


**DAILY INSPECTION REPORT**Report No. **Former Charlton Cleaners- NYSDEC Site No. 243019**

Date: 7/18/24

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		<b>NYSDEC Contract No.</b>  Superintendent: NYSDEC PM: Meghan Medwid Consultant PM: Jessica Beattie Consultant Site Inspectors: Jordan Ober	
<b>Site Location: Charlton Cleaners 1465 Forest Ave. Staten Island, NY</b>							
<b>Weather Conditions</b>							
<b>General Description</b>	Clear	AM	Clear	PM			
<b>Temperature</b>	83 degrees	AM	87 degrees	PM			
<b>Wind</b>	1 MPH SE	AM	1 MPH S	PM			
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No x	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No x	NA
Were there any nuisance issues reported/observed on this date?					*Yes	No x	NA
<b>Health &amp; Safety Comments</b> - Discussed slip trip and fall hazards while bringing equipment down to the basement							
<b>Summary of Work Performed</b>		Arrived at site:	6:30	Departed Site:	14:00		
<ul style="list-style-type: none"><li>CDM and EAR arrived onsite at 6:30 AM and performed quick H&amp;S discussion. NYSDEC was on-site at 7:00 AM.</li><li>EAR delivered the VPGAC and LPGAC drums.</li><li>EAR connected the piping network for both the VPGAC and LPGAC drums.</li><li>Two vapor pins were successfully installed.<ul style="list-style-type: none"><li>Five vapor pins were drilled, but water was encountered immediately below the slab at three of the locations and could not be used.</li><li>Hydraulic cement was used to seal the three locations that encountered water</li></ul></li><li>All supplies were taken out of basement and all personal were off site by 14:00 PM.</li></ul>							
<b>Equipment/Material Tracking</b> <b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>							
Were there any vehicles which did not display proper D.O.T numbers and placards?					Yes	No	NA x
Were there any vehicles which were not tarped?					Yes	No	NA x
Were there any vehicles which were not decontaminated prior to exiting the work site?					Yes	No	NA x
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>	<b>Total Hours</b>		
Jordan Ober		CDM Smith		Engineer	7.5		
Meghan Medwid		NYSDEC		Engineer	7		
Pete Lombardo		EAR		Field tech.	7.5		
Tom		EAR		Field tech	7.5		
Blake		EAR		Field tech	7.5		
Joe		EAR		Field tech	7.5		
		EAR		Field tech	7.5		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>	<b>Imported/D elivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>		<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (lbs)*</b>
Two 55-gallon drums of VPGAC	Imported		NA		Carbtrol Air Purification Canisters (VP G-123)		200 lbs
Two 55-gallon drums of LPGAC	Imported		NA		Carbtrol Water Purification Canisters (L-1)		200 lbs
<b>Visitors to Site: None</b>							



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Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
Jordan Ober	CDM Smith		
<b>Project Schedule Comments</b>			
<ul style="list-style-type: none"><li>CDM and EAR to return to site to continue work on August 19<sup>th</sup> unless EAR is available sooner.</li></ul>			
<b>Issues Pending</b>			
<ul style="list-style-type: none"><li>Sealing the sumps.</li><li>Repair the 2 monitoring wells.</li><li>Select three new vapor pin locations after the GPR.</li><li>Finish connecting the remaining pipe.</li><li>Hook up the blower.</li><li>Removal of staged waste carbon drums</li></ul>			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
N/A			

Site Photographs (Descriptions Below)	
	
Photo 1: VPGAC system	Photo 2: LPGAC system

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Photo 3: Vapor pin



Photo 4: Sealed drilled area after hitting GW



Photo 5: Example of water at drilled vapor pin location

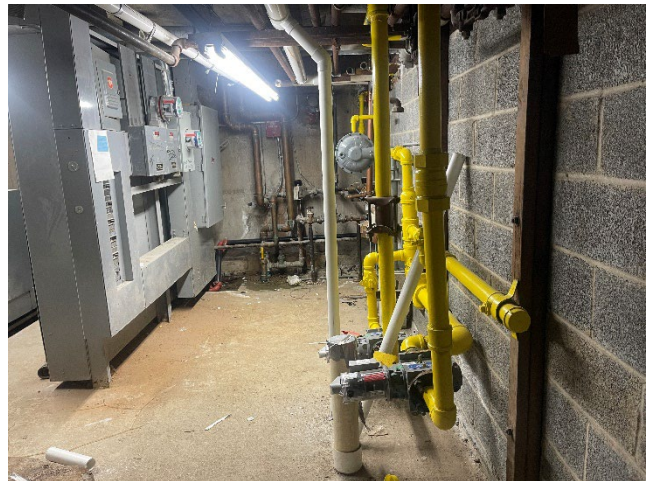


Photo 6: Piping that needs to be finished

## Comments

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Site Inspector(s): Jordan Ober	Date: 7/18/24
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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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

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**NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input 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 type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was turbidity checked at the outfall(s)?	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>           			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

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Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			