

## 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, 64°F  
 Date: 6-17-20 Arrival Time: 0800 Departure Time: 1230  
 Reason for Service Routine System Check n/ Sample

Inspection Items:

OK: Comments:

Site Appearance/Condition	<input checked="" type="checkbox"/>	<u>Used to be used tracked / Performed 6-17-20</u>
<i>Building Exterior</i>		
Entry Door	<input checked="" type="checkbox"/>	_____
Overhead Door	<input checked="" type="checkbox"/>	_____
Propane Tank	<input checked="" type="checkbox"/> %	_____
<i>Building Interior</i>		
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"/>	_____
<i>Groundwater Treatment System</i>		
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)	-	OFF - Per ARCOM/turn on to sample
TW-3 Transducer	(PE-3)	✓	
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>15.09</u>	feet
Flow Meter Reading	(FE-1)	<u>9374280.1</u>	gallons CP <u>T525242</u>
Pump Pressure		<u>4</u>	psi

*TW-2A*

Pumping Rate	(FE-2)	<u>14</u>	GPM
Water Level Above Transducer	(PE-2)	<u>24.80</u>	feet
Flow Meter Reading	(FE-2)	<u>2466209.9</u>	gallons CP <u>21074482</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>81.17</u>	feet
Flow Meter Reading	(FE-3)	<u>6982854.8</u>	gallons CP <u>25839142</u>
Pump Pressure		<u>4</u>	psi

*Air Stripper*

Stripper Blower Pressure	<u>14</u>	inches H <sub>2</sub> O
Air Temperature in Stripper	<u>54</u>	°F
Pressure/Vacuum on the Stripper	<u>13</u>	inches H <sub>2</sub> O

*Effluent Flow*

Total System Meter Reading	(FE-4)	<u>20032179</u>	gallons	GPM <u>42.6</u>
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*Water Levels*

Well ID	Water Level
MW-1	_____ ft b.m.p.
MW-2	_____ ft b.m.p.
MW-3	_____ ft b.m.p.
MW-3S	_____ ft b.m.p.
MW-4	_____ ft b.m.p.
MW-4D	_____ ft b.m.p.
MW-5	_____ ft b.m.p.
MW-6S	_____ ft b.m.p.
MW-6D	_____ ft b.m.p.

Well ID	Water Level
MW-7S	_____ ft b.m.p.
MW-7D	_____ ft b.m.p.
OW-1	_____ ft b.m.p.
OW-2	_____ ft b.m.p.
OW-6	_____ ft b.m.p.
IW-1	_____ ft b.m.p.
IW-2	_____ 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	_____ ft b.m.p.
OW-4	_____ ft b.m.p.
OW-5	_____ 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 7.2

Effluent pH 7.8

Notes/Explanations

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

- Weed wacked

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- Cleaned

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- Sampled System

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DAILY INSPECTION REPORT

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

Date: 6-17-20

*Now Corp.*

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



**DAILY INSPECTION REPORT**

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

DAILY INSPECTION REPORT

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

Date: 6-17-20

*Now Corp.*

Site Photographs (Descriptions Below)


# DAILY INSPECTION REPORT

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

Date: 6-17-20

New Corp.

<b>Comments</b>	
<b>Site Inspector(s):</b>	
<b>Date:</b>	

**DAILY INSPECTION REPORT**

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

Now Corp.

**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"/>	
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"/>	NA <input checked="" 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 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"> <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>		

# DAILY INSPECTION REPORT

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

## 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 checked="" 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:			