



**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

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December 2020
Version: FINAL
EA Project No. 16025.13

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A handwritten signature in black ink, appearing to read "Donald Conan".

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

2 December 2020

Date

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Emily Cummings, E.I.T., Project Manager
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2 December 2020

Date

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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.

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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

concentrations above the New York State Ambient Water Quality Standard (AWQS) of 50 micrograms per liter ($\mu\text{g/L}$), with results of 6,700 $\mu\text{g/L}$, 790 $\mu\text{g/L}$, and 92 $\mu\text{g/L}$, respectively. The samples collected from monitoring well MW-EE-4S contained hexavalent chromium at a concentration below the New York State AWQS of 50 $\mu\text{g/L}$, with a result of 28 $\mu\text{g/L}$. 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 $\mu\text{g/L}$, with a result ranging from 11 to 18 $\mu\text{g/L}$. 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 $\mu\text{g/L}$.

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.

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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.

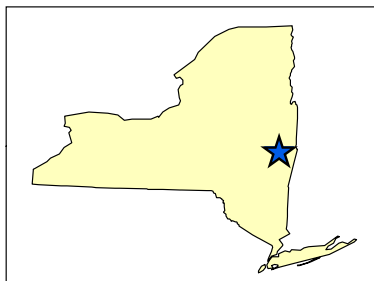
———. 2020b. *Memorandum: Former Perfection Plating Site (Site No. 401037)*. 17 April.

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Figures

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Legend
★ Site Location

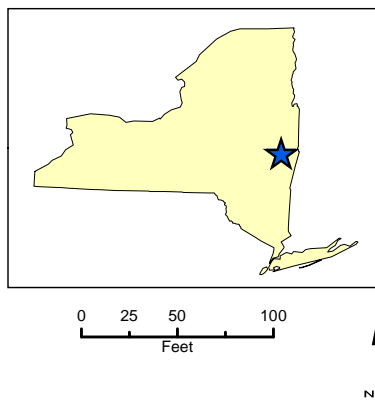
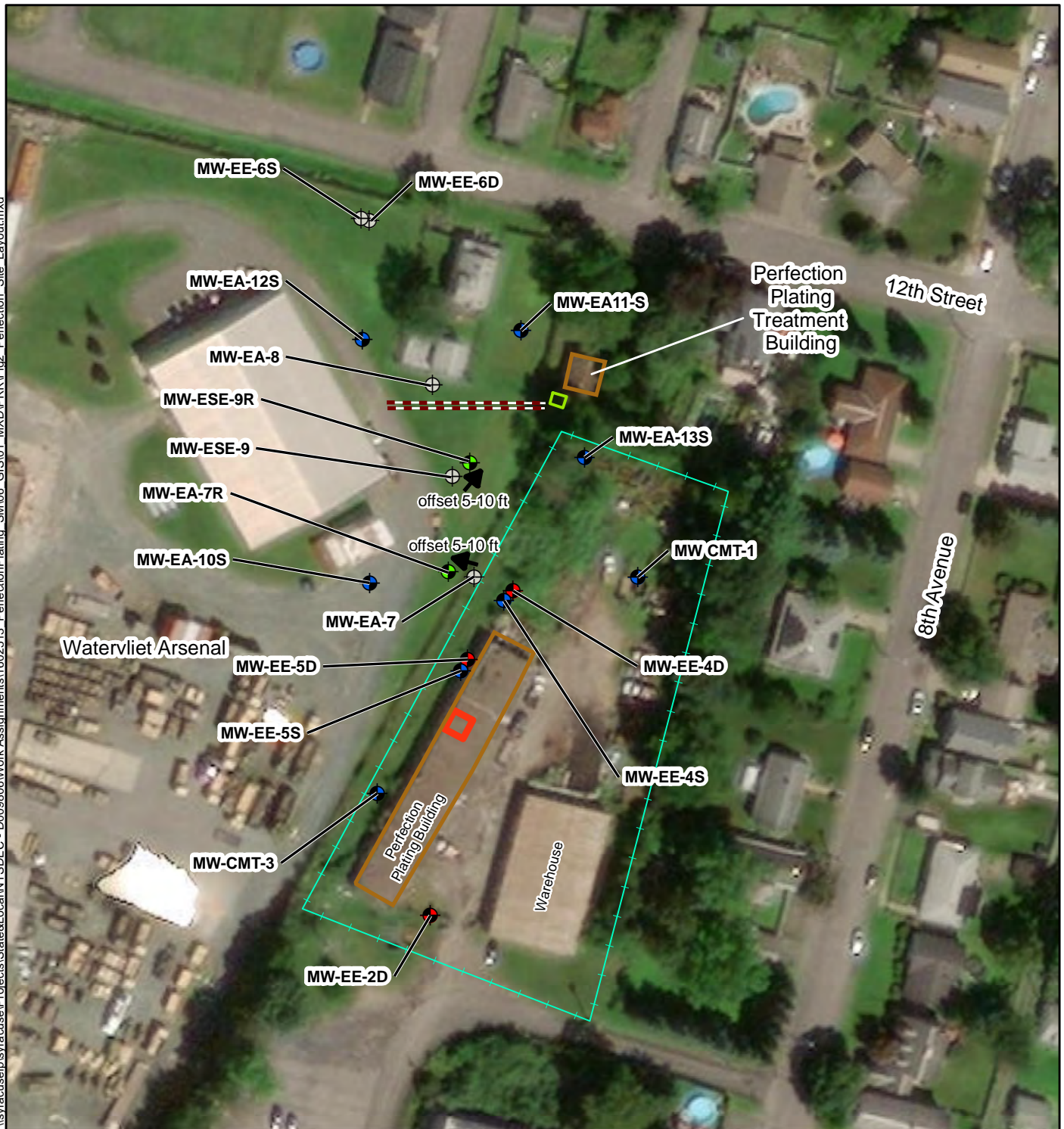
0 0.125 0.25 0.5
Miles

N

Figure 1
Site Location Map
Perfection Plating Site (4-01-037)
Watervliet, New York

Map Date: 8/17/2017
Projection: State Plane NAD83 New York East (feet)

\\syracuse\p\syrcuse\Projects\State&Local\NYSDEC - D009806\Work Assignments\1602513 - Perfection Plating\Fig2 - Perfection Site Layout.mxd



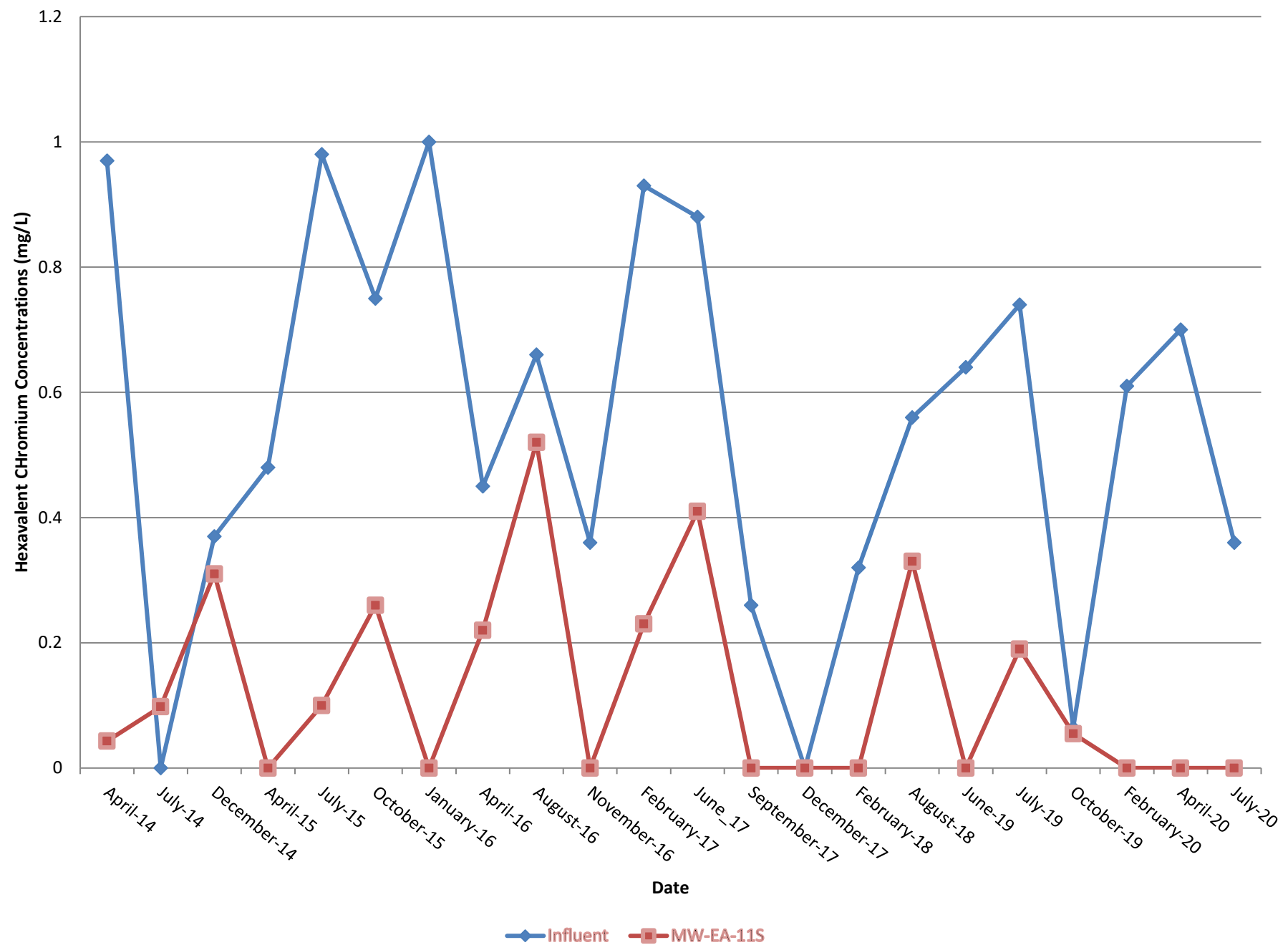
Legend

- Perfection Plating Site Boundary
- Buildings
- Former Excavation Area
- Collection Trench
- Sump Location
- Overburden Monitoring Well
- Bedrock Monitoring Well
- Replacement Monitoring Well (approximate location)
- ⊕ Abandoned Well

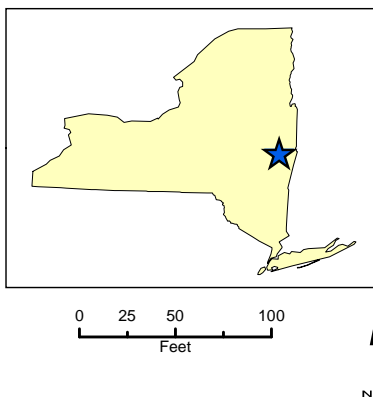
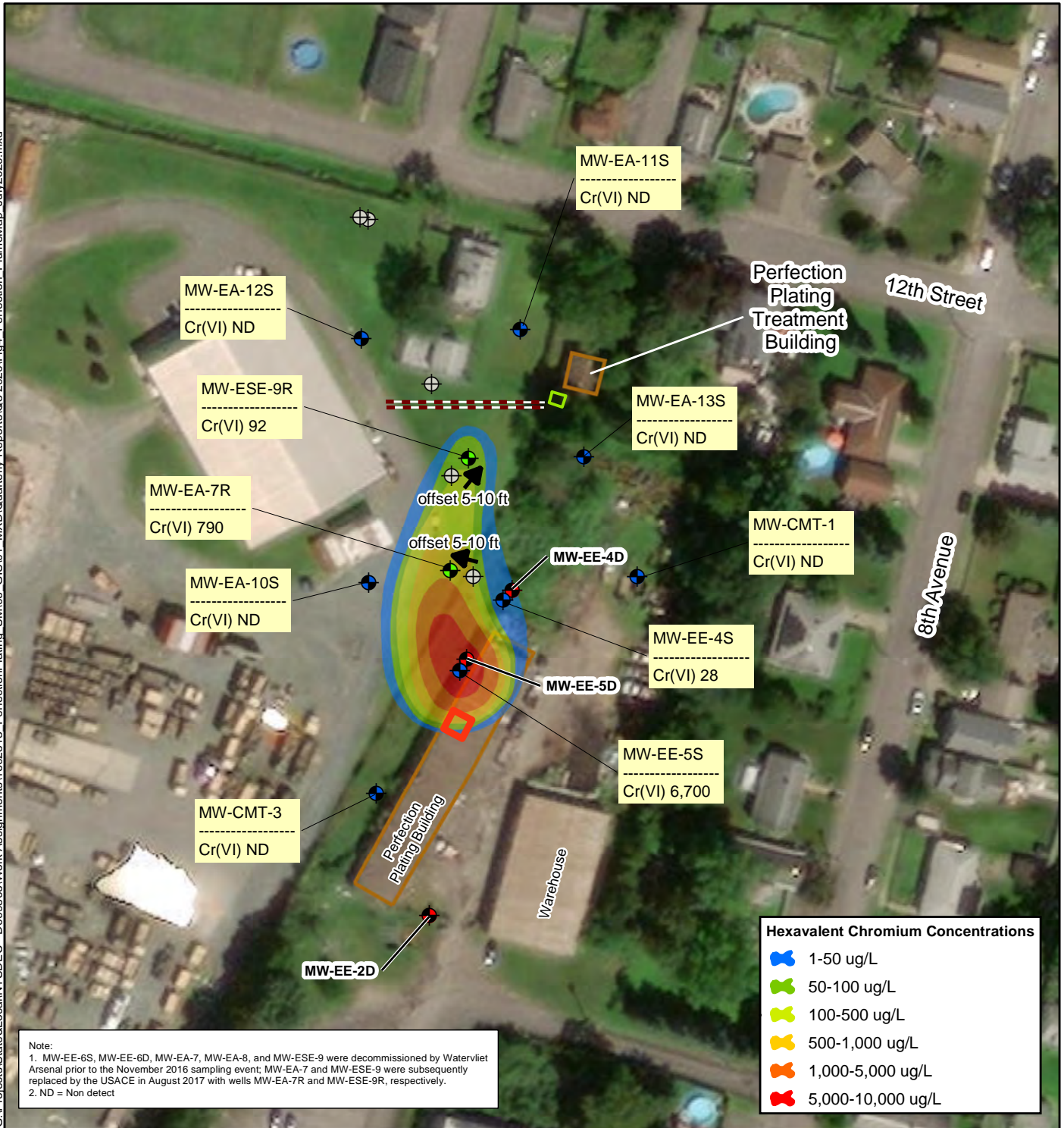
Figure 2
Site Layout
Perfection Plating Site (401037)
Watervliet, New York

Map Date: 8/13/2020
Projection: State Plane NAD83 New York East (feet)

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



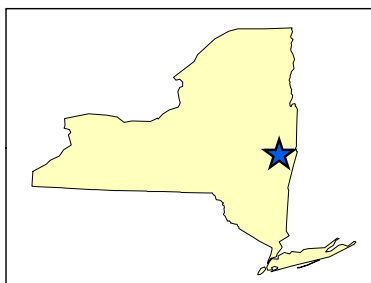
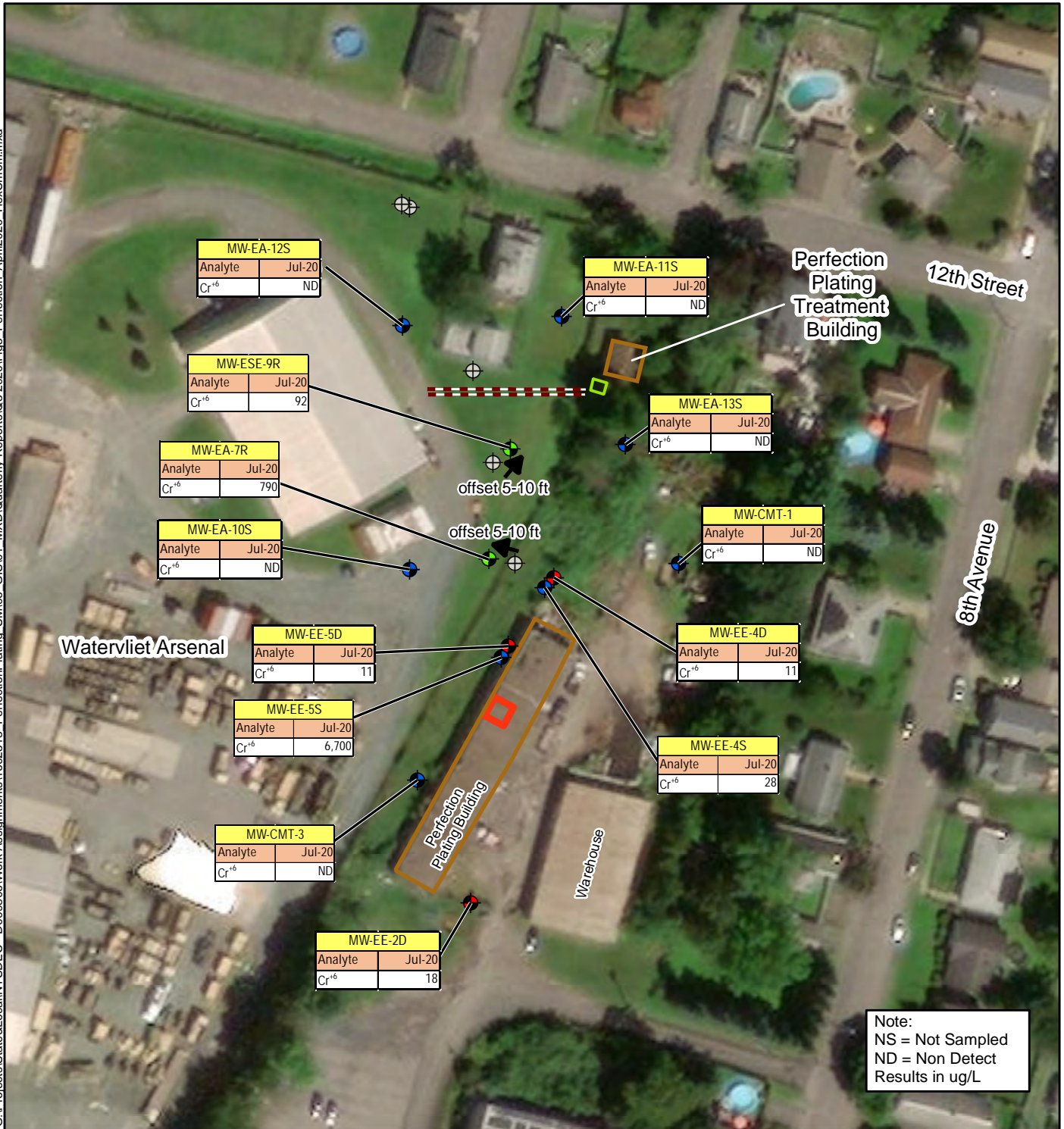
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- Legend**
- Overburden Monitoring Well
 - Bedrock Monitoring Well
 - Replacement Monitoring Well (approximate location)
 - Abandoned Well
 - Collection Trench
 - Sump Location
 - Former Excavation Area
 - Buildings

Figure 4
 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)



Legend

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

0 25 50 100
Feet

N

Figure 5
 Hexavalent Chromium Concentrations
 July 2020
 Perfection Plating Site (401037)
 Watervliet, New York

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



Tables

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Table 1 Treatment System Analytical Results (July 2020)

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
CYANIDE AMENABLE TO CHLORINATION SM 4500CN_G (mg/L)			
Cyanide Non-Amenable	0.0075 J	0.019	1.1
HEXAVALENT CHROMIUM SM3500-CR D (mg/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 greater than or equal to the MDL and the concentration is an approximate value All analytical data results provided by Eurofins TestAmerica.			

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Table 1 Treatment System Analytical Results (August 2020)

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	0.20	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	0.07
Zinc	0.0067 J	0.0015 J	0.4
CYANIDE AMENABLE TO CHLORINATION SM 4500CN_G (mg/L)			
Cyanide Non-Amenable	0.0086 J	0.0100	1.1
HEXAVALENT CHROMIUM SM3500-CR D (mg/L)			
Hexavalent Chromium	0.36	0.0150	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 greater than or equal to the MDL and the concentration is an approximate value All analytical data results provided by Eurofins TestAmerica.			

Table 1 Treatment System Analytical Results (September 2020)

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	0.6	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 AMENABLE TO CHLORINATION SM 4500CN_G (mg/L)			
Cyanide Non-Amenable	0.0061 J	<0.0050	1.1
HEXAVALENT CHROMIUM SM3500-CR D (mg/L)			
Hexavalent Chromium	0.63	<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 greater than or equal to the MDL and the concentration is an approximate value All analytical data results provided by Eurofins TestAmerica.			

Table 2 Daily Mass Removal Results (July 2020)

Parameter	Discharge Limitations	Influent		Effluent		Amount Removed
	Daily Max ^(a)	July 2020 ^(b)				
	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	0.400	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 AMENABLE TO CHLORINATION SM 4500CN_G						
Cyanide Non-Amenable	1.1	0.00011	0.0075	0.0003	0.019	0.00000
HEXA VALENT CHROMIUM SM3500-CR D						
Hexavalent Chromium	2.7	0.0055	0.37	ND	<0.0050	0.00547
TOTAL SUSPENDED SOLIDS 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 Limitations and Monitoring Requirements.						
(b) Average system flowrate during the period (July - September 2020) was 1773 gallons per day.						
NOTES:						
lb/day = Pound(s) per day		GPD = Gallon(s) per day				
mg/L = Milligram(s) per liter		MGD = Million(s) of gallon(s) per day				
ND = Not detected						

Table 2 Daily Mass Removal Results (August 2020)

Parameter	Discharge Limitations	Influent		Effluent		Amount Removed
	Daily Max ^(a)	August 2020 ^(b)				
	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
CYANIDE AMENABLE TO CHLORINATION SM 4500CN_G						
Cyanide Non-Amenable	1.1	0.0001	0.0086	0.00015	0.01	0.0000
HEXAVALENT CHROMIUM SM3500-CR D						
Hexavalent Chromium	2.7	0.0053	0.36	0.00015	0.01	0.0052
TOTAL SUSPENDED SOLIDS 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 Limitations and Monitoring Requirements.

(b) Average system flowrate during the period (July - September 2020) was 1773 gallons per day.

NOTES:

lb/day = Pound(s) per day

GPD = Gallon(s) per day

mg/L = Milligram(s) per liter

MGD = Million(s) of gallon(s) per day

ND = Not detected

Table 2 Daily Mass Removal Results (September 2020)

Parameter	Discharge Limitations	Influent		Effluent		Amount Removed
	Daily Max ^(a)	September 2020 ^(b)				
	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 AMENABLE TO CHLORINATION SM 4500CN_G						
Cyanide Non-Amenable	1.1	0.0001	0.0061	ND	<0.0050	0.000090
HEXAVALENT CHROMIUM SM3500-CR D						
Hexavalent Chromium	2.7	0.0093	0.63	ND	<0.0050	0.009318
TOTAL SUSPENDED SOLIDS 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 Limitations and Monitoring Requirements.

(b) Average system flowrate during the period (July - September 2020) was 1773 gallons per day.

NOTES:

lb/day = Pound(s) per day

GPD = Gallon(s) per day

mg/L = Milligram(s) per liter

MGD = Million(s) of gallon(s) per day

ND = Not detected

Table 3 Hexavalent Chromium Groundwater Analytical Results (July 2020)

Parameters List	MW-CMT-1	MW-CMT-3	MW-EE-4S	MW-EE-4D	MW-EE-5S	MW-EE-5D	MW-EA-7R*	NYSDEC AWQS 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-13S	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
<p>*= 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: AWQS = Ambient Water Quality Standard NYSDEC = New State Department of Environmental Conservation µg/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.</p>								

Table 4 Historical Hexavalent Chromium Groundwater Analytical Results

Date	Overburden Monitoring Wells												Bedrock Monitoring Wells				NYSDEC AWQS Values
	MW-EE-4S	MW-EE-5S	MW-EE-6S	MW-EA-7R(c)	MW-EA-8	MW-CMT-1	MW-ESE-9R(c)	MW-CMT-3	MW-EA-10S	MW-EA-11S	MW-EA-12S	MW-EA-13S	MW-EE-4D	MW-EE-5D	MW-EE-6D	MW-EE-2D	
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	7.4	NS	0.75	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
13-Jul-20	0.028	6.7	NS	0.79	NS	ND	0.092	ND	ND	ND	ND	ND	0.011	0.011	NS	0.018	0.05

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.

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Appendix A

Treatment System Monitoring Logs

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PERFECTION PLATING

Treatment System Operational / Inspection Checklist

Month June/July Year 2020

Item Description	Required Frequency	Unit	Date of Inspection			
			6/30/20	7/2/20	7/7/20	7/10/20
Effluent sample collected	Weekly	Yes / No	NO	NO	YES	NO
Influent 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	987567
Effluent pH	Weekly	SI	7.47	7.42	7.00	7.76
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	YES	YES	YES	YES
Note spare parts or supplies needed	Weekly	Yes / No	YES	YES	YES	YES
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	YES/OK	YES/OK	YES/OK	YES/OK
Inspected collection sump and record condition	Monthly	Yes / No	YES/OK	YES/OK	YES/OK	YES/OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

Andrew Talbot Andrew Talbot Andrew Talbot

Date 6/30/20 System running on arrival. Perform system maintenance and top off acid barrel. Adjust flow, no water on arrival. Drought conditions. Perform grounds maintenance. System running on departure.

Date 7/2/20 System down on arrival on effluent high pH alarm, low water caused issue. Restart system and perform system maintenance. Take system readings and top off acid barrel. No samples collected due to holiday and short hold time. System went down on high pH effluent again, calibrate alkali metering pump probe and restart system. System running on departure.

Date 7/7/20 System down on arrival due to effluent pH issues. Restart system and calibrate alkali metering pump pH probe twice. Manually catch water to stabilize pH in both tanks. Set system to auto and continue troubleshooting pH probes. Take system readings and perform routine maintenance. Collect system samples following several system cycles. Perform grounds maintenance.

Date 7/10/20 System down on arrival due to effluent pH issues. Restarted the system & calibrated the alkali metering pump pH probe. Performed ground maintenance. Adjusted influent flow rate to 1.5 gpm.

Date _____

PERFECTION PLATING

Treatment System Operational / Inspection Checklist

Month July'Year 20

Item Description	Required Frequency	Unit	Date of Inspection				
			7/14/20	7/16/20	7/21/20	7/24/20	7/28/20
Effluent sample collected	Weekly	Yes / No	NO	NO	NO	NO	NO
Influent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Flow Rate (gallons per minute)	Weekly	gpm	2.42	2.34	2.63	2.27	2.39
Total Volume Treated (gallons)	Weekly	gal	989723	991877	992380	995295	3671
Effluent pH	Weekly	SI	7.10	7.03	6.67	6.84	6.91
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	Yes/ok	Yes/ok	Yes/ok	Yes/ok	Yes/ok
Inspected collection sump and record condition	Monthly	Yes / No	Yes/ok	Yes/ok	Yes/ok	Yes/ok	Yes/ok
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

FZ

FZ

FZ

FZ

Date 7/14/20 System down EFP PH High. Restart and Adjust Calibrate EFP PH Probe. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date 7/16/20 System down on Arrival High PH Probe in tank Not Working Correctly Needs to be replaced. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date 7/21/20 System Down on Arrival EFP PH High Calibrate and Make Some Adjustments Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date 7/24/20 System down on High EFP PH Probe in tank Keeps drifting ReCal and Restart System Top off Acid barrel, well level still a little low but coming up slowly due to recent rains. System Running ok on departure.

Date 7/28/20 System Running on Arrival Top off Acid Barrel. Take System Reading and Perform System Maint. System Running ok on departure.

Month July / Aug 'Year

PERFECTION PLATING Treatment System Operational / Inspection Checklist

Item Description	Required Frequency	Unit	Date of Inspection				
			7/31/20	8/4/20	8/7/20	8/12/20	8/14/20
Effluent sample collected	Weekly	Yes / No	NO	YES	NO	NO	NO
Influent sample collected	Monthly	Yes / No	NO	YES	NO	NO	NO
Flow Rate (gallons per minute)	Weekly	gpm	2.35	2.63	2.08	2.41	2.36
Total Volume Treated (gallons)	Weekly	gal	11359	22351	28717	37809	43661
Effluent pH	Weekly	SI	6.74	6.86	6.84	7.20	7.17
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	YES	YES	YES	YES	YES
Note spare parts or supplies needed	Weekly	Yes / No	YES	YES	YES	YES	YES
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	YES	NO	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	YES/OK	YES/OK	YES/OK	YES/OK	YES/OK
Inspected collection sump and record condition	Monthly	Yes / No	YES/OK	YES/OK	YES/OK	YES/OK	YES/OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

Date 7/31/20 System Running on Arrival, Take System Readings. Top off Acid Barrel and Change out Iron Filters. Perform System Maint, System Running OK on departure.

Date 8/4/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. Take System Sample and deliver to lab. System Running OK on departure.

Date 8/7/20 System Running on Arrival, Take System Readings. Top off Acid Barrel and Perform system maint. System Running OK on departure.

Date 8/12/20 System down on arrival. Restart system and calibrate pH probes. Take system readings and top off acid barrel. Perform system maintenance and grounds maintenance. System running OK on departure.

Date 8/14/20 System running on arrival. Perform system maintenance and record system readings. Top off acid barrel. System running on departure.

Month Aug

PERFECTION PLATING

'Year 20

Treatment System Operational / Inspection Checklist

Item Description	Required Frequency	Unit	Date of Inspection				
			8/18/20	8/21/20	8/25/20	8/28/20	9/1/20
Effluent sample collected	Weekly	Yes / No	NO	NO	NO	NO	Yes
Influent sample collected	Monthly	Yes / No	NO	NO	NO	NO	Yes
Flow Rate (gallons per minute)	Weekly	gpm	2.23	2.61	1.91	1.98	2.57
Total Volume Treated (gallons)	Weekly	gal	55095	62644	67190	73057	81153
Effluent pH	Weekly	SI	6.84	6.89	6.90	6.87	6.75
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO	Yes
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	Yes	NO NO
Inspected catch basin for sediment	As needed	Yes / No	Yes/OK	Yes/OK	Yes/OK	NO	NO
Inspected collection sump and record condition	Monthly	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

Date 8/18/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running OK on departure. F2 F2 F2 F2 F2

Date 8/21/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. Cleaned Bubbler Fingers. System Running OK on departure.

Date 8/25/20 System down High Ph Alarm Restart system and Calibrate Probes. Top off Acid Barrel and Perform System Maint. System Running OK on departure.

Date 8/28/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running OK on departure.

Date 9/1/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running OK on departure.

Month Sept Year 20

PERFECTION PLATING

Treatment System Operational / Inspection Checklist

Item Description	Required		Date of Inspection				
	Frequency	Unit	9/4/20	9/9/20	9/11/20	9/15/20	9/18/20
Effluent sample collected	Weekly	Yes / No	NO	NO	NO	NO	NO
Influent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Flow Rate (gallons per minute)	Weekly	gpm	2.21	2.31	2.02	2.34	2.14
Total Volume Treated (gallons)	Weekly	gal	1.86	6.76	6.81	6.92	6.86
Effluent pH	Weekly	SI	29817	100309	106744	116653	123776
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Inspected collection sump and record condition	Monthly	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

Date 9/4/20 System Running on Arrival, Take System Readings. Top off Acid Barrel 1 and Perform System Maint. System Running OK on departure. F2 F-2

Date 9/9/20 System Running on Arrival, take System Readings. Top off Acid Barrel 1 and Perform System Maint. System Running OK on departure.

Date 9/11/20 System Running on Arrival, take System Readings. Top off Acid Barrel 1 and Perform System Maint. System Running OK on departure.

Date 9/15/20 System Running on Arrival, take System Readings. Top off Acid Barrel 1 and Perform System Maint. System Running OK on departure.

Date 9/18/20 System Running on Arrival, take System Readings. Top off Acid Barrel 1 and Perform System Maint. System Running OK on departure.

Month Sept, Oct 'Year 20

PERFECTION PLATING Treatment System Operational / Inspection Checklist

Item Description	Required Frequency	Unit	Date of Inspection				
			9/22/20	9/25/20	9/29/20	10/2/20	10/6/20
Effluent sample collected	Weekly	Yes / No	NO	NO	NO	NO	YES
Influent sample collected	Monthly	Yes / No	NO	NO	NO	NO	YES
Flow Rate (gallons per minute)	Weekly	gpm	2.3	3.07	1.58	1.40	1.76
Total Volume Treated (gallons)	Weekly	gal	1311.7	1371.20	1421.72	1463.70	1532.17
Effluent pH	Weekly	SI	4.8	6.87	6.80	6.89	4.92
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	YES	YES	YES	YES	YES
Note spare parts or supplies needed	Weekly	Yes / No	YES	YES	YES	YES	YES
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	YES OK	YES OK	YES OK	YES OK	YES OK
Inspected collection sump and record condition	Monthly	Yes / No	YES OK	YES OK	YES OK	YES OK	YES OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

Date 9/22/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date 9/25/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure, well level low!!!

Date 9/29/20 System down, High PH Effluent. Restart and Calibrate. Water level in well low so I have Influent flow lower to keep system running. Top off Acid Barrel and Perform System Maint System Running ok on departure.

Date 10/2/20 System Running on Arrival, take System Readings, Top off Acid Barrel and Recal Probes. System Running ok on departure.

Date 10/6/20 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. Take System Samples, System Running ok on departure

Appendix B

Treatment System Laboratory Analytical Data

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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



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

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

LINKS

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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.

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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.



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

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Definitions/Glossary

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

Job ID: 480-172042-1

Qualifiers

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 Chemistry

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

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
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
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
SQL	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

Case Narrative

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

Job ID: 480-172042-1

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 Results

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

Job ID: 480-172042-1

Client Sample ID: INFLUENT

Lab Sample ID: 480-172042-1

Date Collected: 07/07/20 12:05

Matrix: Water

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

Lab Sample ID: 480-172042-2

Date Collected: 07/07/20 12:00

Matrix: Water

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
Cadmium	ND		0.0020	0.00050	mg/L		07/09/20 09:17	07/10/20 02:16	1
Chromium	0.47		0.0040	0.0010	mg/L		07/09/20 09:17	07/10/20 02:16	1
Copper	0.0061	J	0.010	0.0016	mg/L		07/09/20 09:17	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	J	0.010	0.0013	mg/L		07/09/20 09:17	07/10/20 02:16	1
Selenium	ND		0.025	0.0087	mg/L		07/09/20 09:17	07/10/20 02:16	1
Zinc	0.025		0.010	0.0015	mg/L		07/09/20 09:17	07/10/20 02:16	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			07/08/20 09:55	1
Cyanide, Non-amenable	0.019		0.010	0.0050	mg/L		07/09/20 11:20	07/09/20 13:39	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 Chronicle

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

Job ID: 480-172042-1

Client Sample ID: INFLUENT

Lab Sample ID: 480-172042-1

Date Collected: 07/07/20 12:05

Matrix: Water

Date Received: 07/08/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172042-2

Date Collected: 07/07/20 12:00

Matrix: Water

Date Received: 07/08/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Accreditation/Certification Summary

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

Job ID: 480-172042-1

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

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 the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
SM 4500 CN G	SM 4500 CN C	Water	Cyanide, Non-amenable

Method Summary

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

Job ID: 480-172042-1

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

Job ID: 480-172042-1

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	

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Client Information						Carrier Tracking No(s):							
Client Contact Andrew Talbot						COC No: 480-145914-29001.1							
Company: Aztech Technologies Inc						Page: Page 1 of 1							
Address 5 McCrear Hill Road						Job #:							
City: Ballston Spa						Preservation Codes:							
State, Zip: NY, 12020						A - HCL M - Hexane B - NaOH N - None C - Zn Acetate O - AsNaO2 D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3 F - MeOH R - Na2S2O3 G - Amchlor S - H2SO4 H - Ascorbic Acid T - TSP Dodecahydrate I - Ice U - Acetone J - DI Water V - MCAA K - EDTA W - pH 4-5 L - EDA Z - other (specify)							
Phone: 518-597-1241(Tel) Email: atalbot@aztechenvironment.com						Other:							
Project Name: Perfection Plating #401037													
Site:													
Due Date Requested:						Analysis Requested							
TAT Requested (days): Standard						Total Number of containers							
PO # Callout ID: 136401 WO # Project # 48019790 SSOW#:						Field Filtered Sample (Yes or No) X Perform MS/MSD (Yes or No) X 200.7 - (MOD) Copy Analytes 25400 - TSS 4500_CN_G - CN Non-amenable 3500_CR_B - Cr+6							
Sample Identification						Special Instructions/Note:							
Sample Date						Sample Time							
Sample Type (C=Comp, G=grab)						Matrix (W=water, S=solid, G=gas/waste/oil, BT=Tissue, AA=Air)							
Preservation Code:						X							
Influent						MMXXXX							
Effluent						MMXXXX							
7-7-2020						7-7-2020							
Possible Hazard Identification						Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)							
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological						<input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months							
Deliverable Requested: I, II, III, IV, Other (specify)						Special Instructions/QC Requirements:							
Empty Kit Relinquished by:						Method of Shipment:							
Relinquished by: [Signature]						Received by: [Signature]							
Date/Time: 7/7/20 12:15						Date/Time: 7-7-2020 1215							
Company: Labella						Company: Eurofins							
Relinquished by: Tim Krollinger						Received by: BDG							
Date/Time: 7-7-2020 1700						Date/Time: 7/8/20 0800							
Company: Eurofins						Company: JLAB							
Cooler Temperature(s) °C and Other Remarks: 3.1 #1													

Login Sample Receipt Checklist

Client: New York State D.E.C.

Job Number: 480-172042-1

Login Number: 172042

List Source: Eurofins TestAmerica, Buffalo

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	
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	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	

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



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

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

LINKS

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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.



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

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Definitions/Glossary

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

Job ID: 480-173334-1

Qualifiers

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 Chemistry

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

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
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
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
SQL	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

Case Narrative

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

Job ID: 480-173334-1

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 Results

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

Job ID: 480-173334-1

Client Sample ID: INFLUENT

Lab Sample ID: 480-173334-1

Date Collected: 08/04/20 10:45

Matrix: Water

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

Lab Sample ID: 480-173334-2

Date Collected: 08/04/20 10:30

Matrix: Water

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

Lab Chronicle

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

Job ID: 480-173334-1

Client Sample ID: INFLUENT

Lab Sample ID: 480-173334-1

Date Collected: 08/04/20 10:45

Matrix: Water

Date Received: 08/05/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-173334-2

Date Collected: 08/04/20 10:30

Matrix: Water

Date Received: 08/05/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Accreditation/Certification Summary

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

Job ID: 480-173334-1

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

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 the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
SM 4500 CN G	SM 4500 CN C	Water	Cyanide, Non-amenable

Method Summary

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

Job ID: 480-173334-1

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

Job ID: 480-173334-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-173334-1	INFLUENT	Water	08/04/20 10:45	08/05/20 08:00	
480-173334-2	EFFLUENT	Water	08/04/20 10:30	08/05/20 08:00	

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Eurofins TestAmerica, Buffalo

10 Hazelwood Drive

Amherst, NY 14228-2298

Phone: 716-691-2600 Fax: 716-691-7991

Chain of Custody Record

Albany
#224Environment Testing
America

Client Information		Sample: <u>Frank Zabe 1</u>		Lab PM: <u>Stone, Judy L</u>		Carrier Tracking No(s):		COC No: <u>480-145913-29001.1</u>	
Client Contact: <u>Andrew Talbot</u>		Phone: <u>518-470-0435</u>		E-Mail: <u>judy.stone@testamericainc.com</u>				Page: <u>Page 1 of 1</u>	
Company: <u>Aztech Technologies Inc</u>								Job #:	
Address: <u>5 McCrea Hill Road</u>		Due Date Requested:							
City: <u>Ballston Spa</u>		TAT Requested (days):							
State, Zip: <u>NY, 12020</u>									
Phone: <u>518-597-1241(Tel)</u>		PO #: <u>Callout ID: 136401</u>							
Email: <u>atalbot@aztechenv.com</u>		WO #:							
Project Name: <u>Perfection Plating #401037</u>		Project #: <u>48019790</u>							
Site:		SSOW#:							

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	Analysis Requested				Total Number of	Special Instructions/Note:
							200.7 - (MOD) Copy Analyses	2540D - TSS	4500_CN_G - CN Non-amenable	3500_CR_B - Cr+6		
Influent	8/4/20	10:45	G	Water			X	X	X	X		
Effluent	8/4/20	10:30	G	Water			X	X	X	X		
<div style="font-size: 2em; opacity: 0.5;"> MLK 8-4-2020 </div>												

Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological				Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months			
Deliverable Requested: I, II, III, IV, Other (specify)				Special Instructions/QC Requirements:			

Empty Kit Relinquished by:		Date:		Time:		Method of Shipment:	
Relinquished by: <u>Frank Zabe</u>		Date/Time: <u>8/4/20 11:50</u>		Company: <u>Aztech</u>		Received by: <u>Tim K...</u>	
Relinquished by: <u>Jim K...</u>		Date/Time: <u>8-4-2020 1700</u>		Company: <u>EETA</u>		Received by: <u>Kim Kow C...</u>	
Relinquished by:		Date/Time:		Company:		Received by:	

Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks: <u>3.0 #1 JCE</u>
-----------------------------------------------------------------------------------	-------------------	---------------------------------------------------------------

Login Sample Receipt Checklist

Client: New York State D.E.C.

Job Number: 480-173334-1

Login Number: 173334

List Source: Eurofins TestAmerica, Buffalo

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	

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



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

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

LINKS

Review your project
results through
TotalAccess

Have a Question?



Visit us at:

www.eurofinsus.com/Env

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.



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Definitions/Glossary

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

Job ID: 480-174567-1

Qualifiers

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 Chemistry

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

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
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
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

Case Narrative

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

Job ID: 480-174567-1

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 Results

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

Job ID: 480-174567-1

Client Sample ID: INFLUENT

Lab Sample ID: 480-174567-1

Date Collected: 09/01/20 10:40

Matrix: Water

Date Received: 09/02/20 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		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

Lab Sample ID: 480-174567-2

Date Collected: 09/01/20 10:30

Matrix: Water

Date Received: 09/02/20 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		09/03/20 09:40	09/03/20 21:01	1
Cadmium	ND		0.0020	0.00050	mg/L		09/03/20 09:40	09/03/20 21:01	1
Chromium	0.18		0.0040	0.0010	mg/L		09/03/20 09:40	09/03/20 21:01	1
Copper	ND		0.010	0.0016	mg/L		09/03/20 09:40	09/03/20 21:01	1
Iron	ND		0.050	0.019	mg/L		09/03/20 09:40	09/03/20 21:01	1
Lead	ND		0.010	0.0030	mg/L		09/03/20 09:40	09/03/20 21:01	1
Nickel	0.0063	J	0.010	0.0013	mg/L		09/03/20 09:40	09/03/20 21:01	1
Selenium	ND		0.025	0.0087	mg/L		09/03/20 09:40	09/03/20 21:01	1
Zinc	ND		0.010	0.0015	mg/L		09/03/20 09:40	09/03/20 21:01	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			09/02/20 08:00	1
Cyanide, Non-amenable	ND		0.010	0.0050	mg/L		09/03/20 17:15	09/03/20 18:07	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

Lab Chronicle

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

Job ID: 480-174567-1

Client Sample ID: INFLUENT

Lab Sample ID: 480-174567-1

Date Collected: 09/01/20 10:40

Matrix: Water

Date Received: 09/02/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-174567-2

Date Collected: 09/01/20 10:30

Matrix: Water

Date Received: 09/02/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Accreditation/Certification Summary

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

Job ID: 480-174567-1

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

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 the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
SM 4500 CN G	SM 4500 CN C	Water	Cyanide, Non-amenable

Method Summary

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

Job ID: 480-174567-1

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

Job ID: 480-174567-1

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	

Albany
#224

[illegible]

Login Sample Receipt Checklist

Client: New York State D.E.C.

Job Number: 480-174567-1

Login Number: 174567

List Source: Eurofins TestAmerica, Buffalo

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	

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Appendix C

Effluent Limitations and Monitoring Requirements

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MEMORANDUM

TO: David Harrington, PE, Chief, Remedial Section A, Bureau E
FROM: Percival Miller, DOW, Bureau of Water Permits
SUBJECT: Perfection Plating, Site # 4-01-037
DRAINAGE BASIN: Lower Hudson River
DATE: May 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:

Outfall Number and Parameter	Discharge Limitations		Units	Minimum Monitoring Requirements	
	Monthly Avg.	Daily Max		Measurement Frequency	Sample Type
Outfall 001 - Treated Remediation Discharge:					
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

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
derek.thorsland@dec.ny.gov
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, samantha.salotto@dec.ny.gov. 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

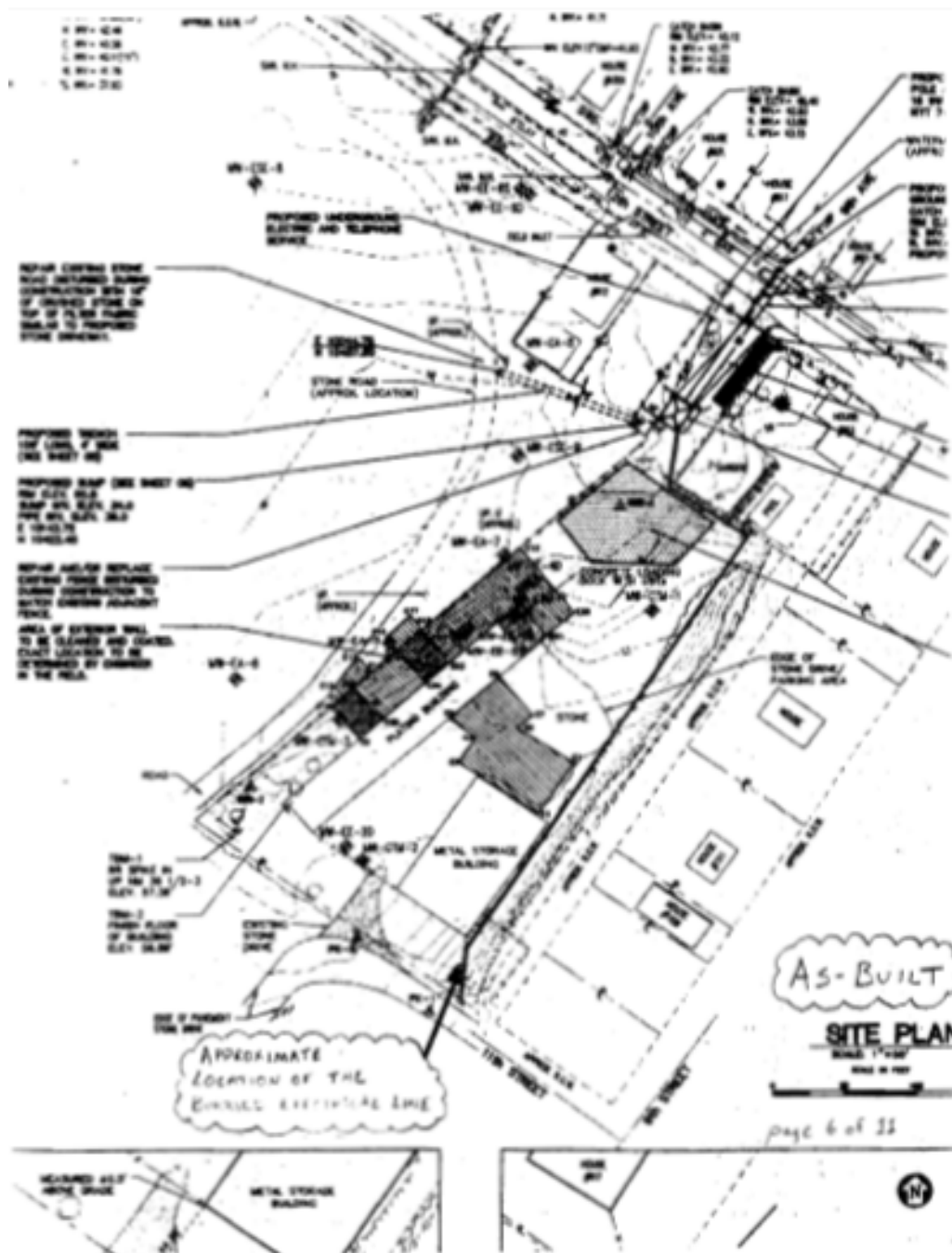


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Location - Perfection Plating Site No. 4-01-037



Perfection Plating – Site Plan



Appendix D

Groundwater Laboratory Analytical Data

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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



Authorized for release by:

7/17/2020 11:00:26 AM

Alexander Gilbert, Project Management Assistant I

Alexander.Gilbert@Eurofinset.com

Designee for

Judy Stone, Senior Project Manager

(484)685-0868

Judy.Stone@Eurofinset.com

LINKS

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results through

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Visit us at:

www.eurofinsus.com/Env

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.

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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.



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

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Definitions/Glossary

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

Job ID: 480-172295-1

Qualifiers

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.

Glossary

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
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
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

Case Narrative

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

Job ID: 480-172295-1

Job ID: 480-172295-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative
480-172295-1

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.

Client Sample Results

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

Job ID: 480-172295-1

Client Sample ID: 401037-MW-CMT-1

Date Collected: 07/13/20 13:45

Date Received: 07/14/20 08:00

Lab Sample ID: 480-172295-1

Matrix: Water

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 19:05	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-CMT-3

Date Collected: 07/13/20 13:52

Date Received: 07/14/20 08:00

Lab Sample ID: 480-172295-2

Matrix: Water

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.0034	J	0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 19:09	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-EE-45

Date Collected: 07/13/20 14:15

Date Received: 07/14/20 08:00

Lab Sample ID: 480-172295-3

Matrix: Water

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	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.028		0.010	0.0050	mg/L	-		07/14/20 11:00	1

Client Sample ID: 401037-MW-EE-4D

Date Collected: 07/13/20 14:35

Date Received: 07/14/20 08:00

Lab Sample ID: 480-172295-4

Matrix: Water

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.0013	J	0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 19:29	1

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	1

Client Sample ID: 401037-MW-EE 5S

Date Collected: 07/13/20 14:00

Date Received: 07/14/20 08:00

Lab Sample ID: 480-172295-5

Matrix: Water

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	7.2		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 19:33	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	6.7		0.50	0.25	mg/L	-		07/14/20 11:00	50

Eurofins TestAmerica, Buffalo

Client Sample Results

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

Job ID: 480-172295-1

Client Sample ID: 401037-MW-EE 5D

Lab Sample ID: 480-172295-6

Date Collected: 07/13/20 14:30

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	0.0052		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 19:36	1

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	1

Client Sample ID: 401037-MW-EE-2D

Lab Sample ID: 480-172295-7

Date Collected: 07/13/20 13:35

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	ND		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 19:40	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.018		0.010	0.0050	mg/L	-		07/14/20 11:00	1

Client Sample ID: 401037-MW-EA-13S

Lab Sample ID: 480-172295-8

Date Collected: 07/13/20 14:45

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	ND		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 20:12	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-12S

Lab Sample ID: 480-172295-9

Date Collected: 07/13/20 13:50

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	0.016		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 20:24	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-11S

Lab Sample ID: 480-172295-10

Date Collected: 07/13/20 13:57

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	0.26		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 20:27	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

Eurofins TestAmerica, Buffalo

Client Sample Results

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

Job ID: 480-172295-1

Client Sample ID: 401037-MW-EA-10S

Lab Sample ID: 480-172295-11

Date Collected: 07/13/20 14:21

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	0.015		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-7R

Lab Sample ID: 480-172295-12

Date Collected: 07/13/20 14:14

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	0.91		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 Fac
Chromium, hexavalent	0.79		0.050	0.025	mg/L	-		07/14/20 11:00	5

Client Sample ID: 401037-DUP-071320

Lab Sample ID: 480-172295-13

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	0.084		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 20:39	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.036		0.010	0.0050	mg/L	-		07/14/20 11:00	1

Client Sample ID: 401037-MW-ESE-9-R

Lab Sample ID: 480-172295-14

Date Collected: 07/13/20 14:04

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	0.25		0.0040	0.0010	mg/L	-	07/16/20 10:05	07/16/20 20:43	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.092		0.010	0.0050	mg/L	-		07/14/20 11:00	1

Lab Chronicle

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

Job ID: 480-172295-1

Client Sample ID: 401037-MW-CMT-1

Lab Sample ID: 480-172295-1

Date Collected: 07/13/20 13:45

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-2

Date Collected: 07/13/20 13:52

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-3

Date Collected: 07/13/20 14:15

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-4

Date Collected: 07/13/20 14:35

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-5

Date Collected: 07/13/20 14:00

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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 19:33	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		50	540382	07/14/20 11:00	KEB	TAL BUF

Lab Chronicle

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

Job ID: 480-172295-1

Client Sample ID: 401037-MW-EE 5D

Lab Sample ID: 480-172295-6

Date Collected: 07/13/20 14:30

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-7

Date Collected: 07/13/20 13:35

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-8

Date Collected: 07/13/20 14:45

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-9

Date Collected: 07/13/20 13:50

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-10

Date Collected: 07/13/20 13:57

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Chronicle

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

Job ID: 480-172295-1

Client Sample ID: 401037-MW-EA-10S

Lab Sample ID: 480-172295-11

Date Collected: 07/13/20 14:21

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-12

Date Collected: 07/13/20 14:14

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-13

Date Collected: 07/13/20 14:15

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Lab Sample ID: 480-172295-14

Date Collected: 07/13/20 14:04

Matrix: Water

Date Received: 07/14/20 08:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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

Accreditation/Certification Summary

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

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

1
2
3
4
5
6
7
8
9
10
11

Method Summary

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

Job ID: 480-172295-1

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

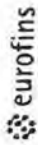
Job ID: 480-172295-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
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	
480-172295-6	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	
480-172295-8	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	
480-172295-10	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	

Eurofins TestAmerica, Buffalo
10 Hazelwood Drive

Amherst, NY 14228-2223
phone 716.691.2600 fax 716.691.7991

Chain of Custody Record



Environment Testing
TestAmerica

TestAmerica Laboratories, Inc. db/a Eurofins TestAmerica

Regulatory Program: ☐ DW ☐ NPDES ☐ RCRA ☐ Other:

Project Manager: Emily Cummings

Email: ecummings@test.com

Tel/Fax: (860) 304-3837

Client Contact

EA Engineering, P.C.

269 West Jefferson Street

Syracuse, NY 13202

3154314610

(xxx) xxx-xxxx FAX

Project Name: Perfection Plating

Site: 401037

PO # 602513

Analysis Turnaround Time

☒ CALENDAR DAYS ☐ WORKING DAYS

TAT if different from Below

☒ 2 weeks

☐ 1 week

☐ 2 days

☐ 1 day

Sample Identification

Sample Date

Sample Time

Sample Type

(C=Comp, G=Grab)

Matrix

of Cont.

Sample Specific Notes:

Sample Date

Sample Time

Sample Type

(C=Comp, G=Grab)

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of Cont.

Sample Specific Notes:

Sample Date

Sample Time

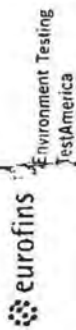
Sample Type

(C=Comp, G=Grab)

Matrix

of Cont.

Chain of Custody Record



TestAmerica Laboratories, Inc. d/b/a Eurofins TestAmerica

Regulatory Program: ☐ DW ☐ NPDES ☐ RCRA ☐ Other:

Client Contact EA Engineering, P.C. 269 West Jefferson Street Syracuse, NY 13202 315.431.4610 (xxx) xxx-xxxx FAX Project Name: Perfection Plating Site: 401037 PO #		Project Manager: Email: Tel/Fax:		Site Contact: Date: 4/13/20 Carrier:		COC No: 2 of 2 COCs	
Analysis Turnaround Time <input checked="" type="checkbox"/> CALENDAR DAYS <input type="checkbox"/> WORKING DAYS TAT if different from below: 2 weeks <input type="checkbox"/> 1 week <input type="checkbox"/> 2 days <input type="checkbox"/> 1 day <input type="checkbox"/>		Lab Contact: Perform MS/MSD (Y/N) <input checked="" type="checkbox"/> Filtered Sample (Y/N) <input checked="" type="checkbox"/> CR (V) by SN 3500 CR Total CR by 200.7		Sampler: For Lab Use Only: Walk-in Client: Lab Sampling: Job / SDG No.:		TALS Project #:	
Sample Identification 401037-MW-EA-7R 401037-DUP-071320 401037-MW-ESE-9-R C		Sample Date 7/13/20 1414 1404	Sample Time 1414 1404	Sample Type (C=Comp, G=Grab) GW Grab	Matrix GW ↓	# of Cont. 1 1 1	Sample Specific Notes: TAC 1-13-2020
Preservation Used: 1= Ice, 2= HCl; 3= H2SO4; 4= HNO3; 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. <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown							
Special Instructions/QC Requirements & Comments:							
Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Relinquished by: Nick Robinson Josh Allen Relinquished by:		Custody Seal No.: Company: EA Engineering Date/Time: 7/13/20 1608		Received by: J. Gruber Company: EA Date/Time: 7/13/20 1608		Therm ID No.:	
Relinquished by:		Company:		Date/Time:		Date/Time:	

Login Sample Receipt Checklist

Client: New York State D.E.C.

Job Number: 480-172295-1

Login Number: 172295

List Number: 1

Creator: Yeager, Brian A

List Source: Eurofins TestAmerica, Buffalo

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	

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Appendix E

Daily Field Reports and Entry/Exit Logs

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Temperature: (F) 72-88 F

Day: Monday Date: 07/13/2020

Wind Direction: S

DAILY FIELD REPORT**Project Name:** Perfection Plating**Weather:** Partly Cloudy (am)Sunny/Partly (pm)
Cloudy**NYSDEC Site #** 401037**Contract #** D009806-13**Arrive at site:** 0800**Location:** Watervliet, New York**Leave site:** 1535**HEALTH & SAFETY:**Are there any changes to the Health & Safety Plan? Yes () No (x)
(If yes, list the deviation under items for concern)

Are monitoring results at acceptable levels? Soil Yes () n/a (x) * No ()

Waters Yes () n/a (x) * No ()

Air Yes () n/a (x) * No ()

- If No, provide comments

**OTHER
ITEMS:**

Site Sketch Attached: Yes () No (x)

Photos Taken: Yes () 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

Day: Monday Date: 07/13/2020

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

ATTACHMENT(S) TO THIS REPORT:

None

SITE REPRESENTATIVE:

Name: Noah Robinson

A handwritten signature in black ink that reads "Noah Robinson". The signature is written in a cursive style with a large, stylized 'N' and 'R'.



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection 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
Andrew Talbot	AT	Aztech	6/23/20	8:00	
Zachary Cordon	ZC	Aztech	6/23/20	8:00	
Can Alorich	CA	"	6/26/20	8:00	
GARRETT CORBIN	GC	AZTECH	6/26/20	8:00	
Andrew Talbot	AT	Aztech	6/30/20	8:00	
GARRETT CORBIN	GC	AZTECH	6/30/20	8:00	
GARRETT CORBIN	GC	AZTECH	7/2/20	8:00	
Andrew Talbot	AT	Labella	7/2/20	8:00	
Andrew Talbot	AT	Labella	7/7/20	8:00	
Zachary Cordon	MC	Labella	7/10/20	08:30	
Michael Doyette	MD	Labella	7/10/20	08:00	
Frank Zabel	FZ	Labella	7/14/20	8:00	
Zachary Cordon	ZC	Labella	7/14/20	8:00	
Ray Hampton	RH	Labella	7/17/20	8:00	
Frank Zabel	FZ	Aztech	7/17/20	8:00	



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection Plating

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- 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	Aztech	7/31/20	8:00	
Frank Zabel	FZ	Aztech	7/24/20	8:00	
Zachary Condon	ZC	Aztech	7/24/20	8:00	
Frank Zabel	FZ	Aztech	7/28/20	8:00	
Frank Zabel	FZ	Aztech	7/31/20	8:00	
Ellen Carter	EC	Aztech	7/31/20	8:00	
Frank Zabel	FZ	Aztech	8/4/20	8:00	
JOHN STUTZKE	J.S.	Aztech	8/4/20	8:00	
Mike Wright	MW	EA	8/4/20	1700	1730
Frank Zabel	FZ	Aztech	8/7/20	8:00	
JOHN STUTZKE	J.S.	Aztech	8/7/20	8:00	
Andrew Talbot	AT	Aztech	8/11/20	8:00	
Ellen Carter	EC	Aztech	8/11/20	8:00	
Andrew Talbot	AT	Aztech	8/14/20	12:00	18:30
Erin S. G. L. W. A.	EL	Aztech	8/14/20	12:00	1430



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection Plating

Project #: 401037

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- 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	Aztech	8/18/20	8:00	
Austin Armbruster	AA	Aztech	8/18/2020	8:00	
Austin Armbruster	AA	Aztech	8/21/2020	8:00	
Frank Zabel	FZ	Aztech	8/21/20	8:00	
Austin Armbruster	AA	Aztech	8/25/2020	8:00	
Frank Zabel	FZ	Aztech	8/25/20	8:00	
Frank Zabel	FZ	Aztech	8/25/20	8:00	
Austin Armbruster	AA	Aztech	8/28/2020	8:00	
Frank Zabel	FZ	Aztech	9/1/20	8:00	
GARRETT CORLETT	GC	AZTECH	9/1/20	800	
Frank Zabel	FZ	Aztech	9/4/20	8:00	
Frank Zabel	FZ	Aztech	9/9/20	8:00	
Jeff Morgan	JM	AZTECH	09/09/20	0800	
Frank Zabel	FZ	Aztech	9/11/20	0800	
Jeff Morgan	JM	AZTECH	09/11/20	0800	



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection Plating

Project #: 401037

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- 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	Aztech	9/15/20	8:00	
Jeff Munn	Jm	Aztech	9/15/20	8:00	
Frank Zabel	FZ	Aztech	9/18/20	8:00	
John STUTZKE	J.S.	Aztech	9/18/20	8:00	
Frank Zabel	FZ	Aztech	9/22/20	8:00	
Jon Brooks	JB	Aztech	9/22/20	8:00	
Frank Zabel	FZ	Aztech	9/25/20	8:00	
Jon Brooks	JB	Aztech	9/25/20	8:00	
Austin Armbruster	AA	Aztech	9/29/2020	8:00	
Frank Zabel	FZ	Aztech	9/29/20	8:00	
Frank Zabel	FZ	Aztech	10/2/20	8:00	
John STUTZKE	J.S.	Aztech	10/2/20	8:00	
GARRETT COLLEEN	GC	AZTECH	10/6/20	8:00	
Frank Zabel	FZ	Aztech	10/6/20	8:00	
Frank Zabel	FZ	Aztech	10/9/20	8:00	
Zachary Condon	ZC	Aztech	10/9/20	8:00	

DAILY INSPECTION REPORT

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 7/2/20 Page 1 of 9

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: 7/2/20**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> 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. 		
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 1/7/20



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **7/7/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none">If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 7/10/20 Page 1 of 9

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 7/10/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> 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. 		
Comments:		
<u>None</u>		

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Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 7/14/20



NEW YORK STATE
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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **7/14/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 7/17/20



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Department of
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DAILY INSPECTION REPORT

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: **7/17/20** Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

DAILY INSPECTION REPORT Page 1 of 9
 Report No. Perfection Plating - NYSDEC Site No. 401037 Date: 7/21/20

Date: 7/21/20 Page 1 of 9

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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **7/21/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 7/24/20




DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **7/24/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> 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. 		
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 7/28/20



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: **7/28/20****DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 7/31/20



NEW YORK STATE
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DAILY INSPECTION REPORT

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: **7/31/20** Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 8/4/20 Page 1 of 9



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: 8/4/20**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none">If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 8/7/20



NEW YORK STATE
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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: 8/7/20**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

Page 1 of 9
Date: 8/12/20

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: **8/12/20****DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>If Yes to <u>any</u> of 1-4 above:</p> <ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

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

Date: 8/17/20

NEW YORK STATE
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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 8/14/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 8/18/20 Page 1 of 9



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Environmental
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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 8/18/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 8/21/20 Page 1 of 9



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **8/21/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none">If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 8/25/20 Page 1 of 9



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 8/25/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 8/28/20



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: 8/28/20**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> 		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none">If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> 		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 9/1/20

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 9/1/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none">If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 9/4/20



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **9/4/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 9/9/20 Page 1 of 9



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: **9/9/20****DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none">If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.If it is <u>critical</u> that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 9/11/20 Page 1 of 9



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Department of
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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 9/11/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 9/15/20 Page 1 of 9

[illegible]

DAILY INSPECTION REPORT

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: **9/15/20** Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 9/18/20



NEW YORK STATE
Department of
Environmental
Conservation



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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **9/18/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 9/22/20 Page 1 of 9



NEW YORK STATE Department of Environmental Conservation 50

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**

Date: _____

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> 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. 		
Comments:		

DAILY INSPECTION REPORT

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Page 1 of 9
Date: 9/25/20

[illegible]

DAILY INSPECTION REPORT

Page 8 of 9

Report No. **Perfection Plating - NYSDEC Site No. 401037** Date: _____**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> 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. 		
Comments:		

Report No. **Perfection Plating - NYSDEC Site No. 401037**

Date: 9/29/20 Page 1 of 9



NEW YORK STATE Department of Environmental Conservation 50

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: **9/29/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		