


DAILY INSPECTION REPORT

Report No. Former Charlton Cleaners- NYSDEC Site No. 243019

Date: 09/06/24

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation	NYSDEC Contract No. Superintendent: NYSDEC PM: Heidi Dudek Consultant PM: Jessica Beattie Consultant Site Inspectors: Thomas Palen
Site Location: Charlton Cleaners 1465 Forest Ave. Staten Island, NY			
Weather Conditions			
General Description	Clear	AM	Clear
Temperature	68 degrees	AM	77 degrees
Wind	1 MPH SE	AM	1 MPH S

Health & Safety			
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".			
Were there any changes to the Health & Safety Plan?	*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No <input checked="" type="checkbox"/>	NA
Were there any nuisance issues reported/observed on this date?	*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments			
- Stayed aware of slip trip and fall hazards while bringing equipment down to the basement - Discussed hazards while doing electrical work			

Summary of Work Performed	Arrived at site:	7:00	Departed Site:	14:30
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- CDM and EAR arrived on site at 7:00 am
- Discussed Health and safety topics as well as general scope of work document that was provided by CDM Smith
- EAR installed the control panel and completed wiring for the Vapor extraction system
- EAR completed the sealing of the sump lids using a rubber sealer and bolting down the plastic lid over top of it
- Ground water system began passing through the LPGAC and CDM monitored the system through out the day. Pressure into the lead vessel was 5 PSI and into the secondary vessel was 5 PSI.
- CDM continuously manually degassed the piping network into the carbon to avoid any build ups in the piping. Pressures stayed consistent throughout the day
- EAR completed the hosing of the SVE system
- EAR installed final sampling points
- SVE system was tested. The blower may not run for very long. The overload tripped a couple of times because the amps were higher than expected. It is an older blower and may be reaching the end of its life.
- The system was run for about 1.5 hours and at that time the vacuum observed was -9 in/Hg with all SVE points open. With the two sumps valved closed and the new extraction points the system had a vacuum of -13 in/Hg. With only the two sumps open the vacuum was -10 in/Hg
- The system produced an air pressure of 28 in. of water into the lead vapor carbon vessel. The blower produced very hot air and had large amount air flow noted.
- The blower was deemed to be not in a working condition enough to leave operating without personnel on site.
- The site was cleaned and no equipment was left behind
- All personnel was off site by 14:30

Equipment/Material Tracking			
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".			
Were there any vehicles which did not display proper D.O.T numbers and placards?	Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not tarped?	Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?	Yes	No	NA <input checked="" type="checkbox"/>

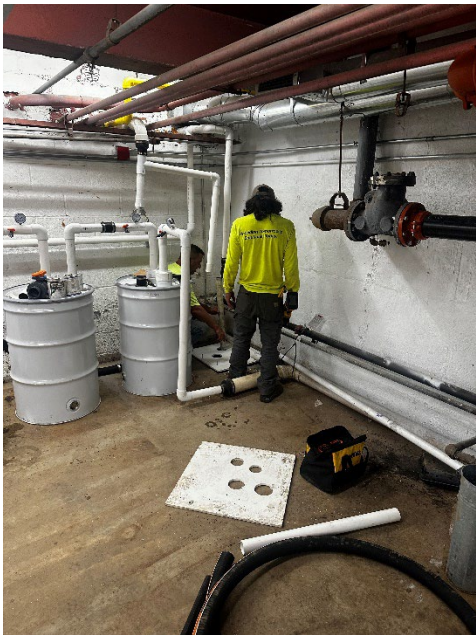
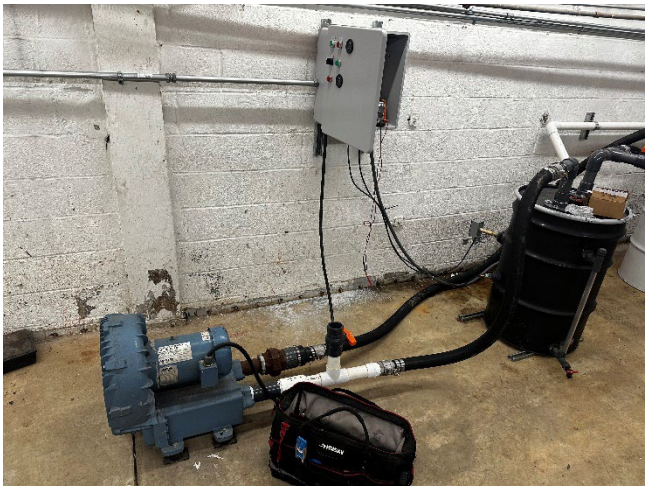
Personnel and Equipment						
Individual	Company		Trade	Total Hours		
Thomas Palen	CDM Smith		Engineer	7.5		
Pete	EAR		Field Tech	7.5		
Blake	EAR		Field Tech	6.5		
Tom	EAR		Field Tech	6.5		
Equipment Description		Contractor/Vendor		Quantity	Used	
Material Description	Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weigh

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Visitors to Site: None						
Name		Representing		Entered Exclusion/CRZ Zone		
				Yes	No	
Site Representatives						
Name			Representing			
Thomas Palen			CDM Smith			
Project Schedule Comments						
<ul style="list-style-type: none"> • CDM and EAR to continue site work 						
Issues Pending						
<ul style="list-style-type: none"> • Purchase/Installation of new sump pump, globe valve, and flow totalizer 						
Interaction with Public, Property Owners, Media, etc.						

Site Photographs (Descriptions Below)	
	
Photo 1: Secondary sump lid being installed	Photo 2: Final wiring and setup of the SVE system being done

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Photo 3: Final set up of the SVE system




Photo 4: Secondary Sump lid

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Photo 5: Main sump lid	

Comments	
Site Inspector(s): Thomas Palen	Date: 09/06/24

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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"/>
<p>If Yes to <u>any</u> of 1-4 above:</p> <ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Comments:

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"/>

Comments:

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"/>

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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"/>
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> 			