MC Environmental, LLC

Environmental Services and Consulting
26 Railroad Avenue, No.182, Babylon, New York 11702-2216
631-321-4500 Fax 631-321-0190

Salvatore J Foresta
I.D.A. Cleaners
579 Kings Highway
Brooklyn, NY

February 15, 2017

Re: Workplan for Soil and Groundwater Sampling

Mr. Foresta,

We prepared this workplan you requested in response to a letter notice by the New York State Department of Environmental Conservation (NYSDEC) dated October 24, 2016. Briefly, NYSDEC has discovered volatile organic compounds (VOCs) in groundwater and soil vapor in the vicinity of your property and has requested you to further investigate. The NYSDEC letter does not state that your property has been positively identified as the source of VOCs which include tetrachloroethene (AKA perchloroethylene or PCE) a common dry cleaning solvent and there is another nearby dry cleaner that may be a source. The proposed site investigation is limited to collecting sufficient data to confirm whether your property is a source of dry cleaning solvent found in local soil and groundwater.

Scope of Services

NYSDEC provided some drawings and data tables that they believe implicate 579 Kings Highway and potentially other sources. We propose to collect a groundwater sample, a soil sample and two sub-slab soil vapor samples in the basement of your property and send these samples to a NY State approved laboratory for analysis. Because of access restrictions, we will have to use a special portable Geoprobe drill to install a small-diameter groundwater monitoring well and two soil vapor probes. The above scope is the minimum we believe to be necessary to show whether your property is implicated in the soil vapor and groundwater contamination cited by NYSDEC in their October 24 letter.

The scope of services and estimated cost is summarized below.

Site Inspection

MC Environmental, LLC (MCE) will meet with you at the site and inspect the basement where drilling and sampling will occur. Special attention will be paid to stairway and overhead access, utility locations and the basement slab condition. Based on the above, we will locate two soil vapor boring locations and one groundwater sampling location.

The soil vapor probes will likely be installed at opposite sides of the basement and the small-diameter monitoring well near the center.

Drilling and Monitoring Well / Vapor Probe Installation and Sampling

Laurel Environmental will use a portable Geoprobe to drill two soil vapor probes approximately 2 feet below the basement floor slab and these will be sealed into the concrete floor slab to exclude ambient air. We anticipate leaving the probes in place for possible re-sampling if needed to confirm soil vapor analytical results. Soil vapor sampling for TO-15 analysis will use a laboratory-supplied Suma Canister equipped with a flow control valve to enable sample collection in accordance with NYSDEC-approved procedures.

The same Geoprobe equipment will be used to drill a 1-inch diameter monitoring well that we anticipate will be about 12 feet deep based on an estimated 18 feet to groundwater from grade and an approximate 10-foot deep basement. The well will be made of flush-jointed PVC casing and will have a 3-foot machine slotted well screen. Commercial filter sand will be used to backfill the well screen.

The monitoring well will be developed by pumping at a low rate (1 gal./min.) to remove fine sand and silt as much as possible. The well will be purged of 3 – 5 standing water volume and a groundwater sample will be collected with a small-diameter bailer. Phoenix Laboratories, a NY State-approved lab will provide 40 ml. vials for water analyses and 2-oz. glass jars for soil analyses by EPA method 8260.

MCE will provide field oversight and sampling services in accordance with applicable sections of NYSDEC DER-10. A volatile organic vapor photoionization detector (PID) will be used to test borings, sample headspace and ambient air during the field work. All work will be conducted in accordance with the attached Health and Safety Plan.

Report Preparation

We anticipate receiving the following laboratory analyses soil vapor (Method TO-15) (2), groundwater (Method 8260) (1) and soil (Method 8260) (1) within about three weeks of sample collection. We will review the laboratory results and prepare a report covering the field work, vapor probe and well construction, sampling and our findings. We will submit the report to you for review and will forward a copy to NYSDEC at your direction.

Please review the workplan and call or e-mail me any questions.

Sincerely,

Michael J McEachern, CPG
President

Attachment

HEALTH AND SAFETY PLAN INTRODUCTION

IDA Cleaners ("Client") has requested that MC Environmental, LLC (MCE) conduct a limited soil vapor and groundwater investigation hereafter defined as "the work". This Health and Safety Plan (HASP) addresses potential project related physical and chemical hazards. This HASP covers procedures to minimize worker exposure using personal protective equipment (PPE) and safe work practices. This HASP is intended to comply with Occupational Safety and Health Administration (OSHA) regulation, Title 29, CFR, Part1910.120 (20CAR1910.120), "Hazardous Waste Operations and Emergency Response"(OSHA1989). This HASP is for use by MCE personnel, and for information to others having access to the site during the work. All others entering the work area or involved in the site operations, ownership, oversight, and monitoring, including regulators and public officials must be subject to their own HASP that meets the minimum requirements of Title 29, CFR Part 1910.120. Workers involved in other site activities, not related to the work as defined above, are not covered by this HASP, regardless of their affiliation.

DISCLAIMER

This site-specific HASP has been prepared by MCE for use during field operations on behalf of IDA Cleaners by MCE personnel for the duration of field work on the project known as 579 Kings Highway ("Site"). The HASP is not intended for nor authorized for use as a generic document by others, whether or not they are retained or associated with the project in any way. MCE takes no responsibility for use of this HASP in whole or in part by others, and MCE may revise, substitute or otherwise alter this HASP and its attachments at any time deemed appropriate to address changes in the work or in OSHA regulations.

RESPONSIBILITIES

Michael J. McEachern has been designated as the Site Safety Officer (SSO). He will be responsible for implementing this HASP. In the event that the SSO must leave the site while the work is in progress, an alternate SSO will be designated. The SSO will report all health and safety matters to the project staff that have responsibility for overseeing the planned activities.

SITE DESCRIPTION

The site is a currently vacant store front that was previously occupied by a dry cleaning store located on the first floor. A residential apartment is located on the second floor. Planned activites will be in the store basement storage area which was not used for dry cleaning operations.

PLANNED FIELD ACTIVITIES

The following is a brief description of the planned field work:

- Measuring and sampling groundwater from monitoring wells.

- Drilling small-diameter Geoprobe™ borings for soil vapor probes and groundwater monitoring wells
- Operating water-level and vapor monitoring field instruments
- Collecting air and vapor samples for laboratory analysis

HAZARD EVALUATION

Potential physical and chemical hazards that could arise during the work are described below.

- The physical hazards due to working near a Geoprobe drill rig
- Noise from motorized equipment, including percussion drilling tools
- Dermal contact and accidental ingestion of potentially contaminated liquids
- Slips and falls due to wet or uneven surfaces
- Inhalation of organic vapors

The chemical hazards that may be associated with this site are:

Exposure to volatile organic compounds (VOC) in vapors, soil and water samples. VOCs reportedly detected by others near the site include perchloroethylene (PCE), Trichloroethene (TCE) and gasoline-related BTEX compounds.

AIR MONITORING

A Photo Ionization Detector (PID) will be used to screen soil and water headspace and to monitor for VOCs in soil vapor samples and in ambient air. This instrument will be calibrated each morning before field use, and calibration records will be kept. If the PID indicates that VOCs exceed 5 parts per million (ppm) as benzene equivalent in the breathing zone (2 ft. – 5 ft. above ground level), the work will be stopped until VOC concentration have dropped to < 5 ppm, or PPE has been adopted to address a possible inhalation hazard.

LEVELS OF PROTECTION

Based on the available data will be performed in Level D protection. In the event that the established benzene action level is exceeded, the level of protection will be upgraded to Level C. The following is a description of the personal protective equipment required for each level:

Level D

- Hard hat (optional for all tasks except well drilling).
- Disposable coveralls (optional).
- Safety glasses, goggles, or face shield.
- Steel-toe and shank, chemical-resistant boots.
- Chemical-resistant gloves (optional except when handling soil or water).
- Hearing protection, NRR of 35 decibels (optional).

Level C Same as Level D plus:

- Full face air purifying respirator equipped with organic vapor cartridges.

SITE CONTROL

Prior to the start of the field activities, the SSO will be responsible for the designation of the work zone, plus support and clean zones (if applicable). The work zone will be an area surrounding the immediate work being performed, where the greatest potential hazards exist. Only the necessary workers required to perform the work will be permitted in this zone. A support zone will be established for the storage of equipment

EQUIPMENT DECONTAMINATION

The drill casings, samplers, tools, rig and any piece of equipment that comes in contact (directly or indirectly) with the earth will be steam cleaned or pressure-washed before starting the work. Equipment will be decontaminated between each boring and before leaving the site. Drill cuttings, purge water and other potentially contaminated materials will be retained in 55-gallon drums and kept onsite pending laboratory analysis to determine proper disposal.

FIELD SAFETY OPERATIONS

Tailgate Safety Meeting

A tailgate safety meeting will be held each day to discuss the associated hazards. Attendees will be noted on the Tailgate Safety Meeting Form (Attachment 2). Items to be covered in the Tailgate Safety Meeting will include but not be limited to the following:

- All utilities and structures will be cleared and marked out prior to the start of any ground intrusive work. Attachment 4 will be used to record this information.

- The SSO will inform all subcontractors of the potential hazards associated with the site and the planned field activities. A copy of the HASP will be made available for their review.

- No eating, drinking, or smoking will be permitted in the work and support zones.

- No sources of ignition will be permitted in the work and support zones.

- Calls for help will be made via the cellular phone.

- The buddy system will be used in the work zone.

- During hazardous weather conditions, such as lightning and thunder storms, work will cease immediately.

Emergency Plan

Field communication should not be a problem since all tasks will be performed in Level D protection. If the action level is exceeded and personnel are upgraded to Level C protection, verbal communications may be impeded. A universal set of hand signals will then be used as follows:

Hand gripping throat:	Can't breathe.
Grip partner's wrist or place hands around waist:	Leave work area immediately.
Hand on top of head:	Need assistance.
Thumbs up:	Ok, I'm all right.
Thumbs down:	No, negative.

Communications onsite and from the site will be by cellular telephone or two-way radio. Before stating the work, the 911 emergency switchboard location will be verified as the responding agency closest to the site, since cellular 911 calls may sometimes be routed unpredictably in overlapping cell system areas.

All injuries and illnesses will be reported to the SSO. If medical attention is needed, the injured worker will be decontaminated, if possible, prior to leaving the site. The SSO may stop the work, will investigate the accident, and take corrective measures, if needed, before resuming the work. The SSO will complete the accident reporting form, OSHA 101, attached to this HASP for all injuries. The completed OSHA 101 (Attachment 3) should be forwarded to the office health and

safety manager within six days for recording into the OSHA 200 log. In case of a fatality, or if five or more workers are hospitalized in a single incident, the SSO will contact the office health and safety manager immediately for OSHA reporting purposes.

Emergency contact information and telephone numbers are given on the next page.

EMERGENCY TELEPHONE NUMBERS/ EMERGENCY MEDICAL CARE

Agency	Contact	Phone Number
Fire Department		911
Ambulance		911
Police		911
Hospital		
Client Contact	Salvatore Foresta	(917) 658-1861
MC Environmental (Site Safety Officer)	Michael J. McEachern	(631) 321-4500*Office* (516) 242-4981 *Cell*
MC Environmental (Corporate)	Michael J. McEachern President	(631) 321-4500 *Office* (516) 242-4981 *Cell*
Regulatory (State)	NYSDEC (24-Hour Hotline)	800 457-7362
Regulatory (Regional EPA)	New York, New York	(212) 264-2525
Regulatory (Reg. OSHA)	Avenel, New Jersey	(908) 750-2270
CHEMTREC		(800) 424-9900
USEPA	Environmental Response	(908) 821-8660
Poison Information Center **Directions** **Left from 759 Kings Hwy**	Long Island Poison Control Center **To Nearest** **Continue for Approx. 1.5 miles** **Between Bedford Ave. And E. 26th Street**	(800) 222-1222 **Hospital** **Left into New York Community Hospital** **(718) 692-5300**

ATTACHMENT 1

SITE VISITORS LOG

SITE VISITORS LOG

THE UNDERSIGNED VISITORS REQUIRE ENTRANCE TO THE SITE AND HAVE THOROUGHLY READ THE HEALTH AND SAFETY PLANS. I UNDERSTAND THE POTENTIAL HAZARDS AT THE SITE AND THE PROCEDURES TO MINIMIZE EXPOSURE TO THE HAZARDS, WILL FOLLOW THE DIRECTION OF THE SITE HEALTH AND SAFETY MANAGER, AND WILL ABIDE BY THE HEALTH AND SAFETY PLAN.

NAME	COMPANY	DATE	SIGNATURE

ATTACHMENT 2

TAILGATE SAFETY MEETING FORM

TAILGATE SAFETY MEETING

Prepared by _____ _____

Client _____ Project _____

Date _____ Work Location_____
Work Location _____
Type of Work to be done _____

SAFETY TOPICS PRESENTED

Chemical Hazards _____
Physical Hazards / Underground Utilities _____
Protective Clothing / Equipment _____
Special Equipment _____Emergency
Procedures _____

Hospital/Clinic _____Phone _____
Address _____
Paramedic _____ Phone _____
Police Dept. _____Phone _____ _____
Other (HAZMAT, etc.) _____ Phone_____ _____

ATTENDEES

NAME PRINTED	SIGNATURE

ATTACHMENT 3

ACCIDENT REPORTING FORM, OSHA 301

OSHA's Form 301
Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary,* these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (_____)_____–_____ **Date** ____/____/____

Information about the employee

1) **Full name** _____

2) **Street** _____

City _____ **State** _____ **ZIP** _____

3) **Date of birth** ____/____/____

4) **Date hired** ____/____/____

5) ☐ **Male**
☐ **Female**

Information about the physician or other health care professional

6) **Name of physician or other health care professional** _____

_____

7) **If treatment was given away from the worksite, where was it given?**

Facility _____

Street _____

City _____ **State** _____ **ZIP** _____

8) **Was employee treated in an emergency room?**
☐ **Yes**
☐ **No**

9) **Was employee hospitalized overnight as an in-patient?**
☐ **Yes**
☐ **No**

Information about the case

10) **Case number from the *Log*** _____ *(Transfer the case number from the Log after you record the case.)*

11) **Date of injury or illness** ____/____/____

12) **Time employee began work** _____ **AM / PM**

13) **Time of event** _____ **AM / PM** ☐ **Check if time cannot be determined**

14) ***What was the employee doing just before the incident occurred?*** **Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.** ***Examples:*** **"climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."**

15) ***What happened?*** **Tell us how the injury occurred.** ***Examples:*** **"When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."**

16) ***What was the injury or illness?*** **Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore."** ***Examples:*** **"strained back"; "chemical burn, hand"; "carpal tunnel syndrome."**

17) ***What object or substance directly harmed the employee?*** ***Examples:*** **"concrete floor"; "chlorine"; "radial arm saw."** ***If this question does not apply to the incident, leave it blank.***

18) ***If the employee died, when did death occur?*** **Date of death** ____/____/____