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) Weath	ner/Temperature: Sunny 64°F
Date: 6-17-20 Arrival Time: 0	Departure Time: 1230
Reason for Service Rostine Sistem	and M/ Sample
	a war war and a war a
Inspection Items:	OK: Comments:
Site Appearance/Condition	Need to be used nacked / Performed 6-17-20
Building Exterior	
Entry Door	
Overhead Door	
Propane Tank%	
Building Interior	
Indication of Spills or Leaks	
Building Heater	<u> </u>
Phone System	
Exhaust Fan	
Fire Extinguisher	V
Floor Sump Pump	
Groundwater Treatment System	
Air Stripper (T-101)	
Settling Tank (T-201)	
Main Effluent Pump (P-201)	
Stripper Blower (BL-101)	
Indication of Alarm	NONE

	Groundwater Treatment	Wells			
	TW-1 Pump	(P-101)	<u> </u>		
	TW-1 Transducer	(PE-1)	5		
	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)		FF - Per ARCOM/L	a or to emple
	TW-3 Transducer	(PE-3)			
	TW-3 Flow Meter	(FE-3)			<u> </u>
					
	Instrumentation/Reading	<u>'S:</u>			
	TW-I				
	Pumping Rate		(FE-1)	7 GPM	
	Water Level Above Tran	sducer	(PE-1)		
	Flow Meter Reading		(FE-1)	9374280. I gallons	cpT525242
	Pump Pressure			<u>4</u> psi	
	TW-2A	••			
	Pumping Rate		(FE-2)	<u>/4</u> GPM	
	Water Level Above Tran	sducer	(PE-2)	24.80 feet	
	Flow Meter Reading		(FE-2)	2466209.9 gallons	CD 21074482
	Pump Pressure			psi	
	TW-3 - when there	l as to come	ual .	_	
	Pumping Rate		(FE-3)	GPM	
	Water Level Above Tran	sducer	(PE-3)	81.17 feet	
	Flow Meter Reading		(FE-3)	6982854.8 gallons	CD 25839142
	Pump Pressure			psi	·
	Air Stripper		3	14	
	Stripper Blower Pressure			inches H	2O
50	Air Temperature in Stripp	per .		<u>54</u> °F	
-	Pressure/Vacuum on the	Stripper		inches H	2O
- 1:	Effluent Flow	• •			
	Total System Meter Rea	iding (FI	E-4) 2	0032179 gallo	ns GPM 42. 16
	*	5 (*-	,		

Water Levels Water Level Well ID Well ID Water Level MW-1 ft b.m.p. MW-7S ft b.m.p. ft b.m.p. MW-2 ft b.m.p. MW-7D MW-3 ft b.m.p. OW-1 ft b.m.p. MW-3S ft b.m.p. OW-2 ft b.m.p. MW-4 ft b.m.p. OW-6 ft b.m.p. MW-4D ft b.m.p. IW-1 ft b.m.p. MW-5 ft b.m.p. fi b.m.p. IW-2 MW-6S ft b.m.p. MW-6D ft b.m.p. Additional Wells (optional) ft b.m.p. ft b.m.p. MW-8 TW-2A ft b.m.p. MW-9 OW-3 ft b.m.p.

OW-4

OW-5

ft b.m.p.

ft b.m.p.

ft b.m.p.

ft b.m.p.

ft b.m.p.

MW-10

MW-II

MW-10

Influent/Effluent Sampling

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

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

pH measurements must be made in the field:

Influent pH 7.2

Effluent pH 7.8

Notes/Explanations	
(Please include any additional information on those items which requi	re attention as indicated above.)
	r
- Weed wacked	
- Weed wacked - Cleaned - Sampled System	
- Sampled System	
	

Report No. (Site Name) - NYSDEC Site No.31408 Date: 6-17-20

Now Corp. **NYSDEC** Department of Environmental Conservation NYSDEC Contract No. Division of Environmental Remediation D011107 Site Location: West Islip, New York Clinton Superintendent: NYSDEC PM: Payson Long **Weather Conditions** General Description AM Consultant PM: PM Temperature AM Consultant Site Inspectors: PM Wind AM Pat Sakelowski (PES) **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 Were there any exceedances of the perimeter air monitoring reported on this date? No NA *Yes Were there any nuisance issues reported/observed on this date? No NA *Yes No NA **Health & Safety Comments** NONE **Summary of Work Performed** Arrived at site: 0800 Departed Site: 1230 - System check and sample - weed washed **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? 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 *Yes No Personnel and Equipment NA Individual Company Trade Patrick Sokolowski Total Hours Precision Teck 4,5 choke



Report No. (Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

	iption	 	Contractor/Vendor		Quantity		Used
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	Imported/				 -		
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or D	isposal plicable)	Daily Loads	Daily Weight
Material Description	Delivered	Exported off Site		Source or D	isposal plicable)	Daily Loads	Daily Weigh (tons)
Material Description	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
Material Description	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weight (tons)*
	Delivered to Site		(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
	Delivered to Site		(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
Site scale for off-site shipm	Delivered to Site	cket for material	(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
	Delivered to Site	cket for material	(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
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Site scale for off-site shipm	Delivered to Site	cket for material	(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)

Report No. (Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

Visitors to Site				
NONE				
Name		Representing	F	
				Exclusion/CRZ
			Yes	No
				No
			Yes	No
		and the same of th	Yes	No
		- The state of the	Yes	No
				No
			Yes	No
			Yes	No
ite Representatives			Yes	No
ame		Representing		
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	Tilera, Media, etc			
				
AL.				
NONE				
NONE				



DAILY INSPECTION REPORT

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(Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

Now Corp.

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



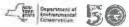
Date: 6-17-20

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

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DAILY INSPECTION REPORT
Report No. (Site Name) - NYSDEC Site No.314008 Date: 6-17-26 Now Corp.

	Site Photographs (Descriptions Below)	
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DAILY INSPECTION REPORT Report No. (Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

Page **7** of **9** Now Cosp Comments Site Inspector(s): Date:



(Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

Now Corp.

DAILY HEALTH CHECKLIST

Is the tail gate safety meeting held outdoors? Are remote/call in job meetings being held in lieu of meeting in person where possible? Were personal protective gloves, masks, and eye protection being used? Are sanitizing wipes, wash stations or spray available? 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)?	Is social distancing being practiced?	Yes □	No 🗆	N
Are remote/call in job meetings being held in lieu of meeting in person where possible? Were personal protective gloves, masks, and eye protection being used? Are sanitizing wipes, wash stations or spray available? 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)?	Is the tail gate safety meeting held outdoors?		+	NA
Were personal protective gloves, masks, and eye protection being used? Are sanitizing wipes, wash stations or spray available? 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)?	Are remote/call in job meetings being held in lieu of meeting in person where possible?			-
Are sanitizing wipes, wash stations or spray available? 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 No	Were personal protective gloves, masks, and eye protection being used?		+	\dashv
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)?	Are sanitizing wipes, wash stations or spray available?	+	 	1
	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)?			1
Comments:	Comments:		<u> </u>	1

REMEDIAL ACTIVITIES AT PROPERTIES

1.	. Have anyone at this location been tested and confirmed to have	Yes 🗆	No Mo
	COVID-19?	Tes 🗆	No
	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🛴
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗖
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 💆
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes	No □
If Yes	to any of 1-4 above:	 	
	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 □	No □
Comme	ents:		

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	7~	T	
Were there any odors detected on this date?	Yes □	No 🗆	N/AK
Was noise outside specification and/or above background on this date?	Yes □	_No □	N/AK)
Were vibration readings outside specification and on this date?	Yes □	No 🗆	N/AK
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/AM
Any visible dust observed beyond the work perimeter on this date?	\	 	
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🗆	N/AIX
Was turbidity checked at the Montauk Highway outfall?	Yes 🗆	No □	N/A🕎
Were any property owners NOT provided education	_AM □	PM 🗆	N/A
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No □	N/AI
Was the temporary fabric structure closed at the end of the day?	Von 🗆	 -	
Has Contractor failed to protect all foundations and atrustures a time to	Yes 🗆	No □	N/Ali
connected with performance of the Work?	Yes □	No □	N/AM
If yes, has Contractor been notified?	- 		
Comments:	Yes □	No □	N/A.