

Quarterly Treatment System Site Operation and Maintenance Report (July - September 2020) Perfection Plating (401037) Watervliet, New York

Prepared for

New York State Department of Environmental Conservation 625 Broadway Albany, New York 12233



Prepared by

EA Engineering, P.C. and Its Affiliate EA Science and Technology 269 W. Jefferson Street Syracuse, New York 13202 (315) 431-4610

> December 2020 Version: FINAL EA Project No. 16025.13

Quarterly Treatment System Site Operation and Maintenance Report (July - September 2020) Perfection Plating (401037) Watervliet, New York

Prepared for

New York State Department of Environmental Conservation 625 Broadway Albany, New York 12233



Prepared by

EA Engineering, P.C. and Its Affiliate EA Science and Technology 269 W. Jefferson Street Syracuse, New York 13202

onall

Donald Conan, P.E., P.G., Program Manager EA Engineering, P.C.

(mming)

Emily Cummings, E.I.T., Project Manager EA Science and Technology

2 December 2020 Date

2 December 2020 Date

December 2020 Version: FINAL EA Project No. 16025.13

TABLE OF CONTENTS

Page

LIST (OF FIG	URESii						
LIST (OF TAE	BLESiii						
LIST (OF ACF	RONYMS/ABBREVIATIONS iv						
1.	INTRODUCTION1							
	1.1 1.2	OBJECTIVES						
2.	TREA	TMENT SYSTEM OPERATION AND MAINTENANCE ACTIVITIES						
	1.1 OBJECTIVES 1.2 REPORT ORGANIZATION 2. TREATMENT SYSTEM OPERATION AND MAINTENANCE ACTIVITIES 2.1 SITE OPERATION 2.2 MONITORING ACTIVITIES 2.2 MONITORING ACTIVITIES 2.2.1 Treatment System Influent Sampling and Analysis 2.2.2 Interceptor Trench System Evaluation 2.2.3 Shallow Monitoring Well Sampling 2.2.4 Bedrock Monitoring Well Sampling 2.3 COVID-19 RESPONSE							
		2.2.2Interceptor Trench System Evaluation						
	2.3	COVID-19 RESPONSE						
3.	CONC	LUSIONS AND RECOMMENDATIONS						
4.	REFEI	RENCES						
APPEI APPEI APPEI	NDIX A NDIX E NDIX C NDIX E NDIX E	 B: TREATMENT SYSTEM LABORATORY ANALYTICAL DATA E: EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS D: GROUNDWATER LABORATORY ANALYTICAL DATA 						

Number

LIST OF FIGURES <u>Title</u>

1	Site Location Map
2	Site Layout
3	Historical Influent and MW-EA-11S Hexavalent Chromium
4	Hexavalent Chromium July 2020 Overburden Isopleth Map
5	Hexavalent Chromium Concentrations July 2020

LIST OF TABLES

<u>Number</u>	Title
1	Treatment System Analytical Results (July – September 2020)
2	Daily Mass Removal Results (July – September 2020)
3	Hexavalent Chromium Groundwater Analytical Results (July 2020)
4	Historical Hexavalent Chromium Groundwater Analytical Results

LIST OF ACRONYMS/ABBREVIATIONS

µg/L	Microgram(s) per liter
AWQS	Ambient Water Quality Standard
EA	EA Engineering, P.C. and its affiliate EA Science and Technology
E.I.T.	Engineer-in-Training
lb	Pound(s)
No.	Number
NYSDEC	New York State Department of Environmental Conservation
O&M	Operation and maintenance
P.E.	Professional Engineer
P.G.	Professional Geologist
WA	Work assignment

1. INTRODUCTION

The New York State Department of Environmental Conservation (NYSDEC) tasked EA Engineering, P.C. and its affiliate EA Science and Technology (EA) to perform site management activities at the Perfection Plating Site (NYSDEC Site Number [No.] 401037), which includes performance of groundwater sampling, as well as providing oversight of the operation and maintenance (O&M) of a groundwater treatment system by remedial contractor, Aztech Technologies, Inc. (Aztech). The site is located at 911 11th Street in the Town of Watervliet, Albany County, New York (Figures 1 and 2).

The Work Assignment (WA) has been conducted under the NYSDEC State Superfund Standby Contract WA No. D007624-15 and WA No. D009806-13. The elements of site O&M were completed in accordance with the applicable guidelines and requirements of NYSDEC. The field activities presented in this report were performed from July through September 2020.

1.1 **OBJECTIVES**

The purpose of the field activities completed at the site was to monitor site activities and verify that the treatment system was operating effectively and meeting discharge permit requirements through laboratory analytical results.

1.2 REPORT ORGANIZATION

A summary of treatment system O&M is described in Section 2. Conclusions and recommendations are discussed in Section 3.

The following are provided as appendixes:

- Appendix A—Treatment System Monitoring Logs
- Appendix B—Treatment System Laboratory Analytical Data
- Appendix C—Effluent Limitations and Monitoring Requirements
- Appendix D—Groundwater Laboratory Analytical Data
- Appendix E—Daily Field Reports and Entry/Exit Logs.

2. TREATMENT SYSTEM OPERATION AND MAINTENANCE ACTIVITIES

A summary of the operating parameters during the quarter is provided in this section. Monthly system influent and effluent water samples were collected and submitted for laboratory analysis. Bi-weekly site inspections, monthly sample collection, and bi-weekly system O&M were conducted by Aztech from July to September 2020. A treatment system O&M form and inspection checklist is completed as a part of each site visit. Operational conditions of the system and any routine maintenance conducted are recorded on the inspection checklist. Treatment system operational/inspection checklists are included in Appendix A. Groundwater monitoring is also performed quarterly by EA.

2.1 SITE OPERATION

A total of 161,381 gallons of treated water was discharged to the Hudson River via the Watervliet storm sewer during this period (30 June to 29 September 2020). For the reporting period, the flow rate averaged 1.23 gallons per minute and 1,779 gallons per day.

Of the 26 O&M visits during the reporting period, the system was running upon arrival during 16 of the 26 inspections. The system was down upon arrival during all of the inspections beginning 2 July through 24 July 2020, and on 12 August, 25 August, and 29 September 2020 due to a pH alarm triggered by high effluent pH. Aztech noted low water levels in the interceptor trench/sump (system influent) during several of the visits between July and September. The acid barrel was topped off on each inspection day the system was online.

During the O&M visits between 2 July and 24 July 2020, attempts were made to address the high pH alarm. Aztech calibrated the alkali metering pump and the pH probe and restarted the system during every site visit between 2 July and 14 July, on 21 July, and on 24 July 2020. Additional steps taken to address the high effluent pH included manually stabilizing pH in both tanks on 7 July 2020 and adjusting the influent flow rate on 10 July 2020. On 16 July 2020, the Aztech field technicians made a recommendation to replace the alkali metering pump and pH probe due to possible damage resulting from the low influent volume. However, since a new alkali metering pump and a new pH probe were installed in May 2020, the pump and probe were left in place to re-evaluate their condition when weather conditions changed and system influent was more consistent. After 24 July 2020, the system was running upon arrival for the remainder of the reporting period with the exception of 12 August, 25 August, and 29 September 2020. During the site visits on 12 August, 25 August, and 29 September 2020, the system was down upon arrival due to a pH alarm. The alarm was reset, the pH probe was recalibrated, and the system was restarted. As a result, it was determined that alkali metering pump and pH probe were functional, and that the high effluent pH alarm issues were likely a result of the low influent volume observed during this quarter.

Treatment system monitoring logs are included in Appendix A.

2.2 MONITORING ACTIVITIES

Aqueous samples (system influent and effluent) were collected on 7 July 2020, 4 August 2020, and 1 September 2020. Influent/effluent samples were collected and analyzed by Eurofins TestAmerica for inductively-coupled plasma metals, cyanide, hexavalent chromium, and total suspended solids. Analytical results for the sampling events are summarized in Table 1.

2.2.1 Treatment System Influent Sampling and Analysis

System influent samples were collected on 7 July 2020, 4 August 2020, and 1 September 2020. These samples provide a basis for determining the mass of contaminants recovered from the groundwater via the interceptor trench and are also used in determining the removal efficiency of the treatment system. Influent total chromium concentrations were below the effluent limitations in the samples collected 7 July 2020 and 4 August 2020. Influent hexavalent chromium concentrations were below the effluent limitations in all influent samples collected this quarter. The results of the analyses for the sampling events are summarized in Table 1 and included in Appendix B.

2.2.2 Interceptor Trench System Evaluation

The results of the sampling and analyses were evaluated to determine the removal of contaminants from the groundwater by the interceptor trench and treatment system. During this quarter, hexavalent chromium was removed at an average rate of 0.007 pounds (lb) per day based on the system influent and effluent samples collected on 7 July 2020, 4 August 2020, and 1 September 2020. The rate of contaminant removal of additional analytes is included in Table 2. Figure 3 compares the sample results of the downgradient well MW-EA-11S to the treatment system influent to determine the effectiveness of the interceptor trench. During this reporting period, concentrations of hexavalent chromium were non-detect in well MW-EA-11S. All results for the discharge (effluent) sample were in compliance with the effluent limitations and monitoring requirements (Appendix C).

2.2.3 Shallow Monitoring Well Sampling

As a result of hexavalent chromium detections in monitoring well MW-EA-8, located downgradient of the collection trench, during the June 2013 sampling event, a quarterly groundwater sampling program was implemented to assist in monitoring the effectiveness of the collection trench. Five monitoring wells (MW-EE-6S, MW-EE-6D, MW-EA-8, MW-ESE-9, and MW-EA-7) on the Watervliet Arsenal property were decommissioned by a contractor to the Arsenal. Two of the five wells (MW-EA-7 and MW-ESE-9) were later replaced by the Watervliet Arsenal.

On 13 July 2020, groundwater samples were collected from 10 site overburden monitoring wells for total and hexavalent chromium: MW-CMT-1, MW-CMT-3, MW-EE-4S, MW-EE-5S, MW-EA-7R, MW-ESE-9R, MW-EA-10S, MW-EA-11S, MW-EA-12S, and MW-EA-13S. Samples collected from MW-EE-5S, MW-EA-7R, and MW-ESE-9R contained hexavalent chromium with

EA Project No.: 16025.13

concentrations above the New York State Ambient Water Quality Standard (AWQS) of 50 micrograms per liter (μ g/L), with results of 6,700 μ g/L, 790 μ g/L, and 92 μ g/L, respectively. The samples collected from monitoring well MW-EE-4S contained hexavalent chromium at a concentration below the New York State AWQS of 50 μ g/L, with a result of 28 μ g/L. Concentrations of hexavalent chromium in samples collected from monitoring wells MW-CMT-1, MW-CMT-3, MW-EA-10S, MW-EA-12S, and MW-EA-13S were non-detect, which is similar to historical results. The concentration of hexavalent chromium in the sample collected from monitoring well MW-EA-11S was also non-detect; however, AWQS exceedances have historically been reported in samples collected from this well.

Replacement wells MW-EA-7R and MW-ESE-9R were installed approximately 5 to 10 feet from the original locations on 15 August 2017. The AWQS exceedance of hexavalent chromium reported in the sample collected from MW-EA-7R remains consistent with historical readings from abandoned well MW-EA-7; however, concentrations are higher. Hexavalent chromium was detected above the AWQS at MW-ESE-9R in 2020; concentrations of hexavalent chromium in samples collected from abandoned well MW-ESE-9 historically fluctuated.

Table 3 provides a summary of the shallow monitoring well analytical results of samples collected during the April 2020 event. Table 4 shows the historical groundwater analytical results. The results of the analyses for the samples collected during the July 2020 event are depicted in Figures 4 and 5, and included in Appendix D.

2.2.4 Bedrock Monitoring Well Sampling

On 13 July 2020, groundwater samples were collected from 3 site bedrock monitoring wells for total and hexavalent chromium: MW-EE-2D, MW-EE-4D, and MW-EE-5D. The samples collected from all three wells contained hexavalent chromium at concentrations below the New York State AWQS of 50 μ g/L, with a result ranging from 11 to 18 μ g/L. These results show an increase from recent bedrock sampling events, which have been non-detect in bedrock wells since August 2005, however, the results only slightly exceed the laboratory's reporting limit of 10 μ g/L.

Table 3 provides a summary of the bedrock monitoring well analytical results from the July 2020 event. Table 4 shows the historical groundwater analytical results. The results of the analyses for the bedrock samples collected during the July 2020 event are depicted in Figures 5, and included in Appendix D.

2.3 COVID-19 RESPONSE

As part of the COVID-19 crisis response, effective 23 March 2020, EA issued the COVID-19 Crisis Response and Working Protocol Memorandum for NYSDEC Contracts D0007624 and D0009806 (EA 2020a). Additionally, a site-specific memorandum was issued outlining social distancing practices to be implemented by EA staff during field activities (EA 2020b).

Aztech also prepared a Health and Safety Plan Addendum detailing COVID-19 safe work practices issued on 10 April 2020 (Aztech 2020a) and a memorandum outlining COVID-19 safe work

practices for completing field work issued on 13 April 2020 (Aztech 2020b). In addition, NYSDEC posters stating site access restrictions and outlining best practices (infection prevention) were posted onsite at the treatment building.

Copies of the site entry/exit logs and daily field report are presented in Appendix E.

3. CONCLUSIONS AND RECOMMENDATIONS

Analytical data from the influent and effluent samples collected during the period demonstrate that the system, when operating, is effectively removing the contaminants of concern from the recovered groundwater. Concentrations of hexavalent chromium and chromium in effluent samples were lower than hexavalent chromium and chromium concentrations in influent samples for each monthly sample collected during the reporting period. Additionally, hexavalent chromium concentrations were below effluent discharge limits in the July, August, and September 2020 effluent samples. Influent concentrations of hexavalent chromium were below the effluent discharge limitations during each sampling event in the reporting period. Influent total chromium concentrations were below the effluent limitations in the sample collected on 7 July 2020 and 4 August 2020.

During this reporting period, bi-weekly site visits were performed and the treatment system was up and running upon arrival for 16 of the 26 visits. The system was down due to high effluent pH alarm during all of the inspections from 2 July through 24 July 2020, and on several visits in August and September. The alkali pump was re-primed, and the system was restarted. The alkali pump and pH probe have both been replaced. Hexavalent chromium was not detected in well MW-EA-11S downgradient of the interceptor trench.

It is recommended that treatment system O&M activities continue at the current bi-weekly rate (and as needed for repairs) to maintain system operation, up-time, and effectiveness at controlling downgradient migration of the hexavalent chromium plume.

4. REFERENCES

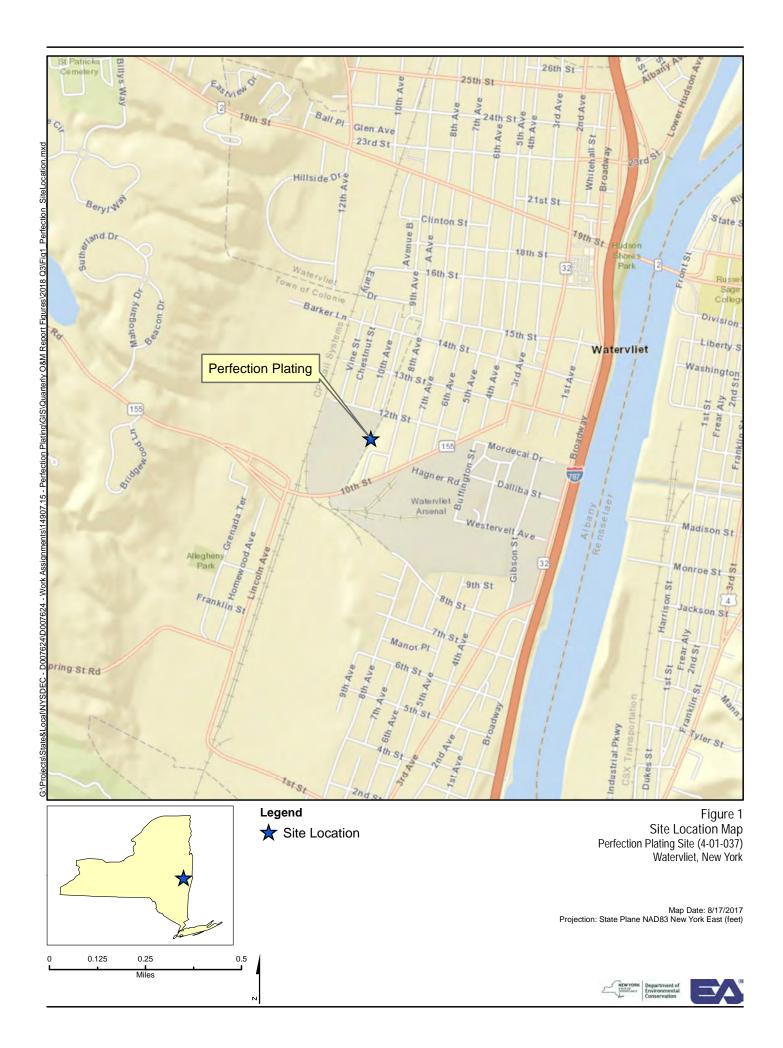
Aztech Technologies, Inc. (Aztech). 2020a. HASP Addendum – COVID-19 Safe Work Practices. 10 April.

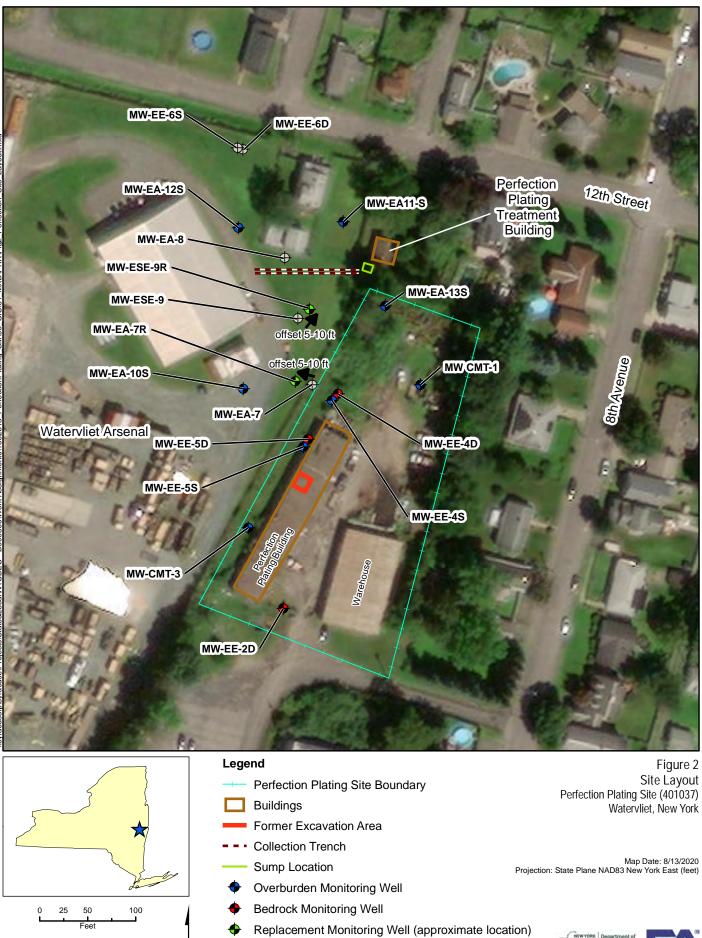
_____. 2020b. COVID-19 Safe Practices for Completing Field Work. 13 April.

EA Engineering, P.C., and Its Affiliate EA Science and Technology (EA). 2020a. COVID-19 Crisis Response and Working Protocol; NYSDEC Contracts D007624 and D009806. 23 March.

——. 2020b. Memorandum: Former Perfection Plating Site (Site No. 401037). 17 April.

Figures

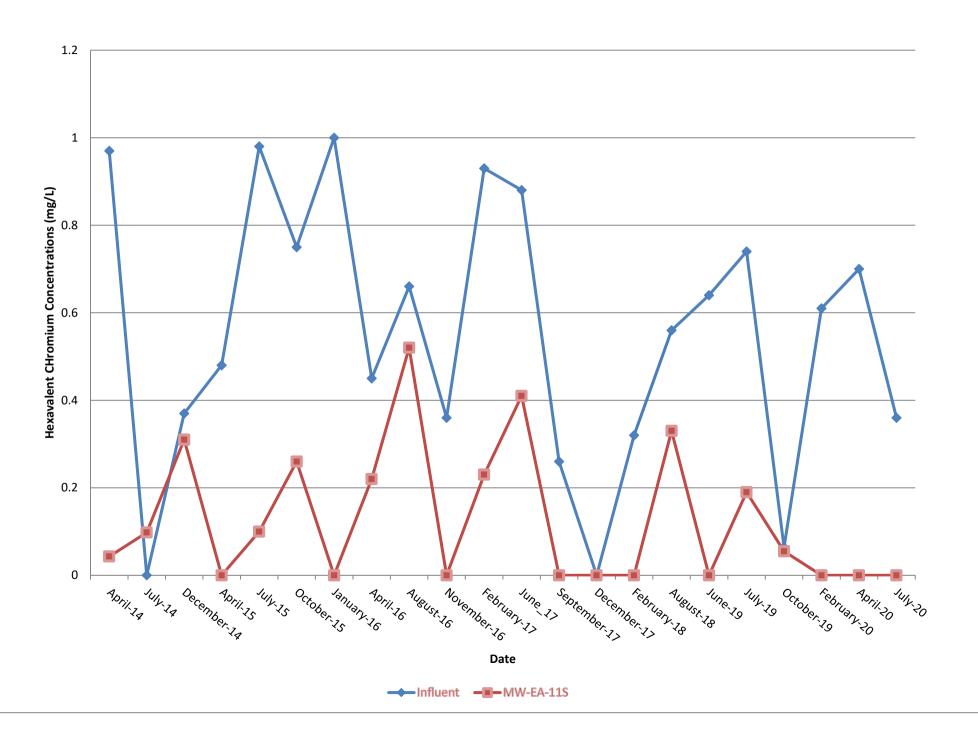




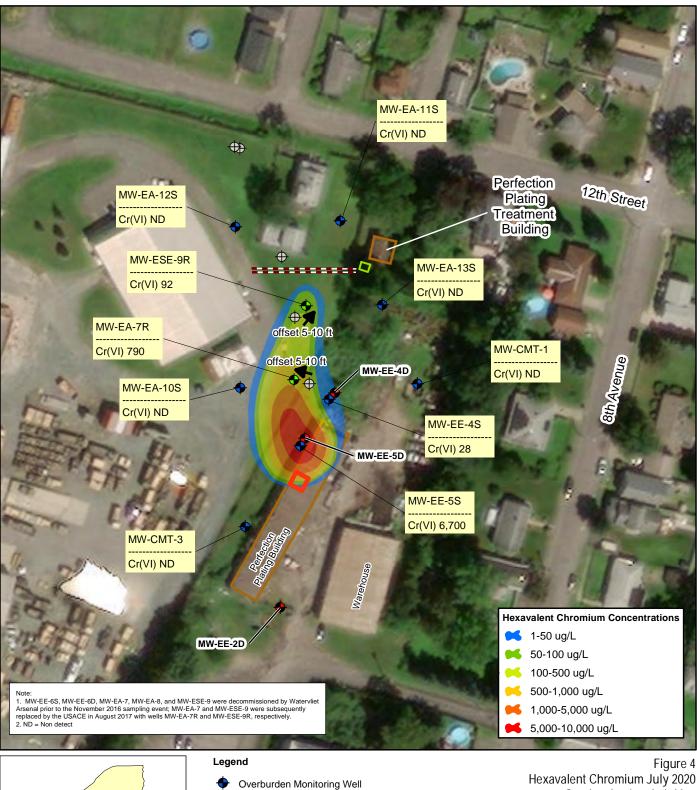
 \oplus

Abandoned Well

Figure 3 Historical Influent and MW-EA-11S Hexavalent Chromium



This page intentionally left blank



- Bedrock Monitoring Well
- Replacement Monitoring Well (approximate location)
- Abandoned Well
- Collection Trench
- Sump Location
- Former Excavation Area
- 🔀 Buildings

Hexavalent Chromium July 2020 Overburden Isopleth Map Perfection Plating Site (401037) Watervliet, New York

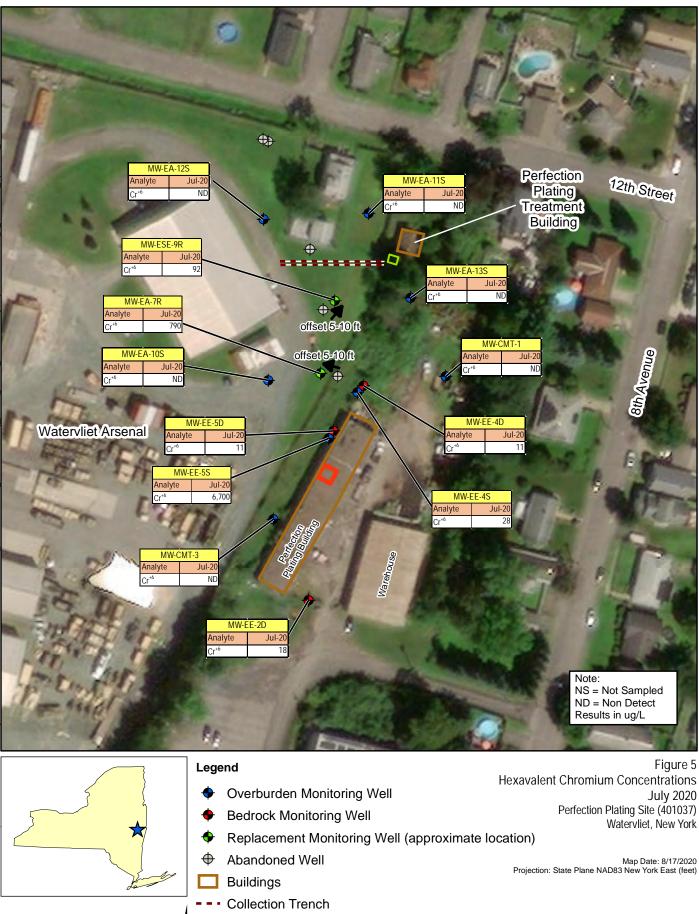
Map Date: 8/17/2020 Projection: State Plane NAD83 New York East (feet)



25 50

Feet

100



Sump Location

Former Excavation Area

100

25 50

Feet

0

Reports\Q3 2020\Fig5_Perfection_April2020_HexChrom.mxd rterlv SM\06_GIS\01_MXD\Q Perfe D009806\Work Assignments\1602513 cts/State & Local/NY SDEC

NEW YORK Department of



Tables

EA Engineering, P.C. and Its Affiliate EA Science and Technology

Parameters List	System Influent	System Effluent	Effluent Limitations and Monitoring Requirements						
INDUCTIVELY COUPLED PLASMA METALS E200.7 (mg/L)									
Arsenic	< 0.0056	< 0.0056	0.15						
Cadmium	< 0.00050	< 0.00050	0.03						
Chromium	0.40	0.47	0.5						
Copper	< 0.0016	0.0061 J	0.5						
Iron	0.250	0.11	4.0						
Lead	< 0.0030	< 0.0030	0.4						
Nickel	0.0066 J	0.0049 J	1.3						
Selenium	< 0.0087	< 0.0087	0.07						
Zinc	0.0069 J	0.025	0.4						
CYANIDI	E AMENABLE TO CHL	ORINATION SM 4500	CN_G (mg/L)						
Cyanide Non-Amenable	0.0075 J	0.019	1.1						
H	IEXAVALENT CHROM	IUM SM3500-CR D (m	g/L)						
Hexavalent Chromium	0.36	< 0.0050	2.7						
	TOTAL SUSPENDED	SOLIDS E160.2 (mg/L)						
Total suspended solids	<4.0	<4.0	50						
NOTES: MDL = Method detection limit mg/L = Milligram(s) per liter RL = Reporting limit J = Result is less than RL but ;		MDL and the concentrat	ion is an approximate value						

Table 1 Treatment System Analytical Results (July 2020)

 $\mu = \text{Result}$ is less than RL but greater than or equal to the MDL All analytical data results provided by Eurofins TestAmerica. This page intentionally left blank

Table 1 Treatment System Analytical Results (August 2020)									
Effluent Limitations									
Parameters List	System Influent System Effluen		Monitoring Requirements						
INDUCTIVELY COUPLED PLASMA METALS E200.7 (mg/L)									
Arsenic	< 0.0056	< 0.0056	0.15						
Cadmium	< 0.00050	< 0.00050	0.03						
Chromium	0.40	0.20	0.5						
Copper	0.0030 J	< 0.0016	0.5						
Iron	0.073	0.020 J	4.0						
Lead	< 0.0030	< 0.0030	0.4						
Nickel	0.0089 J	0.0068 J	1.3						
Selenium	< 0.0087	< 0.0087 < 0.0087							
Zinc	0.0067 J	0.0015 J	0.4						
CYANIDE AMI	ENABLE TO CHLORI	NATION SM 4500CN_G	G (mg/L)						
Cyanide Non-Amenable	0.0086 J	0.0100	1.1						
HEXA	VALENT CHROMIUM	[SM3500-CR D (mg/L)							
Hexavalent Chromium	0.36	0.0150	2.7						
то	TAL SUSPENDED SOI	LIDS E160.2 (mg/L)							
Total suspended solids	<4.0	<4.0	50						
NOTES:									
MDL = Method detection limit									
mg/L = Milligram(s) per liter									
RL = Reporting limit									
J = Result is less than RL but greater than or equal to the MDL and the concentration is an approximate value									
All analytical data results provided by Eur	ofins TestAmerica.								

Table 1 Treatment System Analytical Results (August 2020)

Perfection Plating Site (401037) Watervliet, New York

EA Project No. 16025.13 Version: FINAL Table 1, Page 1 of 1 December 2020

Table 1 Treatment System Analytical Results (September 2020)											
			Effluent Limitations and								
Parameters List	System Influent	System Effluent	Monitoring Requirements								
INDUCTIVELY COUPLED PLASMA METALS E200.7 (mg/L)											
Arsenic <0.0056 <0.056 0.15											
Cadmium	< 0.00050	< 0.00050	0.03								
Chromium	0.6	0.18	0.5								
Copper	0.0022 J	< 0.0016	0.5								
Iron	0.048 J	< 0.019	4.0								
Lead	< 0.0030	< 0.0030	0.4								
Nickel	0.0082 J	0.0063 J	1.3								
Selenium	< 0.0087	< 0.0087	0.07								
Zinc	0.0070 J	< 0.0015	0.4								
CYANIDE AMI	ENABLE TO CHLORI	NATION SM 4500CN_G	G (mg/L)								
Cyanide Non-Amenable	0.0061 J	< 0.0050	1.1								
HEXA	VALENT CHROMIUM	[SM3500-CR D (mg/L)									
Hexavalent Chromium	0.63	< 0.0050	2.7								
то	TAL SUSPENDED SOI	LIDS E160.2 (mg/L)									
Total suspended solids	<4.0	<4.0	50								
NOTES:											
MDL = Method detection limit											
mg/L = Milligram(s) per liter											
RL = Reporting limit											
J = Result is less than RL but greater than or equal to the MDL and the concentration is an approximate value											
An analytical data results provided by Eur	onns TestAmerica.		All analytical data results provided by Eurofins TestAmerica.								

Table 1 Treatment System Analytical Results (September 2020)

Perfection Plating Site (401037) Watervliet, New York

EA Engineering, P.C. and Its Affiliate EA Science and Technology

	Discharge Limitations	Influent		Effluent		Amount Removed	
	Daily Max ^(a)		July 2020 ^(b)				
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day	
	INDUCTIVELY	COUPLED PLA	SMA METAL	S E200.7			
Arsenic	0.15	ND	< 0.0056	ND	< 0.0056	ND	
Cadmium	0.03	ND	< 0.00050	ND	< 0.00050	ND	
Chromium	0.5	0.0059	0.400	0.0070	0.470	0.0000	
Copper	0.5	ND	< 0.0016	0.00009	0.006	0.00000	
Iron	4.0	0.0037	0.250	0.00163	0.110	0.0021	
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND	
Nickel	1.3	0.000098	0.007	0.000072	0.005	0.000025	
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND	
Zinc	0.4	0.00011	0.007	0.00037	0.025	0.000000	
	CYANIDE AMENA	BLE TO CHLOI	RINATION SM	I 4500CN_G			
Cyanide Non-Amenable	1.1	0.00011	0.0075	0.0003	0.019	0.00000	
	HEXAVAL	ENT CHROMIU	JM SM3500-Cl	R D			
Hexavalent Chromium	2.7	0.0055	0.37	ND	< 0.0050	0.00547	
	TOTAL	SUSPENDED S	OLIDS E160.2				
Total suspended solids	50.0	ND	<4.0	ND	<4.0	ND	
				GPD			
Total Flow				1773			
				MGD			
				0.0018			
(a) Daily Maximum of Effluent Lir	nitations and Monitori	ng Requirements.					
(b) Average system flowrate during NOTES:	g the period (July - Sep	otember 2020) was	s 1773 gallons p	ber day.			
lb/day = Pound(s) per day	GPD = Gallon(s)	s) per day					
mg/L = Milligram(s) per liter ND = Not detected	MGD = Million	n(s) of gallon(s) pe	er day				

Table 2 Daily Mass Removal Results (July 2020)

EA Engineering, P.C. and Its Affiliate EA Science and Technology

	Discharge Limitations	Influ	ent	Efflu	ent	Amount Removed			
	Daily Max ^(a)		August 2020 ^(b)						
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day			
INDUCTIVELY COUPLED PLASMA METALS E200.7									
Arsenic	0.15	ND	< 0.0056	ND	< 0.0056	ND			
Cadmium	0.03	ND	< 0.00050	ND	< 0.00050	ND			
Chromium	0.5	0.0059	0.40	0.0030	0.2	0.0030			
Copper	0.5	0.00004	0.0030	ND	< 0.0016	0.00004			
Iron	4.0	0.00108	0.0730	0.0003	0.020	0.00078			
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND			
Nickel	1.3	0.00013	0.0089	0.00010	0.0068	0.000031			
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND			
Zinc	0.4	0.00010	0.0067	0.00002	0.0015	0.00008			
CY	YANIDE AMENA	BLE TO CHLO	RINATION SN	4500CN_G					
Cyanide Non-Amenable	1.1	0.0001	0.0086	0.00015	0.01	0.0000			
	HEXAVAL	ENT CHROMIU	JM SM3500-C	R D					
Hexavalent Chromium	2.7	0.0053	0.36	0.00015	0.01	0.0052			
	TOTAL	SUSPENDED S	OLIDS E160.2						
Total suspended solids	50.0	0.0000	0.0000	0.1	4.8	0.0000			
				GPD					
Total Flow				1773					
				MGD					
				0.0018					
(a) Daily Maximum of Effluent Limita	ations and Monitori	ng Requirements.							
(b) Average system flowrate during th NOTES:	e period (July - Sep	otember 2020) was	s 1773 gallons p	ber day.					
lb/day = Pound(s) per day	GPD = Gallon(s)	s) per day							
mg/L = Milligram(s) per liter ND = Not detected	g/L = Milligram(s) per liter $MGD = Million(s)$ of gallon(s) per day								

Table 2 Daily Mass Removal Results (August 2020)

Perfection Plating Site (401037) Watervliet, New York

EA Engineering, P.C. and Its Affiliate EA Science and Technology

	Discharge Limitations	Influe	ent	Effluent		Amount Removed		
	Daily Max ^(a)		Sep		(b)			
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day		
INDUCTIVELY COUPLED PLASMA METALS E200.7								
Arsenic	0.15	ND	< 0.0056	ND	< 0.0056	ND		
Cadmium	0.03	ND	< 0.00050	ND	< 0.00050	ND		
Chromium	0.5	0.0089	0.6	0.0027	0.18	0.0062		
Copper	0.5	0.00003	0.0022	ND	< 0.0016	0.00003		
Iron	4.0	0.00071	0.048	ND	< 0.019	0.0007		
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND		
Nickel	1.3	0.000121	0.0082	0.000093	0.0063	0.000028		
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND		
Zinc	0.4	0.00010	0.0070	ND	< 0.0015	0.00010		
	CYANIDE AMENA	BLE TO CHLOR	RINATION SM	4 4500CN_G				
Cyanide Non-Amenable	1.1	0.0001	0.0061	ND	< 0.0050	0.000090		
	HEXAVAL	ENT CHROMIU	JM SM3500-C	R D				
Hexavalent Chromium	2.7	0.0093	0.63	ND	< 0.0050	0.009318		
	TOTAL	SUSPENDED S	OLIDS E160.2					
Total suspended solids	50.0	ND	0.0	ND	0.0	ND		
				GPD				
Total Flow				1773				
				MGD				
				0.0018				
(a) Daily Maximum of Effluent Lin	nitations and Monitori	ng Requirements.						
(b) Average system flowrate during NOTES:	the period (July - Sep	otember 2020) was	1773 gallons p	ber day.				
lb/day = Pound(s) per day	GPD = Gallon(s)	s) per day						
mg/L = Milligram(s) per liter	g/L = Milligram(s) per liter $MGD = Million(s)$ of gallon(s) per day							
ND = Not detected								

Table 2 Daily Mass Removal Results (September 2020)

Perfection Plating Site (401037) Watervliet, New York

EA Project No.: 16025.13 Version: FINAL Table 3, Page 1 of 1 December 2020

EA Engineering, P.C. and Its Affiliate EA Science and Technology

								NYSDEC AWQS
Parameters List	MW-CMT-1	MW-CMT-3	MW-EE-4S	MW-EE-4D	MW-EE-5S	MW-EE-5D	MW-EA-7R*	Values (µg/L)
Chromium (Total, µg/L)	ND	3.4 J	89	1.3 J	7,200	5.2	910	50
Cr (Hexavalent, µg/L)	ND	ND	28	11	6,700	11	790	50
Parameters List	MW-ESE-9R*	MW-EA-10S	MW-EA-11S	MW-EA-12S	MW-EA-138	MW-EE-2D	DUP-071320 ^(a)	NYSDEC AWQS Values (µg/L)
Chromium (Total, µg/L)	250	15	260	16	ND	ND	84	50
Cr (Hexavalent, µg/L)	92	ND	ND	ND	ND	18	36	50
Cr (Hexavalent, μg/L) 92 ND ND ND 18 36 50 *= MW-EA-7R and MW-ESE-9R were installed 08/15/2017; they replaced MW-EA-7 and MW-ESE-9, two wells abandoned by the Watervliet contractor. (a) Duplicate Sample collected from MW-EE-4S (b) MS/MSD collected at MW-EA-13S. NOTES: AWOS = Ambient Water Ouelity Standard								

Table 3 Hexavalent Chromium Groundwater Analytical Results (July 2020)

AWQS = Ambient Water Quality Standard

NYSDEC = New State Department of Environmental Conservation

 $\mu g/L = Microgram(s)$ per liter

ND = The analyte was analyzed for, but was not detected above the sample reporting limit.

J = Result is less than the reporting limit but greater or equal to the method detection limit, and the concentration is an approximate value.

All analytical data results provided by Eurofins TestAmerica.

Bold values indicate that the analyte was detected above the NYSDEC AWQS.

						Overburden	Monitoring Wel	ls		·				Bedrock Mo	nitoring Wells		NYSDEC
Date	MW-EE-4S	MW-EE-5S	MW-EE-6S	MW-EA-7R(c)	MW-EA-8		MW-ESE-9R(c)		MW-EA-10S	MW-EA-11S	MW-EA-12S	MW-EA-13S	MW-EE-4D		MW-EE-6D	MW-EE-2D	AWQS Values
21-May-03	ND	40.8	ND	0.975	0.099	_	-	-	-	_	-		0.008	ND	ND	_	0.05
21-Aug-03	0.06	33.7	0.046	1.08	ND	-	-	-	-	-	-	-	0.129	ND	0.023	-	0.05
4-Dec-03	0.041	48.9	0.018	0.744	0.041	-	-	-	-	_	-	-	ND	0.004	ND	-	0.05
24-Feb-03	0.018	33.4	ND	0.857	ND	-	-	-	_	_	-	_	ND	ND	ND	-	0.05
12-May-04	0.049	37.4	ND	0.881	0.049	-	-	-	-	-	-	-	0.013	ND	ND	-	0.05
2-Sep-04	0.735	32.2	ND	1.04	ND	-	-	-	-	-	-	-	0.016	ND	0.075	-	0.05
2-Dec-04	0.06	11.8	ND	0.348	ND	-	-	-	-	-	-	-	0.007	0.034	ND	-	0.05
3-Feb-05	0.083	61.2	ND	0.83	ND	-	-	-	-	-	-	-	ND	0.021	ND	-	0.05
18-May-05	0.029	35	ND	0.63	ND	-	-	-	-	-	-	-	ND	0.031	ND	-	0.05
3-Aug-05	0.041	28.7	ND	0.62	ND	-	-	-	-	-	-	-	ND	0.037	ND	-	0.05
29-Nov-05	0.052	33.6	ND	0.24	ND	-	-	-	-	-	-	-	ND	ND	ND	-	0.05
9-Feb-06	0.11	24.9	ND	0.35	ND	-	-	-	-	-	-	-	ND	ND	ND	-	0.05
8-Apr-08	0.086	15	ND	0.34	0.049	ND	0.51 ^(a)	ND	-	-	-	-	ND	ND	ND	ND	0.05
21-Jul-09	0.049	19	ND	0.52	ND	ND	1.3	ND	-	-	-	-	ND	ND	ND	ND	0.05
12-Oct-10	0.062	17	ND	1	ND	ND	0.4	ND	-	-	-	-	ND	ND	ND	ND	0.05
1-Mar-12	0.039	17	ND	0.29	ND	ND	3.2	ND	-	-	-	-	ND	ND	ND	ND	0.05
11/12-Jun-13	0.042	13	ND	0.34	0.15	ND	3.7	ND	-	-	-	-	ND	ND	ND	ND	0.05
30-Aug-13	-	-	-	-	3.2 ^(b)	-	-	-	-	-	-	-	-	-	-	-	0.05
29-Oct-13	0.029	16	ND	0.37	ND	ND	-	-	-	-	-	-	-	-	-	-	0.05
15-Jan-14	0.045	13	ND	0.14	ND	ND	2.7	ND	-	-	-	-	-	-	-	-	0.05
29-Apr-14	0.061	24	ND	0.45	ND	ND	2.8	ND	ND	0.043	ND	ND	-	-	-	-	0.05
29-Jul-14	0.045	15	ND	0.43	ND	ND	0.48	ND	ND	0.098	ND	ND	-	-	-	-	0.05
2-Dec-14	0.045	16	ND	0.44	ND	ND	2.6	ND	ND	0.31	ND	ND	ND	ND	ND	ND	0.05
7-Apr-15	0.026	12	ND	0.22	ND	ND	ND	ND	ND	ND	ND	ND	-	-	-	-	0.05
7-Jul-15	0.031	*	ND	0.41	**	ND	1.7	ND	ND	0.1	ND	ND	-	-	-	-	0.05
8-Oct-15	0.052	25	ND	0.42	ND	ND	3.1	ND	ND	0.26	ND	ND	-	-	-	-	0.05
27-Jan-16	0.036	12	ND	ND	ND	ND	2.9	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.05
18-Apr-16	0.035	12	ND	0.33	ND	ND	2.4	ND	ND	0.22	ND	ND	-	-	-	-	0.05
16-Aug-16	ND	12	ND	0.33	ND	ND	2.6	ND	ND	0.52	ND	ND	-	-	-	-	0.05
9-Nov-16	0.043	14	NS	NS	NS	ND	NS	ND	ND	ND	ND	ND	-	-	-	-	0.05
27-Feb-17	0.028	11	NS	NS	NS	ND	NS	ND	ND	0.23	ND	ND	ND	ND	NS	ND	0.05
26-Jun-17	0.045	8.3	NS	NS	NS	ND	NS	ND	ND	0.41	ND	ND	-	-	-	-	0.05
13-Sep-17	0.034	8.2	NS	1.8	NS	ND	ND	ND	ND	ND	ND	ND	-	-	-	-	0.05
19-Dec-17	0.033	9.3	NS	1.3	NS	ND	0.21	ND	ND	ND	ND	ND	-	-	-	-	0.05
12-Feb-18	0.034	**	NS	1.4	NS	ND	ND	ND	ND	ND	ND	ND	ND	ND	NS	ND	0.05
16-Aug-18	0.053	22	NS	1.8	NS	ND	0.22	ND	ND	0.33	ND	ND	-	-	-	-	0.05
4-Jun-19	ND	8.8	NS	0.75	NS	ND	0.14	ND	ND	ND	ND	ND	ND	ND	NS	ND	0.05
15-Jul-19	0.025	4.7	NS	0.78	NS	ND	ND	ND	ND	0.19	ND	ND	NS	NS	NS	NS	0.05
1-Oct-19	0.034	8.5	NS	0.89	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
19-Feb-20	0.031	9.3	NS	0.92	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
23-Apr-20	0.027 0.028	7.4 6.7	NS NS	0.75 0.79	NS NS	ND ND	ND 0.092	ND ND	ND ND	ND ND	ND ND	ND ND	NS 0.011	NS	NS NS	NS 0.018	0.05
13-Jul-20		0./	CM1	0.79	IND	ND	0.092	ND	ND	ND	ND	ND	0.011	0.011	5M	0.018	0.05

 Table 4 Historical Hexavalent Chromium Groundwater Analytical Results

All samples reported in (mg/L).

* = It is believed that MW-EE-5D was inadvertently sampled instead of MW-EE-5S.

** = Sample container was broken during shipment and no results are available.

***= Sample taken 28-Feb-17

(a) Sample was collected on 14 January 2009.

(b) Grab sample collected to confirm June 2013 results. Five gallons of water was removed from the monitoring well prior to collecting the sample. Sample was analyzed by Test America Laboratories.

(c) MW-EA-7R and MW-ESE-9R were installed 08/15/2017 to replace two (2) of the five (5) wells decommissioned by the contractor working for the Watervliet property.

AWQS = Ambient Water Quality Standard (mg/L)

ND = Non detect

NS = Not sampled

NYSDEC = New State Department of Environmental Conservation

Bold values indicate that the analyte was detected greater than the NYSDEC AWQS.

This page intentionally left blank

Appendix A

Treatment System Monitoring Logs

This page left intentionally blank

	Required	5.5			Date of Inspecti	on	
Item Description	Frequency	Unit	6/30/2)	7/2/20	1/7/20	7/10/20	
Effluent sample collected	Weekly	Yes / No	No	NO	Ves	NO	
nfluent sample collected	Monthly	Yes / No	NO	No	Yes	NO	
Flow Rate (gallons per minute)	Weekly	gpm	1.64	3.01	2,29	1.53	
Total Volume Treated (gallons)	Weekly	gal	980790	983251	985573		
Effluent pH	Weekly	SI	7.49	7.47	7.00	927567	
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	-	12/2	1.0-		
Performed required equipment maintenance (Note below	As per Manf.	Yes / No	XCS	Yes	Yes	Mes	
Note spare parts or supplies needed	Weekly	Yes / No	Yes	YRS	yes	Vier	
Second ion exchange drum effluent sample collected	Monthly	Yes / No	MO	NO	NO	225	
Empty Sump pump	Weekly	Yes / No	NO	No	No	NQ	
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	110	NP	NO	
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	No	NO	NO	
nspected catch basin for sediment	As needed	Yes / No	Yayok	VESLOK	YESTOK	Des/ok	
nspected collection sump and record condition	Monthly	Yes / No	Veslak	yes/ok	YESLAK	yes/ 012	
Tested eye wash station	Semi-annual		NO	No	1/2	NO	
Tested fire extinguisher	Yearly	Yes / No	NO	No	No	100	
Replenished first aid kit supplies	After use	Yes / No	ND	No	NO	160	
Tested the backflow preventer	Yearly	Yes / No	NO	NO	No	601	
Reported backflow preventer test results to Latham			1.5.1				
	Yearly	Yes / No	NO	NO	No	A) S	
Comments: Note Treatment System Equipment and E	uilding Cond	itions.	Andrew Tallot	Andre Tallat	Ardrew Tall of		
Date 6/30/20 System running on arrival. No water on arrival, Brought Cond;	Perform tions, Perf	System orm grou	maintenau unts mainte	nce and to	System run	barrel, Adjust	Han

Date 1/2/20 System down on arrival on effluent high pH alarm, low water caused issue, Restart system and peterm system maintenance, Takesystem readings and top off acid barrel. No samples collected due to holiday and short hold time. System with dawn on high it offleen again, call brate alkalimetering pump prove and restart system. Date 1/2/20 System down on arrival due to effluent pH issues. Rostart system and calibrate alkali metering pump pt probe twice, manually taken water to stabilize pH in both tanks. Set system to aluto and continue traillashating pt probes. Take system readings and petern routine maintenance. Collect system samples following several system cycles, perform grounds maintenance.

Date 7/10/20 System down on annival drue to collivent pit issues " Restanted the system & alibrated the alkulimetering pump pit probe. Performed yound maintenance. Adjusted inducert flow rate to 1.5 spon

Date

Month July Year		Treatme	nt System Op	erational / Ins	pection Chec	klist	
	Required	_			Date of Inspect	ion	
tem Description	Frequency	Unit	7/14/20	7/16/20	7/21/20	7/24/20	05/88/20
Effluent sample collected	Weekly	Yes / No	n20	NO	NO	INSO INSO	1 WO
nfluent sample collected	Monthly	Yes / No	NO	NO	NO	120	no
low Rate (gallons per minute)	Weekly	gpm	2.42	2.34	2.63	2.27	2.39
otal Volume Treated (gallons)	Weekly	gal	989723	991877	992380	995295	3671
Effluent pH	Weekly	SI	7.10	7.03	6.67	6.84	1.91
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	1.10		6.61	6.61	6.71
Performed required equipment maintenance (Note below			Yes	123	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Ves -	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	WO	NO	Yes	NO	
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	No	NOO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	wo	NO	28	No	NO
	As needed	Yes / No	NO	NO	NO	NO	NO
nspected catch basin for sediment	As needed	Yes / No	restok	VESIOIL	TESLOK	reslok	YESTOK
nspected collection sump and record condition	Monthly	Yes / No	TESTOK	Yeslok	Yeslok		
Tested eye wash station	Semi-annual		NO	NO		Yeslok	reslok
ested fire extinguisher	Yearly	Yes / No	No		NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	120	NO
Tested the backflow preventer	Yearly	Yes / No	100	no	NO	NO	no
Reported backflow preventer test results to Latham	rearry	1037110	NO	NO	NO	NO	No
Vater district	Yearly	Yes / No	NO	NO	NO	NO	NO
Comments: Note Treatment System Equipment and E		litions	FZ	15-3	<u> </u>	2-	
Date 7/14/20 System Source Fft P	H High	Reato-	F C A A	FZ	FZ	FZ	0 10 1
Date 7/14/20 System down Eff P. Acid Barrel and Perform Sys Date 7/16/20 System down on Arrow to be replaced. Top off Maid L On de Dacture							
Date 7/21/20 Sustem Dava A.	Sul F.	AC PU	Hich C.	albarta	andina	VaSan	Palat
opote Acie Barrel and Per	form 5	ysten	n Maint.	Systen	Running	ok on d.	eporture,
Thill 20 6 where also and the	CEE DI	0	1 12	/			
Date 7/24/20 System down on High System TopbAP Acid barrel, we bate 7/2/20 System Running c/C Date 7/2/20 System Running on Ar Dertor M System Main D System	Il level :	Probe Still a	little Lou	o but con	ifting Re	Caland Slowly due	Restart
ains, System Running all	ondef	portus	e.		Sop		
The second second second second second	Vilal 1	an at	+ TC ~ Y	OSCOL TO	NC2 7457	om Kend	DAD ST

Month July Aug Year	ATING	Treatmer	nt System O	perational /	Inspection C	hecklist	
	Required						
tem Description	Frequency	Unit	7/31/20	1214/20	ate of Inspect	tion , ,	,
ffluent sample collected	Weekly	Yes / No	NOB NOB			18/12/201	8/14/20
fluent sample collected	Monthly	Yes / No		Yes	W6	NO	NO
ow Rate (gallons per minute)	Weekly	gpm	NO	yes	NO	NO	No
otal Volume Treated (gallons)	Weekly	gal	2.35	2.63	2.08	2,91	2.36
ffluent pH	Weekly	SI	11,359	22351	\$28717	37809	43661
pecific conductivity reading (milliseconds/centimeter)	147 11		6.74	6.86	1.84	7.20	7.17
enormed required equipment maintenance (Note bolo	As por Monf	ms/cm			5		
and parto of Supplies field left	Wookhy		Yes	res	Yes	Ves	YES
econd ion exchange drum effluent sample collected	Weekly	Yes / No	Yes	485	YPS	Yes	405
	Monthly	Yes / No	MO	NO	100	NO	407
eplace ion removal filter fabric and filter sludge	Weekly	Yes / No	IND	NO	NO	NO	No
leplace ion exchange vessels/ make valve adjustments	As needed	Yes / No	Yes	NO	120		No
spected catch basin for sediment		Yes / No	NO	NO	1NO	NO	10
spected collection sump and record condition	As needed	Yes / No	Yeslok	Veslor.	YESTOR		110
ested eye wash station	Monthly	Yes / No	YESLOK	YPOOK		YESLOH	YESTOR
ested fire extinguishes	Semi-annual	Yes / No	NO		YESLOK	YESLOK	YESLOK
ested fire extinguisher	Yearly	Yes / No	INC	NO	100	110	10
eplenished first aid kit supplies	After use	Yes / No		NO	NO	NO	NO
ested the backflow preventer	Yearly	Yes / No	NO	NO	120	NO	NO
eported backflow preventer test results to Latham	rouny	165/100	NO	NB	NOE	NO	No
valer district	Yearly	Nee / M	NO	NO			
Comments; Note Treatment System Equipment and	The statement of the statement of the statement of the	Yes / No	and the second se		NO	NO	NO
ate 7/3/120 Sustena P.	building Cond	litions.	FZ	FZ	E7	AT	100
Date 7/3/20 System Running on Arrithange out Iron filters. Perform	val Tak	le Syst	em Read	ings. Top.	DOAD AC	Barre	An
	rsystem	10 Rain	t, Syster	m Runnir	g ok on	depart	sve,
Date 8/4/20 System Running on Arri and Perform System Maint. T Running OK on Cerciture	Val L	Vali	1 0	7	2	1	
ind Perform Sustem Maint -	-12, 291	~ 243	rem kea	dings. T	op ofp.	Heid Ra	rrp)
Sunnin all a section of the section of the	ake Jys	tem 'Se	ample Gr	2 delin	-to la	5. Junet	0.7
ates/1/20 System Jown on arrival, Regimented in the performent of the performance of the	2, /		1	······		you apon	
atex 120 System Running on As	Truch To	Va K.	Jam D.)		1	~
the pertorn system man 1	-114	ike ye	sters Re	adings	TOP OFF	> Tto, d	Barro
i ogsicul tolairit	Jyster	1 Rui	ming O.	KONA	emptu	150	Sauce,
State Ende			5-	0	1)24.10		
aledicito system down on arrival, Rest	ert sisten	1 And Co	olibrate	Oll Dralas			
top off scid barrel. Perform sustern	maintono		A	TT FIDGES	Take syst	en reatin	AS and
reporture.	indition a	nce an	o grounds	maintenan	ue colo	1-	1 000
Date 8/12/20 System Jown on arrival. Resp top off acid barrel, Perform system departure. Date 8/14/20 System running on arrival	-				· ysten	n running	ok on
up	KAJOIN SU	stem m	8 interna	10			
acid barrel. System running on de		er er rik	1011ch and	e and rec	ord 54 stem	readines T	no off
where ystem running on de	Altino				is opsi-m	20010	1 alel

Month Aug Year		Treatmer	it System O	perational /	Treatment System Operational / Inspection Checkli								
	Required												
tem Description	Frequency	Unit	Stiston	8/21/20	ate of Inspect								
ffluent sample collected	Weekly	Yes / No	2/18/20		82520	8128120	D 9/1/20						
nfluent sample collected	Monthly	Yes / No	mo	NO	120	NO	Yes						
low Rate (gallons per minute)	Weekly	gpm	NO	NO	no	100	Ves						
otal Volume Treated (gallons)	Weekly	gal	2.23	2.01	1.91	1.98	2.57						
ffluent pH	Weekly	SI	55095	62644	67190	13057	81155						
pecific conductivity reading (milliseconds/continuetor)	Manalah .		6.84	6.89	6.90	6.87	10.75						
enormed required equipment maintenance (Note below	As per Manf	Voo / No		-		-							
sete opare parts of supplies needed	Weekly	Tes/No	Yes	·Yes	185	Yes	405						
econd ion exchange drum effluent sample collected	Monthly	Yes / No	YES	Yes	125	Yes	Ves						
mpty Sump pump	Weekly	Yes / No	N20	NO	NG	NO	no						
eplace ion removal filter fabric and filter sludge	As needed	Yes / No	N06	NO	NO	NO	ND						
eplace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NOC 1	NO	NO	VPS	NO NI						
ispected catch basin for sediment	As needed	Yes / No	NG	NG	no	NO	AB IVI						
nspected collection sump and record condition		Yes / No	Yeslok	TESLOK.	Yeslor	18510K	restat						
ested eye wash station	Monthly	Yes / No	YESTOK	Yeslok	reslok	YESLOK	1000						
ested fire extinguisher	Semi-annual		NO	NO	NO	NO	ies lok						
eplenished first aid kit supplies	Yearly	Yes / No	NO	no	NO		120						
ested the backflow preventer	After use	Yes / No	NO	NO		no	NO						
Reported backflow preventer test results to Latham	Yearly	Yes / No	NG	NO	NB	10	NO						
Vater district					no	NO	NO						
Comments: Note Treatment Could T	Yearly	Yes / No	NO	NO	NO	NO	NO						
comments: Note Treatment System Equipment and E	uilding Conc	litions.	FZ	F7			100						
Derform System Maint, Syster	n Runn	alle Sys	stem Reac	lings. To	p ofp h		-						
and Perform System Maint	Arrival Clean	take	System	Reading	S. Topo	Runnin	2 Barro						
off Acid Barrel and Perform	Syster	n Ma	t Syste	em and	Calibra	te Prob	es. Top						
ind perform System Maini	- Jyste	, take	System	Reading	S. Top o	off frice	Barre						
Date 9/100 Sustem Running on and Perform System Maint. 5	Arnval ystem	Fake	: Syster	n Readin	55. Top	off Press	d Barre						

Month Sept Year				per all'entre /	Inspection C	TICCATISL	
tem Description	Required	Sec	1 1		ate of Inspect	ion	
filluant consultant in the second s	Frequency	Unit	9420	919/20		9/15/20	19/18/20
affuont complete all it is	Weekly	Yes / No	NO	125	INO	INO	I NO
low Rate (gallons per minute)	Monthly	Yes / No	NO	20	NO	NO	
otal Volume Treated (gallons)	Weekly	gpm	2.21	2.31	2.02	2.34	2.14
ffluent pH	Weekly	gal	1.86	6.76	10.81	6.92	and the state of t
	Weekly	SI	89817	100309	101.744		6.86
pecific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	-	100304	106144	1161.53	123776
erformed required equipment maintenance (Note below	As per Manf.	Yes / No	Yeg	Yes	Yes	Nac	
ore spare pairs of supplies needed	Weekly	Yes / No	Yes	Yes		Yes	Yes
econd ion exchange drum effluent sample collected	Monthly	Yes / No	NO		Ves	Yes	Yes
mpty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	100
eplace ion removal filter fabric and filter sludge	Annoded	Yes / No	No	120	h20	NO	NO
replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	No	NQ	no	NO
ispected catch basin for sediment	As needed	Yes / No	Testok	restok.	UNO.	NO	NO
spected collection sump and record condition	Monthly	Yes / No			YESLOK	YESLOK	YESLOK
ested eye wash station	Semi-annual	Yes / No	Veslok	YES OIL	Vesick	YESLOK	Yesloic
ested fire extinguisher	Yearly		NO	No	I'NO	I NO	NO
leplenished first aid kit supplies		Yes / No	NO	NO	1 120	NO	inco
ested the backflow preventer	After use	Yes / No	NO	NO	inco	NO	NO
Reported backflow preventer test results to Latham	Yearly	Yes / No	NO	NB	1 AZO	NO	
Vater district							NO
	Yearly	Yes / No	NO	NO	NO	NO	NO
Comments: Note Treatment System Equipment and E	Building Conc	litions.	FZ	1-2			
Date 9/4/20 System Running on Arr Derform System Maint System	n Runr	Ke Jung q	stem Re Kond	epartur	e.	teid Ba	rre / an
Sartel and Perform System	Maint.	1, ta Syste	Ke Sys" m Runn	ing ok	on depar	jop off	P Acid
and perferm System Maint	- Syster	take m Ru	System	Reading Con 22,	s. Tope Darture.	AP Acid	Basre 1
and Perform System Mant, =	trrival system	take . Runni	System ko	Readines. n depor	Top off ture	Acid Ba	erre l
Date 1/18/20 System Running on F and Perform System Mainstr Si	13 tem k	take S Lunnin	ystem k gok c	eadings, on depart	Top off tufe.	PAc. CI	Barre (

Month Ept Oct Year 2					Inspection (
tem Description	Required		-laola	, , D	ate of Inspec	tion	
Effluent sample collected	Frequency		19/22/20	125/20	19/29/20	110/2/20	10/6/20
nfluent sample collected	Weekly	Yes / No	NO	WO	1 120	1 NO	L Yes
Flow Rate (gallons per minute)	Monthly	Yes / No	NO	NO	NO	1202	Yes
Total Volume Treated (gallons)	Weekly	gpm	2.5	3.07	1.58	1.40	
Effluent pH	Weekly	gal	131127	137120	142172	146370	1.76
Specific conductivity reading (milliseconds/centimeter)	Weekly	SI	1.2	1.87	6.80	6,89	153217
erformed required equipment maintenance (1)	Weekly	ms/cm	4_	~		10101	4.92
Performed required equipment maintenance (Note below lote spare parts or supplies needed	As per Manf.	Yes / No	Yes	Yes	JE.S.		Vac
econd ion exchange drum offluent	Weekly	Yes / No	Yes	Yes	Yes	V25	Yes
econd ion exchange drum effluent sample collected	Monthly	Yes / No	N/12	NO	NO		Ves
eplace ion removal filter tehnis and filt	Weekly	Yes / No	NO	NO	NO	no	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	W0	Kor Yes	NO	100	NO
Replace ion exchange vessels/ make valve adjustments inspected catch basin for sediment	As needed	Yes / No	WO	NO	NO	W8	128
	As needed	Yes / No	Yeslok	Veslov .	Yesiok		
nspected collection sump and record condition	Monthly	Yes / No	Yes OIL	VESION	1.	Yeslok	Veslok
ested eye wash station	Semi-annual	Yes / No	n/a		105/01	Veslok	Yes OK
ested fire extinguisher	Yearly	Yes / No	NO	NO	100	10	no
Replenished first aid kit supplies	After use	Yes / No		no	NO	NO	NO
ested the backflow preventer	Yearly	Yes / No	NO	no	NO	NO	120
eported backflow preventer test results to Latham	. oung	103/140	NO	nB	NO	W/O	M2O
vater district	Yearly	Yes / No	NO	NO	NO	NO	
Comments: Note Treatment System Equipment and E			L			1 /	NO
Date 9/22/20 Sustern Running 12		muons.			- 0. Same an inclusion		
Banely and Defence end		val	TG/LE SL	1stem	Kegdin	95. Jan	of Paris
Date 9/22/20 System Running of Barrell, and Perform System 1	"gint	Syst	em Ruh	nine al	1 00 22	hant I	orenad
older i			-, , ,,	301	- on or	Jar ure	
ate 4/25/20 System Running on Arr	wal tal	1.5.	ten Da	-1			
	14/		prem Re	udings.	10D off	Here B	arrel
ind perform System in 1	5 1	6) /		× 1	0 .		1 10. 2
and Perform System Maint.	JUSTEN	7 KINY	ling of	an Na	mala	6.0.11 1.	
and Pertorm System Maint.	Syster	7 KLINI	ning ok	on dep	contries	e, well lev	1000
Date 9/29/20 Jystem down, High PF	Jyster + Efflue	nt Re	ning ok	on dep	contrace	e, well lev	
Qui So I have Influent Flourd In	TIE H Jue	nt. Re	start gr	12 Calib	rate wa	ter-level	in well
ou so i have Influent flow low	er to K	eep sy:	stem Ri	anning.	Topof	ter level D Par 21	in well Barre
ind Perform Sustem Phone I	er to K	eep sy:	stem Ri	anning.	Topof	ter level D Par 21	in well Barre
ind Perform Sustem Bh I	er to K	eep sy:	stem Ri	anning.	Topof	ter level D Par 21	in well Barre
ou so i have Influent flow low	er to K	eep sy:	stem Ri	anning.	Topof	ter level D Par 21	in well Barre
and Recal Pro Des. System Running Ch	Systen Arrival Maring	Runn Runn take	stem Ri stem Ri Systen	n Reading	ngs, Tep	off Ac	in well Barre I ic Barel
Date 9/25/20 System Running on Arr and Perform System down High Pt Date 9/29/20 System down High Pt How so I have Influent flow low, and Perform System Maint Date 10/2/20 System Running on and Recal Pto Des. System Ru Date 10/6/20 System Running on	Systen Arrival Maring	Runn Runn take	stem Ri stem Ri Systen	n Reading	ngs, Tep	off Ac	in well Barre I ic Barel
and Recal Pro Des. System Running Ch	Systen Arrival Maring	Runn Runn take	stem Ri stem Ri Systen	n Reading	ngs, Tep	off Ac	in well Barre I ic Barel
and Perform Suchem Phone I	Systen Arrival Maring	Runn Runn take	stem Ri stem Ri Systen	n Reading	ngs, Tep	off Ac	in well Barre I ic Barel

Appendix B

Treatment System Laboratory Analytical Data

This page left intentionally blank

🔅 eurofins

Environment Testing America

ANALYTICAL REPORT

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive Amherst, NY 14228-2298 Tel: (716)691-2600

Laboratory Job ID: 480-172042-1

Client Project/Site: Perfection Plating #401037

For:

New York State D.E.C. 1115 Route 86 PO BOX 296 Ray Brook, New York 12977

Attn: Samantha Salotto

Judy Stone

Authorized for release by: 7/13/2020 4:19:19 PM

Judy Stone, Senior Project Manager (484)685-0868 Judy.Stone@Eurofinset.com

The test results in this report meet all 2003 NELAC, 2009 TNI, and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

LINKS Review your project results through Total Access Have a Question?



Visit us at: www.eurofinsus.com/Env I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed within the body of this report. Release of the data contained in this sample data package and in the electronic data deliverable has been authorized by the Laboratory Manager or his/her designee, as verified by the following signature.

udystone

Judy Stone Senior Project Manager 7/13/2020 4:19:19 PM

Table of Contents

Cover Page	1
Table of Contents	3
Definitions/Glossary	4
Case Narrative	5
Client Sample Results	6
Lab Chronicle	7
Certification Summary	8
Method Summary	9
Sample Summary	10
Chain of Custody	11
Receipt Checklists	12

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Qualifiers

Qualifiers		3
Metals		_
Qualifier	Qualifier Description	
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.	
General Chen	nistry	5
Qualifier	Qualifier Description	
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.	6
Glossary		7
Abbreviation	These commonly used abbreviations may or may not be present in this report.	
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis	8
%R	Percent Recovery	0
CFL	Contains Free Liquid	O
CFU	Colony Forming Unit	3
CNF	Contains No Free Liquid	
DER	Duplicate Error Ratio (normalized absolute difference)	
Dil Fac	Dilution Factor	
DL	Detection Limit (DoD/DOE)	
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample	
DLC	Decision Level Concentration (Radiochemistry)	
EDL	Estimated Detection Limit (Dioxin)	
LOD	Limit of Detection (DoD/DOE)	
LOQ	Limit of Quantitation (DoD/DOE)	
MCL	EPA recommended "Maximum Contaminant Level"	
MDA	Minimum Detectable Activity (Radiochemistry)	
MDC	Minimum Detectable Concentration (Radiochemistry)	
MDL	Method Detection Limit	
ML	Minimum Level (Dioxin)	
	Mart Dashahla Nashara	

- MPN Most Probable Number MQL Method Quantitation Limit
- NC Not Calculated
- Not Detected at the reporting limit (or MDL or EDL if shown) ND
- NEG Negative / Absent
- POS Positive / Present
- PQL Practical Quantitation Limit PRES Presumptive
- QC Quality Control
- Relative Error Ratio (Radiochemistry) RER
- RL Reporting Limit or Requested Limit (Radiochemistry)
- RPD Relative Percent Difference, a measure of the relative difference between two points
- TEF Toxicity Equivalent Factor (Dioxin)
- TEQ Toxicity Equivalent Quotient (Dioxin)
- Too Numerous To Count TNTC

Job ID: 480-172042-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-172042-1

Receipt

The samples were received on 7/8/2020 8:00 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 3.1° C.

Metals

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

General Chemistry

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

Client Sample ID: INFLUENT Date Collected: 07/07/20 12:05

Date Received: 07/08/20 08:00

Method: 200.7 Rev 4.4 - Metals	(ICP)								
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		07/09/20 09:17	07/10/20 01:46	1
Cadmium	ND		0.0020	0.00050	mg/L		07/09/20 09:17	07/10/20 01:46	1
Chromium	0.40		0.0040	0.0010	mg/L		07/09/20 09:17	07/10/20 01:46	1
Copper	ND		0.010	0.0016	mg/L		07/09/20 09:17	07/10/20 01:46	1
Iron	0.25		0.050	0.019	mg/L		07/09/20 09:17	07/10/20 01:46	1
Lead	ND		0.010	0.0030	mg/L		07/09/20 09:17	07/10/20 01:46	1
Nickel	0.0066	J	0.010	0.0013	mg/L		07/09/20 09:17	07/10/20 01:46	1
Selenium	ND		0.025	0.0087	mg/L		07/09/20 09:17	07/10/20 01:46	1
Zinc	0.0069	J	0.010	0.0015	mg/L		07/09/20 09:17	07/10/20 01:46	1
 General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.36		0.010	0.0050	mg/L			07/08/20 09:55	1
Cyanide, Non-amenable	0.0075	J	0.010	0.0050	mg/L		07/09/20 11:20	07/09/20 13:38	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			07/08/20 20:38	1

Client Sample ID: EFFLUENT

Date Collected: 07/07/20 12:00 Date Received: 07/08/20 08:00

Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL MDL Unit D Prepared Analyzed Dil Fac Arsenic ND 0.015 0.0056 mg/L 07/09/20 09:17 07/10/20 02:16 1 ND 0.0020 0.00050 mg/L 07/09/20 09:17 07/10/20 02:16 Cadmium 1 0.0040 0.0010 mg/L 07/09/20 09:17 07/10/20 02:16 Chromium 0.47 1 0.0016 mg/L 07/09/20 09:17 Copper 0.0061 0.010 07/10/20 02:16 1 Iron 0.11 0.050 0.019 mg/L 07/09/20 09:17 07/10/20 02:16 1 Lead ND 0.010 0.0030 mg/L 07/09/20 09:17 07/10/20 02:16 1 Nickel 0.0049 0.010 0.0013 mg/L 07/09/20 09:17 07/10/20 02:16 1 Л Selenium ND 0.025 0.0087 mg/L 07/09/20 09:17 07/10/20 02:16 1 0.025 0.010 0.0015 mg/L 07/09/20 09:17 07/10/20 02:16 Zinc 1 **General Chemistry** Analyte Result Qualifier RL MDL Unit D Prepared Analyzed Dil Fac ND 0.010 0.0050 mg/L 07/08/20 09:55 Chromium, hexavalent 1 0.010 07/09/20 11:20 07/09/20 13:39 Cyanide, Non-amenable 0.019 0.0050 mg/L 1 Analyte Result Qualifier RL RL Unit D Prepared Analyzed Dil Fac Total Suspended Solids ND 4.0 4.0 mg/L 07/08/20 20:38 1

Lab Sample ID: 480-172042-1 Matrix: Water

5

Lab Sample ID: 480-172042-2

Matrix: Water

Client Sample ID: INFLUENT Date Collected: 07/07/20 12:05 Date Received: 07/08/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			539770	07/09/20 09:17	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	539965	07/10/20 01:46	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	539729	07/08/20 20:38	E1T	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	539656	07/08/20 09:55	CLT	TAL BUF
Total/NA	Prep	SM 4500 CN C			539821	07/09/20 11:20	JRF	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	539852	07/09/20 13:38	JRF	TAL BUF

Client Sample ID: EFFLUENT Date Collected: 07/07/20 12:00 Date Received: 07/08/20 08:00

-	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			539770	07/09/20 09:17	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	539965	07/10/20 02:16	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	539729	07/08/20 20:38	E1T	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	539656	07/08/20 09:55	CLT	TAL BUF
Total/NA	Prep	SM 4500 CN C			539821	07/09/20 11:20	JRF	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	539852	07/09/20 13:39	JRF	TAL BUF

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Matrix: Water

5

7/13/2020

Job ID: 480-172042-1

Lab Sample ID: 480-172042-1 Matrix: Water

Lab Sample ID: 480-172042-2

Laboratory: Eurofins TestAmerica, Buffalo Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below. Authority Program **Identification Number Expiration Date** New York NELAP 10026 04-02-21 5 The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which 6 7 8 9 10 the agency does not offer certification. Analysis Method Prep Method Matrix Analyte SM 4500 CN G SM 4500 CN C Water Cyanide, Non-amenable

Eurofins TestAmerica, Buffalo

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Method	Method Description	Protocol	Laboratory
200.7 Rev 4.4	Metals (ICP)	EPA	TAL BUF
SM 2540D	Solids, Total Suspended (TSS)	SM	TAL BUF
SM 3500 CR B	Chromium, Hexavalent	SM	TAL BUF
SM 4500 CN G	Cyanide, Amenable	SM	TAL BUF
200.7	Preparation, Total Metals	EPA	TAL BUF
SM 4500 CN C	Cyanide, Distillation	SM	TAL BUF

Protocol References:

EPA = US Environmental Protection Agency

SM = "Standard Methods For The Examination Of Water And Wastewater"

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Eurofins TestAmerica, Buffalo

Sample Summary

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-172042-1	INFLUENT	Water	07/07/20 12:05	07/08/20 08:00	
480-172042-2	EFFLUENT	Water	07/07/20 12:00	07/08/20 08:00	

---- wundiu

Chain of Custody Record

Albany #224

🔅 eurofins 💡

Environment Testing America

10 Hazelwood Drive	
Amherst, NY 14228-2298	
Phone: 716-691-2600 Fax: 71	6-691-7991

Client Information	Antres	Tal	Lot	Lab PM Stone	M e, Judy	y L				Carrier Tracking No(s):	COC No: 480-145914-29001_1
Client Contact Andrew Talbot	Sampler Andrew Phone 518-	885 -	538	3 E-Mail	stone@	Ditest	amerio	cainc	com		Page, Page 1 of 1
Company:	1 10			1		0.000				is Requested	# doL
Aztech Technologies Inc Address	Due Date Requeste	d:					T	T	Analysi		Preservation Codes:
5 McCrea Hill Road	TAT Requested (da	ivs)+									A - HCL M - Hexane
Ballston Spa			. 1								B - NaOH N - None C - Zn Acetate O - AsNaO2
State, Zip: NY, 12020	A	ando	WJ								D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3
Phone	PO #								11		F - MeOH R - Na2S2O3 G - Amchlor S - H2SO4
518-597-1241(Tel) Email:	Callout ID: 1364	01			(oN						H - Ascorbic Acid T - TSP Dodecahydrate 1 - Ice U - Acetone
atalbot@aztechenv.com					S or No)			able			2 J - DI Water V - MCAA
Project Name: Perfection Plating #401037	Project # 48019790				e (Ye	Analytes		amen			L - EDA Z - other (specify) Other:
Site	SSOW#				Idua D	N An		CN Non-amenable			S Other:
		-	-		ered Sample (Yes or MS/MSD (Yes or No)) Copy		CN	5		
		Sample	Sample Type (C=comp,	Matrix (W=water, S=solid, O=waste/oil,	Field Filtere Perform MS	15	F	CN_G.	3500_CR_B - Cr+6		Special Instructions/Note:
Sample Identification	Sample Date	Time	G=grab)	BT=Tissue, A=Air)	Per	200.7					Special Instructions/Note:
Influent		\geq	_	ation Code:	×Υ	D	N	BN			X
Influent	7/7/20	12:0	G	Water	MM	1X	X	X	X		
Effluent	76/20	12:00	G	Water	MN	X	tx	X	K		
J	1111				T	1	1	1			
					117	1					
				-	TH	+	V	-			
				-	111	V	N			480-172042 Chain of	Custody
					\square	1	Ĕ-	-			
			-	h c	11						
			-	1-	21.	1	5				
		1	1			1		0			
					++	+	-				
		-	-		++	-	-	-			
Possible Hazard Identification	Poison B Unki		-	5	S	ampl	e Dis	posal	(A fee n	may be assessed if samples are ret	
Non-Hazard Flammable Skin Irritant Deliverable Requested: I, II, III, IV, Other (specify)	Poison B Unki	nown	Radiologica	ə/.	s	pecia	I Instr	n To C	slient	Disposal By Lab A	rchive For Months
		15		_					9995.0	Method of Shipment:	
Empty Kit Relinquished by:	Date/Time:	Date:		Company 11	Time	_	cawed a	hur	1		Company
Relinquished by	7/7/20	> 1	2:15	Company Labello	a	F	TC	~	Ku		2020 1215 FURTISTA
Relinquished by:	Date/Time:		1700	FURFA		Rei	ceived I	by:		Date/Time:	Company
Relinquished by	Date/Time:	0	700	Company	SC	Re	ceived	by	270	Date(Time)	Company
						-	alar T	1	2VE	Balefrine 71812	0 0800 JAB
Custody Seals Intact						Co	oler lei	mperati	ure(s) "C an	nd Other Remarks 31 #1	(
						-		_			Ver: 01/16/2019

Client: New York State D.E.C.

Login Number: 172042

List Number: 1 Creator: Yeager, Brian A

Question	Answer	Comment
Radioactivity either was not measured or, if measured, is at or below background	True	
The cooler's custody seal, if present, is intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	3.1 #1 ICE
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
s the Field Sampler's name present on COC?	True	
There are no discrepancies between the sample IDs on the containers and the COC.	True	
Samples are received within Holding Time (Excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	N/A	
f necessary, staff have been informed of any short hold time or quick TAT needs	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Sampling Company provided.	True	LABELLA
Samples received within 48 hours of sampling.	True	
Samples requiring field filtration have been filtered in the field.	True	
Chlorine Residual checked.	N/A	

List Source: Eurofins TestAmerica, Buffalo

🔅 eurofins

Environment Testing America

ANALYTICAL REPORT

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive Amherst, NY 14228-2298 Tel: (716)691-2600

Laboratory Job ID: 480-173334-1

Client Project/Site: Perfection Plating #401037

For:

New York State D.E.C. 1115 Route 86 PO BOX 296 Ray Brook, New York 12977

Attn: Samantha Salotto

Judy Stone

Authorized for release by: 8/19/2020 12:35:50 PM

Judy Stone, Senior Project Manager (484)685-0868 Judy.Stone@Eurofinset.com

The test results in this report meet all 2003 NELAC, 2009 TNI, and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

LINKS Review your project results through TOTOLACCESS Have a Question? Ask The Expert

Visit us at: www.eurofinsus.com/Env I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed within the body of this report. Release of the data contained in this sample data package and in the electronic data deliverable has been authorized by the Laboratory Manager or his/her designee, as verified by the following signature.

udystone

Judy Stone Senior Project Manager 8/19/2020 12:35:50 PM

Table of Contents

Cover Page	1
Table of Contents	3
Definitions/Glossary	4
Case Narrative	5
Client Sample Results	6
Lab Chronicle	7
Certification Summary	8
Method Summary	9
Sample Summary	10
Chain of Custody	11
Receipt Checklists	12

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Qualifiers

MQL

NC

ND NEG

POS

PQL

PRES

QC

RER RL

RPD

TEF

TEQ

TNTC

Method Quantitation Limit

Practical Quantitation Limit

Relative Error Ratio (Radiochemistry)

Toxicity Equivalent Factor (Dioxin)

Too Numerous To Count

Toxicity Equivalent Quotient (Dioxin)

Reporting Limit or Requested Limit (Radiochemistry)

Relative Percent Difference, a measure of the relative difference between two points

Not Detected at the reporting limit (or MDL or EDL if shown)

Not Calculated

Negative / Absent

Positive / Present

Presumptive

Quality Control

Qualifiers		3
Metals		
Qualifier	Qualifier Description	4
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.	
General Chen	nistry	5
Qualifier	Qualifier Description	
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.	
Glossary		7
Abbreviation	These commonly used abbreviations may or may not be present in this report.	
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis	8
%R	Percent Recovery	
CFL	Contains Free Liquid	Q
CFU	Colony Forming Unit	3
CNF	Contains No Free Liquid	
DER	Duplicate Error Ratio (normalized absolute difference)	
Dil Fac	Dilution Factor	
DL	Detection Limit (DoD/DOE)	
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample	
DLC	Decision Level Concentration (Radiochemistry)	
EDL	Estimated Detection Limit (Dioxin)	
LOD	Limit of Detection (DoD/DOE)	
LOQ	Limit of Quantitation (DoD/DOE)	
MCL	EPA recommended "Maximum Contaminant Level"	
MDA	Minimum Detectable Activity (Radiochemistry)	
MDC	Minimum Detectable Concentration (Radiochemistry)	
MDL	Method Detection Limit	
ML	Minimum Level (Dioxin)	
MPN	Most Probable Number	

Job ID: 480-173334-1

1 2 3 4 5 6 7 8 9

Job ID: 480-173334-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-173334-1

Receipt

The samples were received on 8/5/2020 8:00 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 3.0° C.

Metals

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

General Chemistry

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

Client Sample ID: INFLUENT Date Collected: 08/04/20 10:45

Date Received: 08/05/20 08:00

Method: 200.7 Rev 4.4 - Metals	(ICP)								
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		08/07/20 08:25	08/07/20 18:28	1
Cadmium	ND		0.0020	0.00050	mg/L		08/07/20 08:25	08/07/20 18:28	1
Chromium	0.40		0.0040	0.0010	mg/L		08/07/20 08:25	08/07/20 18:28	1
Copper	0.0030	J	0.010	0.0016	mg/L		08/07/20 08:25	08/07/20 18:28	1
Iron	0.073		0.050	0.019	mg/L		08/07/20 08:25	08/07/20 18:28	1
Lead	ND		0.010	0.0030	mg/L		08/07/20 08:25	08/07/20 18:28	1
Nickel	0.0089	J	0.010	0.0013	mg/L		08/07/20 08:25	08/07/20 18:28	1
Selenium	ND		0.025	0.0087	mg/L		08/07/20 08:25	08/07/20 18:28	1
Zinc	0.0067	J	0.010	0.0015	mg/L		08/07/20 08:25	08/07/20 18:28	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.36		0.010	0.0050	mg/L			08/05/20 10:04	1
Cyanide, Non-amenable	0.0086	J	0.010	0.0050	mg/L		08/18/20 12:59	08/18/20 20:56	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			08/06/20 17:40	1

Client Sample ID: EFFLUENT

Date Collected: 08/04/20 10:30

Date Received: 08/05/20 08:00

Method: 200.7 Rev 4.4 - Metals (ICP)								
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		08/07/20 08:25	08/07/20 18:31	1
Cadmium	ND		0.0020	0.00050	mg/L		08/07/20 08:25	08/07/20 18:31	1
Chromium	0.20		0.0040	0.0010	mg/L		08/07/20 08:25	08/07/20 18:31	1
Copper	ND		0.010	0.0016	mg/L		08/07/20 08:25	08/07/20 18:31	1
Iron	0.020	J	0.050	0.019	mg/L		08/07/20 08:25	08/07/20 18:31	1
Lead	ND		0.010	0.0030	mg/L		08/07/20 08:25	08/07/20 18:31	1
Nickel	0.0068	J	0.010	0.0013	mg/L		08/07/20 08:25	08/07/20 18:31	1
Selenium	ND		0.025	0.0087	mg/L		08/07/20 08:25	08/07/20 18:31	1
Zinc	0.0015	J	0.010	0.0015	mg/L		08/07/20 08:25	08/07/20 18:31	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.015		0.010	0.0050	mg/L			08/05/20 10:04	1
Cyanide, Non-amenable	0.010		0.010	0.0050	mg/L		08/18/20 12:59	08/18/20 20:58	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			08/06/20 17:40	1

Job ID: 480-173334-1

Lab Sample ID: 480-173334-1

Lab Sample ID: 480-173334-2

Matrix: Water

Matrix: Water

5

Client Sample ID: INFLUENT Date Collected: 08/04/20 10:45 Date Received: 08/05/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			544029	08/07/20 08:25	KMP	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	544385	08/07/20 18:28	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	544046	08/06/20 17:40	E1T	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	543752	08/05/20 10:04	MJB	TAL BUF
Total/NA	Prep	SM 4500 CN C			545661	08/18/20 12:59	CRK	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	545720	08/18/20 20:56	CRK	TAL BUF

Client Sample ID: EFFLUENT Date Collected: 08/04/20 10:30 Date Received: 08/05/20 08:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			544029	08/07/20 08:25	KMP	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	544385	08/07/20 18:31	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	544046	08/06/20 17:40	E1T	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	543752	08/05/20 10:04	MJB	TAL BUF
Total/NA	Prep	SM 4500 CN C			545661	08/18/20 12:59	CRK	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	545720	08/18/20 20:58	CRK	TAL BUF

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Lab Sample ID: 480-173334-1

Matrix: Water

Lab Sample ID: 480-173334-2 Matrix: Water

er

Laboratory: Eurofins TestAmerica, Buffalo Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below. Authority Program **Identification Number Expiration Date** New York NELAP 10026 04-02-21 5 The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which 6 7 8 9 10 the agency does not offer certification. Analysis Method Prep Method Matrix Analyte SM 4500 CN G SM 4500 CN C Water Cyanide, Non-amenable

Eurofins TestAmerica, Buffalo

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Method	Method Description	Protocol	Laboratory
200.7 Rev 4.4	Metals (ICP)	EPA	TAL BUF
SM 2540D	Solids, Total Suspended (TSS)	SM	TAL BUF
SM 3500 CR B	Chromium, Hexavalent	SM	TAL BUF
SM 4500 CN G	Cyanide, Amenable	SM	TAL BUF
200.7	Preparation, Total Metals	EPA	TAL BUF
SM 4500 CN C	Cyanide, Distillation	SM	TAL BUF

Protocol References:

EPA = US Environmental Protection Agency

SM = "Standard Methods For The Examination Of Water And Wastewater"

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Eurofins TestAmerica, Buffalo

Sample Summary

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
80-173334-1	INFLUENT	Water	08/04/20 10:45	08/05/20 08:00	
180-173334-2	EFFLUENT	Water	08/04/20 10:30	08/05/20 08:00	

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive Amherst, NY 14228-2298 Phone: 716-691-2600 Fax: 716-691-7991	c	Chain of Custody Record				I	Albany #224						eurofins Environment festing America					
Client Information	Sampler Frank	2 20	be	Lab Sto	PM: ne, Ju	dy L					Carrier T	racking N	o(s):			C No: 0-145913-290	01.1	
Client Contact Andrew Talbot	Phone: 578-4	70-00	135	E-M		e@te	stame	ricair	nc.com						Pa	ge age 1 of 1		
Company	10/10/1	10-0	100	1	T	6					Requeste	d		-	_	b#.		
Aztech Technologies Inc Address:	Due Date Requeste	ed:			h		T	1			lequeste			П	Pr	eservation Cod	les:	
5 McCrea Hill Road City.	TAT Requested (da	ys):			- 1											- HCL - NaOH	M - Hexane N - None	
Ballston Spa State, Zip															C	- Zn Acetate - Nitric Acid	O - AsNaO2 P - Na2O4S	
NY, 12020					-11	8						1.1	1		12			
Phone: 518-597-1241(Tel)		PO# Callout ID: 136401			1													drate
Email atalbot@aztechenv.com	WO #				or N	0		0										
Project Name Perfection Plating #401037	Project #: 48019790				(Yes	S or h		nenat								of Custody		
Site:	\$\$0W#				mple	Di Cras or No. py Analytes Non-amenable					480-17.	3334	Chain	of Custody				
Sample Identification	Sample Date	Sample Time		Matrix (W=water, S=solid, O=wastevoil, BT=Tissue, A=A ation Code:	Field Filt	Perform MS/MSD	C 200.7 - (MOD) Copy Z 2540D - TSS	4500_CN_G - CN	4500_CN_G - CN 3500_CR_B - Cr+	Z 3500_CR_B - Cr+6					Total Number o	Special In	nstructions	s/Note:
Influent	8/4/20	Ining		Water	Ĥ	Y		-	XX		State of State of State				<u>n</u>		100	
Effluent		10:45		Water	+	7	10					-	-	-				
Lincon	8/4/20	10:30	G		\mathbb{H}	-1	1	*	Y			-	-	+				
					+	+	+	+	-	-			-	-				
	_		-		+	-	X	X	1					+	-			_
		-	-		+		1	V	K			-		-				
			-			-	-	+	-	-		-		-				
			/	-		_	-	1				-			-		_	
			4	1-1	I	1	1	F	1				-	-			_	
			(2			A	2	10	5						~		_
				1.1.1.											3			_
and the second second second																		
Possible Hazard Identification																d longer than		
Non-Hazard Flammable Skin Irritant Deliverable Requested: I, II, III, IV, Other (specify)	Poison B Unk	nown	Radiologic	ə/	-	Spec	Retu	truct	o Clier	C Requir	Disposi rements:	al By La	b		Archiv	e For	Months	5
Empty Kit Relinquished by:		Date:		_	Tri	me:	_	-			in group	Method of	Shipmen		-			
Relinquished by Relinquished by Relinquished by	Date/Time Date/Time 8 - 4 - 20 Date/Time	BILLAND 11 50 Company BILLAND 11 50 1721 Daterrinde 8-4-20-20 1700 EET		Company Hart Company FET Company	:h	Received by Date/Time:						1 4-2 3(5	126	1150 Ø8¢¢	Company FU D F Company Company	A		
Custody Seals Intact: Custody Seal No.: <u>A</u> Yes <u>A</u> No	1			1		0	Cooler 1	Tempe	erature(s	s) °C and O	ther Remarks	(3.6	#	11	CE	Ver: 01/1	16/2019

8/19/2020

Client: New York State D.E.C.

Login Number: 173334 List Number: 1

Creator: Yeager, Brian A

Question	Answer	Comment
Radioactivity either was not measured or, if measured, is at or below background	True	
The cooler's custody seal, if present, is intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the sample IDs on the containers and the COC.	True	
Samples are received within Holding Time (Excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	N/A	
If necessary, staff have been informed of any short hold time or quick TAT needs	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Sampling Company provided.	True	AZTECH
Samples received within 48 hours of sampling.	True	
Samples requiring field filtration have been filtered in the field.	True	
Chlorine Residual checked.	N/A	

11

List Source: Eurofins TestAmerica, Buffalo

🔅 eurofins

Environment Testing America

ANALYTICAL REPORT

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive Amherst, NY 14228-2298 Tel: (716)691-2600

Laboratory Job ID: 480-174567-1

Client Project/Site: Perfection Plating #401037

For:

New York State D.E.C. 1115 Route 86 PO BOX 296 Ray Brook, New York 12977

Attn: Samantha Salotto

Judy Stone

Authorized for release by: 9/10/2020 2:10:42 PM

Judy Stone, Senior Project Manager (484)685-0868 Judy.Stone@Eurofinset.com

The test results in this report meet all 2003 NELAC, 2009 TNI, and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

LINKS Review your project results through TOTOLACCESS Have a Question? Ask The

Visit us at: www.eurofinsus.com/Env

Expert

Table of Contents

Cover Page	1
Table of Contents	2
Definitions/Glossary	3
Case Narrative	4
Client Sample Results	5
Lab Chronicle	6
Certification Summary	7
Method Summary	8
Sample Summary	9
Chain of Custody	10
Receipt Checklists	11

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Qualifiers

Qualifiers		_ 3
Metals		
Qualifier	Qualifier Description	
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.	_
General Chen	nistrv	5
Qualifier	Qualifier Description	
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.	6
Glossary		- 7
Abbreviation	These commonly used abbreviations may or may not be present in this report.	- /
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis	8
%R	Percent Recovery	U
CFL	Contains Free Liquid	0
CFU	Colony Forming Unit	9
CNF	Contains No Free Liquid	
DER	Duplicate Error Ratio (normalized absolute difference)	
Dil Fac	Dilution Factor	
DL	Detection Limit (DoD/DOE)	
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample	
DLC	Decision Level Concentration (Radiochemistry)	
EDL	Estimated Detection Limit (Dioxin)	
LOD	Limit of Detection (DoD/DOE)	
LOQ	Limit of Quantitation (DoD/DOE)	
MCL	EPA recommended "Maximum Contaminant Level"	
MDA	Minimum Detectable Activity (Radiochemistry)	
MDC	Minimum Detectable Concentration (Radiochemistry)	
MDL	Method Detection Limit	
ML	Minimum Level (Dioxin)	
MPN	Most Probable Number	
MQL	Method Quantitation Limit	
NC	Not Calculated	
ND	Not Detected at the reporting limit (or MDL or EDL if shown)	
NEG	Negative / Absent	
POS	Positive / Present	
PQL	Practical Quantitation Limit	
PRES	Presumptive	
QC	Quality Control	
RER	Relative Error Ratio (Radiochemistry)	
RL	Reporting Limit or Requested Limit (Radiochemistry)	
RPD	Relative Percent Difference, a measure of the relative difference between two points	
TEF	Toxicity Equivalent Factor (Dioxin)	
TEQ	Toxicity Equivalent Quotient (Dioxin)	

TNTC Too Numerous To Count

Job ID: 480-174567-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-174567-1

Receipt

The samples were received on 9/2/2020 8:00 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.4° C.

Metals

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

General Chemistry

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

Client Sample ID: INFLUENT Date Collected: 09/01/20 10:40

Date Received: 09/02/20 08:00

Method: 200.7 Rev 4.4 - Metals (ICF)								
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		09/03/20 09:40	09/03/20 20:58	1
Cadmium	ND		0.0020	0.00050	mg/L		09/03/20 09:40	09/03/20 20:58	1
Chromium	0.60		0.0040	0.0010	mg/L		09/03/20 09:40	09/03/20 20:58	1
Copper	0.0022	J	0.010	0.0016	mg/L		09/03/20 09:40	09/03/20 20:58	1
Iron	0.048	J	0.050	0.019	mg/L		09/03/20 09:40	09/03/20 20:58	1
Lead	ND		0.010	0.0030	mg/L		09/03/20 09:40	09/03/20 20:58	1
Nickel	0.0082	J	0.010	0.0013	mg/L		09/03/20 09:40	09/03/20 20:58	1
Selenium	ND		0.025	0.0087	mg/L		09/03/20 09:40	09/03/20 20:58	1
Zinc	0.0070	J	0.010	0.0015	mg/L		09/03/20 09:40	09/03/20 20:58	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.63		0.050	0.025	mg/L			09/02/20 08:00	5
Cyanide, Non-amenable	0.0061	J	0.010	0.0050	mg/L		09/03/20 17:15	09/03/20 18:01	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			09/05/20 16:50	1

Client Sample ID: EFFLUENT

Date Collected: 09/01/20 10:30

Date Received: 09/02/20 08:00

Method: 200.7 Rev 4.4 - Metals (ICP)								
Analyte Re	sult Qu	ualifier R	. MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND	0.01	5 0.0056	mg/L		09/03/20 09:40	09/03/20 21:01	1
Cadmium	ND	0.002	0.00050	mg/L		09/03/20 09:40	09/03/20 21:01	1
Chromium	0.18	0.004	0.0010	mg/L		09/03/20 09:40	09/03/20 21:01	1
Copper	ND	0.01	0.0016	mg/L		09/03/20 09:40	09/03/20 21:01	1
Iron	ND	0.05	0.019	mg/L		09/03/20 09:40	09/03/20 21:01	1
Lead	ND	0.01	0.0030	mg/L		09/03/20 09:40	09/03/20 21:01	1
Nickel 0.0	063 J	0.01	0.0013	mg/L		09/03/20 09:40	09/03/20 21:01	1
Selenium	ND	0.02	0.0087	mg/L		09/03/20 09:40	09/03/20 21:01	1
Zinc	ND	0.01	0.0015	mg/L		09/03/20 09:40	09/03/20 21:01	1
General Chemistry								
Analyte Re	sult Qu	ualifier R	_ MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND	0.01	0.0050	mg/L			09/02/20 08:00	1
Cyanide, Non-amenable	ND	0.01	0.0050	mg/L		09/03/20 17:15	09/03/20 18:07	1
Analyte Ro	sult Qu	ualifier R	. RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND	4.	4.0	mg/L			09/05/20 16:50	1

9/10/2020

Job ID: 480-174567-1

Lab Sample ID: 480-174567-1

Lab Sample ID: 480-174567-2

Matrix: Water

Matrix: Water

Client Sample ID: INFLUENT Date Collected: 09/01/20 10:40

Date Received: 09/02/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			547962	09/03/20 09:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	548252	09/03/20 20:58	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	548383	09/05/20 16:50	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		5	547927	09/02/20 08:00	MJB	TAL BUF
Total/NA	Prep	SM 4500 CN C			548189	09/03/20 17:15	CRK	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	548197	09/03/20 18:01	CRK	TAL BUF

Client Sample ID: EFFLUENT Date Collected: 09/01/20 10:30 Date Received: 09/02/20 08:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			547962	09/03/20 09:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	548252	09/03/20 21:01	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	548383	09/05/20 16:50	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	547927	09/02/20 08:00	MJB	TAL BUF
Total/NA	Prep	SM 4500 CN C			548189	09/03/20 17:15	CRK	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	548197	09/03/20 18:07	CRK	TAL BUF

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Job ID: 480-174567-1

Lab Sample ID: 480-174567-1

Matrix: Water

Matrix: Water

Lab Sample ID: 480-174567-2

Laboratory: Eurof Unless otherwise noted, all a		Buffalo were covered under each accr	editation/certification below.		
Authority		Program	Identification Number	Expiration Date	
New York The following analytes the agency does not of		NELAP , but the laboratory is not certific	10026 ed by the governing authority. This list ma	04-02-21 ay include analytes for which	
0,		•• • •			
Analysis Method	Prep Method	Matrix	Analyte		
Analysis Method SM 4500 CN G	SM 4500 CN C	Watrix Water	Analyte Cyanide, Non-amenable		

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Method	Method Description	Protocol	Laboratory
200.7 Rev 4.4	Metals (ICP)	EPA	TAL BUF
SM 2540D	Solids, Total Suspended (TSS)	SM	TAL BUF
SM 3500 CR B	Chromium, Hexavalent	SM	TAL BUF
SM 4500 CN G	Cyanide, Amenable	SM	TAL BUF
200.7	Preparation, Total Metals	EPA	TAL BUF
SM 4500 CN C	Cyanide, Distillation	SM	TAL BUF

Protocol References:

EPA = US Environmental Protection Agency

SM = "Standard Methods For The Examination Of Water And Wastewater"

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Sample Summary

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-174567-1	INFLUENT	Water	09/01/20 10:40	09/02/20 08:00	
480-174567-2	EFFLUENT	Water	09/01/20 10:30	09/02/20 08:00	

y Record

Albany #224

Carrier Tracking No(s):

🔆 eurofins Environment Testing America

Ν Ο Ο Α Ο Ν

COC No:

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive Amherst, NY 14228-2298 Phone: 716-691-2600 Fax: 716-691-7991	Chain of Custody I							
Client Information	Sampler Frank Zabel Stor Phone E-Ma							
Andrew Talbot	518-470-0435 Jud							
Company: Aztech Technologies Inc	1.778 110 0100							
Address: 5 McCrea Hill Road	Due Date Requested:							
City: Ballston Spa	TAT Requested (days):							
State, Zip: NY, 12020								
Phone: 518-597-1241(Tel)	PO#: Callout ID: 136401							
Email: atalbot@aztechenv.com	WO #,							
Project Name: Perfection Plating #401037	Project #: 48019790							
Site:	SSOW#:							
Sample Identification	Sample Date Time Sample G=grab) Sample ArA							
	Preservation Code:							
Influent	9/1/20 10:40 G Water							
Effluent	9/1/20 10130 G Water							

ent Information	Frank C	abel	Stone, Judy	11				480-145915-29001.1	
nt Contact: drew Talbot	518-470-		E-Mail: Judy.Stone(@Eurofin	iset.com			Page Page 1 of 1	
ipany: ech Technologies Inc				Analysis Requested				Jop #:	
ress	Due Date Requested:							Preservation Codes:	
IcCrea Hill Road	TAT Requested (days):							A - HCL M - Hexane	
ston Spa	init to dessue (on)o).							B - NaOH N - None C - Zn Acetate O - AsNaO2	
12020								D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3	
e:	PO#:							F - MeOH R - Na2S2O3 G - Amchlor S - H2SO4	
-597-1241(Tel) I:	Callout ID: 136401		(ON-					H - Ascorbic Acid T - TSP Dodecahydra I - Ice U - Acetone	
bot@aztechenv.com ect Name:	Project #:		(Yes or s or No)	2	able		1	J - DI Water V - MCAA K - EDTA W - pH 4-5	
ection Plating #401037	48019790		le (Y	Analytes	amo		utal)	L - EDA Z - other (specify)	
	SSOW#		Sample (Copy A	4600_CN_G - CN Non-amenable 3500_CR_B - Cr+6		Total Minishar of contration	Other:	
		I come Mi		6	4500_CN_G - CN N 3500_CR_B - Cr+5		hard		
		Type (w	atrix perotic for the solid, raster, solid, raster, solid, raster, solid, sue, A=Air)	200.7 - (MOD) 2540D - TSS	CR B				
nple Identification	Sample Date Tin	ple (C=Comp, osw	sue, A=Air)	00.7 - 540D	500			Special Instructions/Note:	
npie identification	Sample Date Thi	Preservation (DN				Special Instructions/Note.	
tent	9/1/2010	40 G W	Vater	XX	14 14				
lent	- 1 series	100	Vater	XX					
	11/00 101	10 6		1 T					
~			-++	++	++				
		_	-++	++-					
				T	M				
					1 (1) (
					1 W		480-174567 Chain o	Custody	
			1	+ +	th				
			<u> </u>	+1	-12	020			
			-++	++	++	- Y			
								6	
ssible Hazard Identification Non-Hazard Flammable Skin Irritant	Poison B Unknown	- Radiological	Si		um To Clie			ined longer than 1 month) chive For Months	
liverable Requested: I, II, III, IV, Other (specify)	POISON D ONKNOWN	Radiological	S			QC Requirements:		womms	
pty Kit Relinquished by:	Date		Time	e'			Method of Shipment:		
1 1 0 11	Date/Time:/				d by	$\hat{\mathbf{n}}$	Date/Time;	Company	
nguished by	Date/Time: 9/1/20	1:52 A	Iztech		in 1	page	9-1-2020		
To hall	Dater the: 5-1-2020	1700 E	FLA	Receive	all	like	821	20 ADEOD COMPANY	
nquished by:	Date/Time:	Com	npany	Receive	d by		Date/ me:	Company	
Custody Seals Intact: Custody Seal No.:				Cooler	Temperature	(s) °C and Other Remark	ks th	2:4	
Δ Yes Δ No							(H)	t. T	

9/10/2020

Client: New York State D.E.C.

Login Number: 174567 List Number: 1

Creator: Yeager, Brian A

Question	Answer	Comment
Radioactivity either was not measured or, if measured, is at or below background	True	
The cooler's custody seal, if present, is intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	2.4 #1 ICE
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the sample IDs on the containers and the COC.	True	
Samples are received within Holding Time (Excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	N/A	
If necessary, staff have been informed of any short hold time or quick TAT needs	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Sampling Company provided.	True	AZTECH
Samples received within 48 hours of sampling.	True	
Samples requiring field filtration have been filtered in the field.	True	
Chlorine Residual checked.	N/A	

List Source: Eurofins TestAmerica, Buffalo

This page intentionally left blank

Appendix C

Effluent Limitations and Monitoring Requirements

This page left intentionally blank

MEMORANDUM

TO:David Harrington, PE, Chief, Remedial Section A, Bureau EFROM:Percival Miller, DOW, Bureau of Water PermitsSUBJECT:Perfection Plating, Site # 4-01-037DRAINAGE BASIN: Lower Hudson RiverMay 7, 2020

In response to your request dated April 27, 2020, attached please find effluent limitations and monitoring requirements for the above noted remediation discharge.

The DOW does not have any regulatory authority over a discharge from a State, PRP, or Federal Superfund Site. DER will be responsible for ensuring compliance with the attached effluent limitations and monitoring requirements, and approval of all engineering submissions. Footnote 1 identifies the appropriate DER Section Chief as the place to send all effluent results, engineering submissions, and modification requests. The Regional Water Engineer should be kept appraised of the status of this discharge and, in accordance with the attached criteria, receive a copy of the effluent results for informational purposes.

If you have any questions, please call me at (518) 402-8120.

Attachment (Effluent Limitations and Monitoring Requirements)

cc: Derek Thorsland, R4 RWE (via email, w/attach) Brian Baker, Section Chief, DOW (via email, w/attach) BWRM Section Chief, DOW (w/attach)

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning May 1, 2020 and lasting until April 30, 2025 the discharges from the wastewater treatment facility at Latitude 42° 43′ 24.11″, Longitude -73° 41′ 40.58″, via the Watervliet Storm Sewer to the Hudson River, Water Index Number (WIN) H-224, Class C; shall be limited and monitored by the operator as specified below:

	Discharge	Limitations		Minimum I Require	
Outfall Number and Parameter	Monthly Avg.	Daily Max	Units	Measurement Frequency	Sample Type
Outfall 001 - Treated Remediation Di	ischarge:				
Flow	Monitor	Monitor	GPD	Continuous	Recorder
pH (Range)	6.0 -	- 9.0	SU	Monthly	Grab
Total Suspended Solids	Monitor	50	mg/l	Monthly	Grab
Oil & Grease	Monitor	15	mg/l	Monthly	Grab
Cyanide, Amendable	Monitor	1.1	mg/l	Monthly	Grab
Arsenic, Total	Monitor	0.15	mg/l	Monthly	Grab
Cadmium, Total	Monitor	0.03	mg/l	Monthly	Grab
Chromium, Hexavalent	Monitor	2.7	mg/l	Monthly	Grab
Copper	Monitor	0.5	mg/l	Monthly	Grab
Chromium, Total	Monitor	0.5	mg/l	Monthly	Grab
Iron, Total	Monitor	4.0	mg/l	Monthly	Grab
Lead, Total	Monitor	0.4	mg/l	Monthly	Grab
Nickel, Total	Monitor	1.3	mg/l	Monthly	Grab
Selenium, Total	Monitor	0.07	mg/l	Monthly	Grab
Zinc, Total	Monitor	0.4	mg/l	Monthly	Grab
1,2-Dichloroethylene	Monitor	0.003	mg/l	Monthly	Grab
Vinyl Chloride	Monitor	0.005	mg/l	Monthly	Grab

Perfection Plating, Site # 4-01-037 Page 2 of 6

Additional Conditions:

1. Discharge is not authorized until such time as an engineering submission showing the method of treatment is approved by the Department. The discharge rate may not exceed the effective or design treatment system capacity. All monitoring data, engineering submissions and modification requests must be submitted to:

David K. Harrington, PE, Chief Division of Environmental Remediation, Remedial Section A – Bureau E NYSDEC, 625 Broadway, Albany, New York 12233-7017, 518-402-9813.

With a copy sent to:

Regional Water Engineer, Region 4 1130 West Westcott Road Schenectady, NY 12561 <u>derek.thorsland@dec.ny.gov</u> 518-357-2219

- 2. Only site generated wastewater is authorized for treatment and discharge.
- 3. Authorization to discharge is valid only for the period noted above but may be renewed if appropriate. A request for renewal must be received 6 months prior to the expiration date to allow for a review of monitoring data and reassessment of monitoring requirements.
- 4. Both concentration (mg/l or μg/l) and mass loadings (lbs/day) must be reported to the Department for all parameters except flow and pH.
- 5. Any use of corrosion/scale inhibitors, biocidal-type compounds, or other water treatment chemicals used in the treatment process must be approved by the department prior to use.
- 6. This discharge and administration of this discharge must comply with the substantive requirements of 6NYCRR Part 750.
- 7. Samples and measurements to comply with the monitoring requirements specified above shall be taken from the treatment system effluent, prior to discharge into the Hudson River.
- 8. The minimum measurement frequency for all parameters, except Flow, shall be monthly, following a period of 8 consecutive weekly sampling events showing no exceedance of the stated discharge limitations. If a discharge limit for any parameter is exceeded, all parameters are then to be measured again on a weekly basis; until no exceedances are shown for four (4) consecutive sampling events then monthly monitoring may be resumed.

Site Description

The site is a State Superfund Site, for which a copy of the DER Remedial Investigation (RI) report may be obtained from the DER Project Manager, at (518) 402-9903. This permit equivalent includes a discharge location and) latitude and longitude coordinates. A location map is attached to the permit.

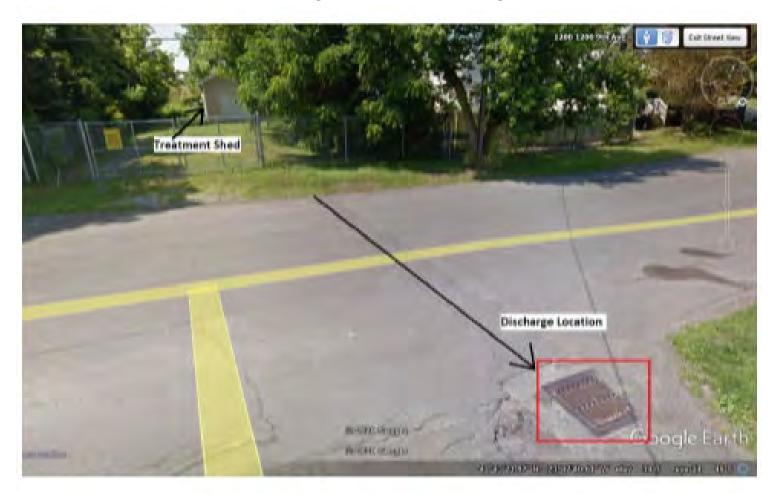
The name, telephone number, and email address of the responsible DER project manager to contact if there are questions or the need to borrow a copy of the RI report are: Samantha Salotto, Environmental Engineer, at 518-402-9903, <u>samantha.salotto@dec.ny.gov</u>. The DER contact/address where compliance monitoring data is to be sent. Samantha Salotto, 625 Broadway, Albany, NY 12233-7017.

Treatment System

Contaminated groundwater collected in a trench is pumped by a submersible pump to an aerator, at an average flow rate of 2.60 GPM (3,744 GPD). Gravity flow from the aerator enters a plate iron filter, for removal of suspended solids and oxidized iron. From the iron filter the (gravity) water flow is to a 90-gallon retention tank, where pH is adjusted to between 4.5 to 5.0. Water from the acid adjustment tank is transferred by a centrifugal pump to the anion exchangers, at an average flow rate of 2.60 GPM. When there is a breakthrough of hexavalent chromium (Cr VI), the first anion exchanger is removed and a fresh exchanger unit is put in its place: this allows the former second unit to be the first flow unit followed by the original third and the freshly installed unit. From the anion exchangers the water flows to a 90-gallon retention tank, where the pH is adjusted to between 6.4-6.7. The water then flows under gravity to a storm water catch basin. Discharges will be continuous for the duration of the project.

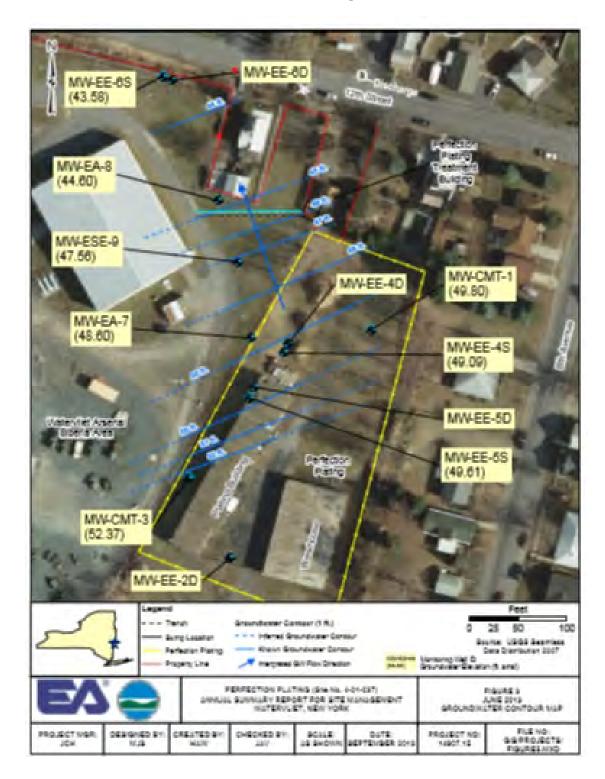
Term of Remedial Action

Source removal is planned for 2021. Treatment of the source at the Perfection Plating Site # 4-01-037 site is estimated to take 3-6 months. Groundwater monitoring will then continue afterwards, to evaluate effectiveness of the treatment, and to determine if continued operation of the treatment system will be necessary.



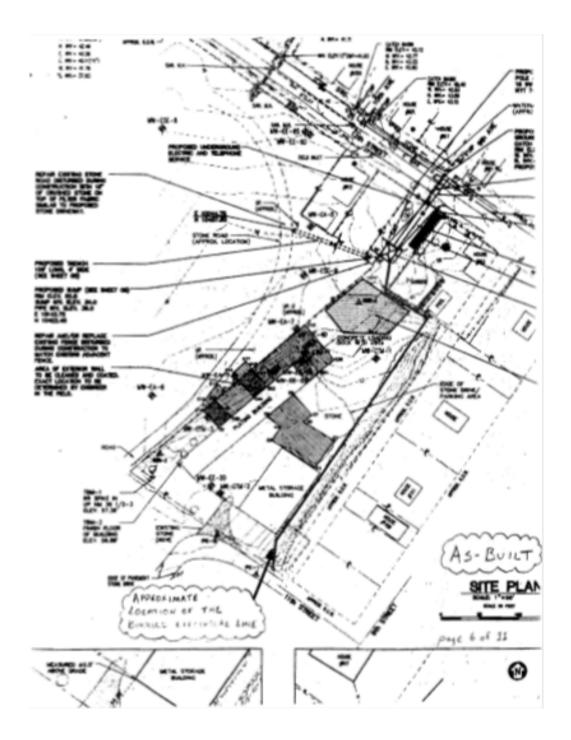
Perfection Plating Site # 4-01-037 – Discharge Location

This page intentionally left blank



Location - Perfection Plating Site No. 4-01-037

Perfection Plating – Site Plan



Appendix D

Groundwater Laboratory Analytical Data

This page left intentionally blank

🔅 eurofins

Environment Testing America

ANALYTICAL REPORT

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive Amherst, NY 14228-2298 Tel: (716)691-2600

Laboratory Job ID: 480-172295-1

Client Project/Site: Perfection Plating #401037

For:

New York State D.E.C. 1115 Route 86 PO BOX 296 Ray Brook, New York 12977

Attn: Samantha Salotto

Art

Authorized for release by: 7/17/2020 11:00:26 AM Alexander Gilbert, Project Management Assistant I Alexander.Gilbert@Eurofinset.com

Designee for

LINKS

Review your project results through

Total Access

Have a Question?

Ask-

The

www.eurofinsus.com/Env

Visit us at:

Expert

Judy Stone, Senior Project Manager (484)685-0868 Judy.Stone@Eurofinset.com

The test results in this report meet all 2003 NELAC, 2009 TNI, and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

I certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed within the body of this report. Release of the data contained in this sample data package and in the electronic data deliverable has been authorized by the Laboratory Manager or his/her designee, as verified by the following signature.

Arth

Alexander Gilbert Project Management Assistant I 7/17/2020 11:00:26 AM

Table of Contents

Cover Page	1
Table of Contents	3
Definitions/Glossary	4
Case Narrative	5
Client Sample Results	6
Lab Chronicle	9
Certification Summary	12
Method Summary	13
Sample Summary	14
Chain of Custody	15
Receipt Checklists	17

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

3

Qualifiers

Metals

Qualifier

 Qualifier Description

 Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.

J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.	
Glossary		5
Abbreviation	These commonly used abbreviations may or may not be present in this report.	6
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis	
%R	Percent Recovery	7
CFL	Contains Free Liquid	4
CFU	Colony Forming Unit	0
CNF	Contains No Free Liquid	ð
DER	Duplicate Error Ratio (normalized absolute difference)	
Dil Fac	Dilution Factor	9
DL	Detection Limit (DoD/DOE)	
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample	10
DLC	Decision Level Concentration (Radiochemistry)	_
EDL	Estimated Detection Limit (Dioxin)	11
LOD	Limit of Detection (DoD/DOE)	
LOQ	Limit of Quantitation (DoD/DOE)	
MCL	EPA recommended "Maximum Contaminant Level"	
MDA	Minimum Detectable Activity (Radiochemistry)	
MDC	Minimum Detectable Concentration (Radiochemistry)	
MDL	Method Detection Limit	
ML	Minimum Level (Dioxin)	
MPN	Most Probable Number	
MQL	Method Quantitation Limit	
NC	Not Calculated	
ND	Not Detected at the reporting limit (or MDL or EDL if shown)	
NEG	Negative / Absent	
POS	Positive / Present	
PQL	Practical Quantitation Limit	
PRES	Presumptive	
QC	Quality Control	
RER	Relative Error Ratio (Radiochemistry)	
RL	Reporting Limit or Requested Limit (Radiochemistry)	
RPD	Relative Percent Difference, a measure of the relative difference between two points	
TEF	Toxicity Equivalent Factor (Dioxin)	
TEQ	Toxicity Equivalent Quotient (Dioxin)	
TNTC	Too Numerous To Count	

Job ID: 480-172295-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-172295-1

Case Narrative

Comments

No additional comments.

Receipt

The samples were received on 7/14/2020 8:00 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.6° C.

Metals

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

General Chemistry

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

Job ID: 480-172295-1

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Client Sample Results

Job ID: 480-172295-1

Lab Sample ID: 480-172295-1 Client Sample ID: 401037-MW-CMT-1 Date Collected: 07/13/20 13:45 Matrix: Water Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL MDL Unit D Prepared Analyzed Dil Fac Chromium 0.0040 07/16/20 10:05 07/16/20 19:05 ND 0.0010 mg/L **General Chemistry** Analvte **Result Qualifier** RL MDL Unit D Prepared Analvzed Dil Fac Chromium, hexavalent ND 0.010 07/14/20 11:00 0.0050 mg/L 1 Client Sample ID: 401037-MW-CMT-3 Lab Sample ID: 480-172295-2 Date Collected: 07/13/20 13:52 Matrix: Water Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL MDL Unit D Analyzed Dil Fac Prepared Chromium 0.0034 J 0.0040 0.0010 mg/L 07/16/20 10:05 07/16/20 19:09 **General Chemistry** Analyte **Result Qualifier** RL MDI Unit D Prepared Analyzed Dil Fac 0.010 Chromium, hexavalent ND 0.0050 mg/L 07/14/20 11:00 1 Lab Sample ID: 480-172295-3 Client Sample ID: 401037-MW-EE-45 Date Collected: 07/13/20 14:15 Matrix: Water Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte **Result Qualifier** RL MDL Unit D Prepared Analyzed Dil Fac Chromium 0.089 0.0040 0.0010 mg/L 07/16/20 10:05 07/16/20 19:25 **General Chemistry** Analyte **Result Qualifier** RI MDL Unit Dil Fac п Prepared Analyzed 0.010 07/14/20 11:00 Chromium, hexavalent 0.028 0.0050 mg/L Client Sample ID: 401037-MW-EE-4D Lab Sample ID: 480-172295-4 Date Collected: 07/13/20 14:35 Matrix: Water Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL MDL Unit Prepared Analyzed D Dil Fac 0.0040 0.0010 mg/L 07/16/20 10:05 07/16/20 19:29 Chromium 0.0013 J **General Chemistry** RL MDL Unit Analyte **Result Qualifier** D Prepared Analyzed Dil Fac 0.010 0.0050 mg/L 07/14/20 11:00 Chromium, hexavalent 0.011 Client Sample ID: 401037-MW-EE 5S Lab Sample ID: 480-172295-5 Date Collected: 07/13/20 14:00 Matrix: Water Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL MDL Unit D Prepared Analyzed Dil Fac 0.0040 07/16/20 10:05 07/16/20 19:33 Chromium 0.0010 mg/L 7.2 **General Chemistry** Analyte **Result Qualifier** RL MDL Unit D Prepared Analyzed Dil Fac 0.50 07/14/20 11:00 6.7 0.25 mg/L 50 Chromium, hexavalent

Eurofins TestAmerica, Buffalo

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Client Sample Results

Job ID: 480-172295-1

Client Sample ID: 401037-M Date Collected: 07/13/20 14:30 Date Received: 07/14/20 08:00	W-EE 51	D				La	ib Sample	ID: 480-172 Matrix	
Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.0052		0.0040	0.0010	mg/L		•	07/16/20 19:36	
 General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.011		0.010	0.0050	mg/L			07/14/20 11:00	
Client Sample ID: 401037-M	W-EE-2	D				La	b Sample	ID: 480-172	2295-7
Date Collected: 07/13/20 13:35 Date Received: 07/14/20 08:00							-	Matrix	: Wate
	ICP)								
Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
Chromium	ND		0.0040	0.0010	mg/L		07/16/20 10:05	07/16/20 19:40	
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
Chromium, hexavalent	0.018		0.010	0.0050	mg/L			07/14/20 11:00	
Client Sample ID: 401037-M Date Collected: 07/13/20 14:45 Date Received: 07/14/20 08:00	W-EA-1	3S				La	ib Sample	ID: 480-172 Matrix	
Method: 200.7 Rev 4.4 - Metals (ICP)								
Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
Chromium	ND		0.0040	0.0010	mg/L		07/16/20 10:05	07/16/20 20:12	
_ General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
Chromium, hexavalent	ND		0.010	0.0050	mg/L			07/14/20 11:00	
Client Sample ID: 401037-M Date Collected: 07/13/20 13:50	W-EA-1 :	2S				La	b Sample	ID: 480-172 Matrix	
Date Received: 07/14/20 08:00									
Method: 200.7 Rev 4.4 - Metals (Qualifian	ы	MDI	11		Duo u o uo d	A u a luma al	
Analyte Chromium	0.016	Qualifier		0.0010		D	Prepared	Analyzed 07/16/20 20:24	Dil Fa
	0.010		0.0040	0.0010	ilig/L		07710/20 10:03	07710/20 20.24	
General Chemistry						_			
Analyte		Qualifier	RL	MDL		D	Prepared	Analyzed	Dil Fa
Chromium, hexavalent	ND		0.010	0.0050	mg/L			07/14/20 11:00	
Client Sample ID: 401037-M Date Collected: 07/13/20 13:57 Date Received: 07/14/20 08:00	W-EA-1	1S				Lat	o Sample II	D: 480-1722 Matrix	
_ Method: 200.7 Rev 4.4 - Metals (Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
Chromium	0.26		0.0040	0.0010	mg/L		07/16/20 10:05		
General Chemisiry									
General Chemistry Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa

Eurofins TestAmerica, Buffalo

Project/Site: Perfection Plating	1401007								
Client Sample ID: 401037		0S				Lab	Sample II	D: 480-1722	
Date Collected: 07/13/20 14:2'								Matrix	: Water
Date Received: 07/14/20 08:00)								
Method: 200.7 Rev 4.4 - Meta	lls (ICP)								
Analyte		Qualifier	RL	MDL		D	Prepared	Analyzed	Dil Fac
Chromium	0.015		0.0040	0.0010	mg/L		07/16/20 10:05	07/16/20 20:31	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			07/14/20 11:00	1
Client Sample ID: 401037	-MW-EA-7	R				Lat	Sample I	D: 480-1722	95-12
Date Collected: 07/13/20 14:14	1						-	Matrix	: Water
Date Received: 07/14/20 08:00									
Method: 200.7 Rev 4.4 - Meta	ls (ICP)								
Analyte	· · ·	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.91		0.0040	0.0010	mg/L		07/16/20 10:05	07/16/20 20:35	1
 General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
Chromium, hexavalent	0.79		0.050	0.025	mg/L			07/14/20 11:00	5
Client Sample ID: 401037	-DUP-0713	320				Lat	Sample I	D: 480-1722	95-13
Date Collected: 07/13/20 14:1								Matrix	
Date Received: 07/14/20 08:00									
	le (ICP)								
Analyte		Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.084	·	0.0040	0.0010	mg/L		07/16/20 10:05		1
_									
General Chemistry Analyte	Rosult	0				_	Burner	Applyrod	Dil Fa
		CULIAIITIER	RI	MDI	Unit	D	Prepared		
Chromium, hexavalent	0.036	Qualifier	RL 0.010	MDL 0.0050		D	Prepared	Analyzed 07/14/20 11:00	
Chromium, hexavalent	0.036							07/14/20 11:00	
Chromium, hexavalent	0.036 -MW-ESE-							07/14/20 11:00 D: 480-1722	295-14
Chromium, hexavalent Client Sample ID: 401037 Date Collected: 07/13/20 14:04	0.036 -MW-ESE- 4							07/14/20 11:00	295-14
Chromium, hexavalent Client Sample ID: 401037 Date Collected: 07/13/20 14:04	0.036 -MW-ESE- 4							07/14/20 11:00 D: 480-1722	295-14
Chromium, hexavalent Client Sample ID: 401037 Date Collected: 07/13/20 14:04 Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Meta	0.036 7-MW-ESE- 1 1 11s (ICP)	9-R	0.010	0.0050	mg/L	Lat	o Sample II	07/14/20 11:00 D: 480-1722 Matrix	295-14 : Wate
Chromium, hexavalent Client Sample ID: 401037 Date Collected: 07/13/20 14:04 Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Meta Analyte	0.036 Z-MW-ESE- I Ils (ICP) Result		0.010	0.0050	mg/L Unit		Sample II	07/14/20 11:00 D: 480-1722 Matrix Analyzed	295-14 : Water Dil Fac
Chromium, hexavalent Client Sample ID: 401037 Date Collected: 07/13/20 14:04 Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Meta	0.036 7-MW-ESE- 1 1 11s (ICP)	9-R	0.010	0.0050	mg/L Unit	Lat	o Sample II	07/14/20 11:00 D: 480-1722 Matrix Analyzed	295-14 : Wate Dil Fa
Chromium, hexavalent Client Sample ID: 401037 Date Collected: 07/13/20 14:04 Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Meta Analyte	0.036 Z-MW-ESE- I Ils (ICP) Result	9-R	0.010	0.0050 MDL 0.0010	Unit mg/L	Lat	Sample II	07/14/20 11:00 D: 480-1722 Matrix Analyzed	295-14 : Water Dil Fac
Chromium, hexavalent Client Sample ID: 401037 Date Collected: 07/13/20 14:04 Date Received: 07/14/20 08:00 Method: 200.7 Rev 4.4 - Meta Analyte Chromium	0.036 7-MW-ESE- 4 11s (ICP) Result 0.25	9-R	0.010	0.0050	Unit Unit Unit	Lat	Sample II	07/14/20 11:00 D: 480-1722 Matrix Analyzed	1 2 95-14

Client Sample Results

Client: New York State D.E.C.

Job ID: 480-172295-1

Eurofins TestAmerica, Buffalo

Client Sample ID: 401037-MW-CMT-1 Date Collected: 07/13/20 13:45 Date Received: 07/14/20 08:00

	Batch	Batch		Dilution	Batch	Prepared	A	
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 19:05	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-CMT-3 Date Collected: 07/13/20 13:52 Date Received: 07/14/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 19:09	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EE-45 Date Collected: 07/13/20 14:15 Date Received: 07/14/20 08:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 19:25	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EE-4D Date Collected: 07/13/20 14:35 Date Received: 07/14/20 08:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 19:29	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EE 5S Date Collected: 07/13/20 14:00 Date Received: 07/14/20 08:00

Γ		Batch	Batch		Dilution	Batch	Prepared		
Pre	эр Туре	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Tot	al/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Tot	al/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 19:33	LMH	TAL BUF
Tot	al/NA	Analysis	SM 3500 CR B		50	540382	07/14/20 11:00	KEB	TAL BUF

Job ID: 480-172295-1

Lab Sample ID: 480-172295-1

Lab Sample ID: 480-172295-2

Matrix: Water

Matrix: Water 8

10 11

Lab Sample ID: 480-172295-3

Matrix: Water

Lab Sample ID: 480-172295-4

Lab Sample ID: 480-172295-5

Matrix: Water

Matrix: Water

Eurofins TestAmerica, Buffalo

Client Sample ID: 401037-MW-EE 5D Date Collected: 07/13/20 14:30 Date Received: 07/14/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 19:36	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EE-2D Date Collected: 07/13/20 13:35 Date Received: 07/14/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 19:40	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EA-13S Date Collected: 07/13/20 14:45 Date Received: 07/14/20 08:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 20:12	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EA-12S Date Collected: 07/13/20 13:50 Date Received: 07/14/20 08:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 20:24	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EA-11S Date Collected: 07/13/20 13:57 Date Received: 07/14/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 20:27	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Job ID: 480-172295-1

Lab Sample ID: 480-172295-6

Lab Sample ID: 480-172295-7

Matrix: Water

Matrix: Water

8 9 10

Operando ID: 400 470005 0

Lab Sample ID: 480-172295-8

Matrix: Water

Lab Sample ID: 480-172295-9

Lab Sample ID: 480-172295-10

Matrix: Water

Matrix: Water

Eurofins TestAmerica, Buffalo

Client Sample ID: 401037-MW-EA-10S Date Collected: 07/13/20 14:21 Date Received: 07/14/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 20:31	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-EA-7R Date Collected: 07/13/20 14:14 Date Received: 07/14/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 20:35	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		5	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-DUP-071320 Date Collected: 07/13/20 14:15 Date Received: 07/14/20 08:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 20:39	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Client Sample ID: 401037-MW-ESE-9-R Date Collected: 07/13/20 14:04 Date Received: 07/14/20 08:00

Lab Sample ID: 480-172295-14

Matrix: Water

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			540579	07/16/20 10:05	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	540869	07/16/20 20:43	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	540382	07/14/20 11:00	KEB	TAL BUF

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Lab Sample ID: 480-172295-11

Lab Sample ID: 480-172295-12

Lab Sample ID: 480-172295-13

Matrix: Water

Matrix: Water

Matrix: Water

Job ID: 480-172295-1

Laboratory: Eurofins TestAmerica, Buffalo

The accreditations/certifications listed below are applicable to this report.

Authority	Program	Identification Number	Expiration Date
New York	NELAP	10026	04-02-21

Accreditation/Certification Summary

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Method	Method Description	Protocol	Laboratory
200.7 Rev 4.4	Metals (ICP)	EPA	TAL BUF
SM 3500 CR B	Chromium, Hexavalent	SM	TAL BUF
200.7	Preparation, Total Metals	EPA	TAL BUF

Protocol References:

EPA = US Environmental Protection Agency

SM = "Standard Methods For The Examination Of Water And Wastewater"

Laboratory References:

TAL BUF = Eurofins TestAmerica, Buffalo, 10 Hazelwood Drive, Amherst, NY 14228-2298, TEL (716)691-2600

Sample Summary

Client: New York State D.E.C. Project/Site: Perfection Plating #401037

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
480-172295-1	401037-MW-CMT-1	Water	07/13/20 13:45	07/14/20 08:00
480-172295-2	401037-MW-CMT-3	Water	07/13/20 13:52	07/14/20 08:00
480-172295-3	401037-MW-EE-45	Water	07/13/20 14:15	07/14/20 08:00
480-172295-4	401037-MW-EE-4D	Water	07/13/20 14:35	07/14/20 08:00
480-172295-5	401037-MW-EE 5S	Water	07/13/20 14:00	07/14/20 08:00
180-172295-6	401037-MW-EE 5D	Water	07/13/20 14:30	07/14/20 08:00
480-172295-7	401037-MW-EE-2D	Water	07/13/20 13:35	07/14/20 08:00
80-172295-8	401037-MW-EA-13S	Water	07/13/20 14:45	07/14/20 08:00
480-172295-9	401037-MW-EA-12S	Water	07/13/20 13:50	07/14/20 08:00
80-172295-10	401037-MW-EA-11S	Water	07/13/20 13:57	07/14/20 08:00
480-172295-11	401037-MW-EA-10S	Water	07/13/20 14:21	07/14/20 08:00
480-172295-12	401037-MW-EA-7R	Water	07/13/20 14:14	07/14/20 08:00
480-172295-13	401037-DUP-071320	Water	07/13/20 14:15	07/14/20 08:00
480-172295-14	401037-MW-ESE-9-R	Water	07/13/20 14:04	07/14/20 08:00

heret NY 14228-2223										
phone 716.691.2600 fax 716.691.7991	Regulat	Regulatory Program:	Iram:	□ mo □	NPDES	CRA Other	Ötter:		TestAmerica	restamerica Laboratories, inc. d/b/a Eurofins Testamerica
	Project Manager: Emily COMMings	ager: El	my com	554	+					
Client Contact	Email: CC	2 ST WW	@ B. BST. Com	May.	Sit	Contact	Site Contact: M. Robisin/ E. Comins Date: 743/20	+in Date:	43/20	1 of 2 CUUS
EA Engineering, P.C.	TeliFax: (860)	860)	301-3837	27	La	Lab Contact:		Carrier:		TALS Project #:
269 West Jefferson Street	Analysis	alysis Tu	Analysis Turnaround Time	lime	T	22				Sampler:
Syracuse, NY 13202	LA CALENDA	K DATS	NOK -	L WURKING DAYS	T) =0	-			Illimition and use Only:
3154314610 FAX	TAT	TAT # different from Below	om Below	1		N JSE V		-		
Project Name: Perfection Plating	T		wook		N/,	-	1			
Site: 401037	nc T		davs			ho			480-17200	
PO# 160 2513		1	day			う 4 (Chain of Custody	in of Custody
	4	Sample	Sample Type (C=Comp.		ered Sa	N mone CC(V)				
Sample Identification	Date	Time	GeGrab)	÷₩	14	1				Sample Specific Notes.
401037-MW-CMT-1	7/13/20	34C	0	GW	N I	XX				
40 637- MW-CMT-3	1.00	1352		_	1	1 1			3	
Halord - He		Din		-	-					
W		1430		-	-					
MM		071	-	-	11-					
401037 - Mw-EE-55	-	100		-	W ,					
401037 - MW-EE-50	-	1430			1			-		
401037- MW-EE-2D		1335		_	1					
401037-MW-EA-135		IHUS			~	X				MS/MSD
401057 - MW - EA-125		1350	_		-					
401037- Min-19A - 115		1357			-					
401037-MW-EA- 605		HZI	1		1	11				
Stotosy-mw ESEE-9-R-	*	how		2	#	Į.		1	1	
Preservation Used: 1= Ice, 2= HCI; 3= H2SO4; 4=HNO3; 5=NaOH; 6= Other	O3; 5=NaOH; 6	= Other								
Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? F Comments Section if the lab is to dispose of the sample.	Please List any EPA Waste Codes for the sample in the	PA Waste	Codes for	the sam	ole in the	Sample	Disposal (A fee n	hay be asses	sed if samples are	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
Non-Hazard Rampable Skin Imtant	ht Polson B	8		UMO		Ren	Return to Client	T Disposal by Lab	Liab Database for	ive for Months
Special Instructions/QC Requirements & Comments:										AL DiG
Custody Seals Intact:	Custody Seal No.:	eal No.:					Cooler Temp. (°C): Obs/d	C): Obs'd:	Corr'd:	Therm ID No.:
Relinquisped by:	Company:	Ener	اللي المراجع ا مراجع المراجع ال	Date/Time:	me:	Beceived	No No	when a	:Antalas	Date/Time:
Relinquished by:	Company:	6	h	Date/Time:	me:	Received	MED BY ALLOCO		Company:	Date Time: 12 & DE
Relinquished by:	Company:			Date/Time:	me:	Received	Received in Laboratory by:		Company:	Date/Time:

					100 Million
Amherst, NY 14228-2223 phone 716,691.2600 fax 716.691.7991	Regulatory Program:		RCRA Other:	TestAmerica Lab	TestAmerica Laboratories, Inc. d/b/a Eurofins TestAmerica
	Project Manager:				COC No:
Client Contact	Email:	SI	Site Contact:	(e)	2 of 2 1 COCs
EA Engineering, P.C.	\Tel/Fax:		Lab Contact: Ca	Carrier:	TALS Project #: 1
269 West Jefferson Street	Turna				Sampler:
R	T CALENDAR DAYS DAYS	WORKING DAYS	8.8.		For Lab Use Only:
3154314610 - VON +	TAT If different from Below		.co.		Walk-in Client:
rxx) xxx-xxx Project Name: Perfection Plating		N/A	2 4		
Site: 401037	2 days) əlqm	27) 5 hg 5 w/5		Job / SDG No.: 1
£			SW WU		
Sample Identification	Sample Sample (c=comp. Date Time G=Grab)	Matrix Cont.	CC Perto		Sample Specific Notes:
401037-MW-EA-7R	7/13/20 14 14 CARA	GN 1 N	X X		1.
401037 ~ Dup - 071320					
Molazy - Mul- Fre - 9 - 0	A Hohl				-
			4		
				/	1,
			MTR//H		
		/	01 40	8	-
-					
Preservation Used: 1= Ice, 2= HCI; 3= H2SO4; 4=HNO3; 5=NaOH; 6= Other	3; 5=NaOH; 6= Other				*
Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.	sase List any EPA Waste Codes I	or the sample in the	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)	ssessed if samples are reta	ined longer than 1 month)
Rammable Skin Irritant	Dotson B	iknown	Return to Clent	Disposal by Lab	K Months
Special Instructions/QC Requirements & Comments:					
Custody Seals Intact: Tes No	Custody Seal No .:		Cooler Tenno (°C): Obs'd		Therm ID No.:
Reinquished by July 2012	Company:	Date/Time:		Company	Date/Time: 7-12,225 16.0X
Relinquished by:		Date/Time:		Company:	4
Relinquished by:	Company:	Date/Time:	Received in Laboratory by:	Company:	Date/Time:

Client: New York State D.E.C.

Login Number: 172295 List Number: 1 Creator: Yeager, Brian A

Question	Answer	Comment
Radioactivity either was not measured or, if measured, is at or below background	True	
The cooler's custody seal, if present, is intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the sample IDs on the containers and the COC.	True	
Samples are received within Holding Time (Excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	N/A	
If necessary, staff have been informed of any short hold time or quick TAT needs	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Sampling Company provided.	True	EA ENGIN
Samples received within 48 hours of sampling.	True	
Samples requiring field filtration have been filtered in the field.	True	
Chlorine Residual checked.	N/A	

Job Number: 480-172295-1

List Source: Eurofins TestAmerica, Buffalo

This page intentionally left blank

Appendix E

Daily Field Reports and Entry/Exit Logs This page left intentionally blank

DAILY FIELD REPORT	-	perature: (F) d Direction:	72-88 F Day: S	Monday	Date: 07/13/2020
Project Name: Perfection Plating		Weather:	Partly Cloudy	(am)	
NYSDEC Site # 401037			Sunny/Partly Cloudy	(pm)	
Contract # D009806-13	А	rrive at site:	0800		
Location: Watervliet, New York		Leave site:	1535		
HEALTH & SAFETY:					
Are there any changes to the Health & S (If yes, list the deviation under items for		Yes ()		No (x)	
Are monitoring results at acceptable levels?	Soil	Yes ()		n/a(x)	* No ()
OTHER ITEMS:	Waters Air	Yes() Yes()	• If No	· · ·	* No() * No() ments
	No(x) No(x)				

DESCRIPTION OF DAILY WORK PERFORMED:

0800 N. Carfi and N. Robinson (EA) arrive at the Watervliet Arsenal. 0815 EA calibrates water quality meters and begins gauging offsite wells. 0910 begin gauging and purging onsite wells. 1100 N. Carfi offsite to Arsenal wells to begin purging. 1225 finish purging wells and leave site for ice. 1300 EA on site. 1335 EA begins first sample collected onsite. 1345 N. Carfi offsite to Arsenal wells to sample 1445 finish sampling and perform final check of samples, prepare sample coolers for shipping. 1535 EA offsite to drop off cooler.

SAMPLING (Soil/Water/Air)

The groundwater following samples were collected on 07/15/19 for total chromium and hexavalent chromium:

Sample ID	Sample Time	Split with
401037-MW-EE-2D	1335	
401037-MW-CMT-1	1345	
401037-MW-EA-12S	1350	
401037-MW-CMT-3	1352	
401037-MW-EA-11S	1357	
401037-MW-EE-5S	1400	
401037-MW-ESE-9-R	1404	
401037-MW-EA-7R	1414	
401037-MW-EE-4S	1415	401037-DUP-
		071320
401037-MW-EA-10S	1421	
401037-MW-EE-5D	1430	
401037-MW-EE-4D	1435	
401037-MW-EA-13S	1445	MS/MSD

DAILY FIELD REPORT

CONTRACTOR/SUBCONTRACTOR EQUIPMENT AND PERSONNEL ON SITE:

EA personnel: N. Carfi, N. Robinson EA equipment: Horiba U52-2 Water Quality Meter, Solonist 100' Water Level Meters Subcontractor personnel: None Subcontractor equipment: None (*Indicates active equipment) Other Subcontractors: None

VISITORS TO SITE:

None

PROJECT SCHEDULE ISSUES:

None

PROJECT BUDGET ISSUES:

None

ITEMS OF CONCERN:

None

COMMENTS:

None <u>ATTACHMENT(S) TO THIS REPORT:</u> None

SITE REPRESENTATIVE:

Name: Noah Robinson

Noah Rolinson

EW YORK	Conservation	Entry/Exit Log with COVID-19 Acknowledgement
Project	Name: Perfectio	n Plating
	#: 401037	

New York State Department of Environmental Conservation's (DEC) objective is to provide a safe and healthy workplace. In response to COVID-19, DEC is prohibiting access to our work areas by those who pose an elevated risk of spreading COVID-19. By completing this site Entry/Exit log, you acknowledge your understanding of this policy and confirm that your health and travel history is NOT in one of the prohibited access groups listed below, and to the best of your knowledge, you do not pose an elevated risk of transmitting COVID-19 to others. Please leave the site immediately and follow recommendations from public health agencies and your healthcare provider if you fall into one of the prohibited access groups listed below:

- You are experiencing flu-like symptoms including but not limited to fever, chills, cough, sore throat, diarrhea, vomiting, runny/stuffy nose, muscle or body aches, headaches, fatigue.
- You have traveled to CDC-restricted destinations in the last 2 weeks including China, South Korea, Iran, United Kingdom & Ireland, all European Union countries, Switzerland and regions within the U.S. for which public health agencies have prohibited travel.
- You had direct contact with a person diagnosed with COVID-19 or suspected of having COVID-19 during the last 2 weeks.

Name	Initials	Affiliation	Date	Time In	Time Out
Andrew Tallot	AT	Artech	6/23/20	8:00	
ZacharyCondy	ZC	Aztech	6/23/20	8:00	
CARL ALONZOIL	CA	ti	62620	Sec	
GARRETCORLEN	EC	AZJECH	62600	BOD	
Autra Tallot	An	Aztech	6/30/20	800	
SARPERT COREEN	6C	AZTECH	6/30/00	800	
EARPENCOPIEN	60	Azitait	7/2/20	200	
Autren Tallot	ATI	LaBella	1/2/20	8:20	
Andrew Talbot	AT	Labella	JAKO	8:00	
Shatter ayar	MR	LaBella	7/10/2	0280	
My had Deyptie	MD	Labelly	2/10/20	0 800	
Frank Zabel	FZ	Labella	7/14/20	8:00	
ZacharyCondon	ZC	Labella	7/14/20	8:00	
Ray Hampon	Ra	Labello	7/17/20	8.00	
Frank Zabel.	FZ	Aztech	7/17/20	00:800	

T NEW YORK STATE OF OPPORTUNITY	Department of Environmental Conservation	Entry/Exit Log with COVID-19 Acknowledgement
Project	Name: Perfectio	on Plating
	#: 401037	

New York State Department of Environmental Conservation's (DEC) objective is to provide a safe and healthy workplace. In response to COVID-19, DEC is prohibiting access to our work areas by those who pose an elevated risk of spreading COVID-19. By completing this site Entry/Exit log, you acknowledge your understanding of this policy and confirm that your health and travel history is NOT in one of the prohibited access groups listed below, and to the best of your knowledge, you do not pose an elevated risk of transmitting COVID-19 to others. Please leave the site immediately and follow recommendations from public health agencies and your healthcare provider if you fall into one of the prohibited access groups listed below:

- You are experiencing flu-like symptoms including but not limited to fever, chills, cough, sore throat, diarrhea, vomiting, runny/stuffy nose, muscle or body aches, headaches, fatigue.
- You have traveled to CDC-restricted destinations in the last 2 weeks including China, South Korea, Iran, United Kingdom & Ireland, all European Union countries, Switzerland and regions within the U.S. for which public health agencies have prohibited travel.
- You had direct contact with a person diagnosed with COVID-19 or suspected of having COVID-19 during the last 2 weeks.

Name	Initials	Affiliation	Date	Time In	Time Out
Frank Zabel	FZ	Artech	7/21/20	8:00	
Frank Zabel	FY	Actech	7/24/20	8:00	
ZachargCondo	n 2c	Aztech	7/24/2	0800	
Frank Zabel	FZ	Artech	7/28/20	8:00	
Fronk Zabel	FZ	Artech	7/31/20	8:00	
Ellien Cartor	EC	Altera	713/140	8:00	
Frank Zahel	FZ	Aztech	8/4/20	8:00	
TOHN STUTZKE	J.S.	Azt=cl	\$ 4/20	8:00	
Mile Wright	M	EA	8/420	1740	1730
Fank Cabel	FZ	Aztech	87/20	5:00	
TOHN STUTZKE	EJS.	Ktech	8/1/20	8:00	
Andrew Talla	Art	Artech	Stelles	199	
Ellien Conty,	EC	Herecy	8/12	5:00	
Andren Oalle	Art Art	A	BILLE	12:00	14:3
EWXS Calinda	1.11	1721T 8.6-A	8-14	1200	1430

NEW YORK STATE OF OPPORTUNITY	Department of Environmental Conservation	Entry/Exit Log with COVID-19 Acknowledgement
Project	Name: Perfec	tion Plating
Project	#: 401037	

New York State Department of Environmental Conservation's (DEC) objective is to provide a safe and healthy workplace. In response to COVID-19, DEC is prohibiting access to our work areas by those who pose an elevated risk of spreading COVID-19. By completing this site Entry/Exit log, you acknowledge your understanding of this policy and confirm that your health and travel history is NOT in one of the prohibited access groups listed below, and to the best of your knowledge, you do not pose an elevated risk of transmitting COVID-19 to others. Please leave the site immediately and follow recommendations from public health agencies and your healthcare provider if you fall into one of the prohibited access groups listed below:

- You are experiencing flu-like symptoms including but not limited to fever, chills, cough, sore throat, diarrhea, vomiting, runny/stuffy nose, muscle or body aches, headaches, fatigue.
- You have traveled to CDC-restricted destinations in the last 2 weeks including China, South Korea, Iran, United Kingdom & Ireland, all European Union countries, Switzerland and regions within the U.S. for which public health agencies have prohibited travel.
- You had direct contact with a person diagnosed with COVID-19 or suspected of having COVID-19 during the last 2 weeks.

Name	Initials	Affiliation	Date	Time In	Time Out
Frank Zabel	F7	Aztech	8/18/20	8:00	
Austra Armbruster	AA	Aztah	8/18/2020	8:20	
Austra Armbruster	AA	Aztech	8/21/2020	8:00	
Frank Zabel	F7	Aztach	5/21/20	Sia	
Astyn Armbruster	AA	Aztech	8/25/2020	8:00	
Frank Zabel	FZ	Artech	8/25/20	8:00	
Frank Zabel	FZ	Aztech	2/2/20	8:00	ni.
Austa Armbruster	AA	Azitech	8/28/2070	8:00	
Frank Zabel	FZ	Artech	81.20	Sugar	
GARREHCORLEN	æ	AZTECH	9/1/20	80)	
Frank Zabel	FZ	Aztech	9/4/20	8:00	
Frank Zabel	FZ	Aztech	919/2a	8:00	
LEF MORGAN	JM	AZTECH	09/09/20	00800	
Frank Zabel	FZ	Aztech	9/11/2	0800	
Jeff Monhad	JM	ACTECH	09/11/20	0800	

NEW YORK **Department** of Environmental Conservation

STATE OF OPPORTUNITY

Entry/Exit Log with COVID-19 Acknowledgement

Perfection Plating Project Name: Project #: 40103

New York State Department of Environmental Conservation's (DEC) objective is to provide a safe and healthy workplace. In response to COVID-19, DEC is prohibiting access to our work areas by those who pose an elevated risk of spreading COVID-19. By completing this site Entry/Exit log, you acknowledge your understanding of this policy and confirm that your health and travel history is NOT in one of the prohibited access groups listed below, and to the best of your knowledge, you do not pose an elevated risk of transmitting COVID-19 to others. Please leave the site immediately and follow recommendations from public health agencies and your healthcare provider if you fall into one of the prohibited access groups listed below:

- You are experiencing flu-like symptoms including but not limited to fever, chills, cough, sore 0 throat, diarrhea, vomiting, runny/stuffy nose, muscle or body aches, headaches, fatigue.
- You have traveled to CDC-restricted destinations in the last 2 weeks including China, South 0 Korea, Iran, United Kingdom & Ireland, all European Union countries, Switzerland and regions within the U.S. for which public health agencies have prohibited travel.
- You had direct contact with a person diagnosed with COVID-19 or suspected of having COVID-0 19 during the last 2 weeks.

Name	Initials	Affiliation	Date	Time In	Time Out
Frank Zabel	152	Artech	9/15/20	8:00	
Jeff Monno	IM	Aztech	9/15/30	8:00	
Frank Zabel	FZ	Artech	9/12/20		
John STUTZKE	0.5	plen	9/18/20	8:00	
Frank Zabel	FZ	Artech	9/22/2	8:00	
Jon Brooking	JUS	Aztech	9/22/2	v 800	
Frank Zabel	FZ	Aztech	9/25/20	8:00	
JON BODOKM	SD	Aztech	78/2	0 05-	
Auston Armbruster	AA	Aztah	9/29/202	08:00	
Frank Zabel	FZ	Aztech	9/29/20	8:00	
Frank Zabel	FZ	Aftech	10/2/20	00:30	
John STUTZKE	J.5.	Acteur	10/2/20	8200	
SARREAT CORLEAN	60	AZTECH	10/6/20	800	
Frank Zabel	FT	Aztech	10/6/20	800	
Frank Zabel	FZ	Aztech	10/9/20	8:00	
Zachary Condon	ZC	Aztech	10/9/20		1

Date: 1/2/20 Page 1 of 9

NYSDEC Division of Environme Site Location: 911 1		1	partment of vironmental nservation		D011107 Superintend		
		Conditions			Consultant F		
General Description	SUNNY	AM	10	PM			
Temperature	80'5	AM		PM	Consultant S	Site Inspec	tors:
Wind	none	AM		PM			
Health & Safety							
If any box below is			ination under "h	Health a			A STATE OF A
Were there any changes					*Yes	No)	NA
Were there any exceeda	ances of the perir	neter air monitorir	g reported on this	date?	*Yes	No	NA
Were there any nuisance	e issues reported	d/observed on this	date?	-	*Yes	No	NA
Health & Safety Com	nments				STR. CONTRACTOR		
A	cit + Ba	e Expos	lire				
Summary of Work P	1	Arrived at site:	8:00	D	eparted Site	:]/	:30
Equipment/Material ¹ If any box below is c Were there any vehicles Were there any vehicles	checked "Yes" which did not dia	splay proper D.O.			Tracking Co *Yes * Yes	omments	s".
If any box below is c Were there any vehicles	which did not dia which were not which were not	splay proper D.O. tarped?	۲ numbers and pla	cards?	*Yes * Yes	No	NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not coment	splay proper D.O. tarped?	F numbers and pla	icards? vork site ^r T	*Yes * Yes ? * Yes rade	No No No	NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site'	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site ^r T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site ^r T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site ^r T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site ^r T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site ^r T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA
If any box below is c Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not dis which were not which were not which were not oment	splay proper D.O. tarped? decontaminated p	F numbers and pla	icards? vork site T	*Yes * Yes ? * Yes rade	No No No	NA NA NA

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗗
Comments:		
		11.77
		a sa tinggonin
i an Assessed Alta and Altan S		

REMEDIAL ACTIVITIES AT PROPERTIES

	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No
2.	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 🗆
f Yes	to <u>any</u> 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.	Yes 🔽	No 🗆
	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.		
	ents:		

TATE Department of Environmental Conservation

Date: 1/2/20 Page 8 of 9

DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 7/7/20 Page 1 of 9

Division of Environme Site Location: 911				tment of nmental rvation			Superintende		
	Weathe	er Condition	ns		1999		Consultant Pl	M-	
General Description	Sunny		1		PI				Anti-Aria otta-
Temperature Wind	3195	AM AM			PI PI		Consultant Si	te Inspec	ctors:
Health & Safety	,		L		L ! !	141			
If any box below is	checked "Ye	s", provide	explana	tion und	er "Healt	th 8			
Were there any change					97 - 2 - 2		*Yes	No	NA
Were there any exceed					h this date?	?	*Yes	No	NA
Were there any nuisand		ed/observed	on this da	te?		_	*Yes	No	(NA)
Health & Safety Cor									
Acid	+ Base 1	txpsu	e Co	VID-	19				
Summary of Work P		Arrived a				De	eparted Site:	THE A	120-1
If any box below is o	checked "Yes					-	Tracking Co	mments	s".
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes s which did not o s which were no	display prope ot tarped?	er D.O.T ni	umbers an	d placards	s?	*Yes * Yes	No No	(NA)
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not of s which were no s which were no	display prope ot tarped?	er D.O.T ni	umbers an	d placards	s?	*Yes * Yes	No	NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not of s which were no s which were no	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site?	*Yes *Yes • Yes	No No No	(NA)
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T ni	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	NA NA NA Otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes • Yes	No No No T	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours
	checked "Yes s which did not o s which were no s which were no pment	display prope ot tarped? ot decontamir	er D.O.T n	umbers an	d placards	s? site? Tr	*Yes *Yes *Yes	No No No T	(NA) (NA) (NA) otal Hours



Date: 7/7/20 Page 8 of 9

DAILY HEALTH CHECKLIST

		(
Is social distancing being practiced?	Yes 🗗	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖄	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		
and the second		

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🗹
2. 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 <u>any</u> 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 is 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 🗆
Comments:		

Levironmental 50

Page **1** of **9** <u>Date: 1/0/20</u>

				· <u> </u>			
NYSDEC Division of Environm	ental Remedi	~~ Y	EW ORK TATE Environmental Conservation	50	NYSDEC C D011107	Contract I	No.
Site Location: 911	11th Street	Wateryliet			Superintende	nt:	
					NYSDEC PM	:	
Concert Description		er Conditio	<u>ns</u>		Consultant Pi	VI: A	-
General Description	50120 1. 75	tot AM	<u>~</u>	PM			~ .
Temperature Wind		AM AM لما		PM PM	Consultant Si	te inspector * Μ.(s. ``
Health & Safety	15 mph 10					1 1-12	<u> </u>
If any box below is	checked "Ye	es", provide	explanation ur	nder "Health &	Safety Com	ments".	
Were there any change	es to the Health	& Safety Plan	n ?		*Yes	(No)	NA
Were there any exceed	lances of the pe	erimeter air m	onitoring reported	on this date?	*Yes	No	NA
Were there any nuisand	ce issues repor	ted/observed	on this date?		*Yes	(No)	NA
Health & Safety Cor	nments				•		•
Hot & Hunid . Carestic Se	slutions	<u> </u>				to a	
Summary of Work F)De	parted Site:		
Performed s	yster C) am	grai-	ods Mai	stenun	03	
Equipment/Material If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not s which were no s which were no	display prope ot tarped?	r D.O.T numbers a	and placards?	Fracking Cor *Yes *Yes *Yes	nments". No No No	NA NA NA
Personnel and Equi	pment			1			
		Co	mpany	Tra	ide	Total	Hours
Mutt Kyan	10	LaBell	~	Engineer	<u> </u>		
Milline insper	e	LUDPIL	1	(CCTAPRCA	7		
					· · ·		
				1			
				····			· · · ·
	1			1		- 1	
					· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		····		
						-	



DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 1/10/20 Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🕅	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🔊	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 😥	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 😥	No 🗆
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 🎾
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No X
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	Nob
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes 🗆	Ng/27
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 🗆
lf Yes	to <u>any</u> of 1-4 above:		
٠	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.	Yes 🗆	No 🗆
•	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.		
Comm	ents:		
	Jones		



DAILY INSPECTION REPORT

Off Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site' Personnel and Equipment	*Yes *Yes *Yes eparted Site	PM: PM: Site Inspec Domments" No No No No	NA NA 30
Weather Conditions General Description Summy AM PM Temperature 105 AM PM Wind AM PM Wind AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Acid + Back Exposure, COVID-I? Summary of Work Performed Arrived at site: 100 D Off Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site?	Consultant Consultant & Safety Co *Yes *Yes *Yes eparted Site	PM: Site Inspector No No No Somments No	NA NA 30
General Description \$\mathcal{Summy} AM PM Temperature 105 AM PM Wind AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments ACid + Back Exposure, COVID-19 Summary of Work Performed Arrived at site: 8'00 D Off Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site' Personnel and Equipment	Consultant Safety Co *Yes *Yes *Yes eparted Site Tracking C *Yes *Yes	Site Inspec	NA NA 30
Wind AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Acid + Back Expender, COVID-19 Summary of Work Performed Arrived at site: 8:00 D Off Off Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not decontaminated prior to exiting the work site'	A Safety Co *Yes *Yes *Yes eparted Site Tracking C *Yes *Yes	omments" No No e: ///;	NA NA 30
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Acid + Back Expander, CONTD-19 Summary of Work Performed Arrived at site: 8:00 D Off Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not decontaminated prior to exiting the work site' Personnel and Equipment	*Yes *Yes *Yes eparted Site	No No e: ///;	NA (NA) NA 30
If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Acid + Back Expand Summary of Work Performed Arrived at site: 8:00 D Off Bray box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site?	*Yes *Yes *Yes eparted Site	No No e: ///;	NA (NA) NA 30
Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Acid + Back Expand, COVID-19 Summary of Work Performed Arrived at site: 8:00 D Off If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site' Personnel and Equipment	*Yes *Yes parted Site	No No e: ///;	30 ".
Were there any nuisance issues reported/observed on this date? Health & Safety Comments Acid + Bask Exposule, COVID-19 Summary of Work Performed Arrived at site: 8:00 Off Gf Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment	*Yes eparted Site Tracking C *Yes * Yes	No e: //; comments No	30 ".
Health & Safety Comments Acid + Back Exposule, COVID-IN Summary of Work Performed Arrived at site: 8:00 D Off Off D D Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Company T	eparted Site Tracking C *Yes * Yes	e: //; comments	30 ".
Acid + Basse Expander, COVID-IN Summary of Work Performed Arrived at site: 8:00 D Off Off Bequipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company	Tracking C	comments	
Summary of Work Performed Arrived at site: \$ '00 D Off Off Off D Guipment/Material Tracking Fany box below is checked "Yes", provide explanation under "Material Vere there any vehicles which did not display proper D.O.T numbers and placards? Vere there any vehicles which were not tarped? Vere there any vehicles which were not decontaminated prior to exiting the work site? Veresonnel and Equipment Company T	Tracking C	comments	
Off Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment	Tracking C	comments	
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment	*Yes * Yes	comments	
Individual Company Tu		No	NA
FRAMM Label Antech Te			
Zach Conton Artech 10	ade		otal Hours
	ch		3.5
			2.0.0
			And a second second

State Environmental 50

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗗	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🛛	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🕑	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🕁
Comments:		zelo Blazio 9 -
		$\{ \overline{a}_{i}, \overline{a}' \in A \}$
		1.01.669.02

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
2.	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 <u>any</u> 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 is critical that service/entry be carried out immediately, advise	Yes 🗄	No 🗆
	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.		
Comm	ents:	1	

State Conservation

DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

NYSDEC Contract No. Department of Environmental Conservation NYSDEC NEW YORK STATE D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: **General Description** Duercast PM AM 605 AM PM Consultant Site Inspectors: Temperature Wind AM PM **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 NA NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes No NA *Yes Were there any nuisance issues reported/observed on this date? No **Health & Safety Comments** Acid + Base Exposure, COVID-19 Summary of Work Performed Arrived at site: 8,00 Departed Site: 11:30 OFM 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 Were there any vehicles which were not tarped? * Yes No NA * Yes Were there any vehicles which were not decontaminated prior to exiting the work site? No ŇA Personnel and Equipment Individual **Total Hours** Company Trade Frank Laber 5 tect lay Hammand

Page 1 of 9

Date: 1/17k0

Law Department of Environmental Conservation

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037 Report No.

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🕼	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🕸	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🕼	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🕅	Not
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 🗹
Comments:		
		levit y př.
		sel tradition

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🖄
2.	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 🗆
f Yes	to <u>any</u> 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:		

Date: 7/17/20 Page 8 of 9

State Conservation 50

DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037

NYSDEC Contract No. NEW YORK STATE Conservation NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: PM **General Description** Sunny AM Consultant Site Inspectors: Temperature 705 AM PM Wind AM PM **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) NA NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes No Were there any nuisance issues reported/observed on this date? *Yes No NA Health & Safety Comments Acid + basse Exposure, COVID-19 7:00 Departed Site: 1:30 Summary of Work Performed Arrived at site: Itm 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? NA *Yes No * Yes NA Were there any vehicles which were not tarped? No Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes (NA) No Personnel and Equipment Individual Total Hours Trade Company Frank Labe Andren Tal Tech et Tallo Engineer

Date: 7/2//20



Date: 7/21/20 Date: 7/21/20

DAILY HEALTH CHECKLIST

	. /	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🕅	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes D	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖞	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🕁
2.	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 t
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 <u>any</u> 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 🗆
Comm	ents:		

State Conservation 5

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037____ Report No.

NY Weather Conditions NY General Description Weather Conditions OPEN AM PM Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="				t No.
Weather Conditions Co Seneral Description Summy AM PM Co Vind Light AM PM Co Vare there any box below is checked "Yes", provide explanation under "Health & Sa Sa Vere there any exceedances of the perimeter air monitoring reported on this date? * Vere there any nuisance issues reported/observed on this date? * * Vere there any nuisance issues reported/observed on this date? * * Vere there any nuisance issues reported/observed on this date? * * Vere there any nuisance issues reported/observed on this date? * * Vere there any verformed Arrived at site: Image: Comments * Summary of Work Performed Arrived at site: Image: Comments * Summary of work performed Arrived at site: Image: Comments * Summary of Work Performed Arrived at site: Image: Comments * Core there any vehicles whic		Superintende		
Americal Description Summy AM PM Co remperature 76 AM PM Co Vind Light AM PM Co Iealth & Safety AM PM Co f any box below is checked "Yes", provide explanation under "Health & Sa Yere there any changes to the Health & Safety Plan? * Vere there any exceedances of the perimeter air monitoring reported on this date? * * Vere there any nuisance issues reported/observed on this date? * * Iealth & Safety Comments * * Depar Summary of Work Performed Arrived at site: Image: Signification under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking any box below is checked "Yes", provide explanation under "Material Tracki				
emperature 76 AM PM Co Vind 1.ght AM PM Co lealth & Safety AM PM Co f any box below is checked "Yes", provide explanation under "Health & Sa Safety Plan? * Vere there any changes to the Health & Safety Plan? * * Vere there any exceedances of the perimeter air monitoring reported on this date? * Vere there any nuisance issues reported/observed on this date? * lealth & Safety Comments * summary of Work Performed Arrived at site: Image: Safety Comments summary of Work Performed Arrived at site: Image: Safety Comments any box below is checked "Yes", provide explanation under "Material Tracking * any box below is checked "Yes", provide explanation under "Material Tracking * any box below is checked "Yes", provide explanation under "Material Tracking * 'ere there any vehicles which did not display proper D.O.T numbers and placards? * 'ere there any vehicles which were not tarped? * 'ere there any vehicles which were not decontaminated prior to exiting the work site? * 'ere there any vehicles which were not decontaminated prior to exiting the	tant PN	Consultant P	M:	
Itealth & Safety Itealth & Safety f any box below is checked "Yes", provide explanation under "Health & Safety Plan? * Vere there any exceedances of the perimeter air monitoring reported on this date? * Vere there any nuisance issues reported/observed on this date? * Vere there any nuisance issues reported/observed on this date? * Itealth & Safety Comments * Bummary of Work Performed Arrived at site: Itealth & Depart Summary of Work Performed Arrived at site: Itealth & Depart Yere there any vehicles which did not display proper D.O.T numbers and placards? * Yere there any vehicles which were not tarped? * * Yere there any vehicles which were not decontaminated prior to exiting the work site? * Yeresonnel and Equipment Company Trade Mark Zabe Artfach Tech	tant Sit	Consultant S	ite Inspec	tors:
f any box below is checked "Yes", provide explanation under "Health & Sa Vere there any changes to the Health & Safety Plan? Vere there any exceedances of the perimeter air monitoring reported on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any verification under "Material Tracking" any box below is checked "Yes", provide explanation under "Material Tracking" any box below is checked "Yes", provide explanation under "Material Tracking" Vere there any vehicles which did not display proper D.O.T numbers and placards? Vere there any vehicles which were not tarped? Vere there any vehicles which were not decontaminated prior to exiting the work site? Vere there any vehicles which were not decontaminated prior to exiting the work site? versonnel and Equipment Individual Company Trade				
Vere there any changes to the Health & Safety Plan? Vere there any exceedances of the perimeter air monitoring reported on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Vere there any nuisance issues reported/observed on this date? Identify a state is the state is	Com	Safety Con	nments"	
Vere there any exceedances of the perimeter air monitoring reported on this date? Vere there any nuisance issues reported/observed on this date? Iealth & Safety Comments Summary of Work Performed Arrived at site: Summary of Work Performed Summary of Work Performed Summary of Work Performed Arrived at site: Summary of Work Performed Arrived at site: Summary of Work Performed Summary of Work Performed Summary of Work Performed Arrived at site: Summary of Work Performed Arrived at site: Summary of Work Performed Summary of		*Yes	No 🗸	/
Vere there any nuisance issues reported/observed on this date? * Iealth & Safety Comments * Summary of Work Performed Arrived at site: Image: State issues issues issues reported/observed on this date? Summary of Work Performed Arrived at site: Image: State issues issues issues issues its issues issues issues reported/observed on this date? Departing issues isues issues issues issues issues issues issues issues i		*Yes	No /	NA
Iealth & Safety Comments Summary of Work Performed Arrived at site: Image: Company		*Yes	No -	NA
Summary of Work Performed Arrived at site: Image: State in the state in th		105		
ersonnel and Equipment Individual Company Trade Frank Zabel Aztrch Tech		*Yes * Yes	mments No No	". NA NA
Individual Company Trade Frank Zabel Aztech Tech		* Yes	No	NA
mank Zabel Astech Tech				
	ana a	de	То	
ack Condon Aztech Tech				tal Hours
			1.	tal Hours
				tal Hours
				tal Hours
	1.1.1.1.1.1			tal Hours
				tal Hour
				tal Hour



DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037_ Date: 7/24/20 Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🖸	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖃	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖻	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗗
Comments:		Went to EW
		hd' mili
		i filitadi

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🗹
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🗹
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 <u>any</u> 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. 	Yes 🗹	No 🗆
 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. 		
<u>Comments:</u>		

Page **1** of **9** Date: 7/<u>28/20</u>

Site Location: 911 1					Superintend		
		r Conditions			Consultant F	PM:	
General Description	Main/mer	AM		PM PM	Consultant S	site Inspec	tors.
Temperature Wind	705	AM		PM	oonsultant c	nie mopee	
Health & Safety							
If any box below is	checked "Ye	s", provide explana	ation under "Hea	Ith &	Safety Cor		·
Were there any changes	s to the Health	& Safety Plan?		-	*Yes	(No)	NA
Were there any exceeda	ances of the pe	rimeter air monitoring i	reported on this date	e?	*Yes	No	NA
Were there any nuisanc	e issues report	ed/observed on this da	ate?		*Yes	No	NA
Health & Safety Com	nments						
	Acid + B	AGE Exposul	re, Cova	FD.	-19		
Summary of Work P	erformed	Arrived at site:	8:00	De	parted Site:	1	1:30
		", provide explana	tion under "Mate	erial T	racking Co	omments	o".
Equipment/Material If any box below is c Were there any vehicles Were there any vehicles	which did not of which were not	display proper D.O.T n t tarped?	umbers and placard	ds?	racking Co *Yes * Yes	omments No No	(NA) (NA)
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	which did not of which were not whic	display proper D.O.T n t tarped?	umbers and placard	ds?	*Yes	No	(NA)
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	which did not of which were not whic	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n t tarped?	umbers and placard	ds?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not of which were not which were not which were not which were not	display proper D.O.T n it tarped? it decontaminated prio	umbers and placard	ds? site?	*Yes * Yes * Yes	No No No To	NA NA NA

Conservation 50

Page 8 of 9 <u>Date: 7/28/80</u>

DAILY HEALTH CHECKLIST

/	
Yes 🗹 /	No 🗆
Yes 🖄	No 🗆
Yes 🗹	No 🗆
Yes 🗹	No 🗆
Yes 🗹	No 🗆
Yes 🗆	No 🗹
	Yes Yes Yes Yes Yes

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
2.	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 🗆
lf Yes	to <u>any</u> 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 is critical that service/entry be carried out immediately, advise	Yes	No 🗆
	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.		

Landronmental Conservation

DAILY INSPECTION REPORT Report No.

Perfection Plating - NYSDEC Site No. 401037

NYSDEC Contract No. NEW YORK STATE Conservation NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: **General Description** PM AM SUNNY 805 None **Consultant Site Inspectors:** Temperature AM PM AM PM Wind 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 NA NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes No NA *Yes Were there any nuisance issues reported/observed on this date? No Health & Safety Comments Acid + Base Exposure, COVID-19 Summary of Work Performed Arrived at site: 8:00 :30 Departed Site: OFM 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 * Yes No NA Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes (NA) No Personnel and Equipment Individual **Total Hours** Company Trade Frank zabel Elliery Carter Artech och



Page 1 of 9

Date: 7/3/20

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037 Report No.

Page 8 of 9 Date: 1/3//20

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		
		Schland

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
2.	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 🗆
Yes	to <u>any</u> 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	Yes 🖪	No 🗆
omme	protection) - and do so prior to entry.		

Stati Conservation

DAILY INSPECTION REPORT

Perfection Plating - NYSDEC Site No. 401037 Report No.

Date: 8/4/20 Page 1 of 9 **NYSDEC Contract No.** Department of Environmental Conservation NEW YORK STATE NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: **General Description** PM Rain AM 605 Slight Consultant Site Inspectors: Temperature AM PM Wind AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments". No Were there any changes to the Health & Safety Plan? *Yes NA NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes No *Yes (NA) Were there any nuisance issues reported/observed on this date? No **Health & Safety Comments** Acid + Base Exposure, COVID-19 ork Performed Arrived at site: 8:00 De Summary of Work Performed Departed Site: 11:30 DIM 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 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 Personnel and Equipment **Total Hours** Individual Company Trade Frank Zabel Hect



Page 8 of 9 Date: 8/4/20

DAILY HEALTH CHECKLIST

	/	-
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		
		~ 한 영국성
		" the di

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
2.	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 <u>any</u> of 1-4 above:		
0	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 is 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:		

DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

Page **1** of **9** _____Date: 8/7/20____

Site Location: 911 [·]					Superintende		
		er Conditions		10.020	Consultant P	M:	
General Description	SUMMY			M	Consultant S		ctore.
Temperature Wind	Slight	AM AM		PM PM	Consultant S	ite inspec	51015.
Health & Safety	5117						
If any box below is	checked "Ye	s", provide explana	ation under "Heal	th &	Safety Con	nments'	•.
Were there any change			C. C		*Yes	(No)	NA
Were there any exceeda	ances of the pe	rimeter air monitoring r	eported on this date	?	*Yes	No	NA
Were there any nuisanc	e issues report	ed/observed on this da	te?		*Yes	No	NA
Health & Safety Con							
Summary of Work P	base <i>G</i>	Arrived at site:	8:00	De	parted Site:	1,	1:30
If any box below is c	checked "Yes				「racking Co │ *Yes	mments	s".
If any box below is of Were there any vehicles Were there any vehicles	which did not which were not	display proper D.O.T no ot tarped?	umbers and placards	s?	*Yes * Yes	No No	
Were there any vehicles Were there any vehicles Were there any vehicles	which did not which were no which were no	display proper D.O.T no ot tarped?	umbers and placards	s?	*Yes	No	(NA) (NA)
If any box below is of Were there any vehicles Were there any vehicles	which did not which were no which were no	display proper D.O.T no ot tarped?	umbers and placards	s?	*Yes * Yes * Yes	No No No	(NA) (NA)
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual From Tab	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual From Tab	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual From Tab	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual From Tab	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual From Tab	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual From 7 245	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual From 245	checked "Yes which did not which were no which were no oment	display proper D.O.T no ot tarped? ot decontaminated prior Company	umbers and placards	s? site?	*Yes * Yes * Yes	No No No	(NA) (NA) NA

State Conservation 5

Date: 8/7/20

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🛛	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes D	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖞	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:	22 (S = 1, 1) - 1	
		and supplies
		-121

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🗹
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🗹
Has anyone at this locaton had contact with anyone known to hav COVID-19 in the past 14 days?	e Yes □	No to
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 G
5. Does the Department and its contractors have your permission to the property at this time?	enter Yes	No 🗆
If Yes to <u>any</u> of 1-4 above:		
 If it is <u>not</u> critical that service/entry be carried out immediately and 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 is 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 🗆
Comments:		

Conservation 5

Page 8 of 9



Division of Environmental Reme	diation	rtment of onmental ervation	NYSDEC C D011107 Superintende		t No.
Site Location: 911 11th Stree	t, Watervliet, NY		NYSDEC PM		
Weat	her Conditions	05000	- Consultant PI		
General Description Sann	φ AM	PM			
Temperature (10)3 Wind //0,	ne AM	PM PM	Consultant Si	te Inspect	tors:
Health & Safety If any box below is checked "	Yes", provide explan	ation under "Health	& Safety Com	ments".	show with c
Were there any changes to the Heal			*Yes	No	NA
Were there any exceedances of the	perimeter air monitoring	reported on this date?	*Yes	No	CARA
Were there any nuisance issues rep	orted/observed on this da	ate?	*Yes	No	NA
Health & Safety Comments					
Acid + Beg	Se Exposure Arrived at site:	COVID.	- 19		
Summary of Work Performed	Arrived at site:	8:00 [Departed Site:	11/2	30
	si avend soovaa d			00000	sande) - TE
Equipment/Material Tracking If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were	ot display proper D.O.T r		*Yes	No	".
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were	ot display proper D.O.T r not tarped?	numbers and placards?	*Yes * Yes		". NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were	ot display proper D.O.T r not tarped?	numbers and placards?	*Yes * Yes	No No	". NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were	ot display proper D.O.T r not tarped?	numbers and placards? In to exiting the work site	*Yes * Yes	No No No	". NA NA tal Hours
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M. Contraction	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M. Contraction	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M. Contraction	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M. Contraction	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M.Con Tallod	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M.Con Tallod	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M.Con Tallod	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M.Con Tallod	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA
If any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual A.M. Contraction	ot display proper D.O.T r not tarped? not decontaminated prio	numbers and placards? In to exiting the work site	*Yes *Yes e? *Yes Trade	No No No	NA NA



DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🕅	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🕅	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖄	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖄	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🛃	No 🗆
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 🗆	N9Z
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and co COVID-19? 	onfirmed to have Yes 🗆	No 🗗
2. Is anyone at this location isolated or quarantined	for COVID-19? Yes	No 🖵
Has anyone at this locaton had contact with any COVID-19 in the past 14 days?	one known to have Yes □	Note
 Does anyone at this locaton have any symptoms infection (e.g., cough, sore throat, fever, or short 		No
Does the Department and its contractors have y the property at this time?	our permission to enter Yes	No 🗆
If Yes to any of 1-4 above:		
 If it is <u>not</u> critical that service/entry be carried out be postponed until the risk of COVID-19 is lower accomplished remotely/without entry, postpone without entry. If it is critical that service/entry be carried out impocupants that as a precaution and for our own personnel will be donning appropriate PPE* (inclusion) - and do so prior to entry. 	r, or can be or conduct service mediately, advise protection, project	No 🗆
Comments:		



Site Location: 911 11 th S	Street, V	Watervliet	, NY				Superinten			
		r Condition			14	TATALAS.	Consultant			
General Description		AM	Gu	nny		PM			atoro:	
Temperature		AM AM	8	103	2	PM PM	Consultant	Site inspe	ctors.	
Wind				NOVE	-		State State	Section and		
Health & Safety If any box below is chec	ked "Ye	s", provide	explana	ation un	der "He	alth &	Safety Co	omments	".	10
Were there any changes to th				ir eidens i	20101420		*Yes	(Nb	NA	~
Were there any exceedances				reported of	on this da	ate?	*Yes	No	NA	2
Were there any nuisance issu							*Yes	No	(/NA)
Health & Safety Commen					256.54				X	
		ex pose	ure,	COVI	-0-1	9				
Summary of Work Perfor		Arrived a	t site:	12	00	De	parted Site	e: 14	1:30	7
If any box below is check Were there any vehicles which	ked "Yes	display prope	explana er D.O.T r	ntion und	der "Ma and place	terial	*Yes	No	NA	}
Equipment/Material Trac If any box below is chec Were there any vehicles whic Were there any vehicles whic	ked "Yes ch did not ch were no	display prope ot tarped?	er D.O.T r	numbers a	and placa	ards?	*Yes * Yes	Commen No No No	ts".	
Equipment/Material Trac If any box below is chec Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic	ked "Yes ch did not ch were no ch were no	display prope ot tarped?	er D.O.T r	numbers a	and placa	ards?	*Yes * Yes	No No	NA MA	
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipment Individual	ked "Yes ch did not ch were no ch were no	display prope ot tarped? ot decontami	er D.O.T r	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA MA))) S
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual AwJrcw (Albar	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site?	*Yes * Yes * Yes ade	No No No	NA NA) // /s
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipment Individual	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) // s
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual AwJrcw (Albar	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) s
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual Awfrew Tall of	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) s
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual AwJrcw (Albar	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA)))))))))))))))))))
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual AwJrcw (Albar	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) s
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual AwJrcw (Albar	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) s
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual Awfrew Tall of	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) s
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual Awdrew fall of	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) 3) 3) 3) 3)
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual Awdrew fall of	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) ; ;
Equipment/Material Trac If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmen Individual Awdrew fall of	ked "Yes ch did not ch were no ch were no nt	display prope ot tarped? ot decontami	er D.O.T r nated prio	numbers a	g the wo	ards? rk site? Tr	*Yes * Yes * Yes ade	No No No	NA NA) () () () () () () () () () () () () ()



DAILY HEALTH CHECKLIST

Page 8 of 9

Date:

Is social distancing being practiced?	Yes	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🕅	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗄	No 🗆
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 团
Comments:	e de la la	
		THE STREET
		S AT SALAS
a a characteristic and a Carl II and a Carl II	¥	

REMEDIAL ACTIVITIES AT PROPERTIES

 2. Is anyone at this location isolated or quarantined for COVID-19? Yes N 3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days? Yes N Yes N A. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)? Yes N S. Does the Department and its contractors have your permission to enter the property at this time? If Yes to <u>any</u> 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 is 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. 				
 3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days? 4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)? 5. Does the Department and its contractors have your permission to enter the property at this time? If Yes to any of 1-4 above: If it is not 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 is 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 	1.		Yes 🗆	No
COVID-19 in the past 14 days? Yes □ N 4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)? Yes □ N 5. Does the Department and its contractors have your permission to enter the property at this time? Yes □ N If Yes to any of 1-4 above: Yes □ N If it is not 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. Yes ↓ N If it is 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. No	2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	Nod
infection (e.g., cough, sore throat, fever, or shortness of breath)? Yes □ N 5. Does the Department and its contractors have your permission to enter the property at this time? Yes A N If Yes to any of 1-4 above: Yes □ N • If it is not 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. Yes A N • If it is 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. N • If it is 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. N	3.		Yes 🗆	No
the property at this time? Yes Interpretent the property at this time? If Yes to any of 1-4 above: If it is not 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 is 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.	4.		Yes 🗆	No De
 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. 	5.		Yes д	No 🗆
 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 is 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. 	If Yes	to <u>any</u> of 1-4 above:		
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.	•	be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service	Yes 🖵	No 🗆
Comments:	•	occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory		
	Comm	ents:		

Report No. Perfection Plating - NYSDEC Site No. 401037 Date: 8/18/20

Division of Environmental Remed Site Location: 911 11 th Street,		ment of nmental vation 50		Superintende		
Weath	ner Conditions		00101			
General Description Sunny	AM		PM	Consultant P		
Temperature 705' Wind	AM AM		PM PM	Consultant S	ite Inspec	ctors:
Health & Safety If any box below is checked "Y	es", provide explana	tion under "Hea	alth 8	Safety Con	nments'	·.
Were there any changes to the Health			Ren con	*Yes	No	NA
Were there any exceedances of the p	perimeter air monitoring re	eported on this dat	e?	*Yes	No	NA
Were there any nuisance issues repo	rted/observed on this dat	te?		*Yes	No	NA
Health & Safety Comments						
Acid + Base Exp Summary of Work Performed	Arrived at site:	NF0-19 E100		eparted Site:		1:30
Were there any vehicles which did no	t display proper D.O.T nu	mbors and placer		and the second se		s".
	not tarped?	and water and		*Yes * Yes	No No	NA NA
Were there any vehicles which were r	not tarped?	and water and		* Yes		NA
Were there any vehicles which were r Were there any vehicles which were r Personnel and Equipment Individual	not tarped?	and water and	site?	* Yes	No No	NA NA
Were there any vehicles which were r Personnel and Equipment	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA
Were there any vehicles which were r Personnel and Equipment Individual	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA
Were there any vehicles which were r Personnel and Equipment Individual	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA
Were there any vehicles which were r Personnel and Equipment Individual	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA
Were there any vehicles which were r Personnel and Equipment Individual	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA
Were there any vehicles which were r Personnel and Equipment Individual	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA
Were there any vehicles which were r Personnel and Equipment Individual	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA
Were there any vehicles which were r Personnel and Equipment Individual	not tarped? not decontaminated prior	and water and	site?	* Yes * Yes	No No	NA NA NA

State Environmental 50

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037 Report No.

Date: 8/18/20 Page 8 of 9

DAILY HEALTH CHECKLIST

	-	-
Is social distancing being practiced?	Yes 🛛	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🛛	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🛛	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🗹
2. 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 en the property at this time?	Yes t	No 🗆
If Yes to <u>any</u> of 1-4 above:		
 If it is <u>not</u> critical that service/entry be carried out immediately and carbon 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 is 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. 	an Yes ₪	No 🗆
Comments:		

State Environmental 50

DAILY INSPECTION REPORT Report No.

Perfection Plating - NYSDEC Site No. 401037

Date: 8/2/ko Page 1 of 9 **NYSDEC Contract No.** NEW YORK STATE Department of Environmental Conservation NYSDEC D011107 **Division of Environmental Remediation** Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: **General Description** PM Sunny AM Consultant Site Inspectors: Temperature 800 AM PM Wind Mane AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments". *Yes (No) Were there any changes to the Health & Safety Plan? NA *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? **Health & Safety Comments** Acid + Base Exposure, COVED-19 2:00 Summary of Work Performed Arrived at site: Departed Site: 1:30 OtM 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 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 Personnel and Equipment Individual **Total Hours** Company Trade Front zolel Austin Armeruster Tect tech

Starie Environmental 56

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037 Report No.

Date: 8/2/ko Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹 🖉	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖄	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		
· · · · · · · · · · · · · · · · · · ·		
		1000

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🗹
2. 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?	r Yes 🗹	No 🗆
If Yes to <u>any</u> 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 is 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 🗆
Comments:		

Page 1 of 9 Date: 8/ 25/20

Division of Environmental Remed Site Location: 911 11 th Street Weath General Description 00%7 Co Temperature 803 Wind 7169 h4 Health & Safety	, Watervliet, NY her Conditions	rtment of onmental ervation 50	PM PM PM	D011107 Superintende NYSDEC PM Consultant PI Consultant Si	i: M:	ctors:
If any box below is checked "Y		ation under "Hea	alth &			
Were there any changes to the Health Were there any exceedances of the p		reported on this day	to?	*Yes *Yes	No	NA
Were there any nuisance issues repo			le?	*Yes	No	- (NA)
Health & Safety Comments	rted/observed on this da			103		
Acid + Base Exposur Summary of Work Performed	Arrived at site:	8:00		eparted Site:		11:30
Equipment/Material Tracking If any box below is checked "Ye	es", provide explana	tion under "Mat	erial	Tracking Co	mment	s".
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were	t display proper D.O.T n not tarped?	numbers and placar	rds?	*Yes * Yes	mments No No No	s". NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	t display proper D.O.T n not tarped?	numbers and placar	rds? k site?	*Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment	t display proper D.O.T n not tarped? not decontaminated prio	numbers and placar	rds? k site?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	t display proper D.O.T n not tarped? not decontaminated prio	numbers and placar	rds? k site?	*Yes *Yes *Yes	No No No	NA NA NA

State Conservation 5

Date: 8 / 25/20 Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖞	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖞	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		
		en us del

REMEDIAL ACTIVITIES AT PROPERTIES

Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🗹
Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes 🗆	No 🗹
Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🗹
Does the Department and its contractors have your permission to enter the property at this time?	Yes 🛛	No 🗆
s to <u>any</u> 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 🗆
ients:		
	 COVID-19? Is anyone at this location isolated or quarantined for COVID-19? Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days? Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)? Does the Department and its contractors have your permission to enter the property at this time? s to <u>any</u> 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 is 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 	COVID-19? Tes I Is anyone at this location isolated or quarantined for COVID-19? Yes I Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days? Yes I Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)? Yes I Does the Department and its contractors have your permission to enter the property at this time? Yes I s to any of 1-4 above: Yes of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. Yes I If it is 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 I

Chart Conservation 50

DAILY INSPECTION REPORT Report No.

Perfection Plating - NYSDEC Site No. 401037

NYSDEC Division of Environmental Remedia	ation	partment of fronmental servation	50	NYSDEC D011107 Superintend		t No.
Site Location: 911 11th Street,	Watervliet, NY			NYSDEC PI		
Weathe	er Conditions		1.1810642			
General Description Sunn	AM		PM	Consultant F		
Temperature 705	AM		PM	Consultant S	Site Inspec	tors:
Wind 5/1947	AM		PM			
Health & Safety If any box below is checked "Ye	s", provide expla	nation under	"Health 8	Safety Co	mments"	
Were there any changes to the Health a	& Safety Plan?			*Yes	No	NA
Were there any exceedances of the pe	rimeter air monitorin	g reported on th	is date?	*Yes	No	NA
Were there any nuisance issues reporte	ed/observed on this	date?		*Yes	No	(NA)
Health & Safety Comments						
Acit + Base Expo	yure a	OVIO-	19		-	
Summary of Work Performed	Arrived at site:	8:00	Y	eparted Site		11:30
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not o	display proper D.O.T			*Yes	No	MA
If any box below is checked "Yes Were there any vehicles which did not o Were there any vehicles which were no	display proper D.O.T ot tarped?	numbers and p	lacards?	*Yes * Yes	No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no	display proper D.O.T ot tarped?	numbers and p	lacards?	*Yes * Yes	No	MA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T ot tarped?	numbers and p	lacards?	*Yes * Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T ot tarped? ot decontaminated pr	numbers and p	lacards?	*Yes * Yes * Yes	No No No	

Page 1 of 9 Date: 8/28/20

Charter Conservation 50

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037 Report No.

Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖆 /	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖞	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		
		ê tir un tê tê

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	Not
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 É
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
Yes	to <u>any</u> of 1-4 above:		
0	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	Yes 🗹	No 🗆
	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.		
	ents:		



DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037

NYSDEC Contract No. NEW YORK STATE Conservation NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: **General Description** SUNNY PM AM Consultant Site Inspectors: PM Temperature 195 AM Wind none AM PM 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 NA NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes No NA *Yes Were there any nuisance issues reported/observed on this date? No **Health & Safety Comments** Acid + Base Exposure, COVED-19 Arrived at site: 8:00 1,30 Departed Site: Summary of Work Performed OtM 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 Were there any vehicles which were not tarped? * Yes No NA NA Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No Personnel and Equipment **Total Hours** Individual Company Trade Frank 2 abe (Garreft Corlew tech 3. ech

State Conservation 5

Date: 9/1/20 Page 1 of 9

Date: 9/1/20 Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖞 /	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖄	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:	enderse der einer ein Einer einer	next) - o militi A suit

REMEDIAL ACTIVITIES AT PROPERTIES

	1. Have anyone at this location been tested and confirm COVID-19?	ned to have Yes □	No 🖄
	2. Is anyone at this location isolated or quarantined for	COVID-19? Yes 🗆	No 🗹
	3. Has anyone at this locaton had contact with anyone l COVID-19 in the past 14 days?	known to have Yes □	No 🗹
	4. Does anyone at this locaton have any symptoms of a infection (e.g., cough, sore throat, fever, or shortness		No 🗹
	5. Does the Department and its contractors have your p the property at this time?	permission to enter Yes	No 🗆
lf Y	Yes to <u>any</u> of 1-4 above:		
	 If it is <u>not</u> critical that service/entry be carried out imm be postponed until the risk of COVID-19 is lower, or of accomplished remotely/without entry, postpone or co- without entry. If it is critical that service/entry be carried out immedia occupants that as a precaution and for our own prote personnel will be donning appropriate PPE* (includin 	can be onduct service iately, advise ection, project	No 🗆
Con	protection) - and do so prior to entry.		

Livit Conservation 50

DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

Page **1** of **9** _____Date: 9/4/20___

NYSDEC Division of Environmental Remedi Site Location: 911 11 th Street,	Watervliet, NY	mental 5	NYSDEC D011107 Superintend NYSDEC P	dent:	
	er Conditions		Consultant	PM:	
General DescriptionSunnTemperature705	AM	PM PM	1 Consultant	Site Inspec	ctors:
Wind hon	e AM	PM	1		
Health & Safety If any box below is checked "Y	es", provide explanat	ion under "Health	n & Safety Co	mments"	
Were there any changes to the Health	a & Safety Plan?		*Yes	Ng)	NA
Were there any exceedances of the p	erimeter air monitoring re	ported on this date?	*Yes	No	(NA)
Were there any nuisance issues report	ted/observed on this date	e?	*Yes	No	(NA)
Health & Safety Comments					
Acid Summary of Work Performed	+ Base Ex poso Arrived at site:	sino	D-19 Departed Site	<u>. /</u>	1:30
	s", provide explanatio	on under "Materia	al Tracking C	omments	5".
Equipment/Material Tracking If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n	display proper D.O.T nur			omments	NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n	display proper D.O.T nur ot tarped?	mbers and placards?	? *Yes * Yes	No	
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n	display proper D.O.T nur ot tarped?	mbers and placards?	? *Yes * Yes	No No	NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n	display proper D.O.T nur ot tarped?	mbers and placards?	? *Yes * Yes	No No No	NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T nur ot tarped? ot decontaminated prior t	mbers and placards?	? *Yes *Yes te? *Yes	No No No	NA NA NA



Date: 94/20 Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🛛	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🗹
2. 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 6
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 😰	No 🗆
If Yes to <u>any</u> 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 is 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 🗆
Comments:		

Start Conservation

DAILY INSPECTION REPORT Report No.

Perfection Plating - NYSDEC Site No. 401037

Date: 9/9/20 Page 1 of 9 **NYSDEC** Contract No. NEW YORK STATE Department of Environmental Conservation NYSDEC D011107 **Division of Environmental Remediation** Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: **General Description** Sun Os PM AM Consultant Site Inspectors: PM Temperature AM none Wind AM PM **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". *Yes No NA Were there any changes to the Health & Safety Plan? (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 **Health & Safety Comments** Acid + Base Exposure, COUTD-19 8:00 1:30 Summary of Work Performed Arrived at site: Departed Site: OtM 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? NA) *Yes No 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 Personnel and Equipment **Total Hours** Individual Trade Company Frank Zobel 3.5 Tech Hect Garreft Corlew

Stati Conservation

Date: 9/9/2 Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹 🖉	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:	e siffe Soc. 	
		n na sta

REMEDIAL ACTIVITIES AT PROPERTIES

	lave anyone at this location been tested and confirmed to have	Yes 🗆	No th
2. ls	s anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🗹
	las anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes 🗆	No D
	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No
	Does the Department and its contractors have your permission to enter ne property at this time?	Yes 🗹	No 🗆
If Yes to	any of 1-4 above:		
b a w ∙ If	Tit 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 ccomplished remotely/without entry, postpone or conduct service without entry. Tit is critical that service/entry be carried out immediately, advise	Yes 🗹	No 🗆
р	eccupants 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.		
Comment	<u>ts:</u>		

State Environmental 50

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037 Report No.

Date: 9/11/20 Page 1 of 9

	t, Watervliet, NY her Conditions Ay //////////AM AM AM	PM PM PM	Superintene NYSDEC P Consultant Consultant	ctors:	
If any box below is checked "Y		under "Health 8			
Were there any changes to the Healt			*Yes	Nø	NA
Were there any exceedances of the p		ted on this date?	*Yes	No	(NA)
Were there any nuisance issues repo Health & Safety Comments	oneu/observed on this date?		*Yes	No	(NA)
Summary of Work Performed	id + Base Expos Arrived at site:		eparted Site		11:30
	es", provide explanation	under "Material ⁻	Fracking C	omments	s".
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were	ot display proper D.O.T numbe not tarped?	ers and placards?	*Yes * Yes	No No	NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were	ot display proper D.O.T numbe not tarped?	ers and placards?	*Yes	No	INA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T numbe not tarped?	ers and placards? xiting the work site?	*Yes * Yes	No No No	NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment	ot display proper D.O.T numbe not tarped? not decontaminated prior to ex	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T numbe not tarped? not decontaminated prior to ex	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T numbe not tarped? not decontaminated prior to ex	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T numbe not tarped? not decontaminated prior to ex	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T numbe not tarped? not decontaminated prior to ex	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA

Conservation 5

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037 Report No.

Page 8 of 9 Date: 9/11/20

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
2.	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 <u>any</u> 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 is 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:		

State Environmental Conservation

DAILY INSPECTION REPORT

NYSDEC Division of Environmental Remedia	ation	50	NYSDEC (D011107		t No.
Site Location: 911 11 th Street,	Watervliet, NY		Superintende		
	er Conditions	1.47.83(31.52	Consultant Pl		
General Description		PM	Consultant Si		ore:
Temperature 60s Wind 51/464	AM AM	PM PM	Consultant Si	te inspect	015.
Health & Safety					
If any box below is checked "Ye		under "Health 8			
Nere there any changes to the Health		d on this data?	*Yes *Yes	No	NA NA
Nere there any exceedances of the pe Nere there any nuisance issues report		u on this date?	*Yes	No No	(NA)
lealth & Safety Comments		a	105		
Acid + Base EXP	posure COVIE	0-19			
Summary of Work Performed	Y F		eparted Site:	11	: 30
any box below is checked "Yes /ere there any vehicles which did not	display proper D.O.T numbers		*Yes	No	NA
Equipment/Material Tracking f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no	display proper D.O.T numbers ot tarped?	s and placards?	*Yes * Yes	-	
f any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes	No No No	NA
f any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Vere there any vehicles which did not Vere there any vehicles which were no Vere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Vere there any vehicles which did not Vere there any vehicles which were no Vere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	A A
f any box below is checked "Yes Vere there any vehicles which did not Vere there any vehicles which were no Vere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	A A
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	A A A
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	
f any box below is checked "Yes Nere there any vehicles which did not Nere there any vehicles which were no Nere there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA
any box below is checked "Yes Vere there any vehicles which did not Vere there any vehicles which were not Vere there any vehicles which were not Versonnel and Equipment Individual	display proper D.O.T numbers ot tarped? ot decontaminated prior to exit Company	s and placards? ting the work site?	*Yes * Yes * Yes	No No No	NA NA



Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No I
2.	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 🖌	Note
lf Yes	to <u>any</u> 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 is critical that service/entry be carried out immediately, advise	Yes 🗊	No 🗆
	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.		
Comme	ents:		

Charter Conservation

Date: 9/18/20 Page 1 of 9

YSDEC vision of Environmental Remed		ment of mental action 56	NYSDEC D011107 Superinten		t No.
te Location: 911 11 th Street	t, Watervliet, NY		NYSDEC F		
	her Conditions	1010	Consultant	PM:	
mperature 605	AM AM F AM	P P P	M Consultant		tors:
ealth & Safety any box below is checked "\				omments"	
ere there any changes to the Healt		ion anaor mou	*Yes	No	NA
ere there any exceedances of the		ported on this date	*Yes	No	NA
ere there any nuisance issues repo			*Yes	No	NA
ealth & Safety Comments				i ing CMu	
Acit + Base Exp	osure COV.	ID-19			
Immary of Work Performed	Arrived at site:	8100	Departed Site	e: //	1430
	es" provide evplanati	on under "Mater	al Tracking (Comments	,,,
uipment/Material Tracking any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were	ot display proper D.O.T nur not tarped?	mbers and placards	? *Yes * Yes	Comments	". NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were	ot display proper D.O.T nur not tarped?	mbers and placards	? *Yes * Yes	No No	NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were	ot display proper D.O.T nur not tarped?	mbers and placards	? *Yes * Yes	No No No	NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment	ot display proper D.O.T nur not tarped? not decontaminated prior t	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA
any box below is checked "Y ere there any vehicles which did no ere there any vehicles which were ere there any vehicles which were ersonnel and Equipment Individual Frank Vale	ot display proper D.O.T nur not tarped? not decontaminated prior t Company	mbers and placards	? *Yes *Yes ite? *Yes	No No No	NA NA NA

State Environmental 5

______Page 8 of 9

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹 /	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🖞	No 🗆
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 🗹
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

	ave anyone at this location been tested and confirmed to have OVID-19?	Yes 🗆	No 🗖
2. Is	anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🗄
	as anyone at this locaton had contact with anyone known to have OVID-19 in the past 14 days?	Yes 🗆	No 🖄
	oes anyone at this locaton have any symptoms of a respiratory fection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🗖
	oes the Department and its contractors have your permission to enter e property at this time?	Yes 🗹	No 🗆
If Yes to	any of 1-4 above:		
be ac w • If oc pe	it is <u>not</u> critical that service/entry be carried out immediately and can e postponed until the risk of COVID-19 is lower, or can be ccomplished remotely/without entry, postpone or conduct service ithout entry. it <u>is critical that service/entry be carried out immediately, advise</u> ccupants that as a precaution and for our own protection, project ersonnel will be donning appropriate PPE* (including respiratory rotection) - and do so prior to entry.	Yes 🗹	No 🗆
Comments	<u>S:</u>	1	

SATE Conservation 50

DAILY INSPECTION REPORT Perfection Plating - NYSDEC Site No. 401037_ Report No.

ort No. Perfection	Plating -	INTSDEC S	Site No. 40103	57	Date:	-1100	/
NYSDEC Division of Environmental Re	emediation '	York State Cor	partment of vironmental nservation		NYSDEC C D011107 Superintende		t No.
Site Location: 911 11 th St	reet, Wate	ervliet, NY			NYSDEC PM		
V	Veather Cor	nditions		en e			
General Description 500	nnv	AM		PM	Consultant Pl		
Temperature 2/C		AM		PM	Consultant Si	te Inspec	tors:
Vind 100	ne	AM		PM			
lealth & Safety	d "Vee"		nation under «Ц	141- 0	Cofety Com		
If any box below is checked Were there any changes to the			nation under "He	eann à	*Yes	No	NA
			n von out-al 11-1 1	ata 0		0	
Vere there any exceedances of	•		• .	ate?	*Yes	No	NA
/ere there any nuisance issues ealth & Safety Comments		served on this	date?		*Yes	(No ¹)	NA
O & M							
	NE GIOC	in Sthere	nintup to tudi	1021.1	0		
Equipment/Material Trackir f any box below is checked		ovide explan	nation under "Ma	terial	Fracking Col	nments	".
f any box below is checked	d "Yes", pro				Fracking Cor	mments	". NA
any box below is checked /ere there any vehicles which of /ere there any vehicles which v	d "Yes", pro did not display vere not tarpe	v proper D.O.T ed?	numbers and place	ards?	*Yes * Yes	No No	NA NA
any box below is checked (ere there any vehicles which of (ere there any vehicles which of	d "Yes", pro did not display vere not tarpe	v proper D.O.T ed?	numbers and place	ards?	*Yes * Yes	No	NA
Any box below is checked /ere there any vehicles which of /ere there any vehicles which w /ere there any vehicles which w	d "Yes", pro did not display vere not tarpe	v proper D.O.T ed?	numbers and place	ards?	*Yes * Yes	No No	NA NA
any box below is checked Vere there any vehicles which of Vere there any vehicles which we vere there any vehicles which we ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	proper D.O.T ed? ntaminated pri Company	or to exiting the wo	ards? rk site? Tr	*Yes * Yes	No No No	NA NA
any box below is checked Vere there any vehicles which of Vere there any vehicles which vere there any vehicles which veresonnel and Equipment	d "Yes", pro did not display vere not tarpe vere not deco	proper D.O.T d? ntaminated pr	or to exiting the wo	ards? rk site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which or (ere there any vehicles which or (ere there any vehicles which or ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	proper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which or ere there any vehicles which or (ere there any vehicles which or ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which of vere there any vehicles which of vere there any vehicles which of ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked /ere there any vehicles which of /ere there any vehicles which of /ere there any vehicles which of /ere there any vehicles which of ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which or ere there any vehicles which or (ere there any vehicles which or ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which of vere there any vehicles which of vere there any vehicles which of ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which or ere there any vehicles which or (ere there any vehicles which or ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which or ere there any vehicles which or (ere there any vehicles which or ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked ere there any vehicles which of ere there any vehicles which of ere there any vehicles which of ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked ere there any vehicles which of ere there any vehicles which v ere there any vehicles which v ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which or ere there any vehicles which or (ere there any vehicles which or ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked (ere there any vehicles which or ere there any vehicles which or (ere there any vehicles which or ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked ere there any vehicles which of ere there any vehicles which of ere there any vehicles which of ersonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked Vere there any vehicles which of Vere there any vehicles which of Vere there any vehicles which of Versonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked Vere there any vehicles which of Vere there any vehicles which of Vere there any vehicles which of Versonnel and Equipment Individual	d "Yes", pro did not display vere not tarpe vere not deco	rproper D.O.T ed? ntaminated pri Company	numbers and placa	ards? rk site? Tr	*Yes * Yes * Yes	No No No	NA NA NA



Date:

DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037_____

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
<u>Comments:</u>		2

REMEDIAL ACTIVITIES AT PROPERTIES

 3. Has a COVII 4. Does infecti 5. Does 	one at this location isolated or quarantined for COVID-19? hyone at this locaton had contact with anyone known to have D-19 in the past 14 days? anyone at this locaton have any symptoms of a respiratory on (e.g., cough, sore throat, fever, or shortness of breath)? the Department and its contractors have your permission to enter operty at this time?	Yes Yes Yes Yes Yes Yes Yes Yes	No 🗹 No 🗹 No 🗆
4. Does infection 5. Does the pro-	D-19 in the past 14 days? anyone at this locaton have any symptoms of a respiratory on (e.g., cough, sore throat, fever, or shortness of breath)? The Department and its contractors have your permission to enter operty at this time?	Yes 🗆	No I
5. Does the pre	on (e.g., cough, sore throat, fever, or shortness of breath)? The Department and its contractors have your permission to enter operty at this time?		
the pro	operty at this time?	Yes 🗹	No 🗆
f Yes to <u>any</u>	· · ·		
	of 1-4 above:		
be pos accom	not critical that service/entry be carried out immediately and can stponed until the risk of COVID-19 is lower, or can be uplished remotely/without entry, postpone or conduct service it entry.	Yes 🗆	No 🗗
occup persoi	critical that service/entry be carried out immediately, advise ants that as a precaution and for our own protection, project nnel will be donning appropriate PPE* (including respiratory tion) - and do so prior to entry.		
Comments:			



DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037_

NYSDEC Division of Environment	al Remedia	ation	artment of Ironmental servation	\bigcirc	NYSDEC 0 D011107		act l	۱o.
Site Location: 911 11	th Street.	Watervliet, NY			Superintende			
		er Conditions		-	NYSDEC PM			
General Description	Sunny	AM		PM	Consultant P			
Temperature 5	55	AM	ne martine august	PM	Consultant S	te Inspe	ector	s:
Wind γ Health & Safety	NO 1	AM	Constant and the second second	PM		Service Service	Silve -	
If any box below is ch	ecked "Ye	s", provide explai	nation under "H	ealth	& Safety Con	nments	s".	
Were there any changes to	12 20 11 11 11 11 11 11 11				*Yes	No	/	NA
Were there any exceedanc	ces of the pe	erimeter air monitoring	g reported on this o	date?	*Yes	No -	/	NA
Were there any nuisance is	ssues repor	ted/observed on this o	date?		*Yes	No -		NA
Oam	2.26	121404411.	8:00	JA4				_
		s" provide evplan	ation under "M	atorial	Tracking Co	mmen	te"	
If any box below is che Were there any vehicles w	ecked "Yes	display proper D.O.T			*Yes	No	ts".	NA
If any box below is che Were there any vehicles wi Were there any vehicles wi	ecked "Yes hich did not hich were no	display proper D.O.T ot tarped?	numbers and plac	ards?	*Yes *Yes	-	ts".	NA NA NA
If any box below is che Were there any vehicles wi Were there any vehicles wi Were there any vehicles wi	hich did not hich were no hich were no	display proper D.O.T ot tarped?	numbers and plac	ards?	*Yes *Yes	No No	ts".	NA
If any box below is che Were there any vehicles wi Were there any vehicles wi Were there any vehicles wi	hich did not hich were no hich were no	display proper D.O.T ot tarped?	numbers and plac	ards? ork site	*Yes *Yes	No No No	1	NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and plac	ards? ork site	*Yes *Yes ? *Yes	No No No	1	NA NA
If any box below is che Were there any vehicles wh Were there any vehicles wh Were there any vehicles wh Personnel and Equipm	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	ards? ork site	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Nere there any vehicles wi Nere there any vehicles wi Nere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Nere there any vehicles wi Nere there any vehicles wi Nere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Vere there any vehicles wi Vere there any vehicles wi Vere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Vere there any vehicles wi Vere there any vehicles wi Vere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Vere there any vehicles wi Vere there any vehicles wi Vere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Vere there any vehicles wi Vere there any vehicles wi Vere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Vere there any vehicles wi Vere there any vehicles wi Vere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Nere there any vehicles wi Nere there any vehicles wi Nere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
f any box below is che Nere there any vehicles wi Nere there any vehicles wi Nere there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
If any box below is che Were there any vehicles wi Were there any vehicles wi Were there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
If any box below is che Were there any vehicles wi Were there any vehicles wi Were there any vehicles wi Personnel and Equipm Individual	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA
Frank Zabe	hich did not hich were no hich were no	display proper D.O.T ot tarped? ot decontaminated pri	numbers and place	eards? ork site $\int C$	*Yes *Yes ? *Yes rade	No No No	1	NA NA



DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037____

Date:

DAILY HEALTH CHECKLIST

		/
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗹	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗅
Comments:	Andrew Constanting of Paralitation and Par	
		51691.1891) -

REMEDIAL ACTIVITIES AT PROPERTIES

	1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹
	2.	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 🗆
lf Y	'es	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.	Yes 🗆	No 🗹
	•	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.		
Cor	nme	ents:		

View Vorke Environmental Conservation

DAILY INSPECTION REPORT Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 9/29/20 Page 1 of 9

Division of Environment	tal Remediatio	on S	eW Depart ORK Environ > Conser	ment of Imental vation	26	J	D011107 Superinten		
Site Location: 911 11	th Street, W	atervlie	t, NY				NYSDEC P		
The OW PATER SATIS	Weather (Conditio	ns		2 10 10	Scil2.1			
General Description	overcast	AM				РМ	Consultant		
Temperature	705	AM	and shall be	al and an art		PM	Consultant	Site Inspec	ctors:
Wind	~	AM			F	РМ	the state of the s		
Health & Safety If any box below is ch	necked "Yes"	, provide	explana	tion und	ler "Heal	Ith 8	& Safety Co	omments'	
Were there any changes to							*Yes	No	NA
Were there any exceedance	ces of the perim	neter air m	onitoring re	eported or	n this date	?	*Yes	No	NA
Were there any nuisance i	issues reported/	/observed	on this dat	e?			*Yes	No	NA
Health & Safety Comm	nents								
Aci	it + base	Exp	25410	COL	ITD-	- 19	Y		
Summary of Work Per	if + base formed	Arrived a	t site:	81	10		eparted Site	e: 1/	:30
	acking	nomat su	revna da	liv ineh	réa listi	110	Tracking C	te önövr	m eel-l
Equipment/Material Tr If any box below is che Were there any vehicles w Were there any vehicles w	acking ecked "Yes", /hich did not dis	provide play prope	explanati	ion unde	er "Mate	rial	Tracking C	te önövr	5".
If any box below is ch Were there any vehicles w Were there any vehicles w	acking ecked "Yes", /hich did not dis /hich were not ta	provide play prope arped?	explanat i er D.O.T nu	ion unde mbers an	er "Mate Id placard	rial s?	Tracking C *Yes *Yes	comments	s".
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d	provide play prope arped?	explanat i er D.O.T nu	ion unde mbers an	er "Mate Id placard	rial s?	Tracking C *Yes *Yes	comments	s".
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d	provide play prope arped? econtamir	explanat i er D.O.T nu	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes *Yes	comments	s".
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual Framk Tabel	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA
If any box below is che Were there any vehicles w Were there any vehicles w Were there any vehicles w Personnel and Equipm Individual	racking ecked "Yes", /hich did not dis /hich were not ta /hich were not d nent	provide play prope arped? econtamir	explanation or D.O.T nut	ion unde mbers an	er "Mate Id placard	rial s? site?	Tracking C *Yes * Yes * Yes	comments	s". NA NA NA

State Conservation 50

Date: 9/29/20

DAILY HEALTH CHECKLIST

	/	
Is social distancing being practiced?	Yes 🗹	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖄	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖄	No 🗆 .
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹 /	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆
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 🗹
Comments:		te Tol Tellin

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🛃
2. 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 <u>any</u> 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 is critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project 	Yes 🗹	No 🗆
personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.		
Comments:		

SATI Conservation 50