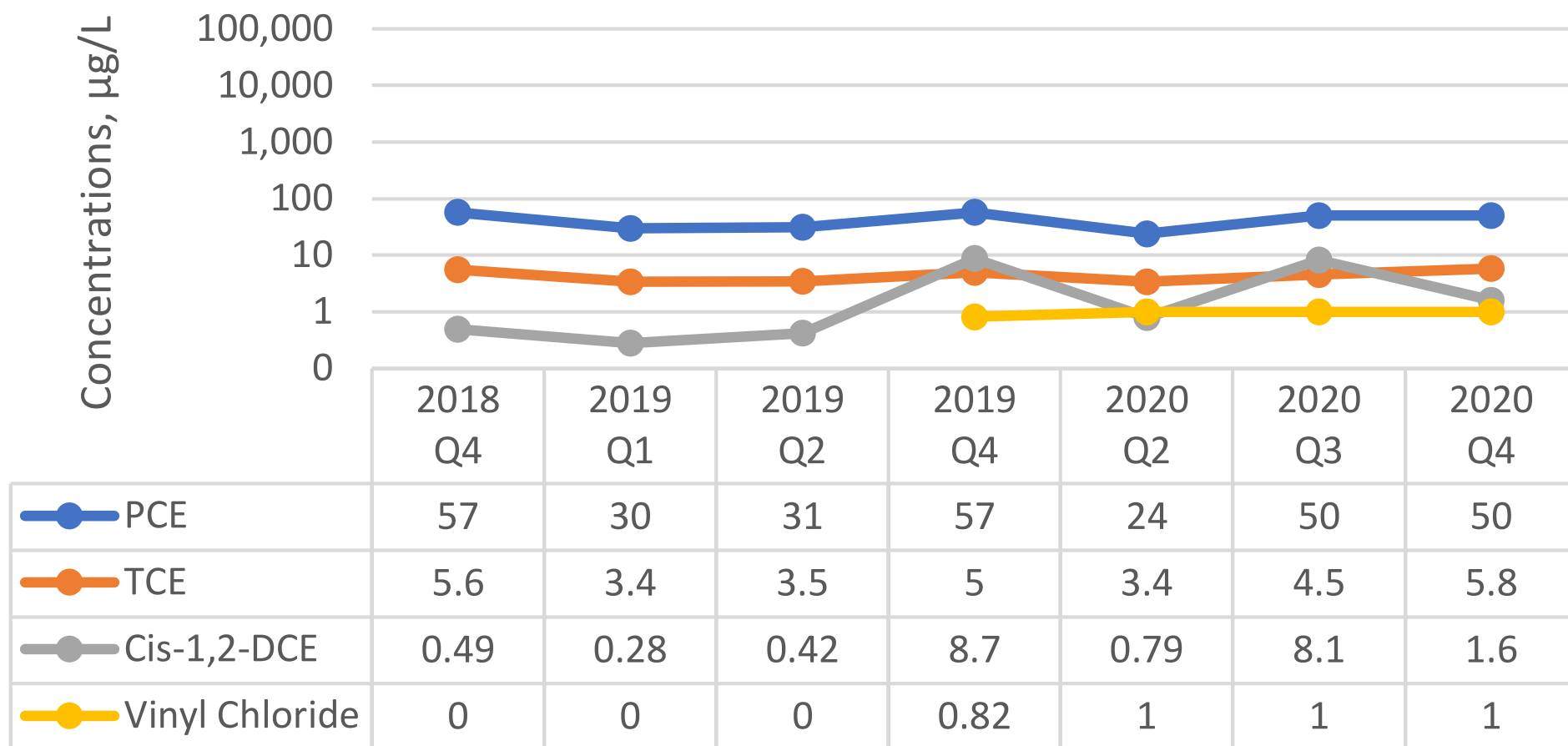
100,000
10,000
1,000
100
10
1
0



Sampling period

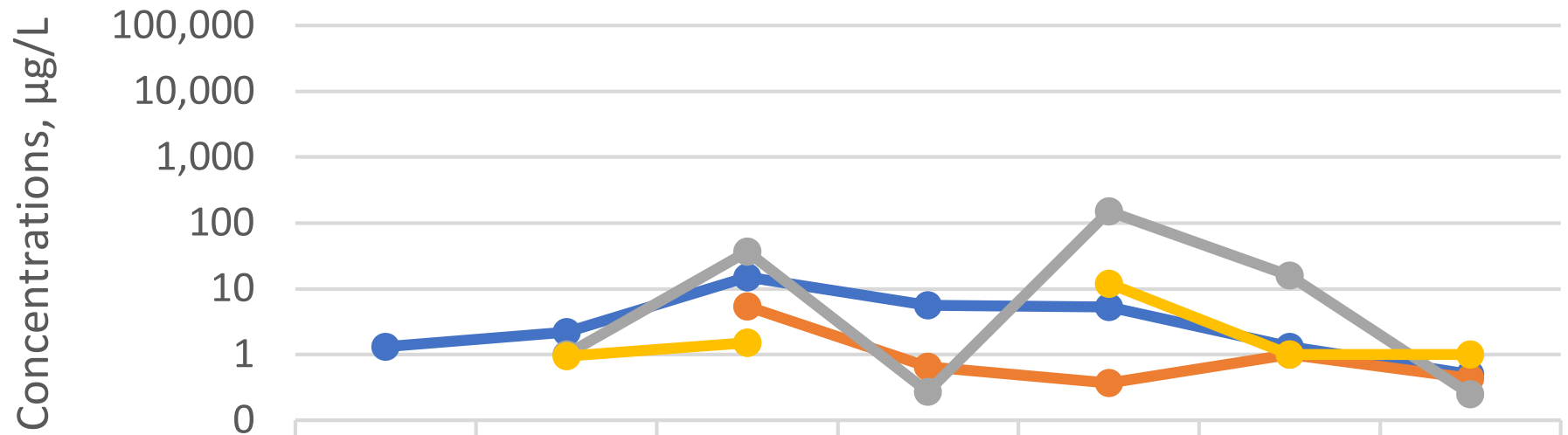
Temporal Variations of VOCs Concentrations
Active Industrial Uniform Superfund Site #152125
63 West Merrick Road, Lindenhurst, New York
HRP# DEC1004.OM

MW-104



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

MW-105



	2018 Q4	2019 Q1	2019 Q2	2019 Q4	2020 Q2	2020 Q3	2020 Q4
—●— PCE	1.3	2.2	15	5.6	5.3	1.3	0.5
—●— TCE	0	0	5.4	0.66	0.37	1	0.43
—●— Cis-1,2-DCE	0	1	37	0.27	150	16	0.25
—●— Vinyl Chloride	0	0.94	1.5	0	12	1	1

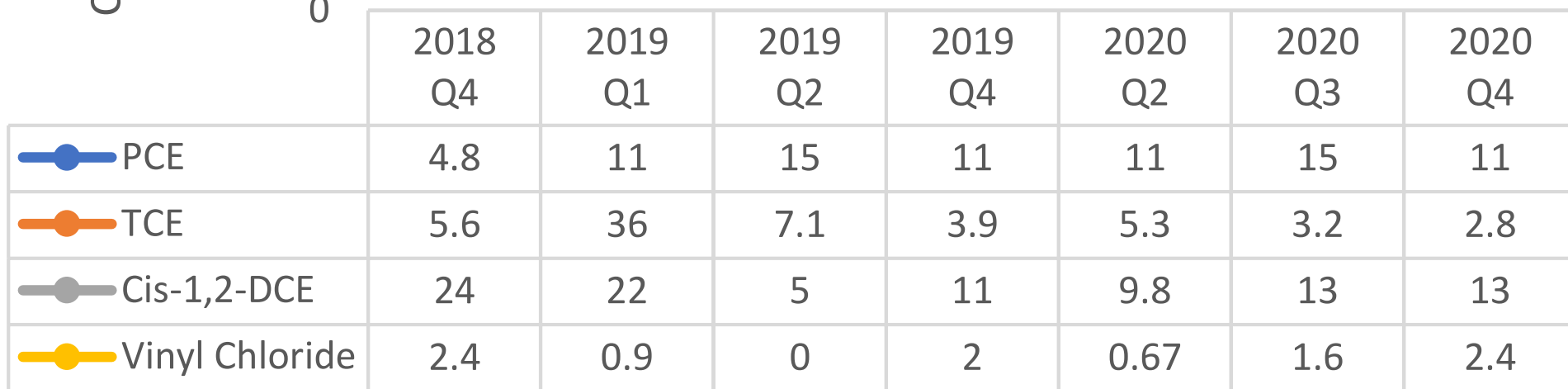
Sampling period

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

MW-106

Concentrations, µg/L

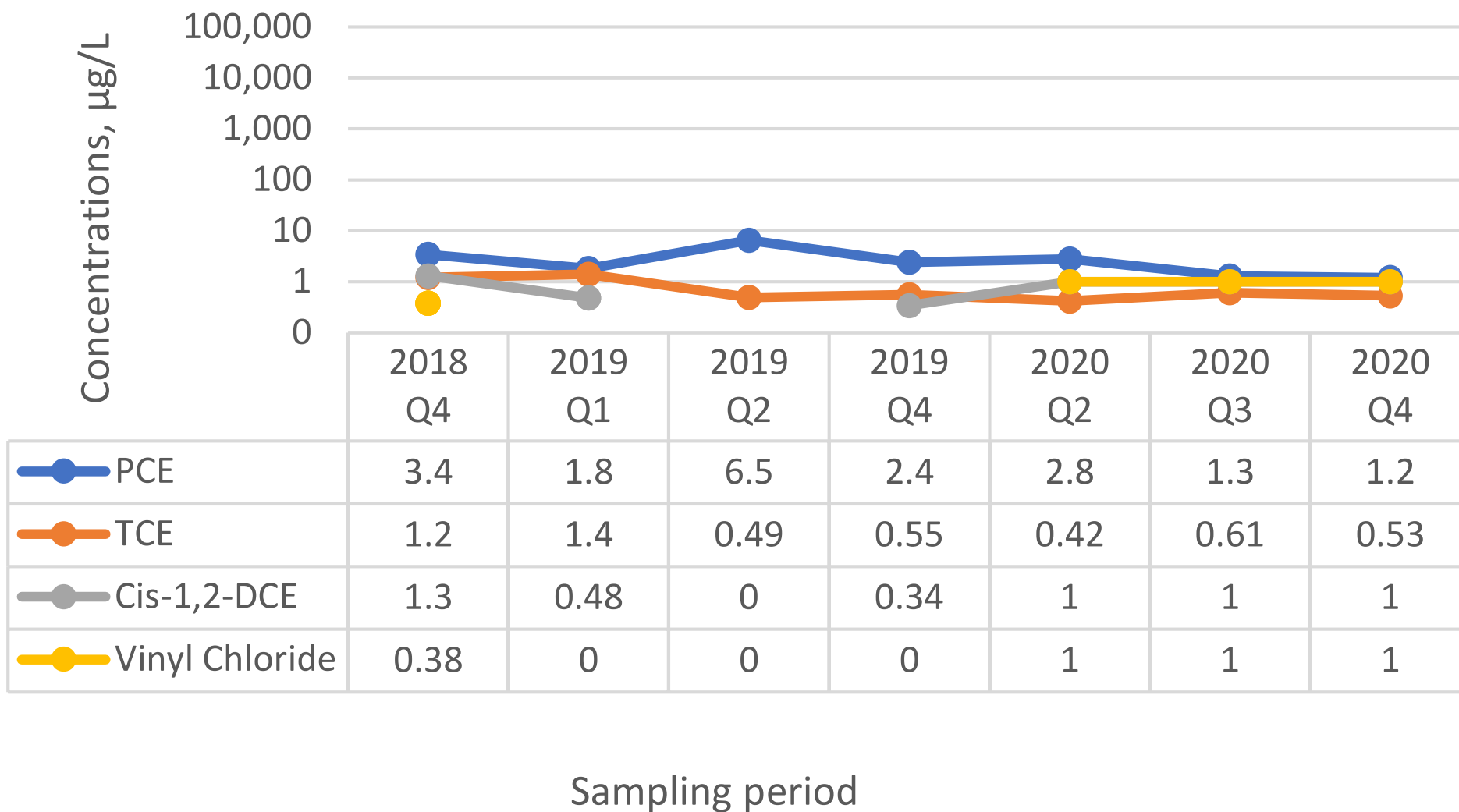
100,000
10,000
1,000
100
10
1
0



Sampling period

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

MW-107

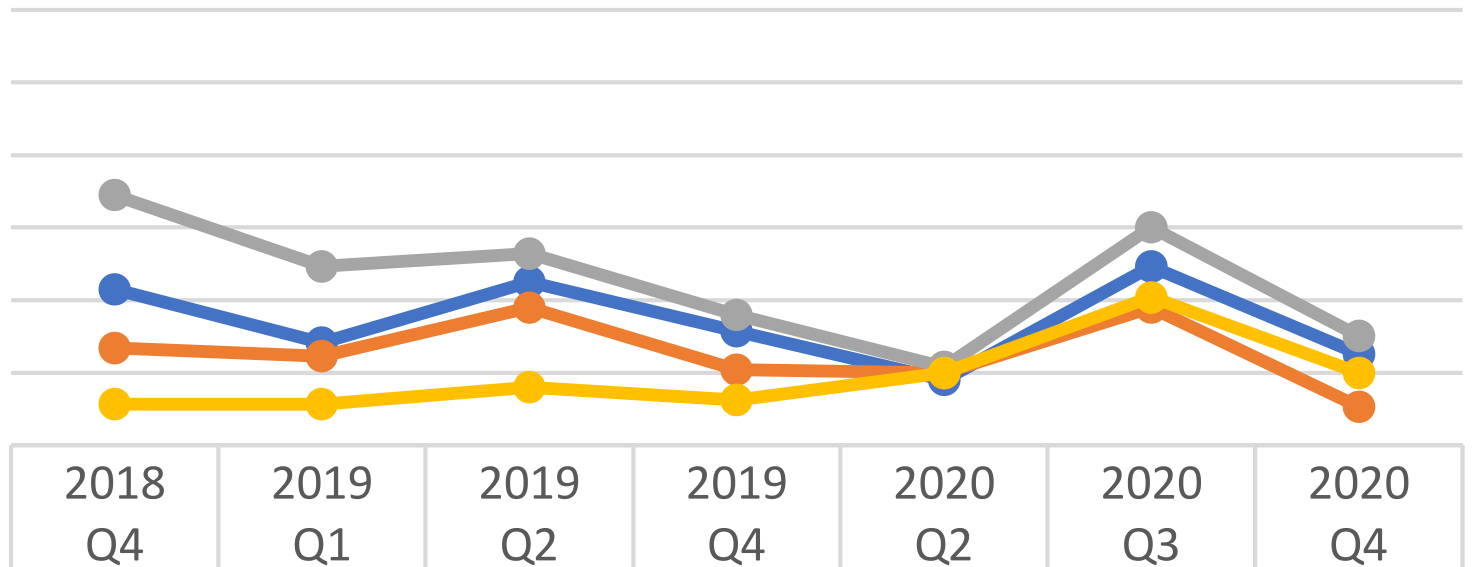


Temporal Variations of VOCs Concentrations
Active Industrial Uniform Superfund Site #152125
63 West Merrick Road, Lindenhurst, New York
HRP# DEC1004.OM

MW-2S

Concentrations, µg/L

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

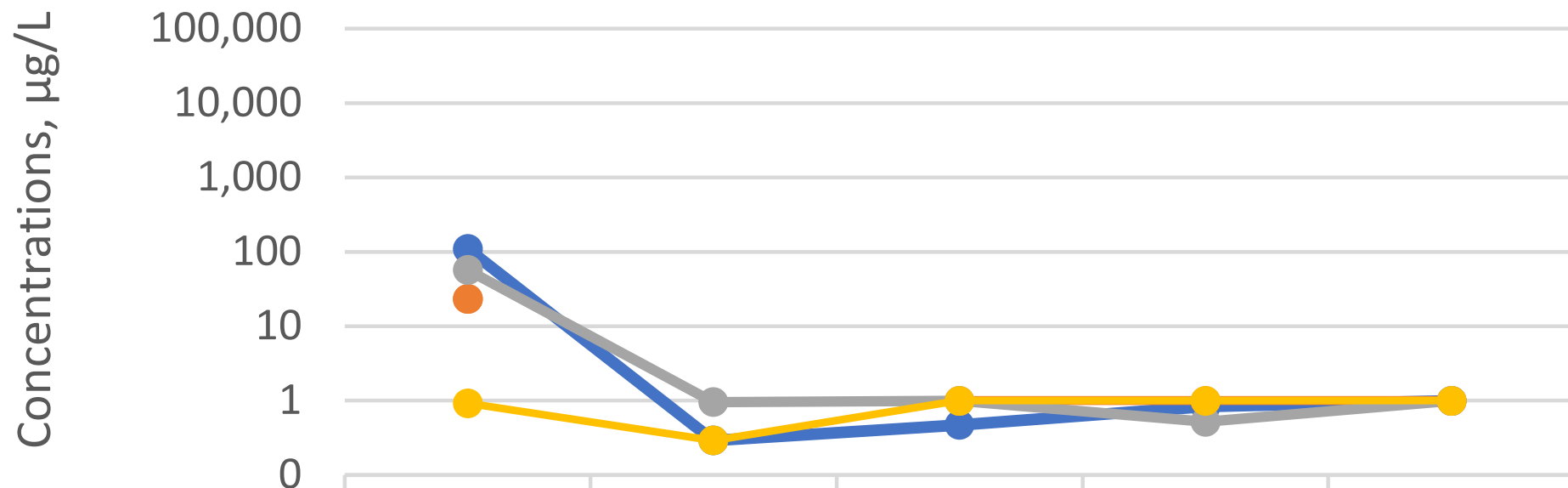


—●— PCE	14	2.6	18	3.7	0.8	29	1.8
—●— TCE	2.2	1.7	7.9	1.1	1	7.9	0.34
—●— Cis-1,2-DCE	280	29	44	6.3	1.2	100	3.2
—●— Vinyl Chloride	0.37	0.37	0.63	0.42	1	11	1

Sampling period

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

RW-1

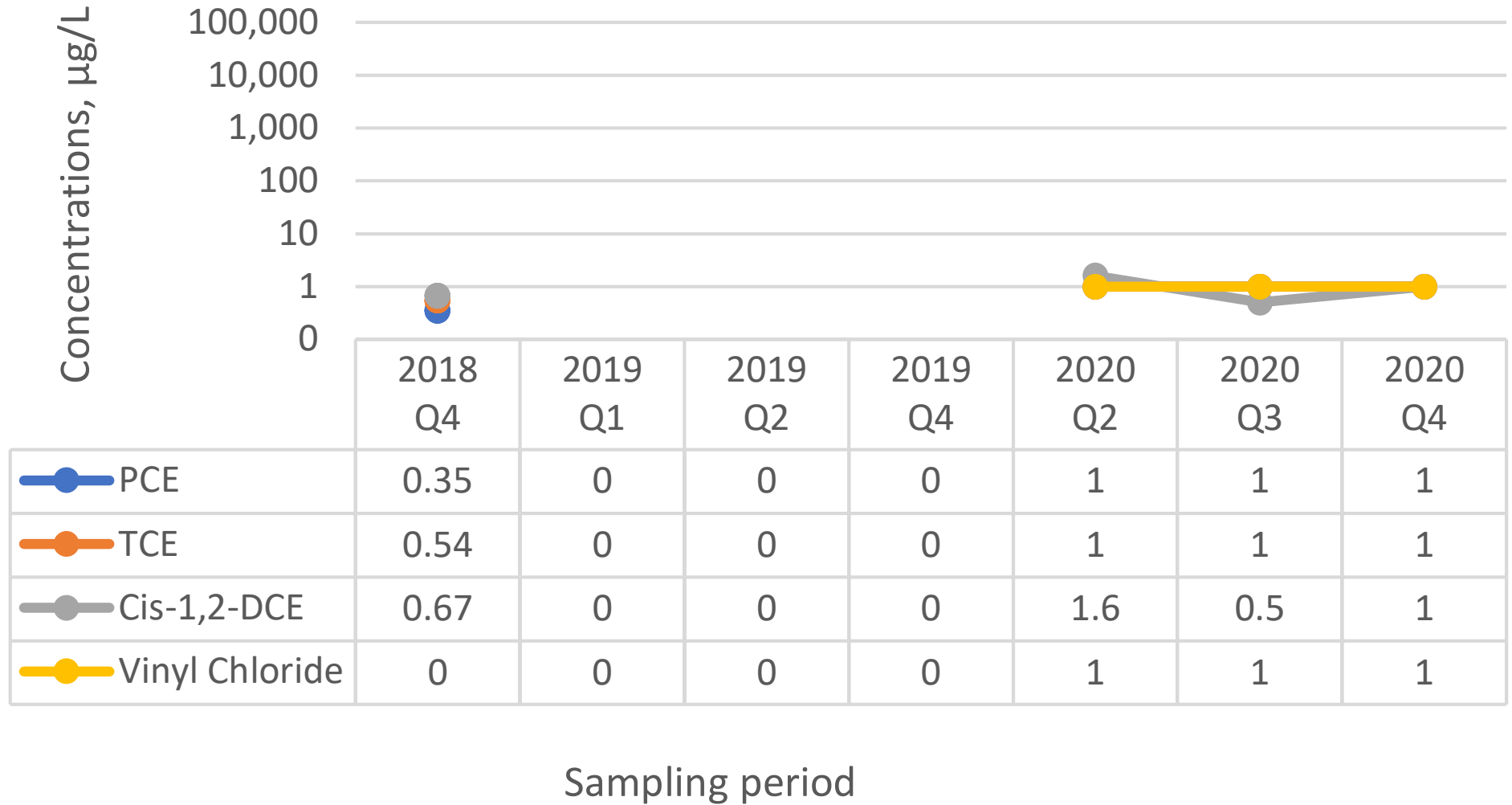


	2018 Q4	2019 Q4	2020 Q2	2020 Q3	2020 Q4
—●— PCE	110	0.29	0.47	0.83	1
—●— TCE	23	0	1	1	1
—●— Cis-1,2-DCE	57	0.96	1	0.52	1
—●— Vinyl Chloride	0.91	0.29	1	1	1

Sampling period

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

RW-2



APPENDIX B

Operation and Maintenance Reports

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
DG	10/6/20 0900	1200	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: Lawn Maintenance				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

DECLINING RST

Date: 10/6/20

Page 1 of 9



New York State
Department of
Environmental
Conservation

50

DAILY INSPECTION REPORT

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

Date: _____

[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives	
Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

DAILY INSPECTION REPORT

Page 4 of 9

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

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

DAILY INSPECTION REPORT

Page 5 of 9

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

DAILY INSPECTION REPORT

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

Page 7 of 9

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

[illegible]

DAILY INSPECTION REPORT

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

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

NUISANCE CHECKLIST

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

Groundwater Sampling Sheet: Stabilization Purge Method

Site: DEC-LENDEN/HURST 63
 Date: 10/15/20
 Techs: RC/BV

Start Time: 06:00
 End Time: _____

Equipment: _____

								[check units on YSI and confirm that parameter is in the correct units]					NOTES
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)	
MW-105	2	14.27	6.33	7.94	1.39	2.0	8:25	0.59	20.50	6.18	-108.5	385	
MW-103	2	12.65	6.25	6.40	1.12	2.0	8:57	0.58	20.78	6.40	-113.8	407	
MW-55	2	23.55	5.95	17.60	3.08	3.5	9:33	0.38	18.88	5.98	-96.1	351	
MW-104	2	14.57	6.30	8.27	1.45	2.0	10:02	0.42	19.77	6.61	-98.0	437	
MW-107	2	14.59	6.20	8.39	1.47	2.0	10:47	0.39	19.36	6.60	-101.4	411	
MW-106	2	13.84	6.29	7.55	1.32	2.0	11:24	0.55	19.72	6.43	-74.8	207	
MW-29	2	21.82	5.13	16.69	2.92	3.00	12:09	0.74	17.19	5.88	37.1	314	

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

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

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

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

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

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

MW-103 = MW-X MW-107 MS/MSD

Environment Testing
TestAmerica

TAL-8210

[illegible]

SITE NAME: DEC LINDY 63

SITE ID.: _____
INSPECTOR: _____
DATE/TIME: 10/15/20
WELL ID.: MW-25

MONITORING WELL FIELD INSPECTION LOG

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

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: MW-25

SURFACE SEAL PRESENT?

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

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

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

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

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

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

WELL MEASURING POINT VISIBLE?

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.

ON FRONT LAWN - 2 ft from STREET.

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

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

GRASS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: Dec-Lindy 63

SITE ID.: _____

INSPECTOR: _____

DATE/TIME: 10/15/20

WELL ID.: MW-106

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

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

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

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

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-106

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

SURFACE SEAL PRESENT?

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

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

0.0

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

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

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

STEEL

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

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.....

13.84

6.29

2

PVC

GOOD

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.

SOUTHEAST CORNER OF PROPERTY IN GRASS

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

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

GRASS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: Dec-Landy 63

SITE ID.: _____

INSPECTOR: _____

MONITORING WELL FIELD INSPECTION LOG

DATE/TIME: 10/15/20

WELL ID.: MW-107

WELL VISIBLE? (If not, provide directions below)

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

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

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

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

SURFACE SEAL PRESENT?

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

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

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

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

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

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

0.0
STEEL
8"

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

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

WELL MEASURING POINT VISIBLE?

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

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

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

<u>14.59</u>
<u>6.20</u>
<u>2</u>
<u>PVC</u>
<u>GOOD</u>
<u>CLEAR</u>

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

15 ft ~~off~~ OF FENCE, JUST EAST OF GATE ENTRANCE
NORTH

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.

GLASS

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME:

Dec-Landy 63

SITE ID.:

INSPECTOR:

DATE/TIME:

10/15/20
MW-55

WELL ID.:

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

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

WELL COORDINATES? NYTM X _____ NYTM Y _____

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

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

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-55

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

SURFACE SEAL PRESENT?

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

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

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

0.0

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

PROTECTIVE CASING MATERIAL TYPE:

STEEL

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

8"

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

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

WELL MEASURING POINT VISIBLE?

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

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:

PVC

PHYSICAL CONDITION OF VISIBLE WELL CASING:

Good

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

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

CLEAR

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

5' from fence North West side of Property

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

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

IN FIELD

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC-LINDY 63

SITE ID.: _____
 INSPECTOR: _____
 DATE/TIME: 10/15/20
 WELL ID.: MW-103

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

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

WELL COORDINATES? NYTM X _____ NYTM Y _____

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

WELL I.D. VISIBLE?

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

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

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

SURFACE SEAL PRESENT?

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

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

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

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

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

PROTECTIVE CASING MATERIAL TYPE:

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

0.10
STEEL
2"

LOCK PRESENT?

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

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

WELL MEASURING POINT VISIBLE?

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

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):

MEASURE WELL DIAMETER (Inches):

WELL CASING MATERIAL:

PHYSICAL CONDITION OF VISIBLE WELL CASING:

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

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

12.65
6.25
2
PVC
GOOD
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.

15 ft from ~~BLDG~~ NORTHWEST ~~corner~~ of ~~BLDG~~

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

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

IN FIELD

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC-LINDENHURST 63

SITE ID.: _____

INSPECTOR: _____

DATE/TIME: 10/15/20

WELL ID.: MW-105

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

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

WELL COORDINATES? NYTM X _____ NYTM Y _____

PDOP Reading from Trimble Pathfinder: _____ Satellites: _____

GPS Method (circle) Trimble And/Or Magellan

WELL I.D. VISIBLE?

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

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

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

SURFACE SEAL PRESENT?

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

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

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

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

0.0

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

PROTECTIVE CASING MATERIAL TYPE:

STEEL

MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):

8"

LOCK PRESENT?

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

LOCK FUNCTIONAL?

DID YOU REPLACE THE LOCK?

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

WELL MEASURING POINT VISIBLE?

MEASURE WELL DEPTH FROM MEASURING POINT (Feet):

14.27

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 MARKER TYPE

PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....

CLEAR

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

4' from compound BLDG.

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

AND ASSESS THE TYPE OF RESTORATION REQUIRED.

PAVEMENT

IDENTIFY ANY NEARBY POTENTIAL SOURCES OF CONTAMINATION, IF PRESENT

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

REMARKS:

Sketch

SITE NAME: DEC-Lindy 63

SITE ID.: _____
 INSPECTOR: _____
 DATE/TIME: 10/15/20
 WELL ID.: MW-104

MONITORING WELL FIELD INSPECTION LOG

WELL VISIBLE? (If not, provide directions below)

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

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

WELL I.D. VISIBLE?

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

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

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

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

SURFACE SEAL PRESENT?

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

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

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

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

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

HEADSPACE READING (ppm) AND INSTRUMENT USED..... 0.0
 TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)
 PROTECTIVE CASING MATERIAL TYPE: STEEL
 MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches): 8"

LOCK PRESENT?

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

 LOCK FUNCTIONAL?

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

 DID YOU REPLACE THE LOCK?

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

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

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

 WELL MEASURING POINT VISIBLE?

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

MEASURE WELL DEPTH FROM MEASURING POINT (Feet): 14.57
 MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet): 6.30
 MEASURE WELL DIAMETER (Inches): 2
 WELL CASING MATERIAL: PVC
 PHYSICAL CONDITION OF VISIBLE WELL CASING: GOOD
 ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE
 PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES..... Clear

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

5' From Fence ON WEST SIDE OF Property

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

FIELD

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

REMARKS:

Sketch

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
P. Lamberdo	10/15/20 0730		<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
D. Grotting	10/15/20 0900		<input checked="" type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				



Environment Testing
TestAmerica

Regulatory Program: ☐ DW ☐ NPDES ☐ RCRA ☐ Other:[illegible]

SITE NAME: DEC Lindenhorst 63

SITE ID.:
INSPECTOR: R
DATE/TIME: 10/25/20
WELL ID.: MW 40

MONITORING WELL FIELD INSPECTION LOG

	YES	NO
WELL VISIBLE? (If not, provide directions below)	<input checked="" type="checkbox"/>	
WELL COORDINATES? NYTM X _____ NYTM Y _____		
PDOP Reading from Trimble Pathfinder: _____ Satelites: _____		
GPS Method (circle) Trimble And/Or Magellan		
WELL I.D. VISIBLE?	<input checked="" type="checkbox"/>	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<input checked="" type="checkbox"/>	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:		
SURFACE SEAL PRESENT?	<input checked="" type="checkbox"/>	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<input checked="" type="checkbox"/>	
HEADSPACE READING (ppm) AND INSTRUMENT USED.....		
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)		
PROTECTIVE CASING MATERIAL TYPE:		
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):		
LOCK PRESENT?	<input checked="" type="checkbox"/>	
LOCK FUNCTIONAL?	<input checked="" type="checkbox"/>	
DID YOU REPLACE THE LOCK?		<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)		<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input checked="" type="checkbox"/>	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		67.89
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):		6.09
MEASURE WELL DIAMETER (Inches):		4"
WELL CASING MATERIAL:		PVC
PHYSICAL CONDITION OF VISIBLE WELL CASING:		Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE		
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....		None

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.

Easily Accessible
Inside compound

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

Inside compound

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

REMARKS:

Sketch

SITE NAME: DEC Lindenhurst 63

SITE ID.:
INSPECTOR: PL
DATE/TIME: 10/15/20
WELL ID.: R41

MONITORING WELL FIELD INSPECTION LOG

	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?	<input checked="" type="checkbox"/>	
WELL LOCATION MATCH SITE MAP? (if not, sketch actual location on back).....	<input checked="" type="checkbox"/>	
WELL I.D. AS IT APPEARS ON PROTECTIVE CASING OR WELL:		
SURFACE SEAL PRESENT?	<input checked="" type="checkbox"/>	
SURFACE SEAL COMPETENT? (If cracked, heaved etc., describe below)	<input checked="" type="checkbox"/>	
PROTECTIVE CASING IN GOOD CONDITION? (If damaged, describe below)	<input checked="" type="checkbox"/>	
HEADSPACE READING (ppm) AND INSTRUMENT USED.....		
TYPE OF PROTECTIVE CASING AND HEIGHT OF STICKUP IN FEET (If applicable)		Steel / 3'
PROTECTIVE CASING MATERIAL TYPE:		Steel
MEASURE PROTECTIVE CASING INSIDE DIAMETER (Inches):		9"
LOCK PRESENT?		<input checked="" type="checkbox"/>
LOCK FUNCTIONAL?		<input checked="" type="checkbox"/>
DID YOU REPLACE THE LOCK?		<input checked="" type="checkbox"/>
IS THERE EVIDENCE THAT THE WELL IS DOUBLE CASED? (If yes, describe below)		<input checked="" type="checkbox"/>
WELL MEASURING POINT VISIBLE?	<input checked="" type="checkbox"/>	
MEASURE WELL DEPTH FROM MEASURING POINT (Feet):		33.77
MEASURE DEPTH TO WATER FROM MEASURING POINT (Feet):		9.29
MEASURE WELL DIAMETER (Inches):		8"
WELL CASING MATERIAL:		Steel
PHYSICAL CONDITION OF VISIBLE WELL CASING:		Good
ATTACH ID MARKER (if well ID is confirmed) and IDENTIFY MARKER TYPE		
PROXIMITY TO UNDERGROUND OR OVERHEAD UTILITIES.....		None

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.

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.

inside compound

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

REMARKS:

Sketch

SITE NAME: DEC Lindenhurst 63

SITE ID.:
INSPECTOR: PC
DATE/TIME: 10/15/20 0900
WELL ID.: RW-2

MONITORING WELL FIELD INSPECTION LOG

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

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

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

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

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

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

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

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

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

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.....

<u>35.9'</u>
<u>0.50'</u>
<u>8"</u>
<u>STEEL</u>
<u>Good</u>
<u>none</u>

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

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 yard/lawn

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

none

REMARKS:

Sketch

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
MF	16 OCT 20 0830	1115	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

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

Date: 16 Oct 20
Serial Number: BUCKEYE: DO 487 6565 763
Initials: _____

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

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

Date: 16 Oct 20
Serial Number: _____
Initials: MF

[illegible]

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: INCOMPLETE FORMS WILL NOT BE PROCESSED AND RETURNED TO THE CUSTOMER

Facility Name <u>David Vigliotta</u>		Location of RPZ/DCV <u>Water treatment facility</u>	
Address <u>286 Bluepoint Ave</u>		<u>First floor - SW corner</u>	
Street	City	Zip	
<u>Bluepoint</u>	<u>N.Y.</u>	<u>11715</u>	<u>Lindenhurst</u>
Device Information	Manufacturer <u>Wilkins</u>	RPZ/DCV <u>DCV</u>	Model <u>975XL</u>
		Size (in inches) <u>1"</u>	Serial Number <u>2199038</u>
	Check Valve No 1	Check Valve # 2	Differential Pressure Relief Valve
Test before repair	Leaked _____ Closed Tight <u>X</u>	Leaked _____ Closed Tight <u>X</u>	Opened at <u>35</u> psid
	Pressure drop across 1 st check valve <u>9.5</u> psid		Date Tested (m/d/y) <u>10, 16, 20</u>
Describe repairs & materials used			Repaired by Name _____ Lic # _____ Date Repaired <u>1/1</u>
Final test	Closed tight _____ Pressure drop across 1 st check valve _____	Closed tight _____	Opened at _____ psid Date (m/d/y) <u>1/1</u>
Water Meter # <u>N/A</u>	Meter Reading	Type of Service: (check one) Domestic <u>X</u> Fire _____ Irrigation _____ Other _____	
Remarks: Describe deficiencies, bypasses, outlets before device, connections between device and point of entry, missing/inadequate air gaps etc.			
Certification: This device meets <u>X</u> does NOT meet _____ the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct			
Ryan Jones		6999 1/31/21 52489-BF	
Backflow Tester Name (Print)		NYS Cert # Exp Date Consumer Affairs # Signature	
Joe Bruno		9356 10/31/20 52486-BF	
Master Plumber's Name (Print)		NYS Cert # Exp Date Consumer Affairs # Signature	
Suffolk County		52485-MP TOWN OF HUNTINGTON #2306	
Licensing Jurisdiction		License # TOWN OF BABYLON #1887	
MB FORD		631-447-6400	
Customer's name (Print)		Signature (Certification that test was performed) Phone #	

NOTE: Send one completed copy to the designated health department representative and one copy to SCWA within 30 days of test. Notify owner and SCWA immediately if device fails test and repairs cannot immediately be made.

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

Date: 16 OCT 20

NYSDEC
Division of Environmental Remediation



**Department of
Environmental
Conservation**



**NYSDEC Contract No.
D011107**

Site Location: LINDENHURST, New York

Superintendent:

NYSDEC PM:

Consultant PM:

Consultant Site Inspectors:

Weather Conditions

General Description	RAIN	AM		PM
Temperature	60°	AM		PM
Wind	ENE	AM		PM

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

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

Health & Safety Comments

Summary of Work Performed	Arrived at site:	0830	Departed Site:	1130
---------------------------	------------------	------	----------------	------

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	NA
Were there any vehicles which were not tarped?	*Yes	No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site?	*Yes	No	NA

Personnel and Equipment

[illegible]Department of
Environmental
Conservation

DAILY INSPECTION REPORT

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

Date: 16 Oct 20

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[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Date: 16 Oct 20

Page 3 of 9

Visitors to Site

Name	Representing	Entered Exclusion/CRZ Zone	
RYAN JONES	LYND VALVE	Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives

Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

DAILY INSPECTION REPORT

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

Date: 16 OCT 20

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



Department of
Environmental
Conservation



DAILY INSPECTION REPORT

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

Date: 16 Oct 20

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DAILY INSPECTION REPORT

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

Date: 16 Apr

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Site Photographs (Descriptions Below)

DAILY INSPECTION REPORT

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

Date: 16 Oct 20

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date: 16 April

Page 8 of 9

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

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

Date: 16 Oct 20

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NUISANCE CHECKLIST

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

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
JB	10/29/20 9:15		<input type="checkbox"/>	Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description: <i>site maintenance / weedwhacking & lawn mower</i>					
			<input type="checkbox"/>	Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description:					
			<input type="checkbox"/>	Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/>	Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/>	Alarm Response	
Description:					

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

Date: 10/29/20

NYSDEC
Division of Environmental Remediation

Department of
Environmental
Conservation

**NYSDEC Contract No.
D011107**

Superintendent:

NYSDEC PM:

Consultant PM:

Consultant Site Inspectors:

Site Location: Greenhurst, New York

Weather Conditions

Weather Observations			
General Description		AM	PM
Temperature		AM	PM
Wind		AM	PM

Health & Safety

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

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

Health & Safety Comments

Summary of Work Performed	Arrived at site:	9:15	Departed Site:	
---------------------------	------------------	------	----------------	--

conductor) site maintenance (cut lawn, ect.

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	NA
Were there any vehicles which were not tarped?	* Yes	No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA

Personnel and Equipment

[illegible]Department of
Environmental
Conservation

DAILY INSPECTION REPORT

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

[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Date: _____

Visitors to Site

[illegible]

Site Representatives

[illegible]

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

DAILY INSPECTION REPORT

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

Date: 10/29/20

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

DAILY INSPECTION REPORT

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

DAILY INSPECTION REPORT

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

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

Date: 10/29/20

Page 9 of 9

NUISANCE CHECKLIST

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

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
PZ	11/12/20 1045	1315	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input checked="" type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: Test E-lighting Get extinguisher inspected				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

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

Date: 11/12/20
Serial Number: 006565463
Initials: PZ


	Yes	No	N/A
1. Is the extinguisher located in its designated location?	X		
2.) Is it clear of obstructions to access or visibility?	X		
3.) Are operating instructions on the name plate legible and facing outward?	X		
4.) Is the extinguisher full?	X		
5.) Pressure gauge (or indicator) in the operable range?	X		
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		

Date: 11/12/20
Serial Number: _____
Initials: DL

[illegible]

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

Date: 11/12/20



NEW YORK STATE
Department of
Environmental
Conservation
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DAILY INSPECTION REPORT

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

Date: 11/12/20



NEW YORK STATE
Department of
Environmental
Conservation
50

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

Date: 11/12/22

Visitors to Site

[illegible]

Name

Representing

[illegible]

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

DAILY INSPECTION REPORT

Page 4 of 9

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

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

DAILY INSPECTION REPORT

Page 5 of 9

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

DAILY INSPECTION REPORT

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

Page 7 of 9

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Page 8 of 9

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

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

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

Date: _____

NUISANCE CHECKLIST

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



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



Perry Duryea State Office Building
250 Veterans Memorial Highway
Rm 4A8
Hauppauge, NY 11788
631-952-3393



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	Date of Reinsp:	11/26/2020
		Reviewed by:	
		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

Agency: Department of Environmental Conservation
Region: DEC Region 1
Facility: DEC Remediation Site - 152125
Building: Active Industrial Uniform

----- Violations -----

- 1 **Violation:** **General requirements. Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.**
- Hazard Cls.: Minimal
- Code Refer.: 15F-906.2
- Abate By: 07/25/2019
- Location: Entire building, General
- Description: No documentation provided for annual inspection
- 2 **Violation:** **Emergency lights did not work when tested**
- Hazard Cls.: Minimal
- Code Refer.: 15F-604.4
- Abate By: Abated
- Location:
- Description:
- 3 **Violation:** **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**
- 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
- 4 **Violation:** **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**
- Hazard Cls.: Minimal
- Code Refer.: 15F-604.6.2
- Abate By: 07/25/2019
- Location: Entire building, General
- 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 7:30	11/26/20 10:15	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input checked="" type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: check property, mow/weedwack where necessary. conduct monthly fire inspection, emergency light inspection, allow PSEG on property for meter reading				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

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

Date: 11/25/20
Serial Number: D0 6565463
Initials: JB

	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: JB

Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
11/25/20	M		8:39	8:40	pass	

DAILY INSPECTION REPORT

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

Date: 11/25/20

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[illegible]

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

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Date: 11/25/20

Page 3 of 9

Visitors to Site

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

Site Representatives

Name	Representing

Project Schedule Comments

--

Issues Pending

--

Interaction with Public, Property Owners, Media, etc.

--

DAILY INSPECTION REPORT

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

Date: 11/25/20

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: 11/25/20

Page 5 of 9

DAILY INSPECTION REPORT

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

Date: 11/25/20

Page 6 of 9

Site Photographs (Descriptions Below)



Department of
Environmental
Conservation



DAILY INSPECTION REPORT

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

Date: 11/25/20

Comments

DAILY INSPECTION REPORT

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

Date: 11/25/20

Page 8 of 9

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 11/25/20

NUISANCE CHECKLIST

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

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)			
JB	12/9/20 13:00	14:00	<input type="checkbox"/> Monitoring	<input type="checkbox"/>	<input type="checkbox"/> Maintenance	
			<input type="checkbox"/> Sampling	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other (Provide Description)	
			<input type="checkbox"/> Alarm Response			

Description: Turn meters on to 50%

			<input type="checkbox"/> Monitoring	<input type="checkbox"/>	<input type="checkbox"/> Maintenance	
			<input type="checkbox"/> Sampling	<input type="checkbox"/>	<input type="checkbox"/> Other (Provide Description)	
			<input type="checkbox"/> Alarm Response			

Description:

			<input type="checkbox"/> Monitoring	<input type="checkbox"/>	<input type="checkbox"/> Maintenance	
			<input type="checkbox"/> Sampling	<input type="checkbox"/>	<input type="checkbox"/> Other (Provide Description)	
			<input type="checkbox"/> Alarm Response			

Description:

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

Date: 12/9/20

NYSDEC
Division of Environmental Remediation

Department of
Environmental
Conservation

**NYSDEC Contract No.
D011107**

Superintendent:

NYSDEC PM:

Consultant PM:

Consultant Site Inspectors:

Site Location: , New York

Weather Conditions

General Description		AM		PM
Temperature		AM		PM
Wind		AM		PM

Health & Safety

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

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

Health & Safety Comments

Summary of Work Performed	Arrived at site:	Departed Site:
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Turned heaters on

Ans B: 00

14500

Equipment/Material Tracking

Equipment/Material Tracking
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	NA
Were there any vehicles which were not tarped?	* Yes	No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA

Personnel and Equipment

[illegible]Department of
Environmental
Conservation

DAILY INSPECTION REPORT

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

Date: 12/9/20

[illegible]

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

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

Date: 12/9/20

Page 3 of 9

Visitors to Site

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

Site Representatives

Name	Representing

Project Schedule Comments

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Issues Pending

--

Interaction with Public, Property Owners, Media, etc.

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DAILY INSPECTION REPORT

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

Date: 12/9/20

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

DAILY INSPECTION REPORT

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

Date: 12/9/20

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DAILY INSPECTION REPORT

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

Date: 12/9/20

Page 6 of 9

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT
Report No. (Site Name) - NYSDEC Site No.

Date: 12/9/20

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Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

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

Date: 12/4/20

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DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 12/9/20

NUISANCE CHECKLIST

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

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)			
BCE	12/11/20 / 1160	1400	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance	<input checked="" type="checkbox"/>	Other (Provide Description)
			<input type="checkbox"/> Sampling			
			<input type="checkbox"/> Alarm Response			
Description: - On site to take pictures + measurements of AST's in prep for removal and transport to Brentwood Emjay - Open ports on AST's to inspect packing for future removal						
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance		
			<input type="checkbox"/> Sampling			Other (Provide Description)
			<input type="checkbox"/> Alarm Response			
Description:						
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance		
			<input type="checkbox"/> Sampling			Other (Provide Description)
			<input type="checkbox"/> Alarm Response			
Description:						

DEC-Linderhurst 63

Date: 12/11/20

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[illegible]

DEC-Lindenhurst 63

Date: 12/11/20

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[illegible][illegible]

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

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

Dec-Lindenhurst 63

Page 3 of 9

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

Date: 12/11/20

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
None		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives	
Name	Representing
None	

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

DAILY INSPECTION REPORT

Page 4 of 9

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

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

DAILY INSPECTION REPORT

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

DAILY INSPECTION REPORT

Dec-Lindenhurst 63

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

Date: 12/11/20

Site Photographs (Descriptions Below)	
- pictures emailed to PM	

DAILY INSPECTION REPORT

Page 7 of 9

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

Comments	
Site Inspector(s):	Date:

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

DEU-Lindenhorst 63

Date:

12/11/26

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

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

Date: 12/1/20

Page 8 of 9

DAILY HEALTH CHECKLIST

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

N/A
N/A

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
KL - 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

[illegible]

Active Industrial Uniform Site
Site No. 152125

Monthly Inspection of Fire Extinguisher

Date: 12-22-20

Serial Number: _____

Initials: KL / EL

	Yes	No	N/A
1. Is the extinguisher located in its designated location?	X		
2.) Is it clear of obstructions to access or visibility?	X		
3.) Are operating instructions on the name plate legible and facing outward?	X		
4.) Is the extinguisher full?	X		
5.) Pressure gauge (or indicator) in the operable range?	X		
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		

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

Date: 12-22-20

NYSDEC
Division of Environmental Remediation



**Department of
Environmental
Conservation**



**NYSDEC Contract No.
D011107**

Superintendent:

NYSDEC PM:

Consultant PM:

Consultant Site Inspectors:

Site Location: Lindenhurst 63 New York

Weather Conditions

General Description	Partly cloudy	AM		PM
---------------------	---------------	----	--	----

Temperature	39	39	AM	PM
-------------	----	----	----	----

Wind	7 mph	7 mph	AM	PM
------	-------	-------	----	----

Health & Safety

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

Were there any changes to the Health & Safety Plan?	*Yes	<input checked="" type="radio"/> No	NA
---	------	-------------------------------------	----

Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA
---	------	----	----

Were there any nuisance issues reported/observed on this date?	*Yes	No	NA
--	------	----	----

Health & Safety Comments

Summary of Work Performed

Arrived at site:	07:00
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Departed Site:	11:30
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Site maintenance, Emergency lights tested

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	NA
--	------	----	----

Were there any vehicles which were not tarped?	* Yes	No	NA
--	-------	----	----

Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA
---	-------	----	----

Personnel and Equipment

[illegible]Department of
Environmental
Conservation

DAILY INSPECTION REPORT

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

[illegible]

DAILY INSPECTION REPORT

Page 3 of 9

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

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

DAILY INSPECTION REPORT

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

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

DAILY INSPECTION REPORT

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

DAILY INSPECTION REPORT

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

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

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

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Page 8 of 9

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

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. (Site Name) - NYSDEC Site No. 1000100163 Date: 12-22-20

NUISANCE CHECKLIST

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