

Operation, Maintenance & Monitoring Checklist

Groundwater Treatment System
NYSDEC SSP/NOW Corporation Site
Town of Clinton, New York

This summary inspection checklist is to be completed during each site inspection. Note all items which require repair or maintenance. Use the last page to note any additional comments or usual events.

General:

Service by: PS (PES) Weather/Temperature: Sunny 46-50 °F
Date: 5-13-20 Arrival Time: 0700 Departure Time: 1330
Reason for Service: Routine System O and M / Sample

Inspection Items:

OK: Comments:

Site Appearance/Condition	<input checked="" type="checkbox"/>	<u>Need to be worked around building/performed 5-13-20</u>
<u>Building Exterior</u>		
Entry Door	<input checked="" type="checkbox"/>	
Overhead Door	<input checked="" type="checkbox"/>	
Propane Tank	<u>20 %</u> <input checked="" type="checkbox"/>	
<u>Building Interior</u>		
Indication of Spills or Leaks	<input checked="" type="checkbox"/>	
Building Heater	<input checked="" type="checkbox"/>	
Phone System	<input checked="" type="checkbox"/>	
Exhaust Fan	<input checked="" type="checkbox"/>	
Fire Extinguisher	<input checked="" type="checkbox"/>	
Floor Sump Pump	<input checked="" type="checkbox"/>	
<u>Groundwater Treatment System</u>		
Air Stripper (T-101)	<input checked="" type="checkbox"/>	
Settling Tank (T-201)	<input checked="" type="checkbox"/>	
Main Effluent Pump (P-201)	<input checked="" type="checkbox"/>	
Stripper Blower (BL-101)	<input checked="" type="checkbox"/>	
Indication of Alarm	<input checked="" type="checkbox"/>	<u>NONE</u>

Groundwater Treatment Wells

TW-1 Pump	(P-101)	✓	
TW-1 Transducer	(PE-1)	✓	
TW-1 Flow Meter	(FE-1)	✓	
TW-2A Pump	(P-102)	✓	
TW-2A Transducer	(PE-2)	✓	
TW-2A Flow Meter	(FE-2)	✓	
TW-3 Pump	(P-103)	-	Not Running per AECOM/turn
TW-3 Transducer	(PE-3)	-	on to sample
TW-3 Flow Meter	(FE-3)	-	

Instrumentation/Readings:

TW-1

Pumping Rate	(FE-1)	<u>7</u>	GPM
Water Level Above Transducer	(PE-1)	<u>15.26</u>	feet
Flow Meter Reading	(FE-1)	<u>9369973.3</u>	gallons CP <u>T520933</u>
Pump Pressure		<u>4</u>	psi

TW-2A

Pumping Rate	(FE-2)	<u>14</u>	GPM
Water Level Above Transducer	(PE-2)	<u>21.25</u>	feet
Flow Meter Reading	(FE-2)	<u>2154803.3</u>	gallons CP <u>20760578</u>
Pump Pressure		<u>9</u>	psi

TW-3 → when turned on to manual

Pumping Rate	(FE-3)	<u>2</u>	GPM
Water Level Above Transducer	(PE-3)	<u>80.20</u>	feet
Flow Meter Reading	(FE-3)	<u>6982817.7</u>	gallons CP <u>25039106</u>
Pump Pressure		<u>4</u>	psi

Air Stripper

Stripper Blower Pressure		<u>11.5</u>	inches H ₂ O
Air Temperature in Stripper		<u>52</u>	°F
Pressure/Vacuum on the Stripper		<u>12</u>	inches H ₂ O

Effluent Flow

Total System Meter Reading	(FE-4)	<u>19784228</u>	gallons GPM <u>43.7</u>
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Measured from TOC

Water Levels

Well ID	Water Level
MW-1	<u>10.70</u> ft b.m.p.
MW-2	<u>26.45</u> ft b.m.p.
MW-3	<u>24.80</u> ft b.m.p.
MW-3S	<u>22.77</u> ft b.m.p.
MW-4	<u>21.36</u> ft b.m.p.
MW-4D	<u>21.20</u> ft b.m.p.
MW-5	<u>18.45</u> ft b.m.p.
MW-6S	<u>4.95</u> ft b.m.p.
MW-6D	<u>7.66</u> ft b.m.p.

Well ID	Water Level
MW-7S	<u>14.55</u> ft b.m.p.
MW-7D	<u>35.35</u> ft b.m.p.
OW-1	<u>43.99</u> ft b.m.p.
OW-2	<u>66.15</u> ft b.m.p.
OW-6	<u>5.55</u> ft b.m.p.
IW-1	<u>27.21</u> ft b.m.p.
IW-2	<u>35.45</u> ft b.m.p.

Additional Wells (optional)

MW-8	_____ ft b.m.p.
MW-9	_____ ft b.m.p.
MW-10	_____ ft b.m.p.
MW-11	_____ ft b.m.p.
MW-10	_____ ft b.m.p.

TW-2A	_____ ft b.m.p.
OW-3	<u>75.75</u> 38.02 ft b.m.p.
OW-4	<u>38.02</u> ft b.m.p.
OW-5	<u>44.28</u> ft b.m.p.

Influent/Effluent Sampling

On a monthly basis, samples of the system influent and effluent must be collected and submitted for the following analyses:

- VOAs by EPA 8260
- Metals (Al, As, Ba, Cr, Cu, Fe, Mn, Hg, Ni, Zn)
- TDS
- TSS
- O&G
- Cyanide

pH measurements must be made in the field:

Influent pH 7.4

Effluent pH 7.8

Notes/Explanations

(Please include any additional information on those items which require attention as indicated above.)

- Weed washed around building
- Cleaned inside of building
- Sampled system
- Put up COVID posters
- Graded site walks

Chain of Custody Record



Environmental Testing
 Testing Methods

Client Information Client Contact: <u>Mr. Patrick Skolowski</u> Phone: <u>518-825-4359</u> Company: <u>John Johnson</u> Precision Environmental Services Inc.		Sampler: <u>Patrick Skolowski</u> Lab P/N: <u>Stone, Judy L</u> E-Mail: <u>judy.stone@testamerica.com</u>		Carrier Tracking No(s): COC No: <u>480-144701-32222.1</u> Page: <u>Page 1 of 1</u> Job #:	
Address: <u>831 State Route 67 Ste 38</u> City: <u>Ballston Spa</u> State: <u>NY</u> Zip: <u>12020</u> Phone: <u>518-402-9625(Tel)</u> Email: <u>patrick.skolowski@precisioninc.com</u> Project Name: <u>Johnson - Expansion</u> NOW Corp. 314008 Site:		Analysis Requested Due Date Requested: TAT Requested (days): <u>Standard (10-day)</u> PO #: <u>Callout 138003</u> WO #: <u>48021886</u> Project #: <u>SSOW#:</u>			
Sample Identification Sample Name: <u>TW-1 051320</u> <u>TW-2A 051320</u> <u>TW-3 051320</u> <u>Influent 051320</u> <u>Effluent 051320</u> <u>Trip Blank</u>		Sample Date: <u>5-13-20</u> <u>12-25</u> <u>12-30</u> <u>12-20</u> <u>12-35</u> <u>-</u> <u>-</u>	Sample Time: <u>1215</u> <u>1225</u> <u>1230</u> <u>1220</u> <u>1235</u> <u>-</u> <u>-</u>	Sample Type (C=Comp, G=grab): <u>Grab</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>	Matrix (Liquid, Solid, Organic, Inorganic, BT-Tissue, Ash): <u>Water</u> <u>Water</u> <u>Water</u> <u>Water</u> <u>Water</u> <u>Water</u> <u>Water</u>
Field Filtered Sample (Yes or No) <input checked="" type="checkbox"/> <u>Yes</u> Perform MS/MSD (Yes or No) <input checked="" type="checkbox"/> <u>Yes</u> 8260C - TCL list VOCs <input checked="" type="checkbox"/> <u>Yes</u> 5010C, 7470A <input checked="" type="checkbox"/> <u>Yes</u> 2640D - TSS <input checked="" type="checkbox"/> <u>Yes</u> 2640C - Coloid - TDS <input checked="" type="checkbox"/> <u>Yes</u> 9012B - Cyanide <input checked="" type="checkbox"/> <u>Yes</u> 1664B - Oil & Grease <input checked="" type="checkbox"/> <u>Yes</u>		Total Number of Containers: <u>3</u> Special Instructions/Note: <u>3 Metals</u> <u>Al, As, Be, Cr, Cu,</u> <u>Fe, Mn, Hg, Zn, Ni</u>			
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Radiological Deliverable Requested: I, II, III, IV, Other (specify)		Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months Special Instructions/QC Requirements: <u>Report to Linda Mitchell</u>			
Relinquished by: <u>Patrick Skolowski</u> Date/Time: <u>5/13/20 1515</u> Relinquished by: _____ Date/Time: _____ Relinquished by: _____ Date/Time: _____		Received by: <u>John Johnson</u> Date/Time: <u>5/13/20 1515</u> Received by: _____ Date/Time: _____ Received by: _____ Date/Time: _____			
Custody Seals Intact: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Custody Seal No.:		Cooler Temperature(s) °C and Other Remarks:			

Report No.

(Site Name) - NYSDEC Site No. 314048

Date: 5-13-20

NYSDEC
Division of Environmental Remediation



**Department of
Environmental
Conservation**



**NYSDEC Contract No.
D011107**

Site Location: ~~West Islip, New York~~ Clinton, NY

Superintendent:

NYSDEC PM: *Payson Long*

Consultant PM:

Consultant Site Inspectors:

Pat Sokolowski

Weather Conditions

General Description	Sunny	AM	Sunny	PM
Temperature	40s	AM	60	PM
Wind	NONE	AM	NONE	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

Summary of Work Performed

Arrived at site:

0900

Departed Site:

1330

- System check and sample
- Put up COVID-19 Posters
- Weed Waxed glass around System building
- Cleaned system building

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

[illegible]Department of
Environmental
Conservation

Report No. (Site Name) - NYSDEC Site No. 314008 Date: 5-13-20

Report No. (Site Name) - NYSDEC Site No. 314008 Date: 5-13-20

[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. 314008 Date: 5-13-20

Visitors to Site

NONE

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.

NONE

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 314008 Date: 5-13-20

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. 314008 Date: 5-13-20

Page 5 of 9

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No. 314008 Date: 5-13-20

Page 6 of 9

Site Photographs (Descriptions Below)

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No. 314008

Date: 5-13-20

Page 7 of 9

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DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. ~~4~~ 314008 Date: 5-13-20

Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" 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"/>
<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"/>
Comments:		

Report No. _____ (Site Name) - NYSDEC Site No. 314008 Date: 5-13-20

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 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>			