

Quarterly Treatment System Site Operation and Maintenance Report (October – December 2020) Perfection Plating (401037) Watervliet, New York

Prepared for

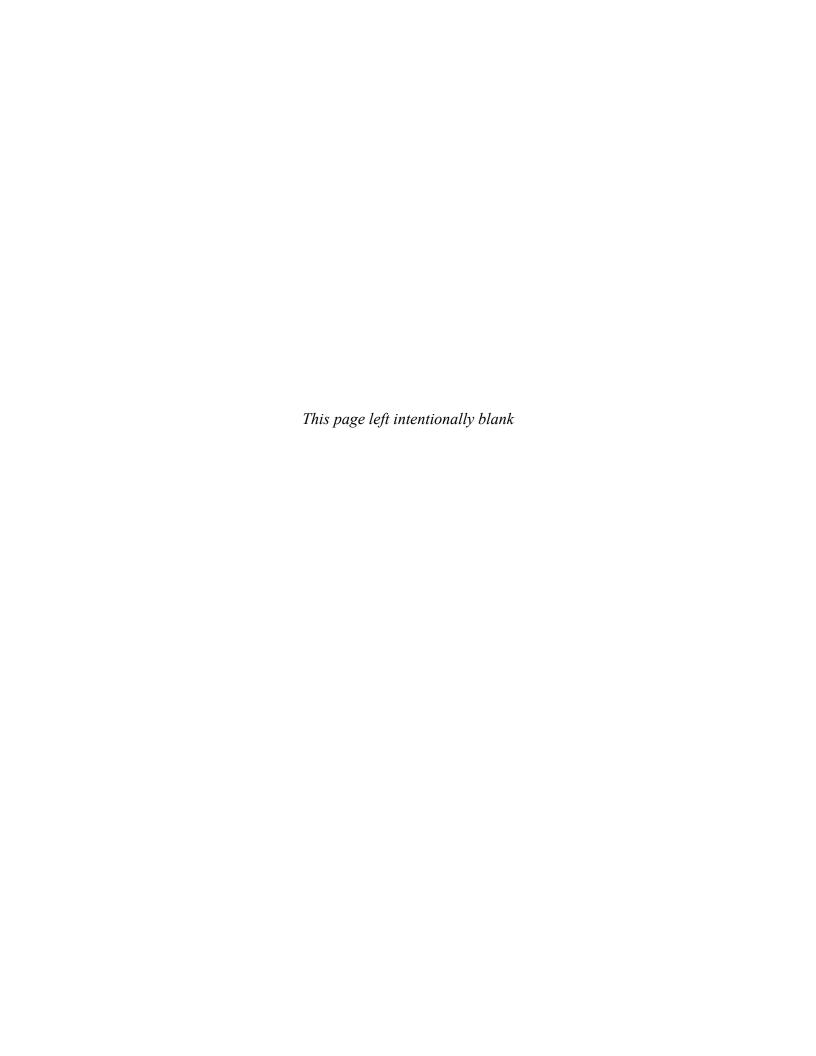
New York State Department of Environmental Conservation 625 Broadway Albany, New York 12233



Prepared by

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

> March 2021 Version: FINAL EA Project No. 16025.13



Quarterly Treatment System Site Operation and Maintenance Report (October - December 2020) **Perfection Plating (401037)** Watervliet, New York

Prepared for

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



Prepared by

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

8 March 2021 Donald Conan, P.E., P.G., Program Manager

EA Engineering, P.C.

8 March 2021

Emily Cummings, E.I.T., Project Manager

Date

Date

EA Science and Technology

(mming)

March 2021 Version: FINAL EA Project No. 16025.13

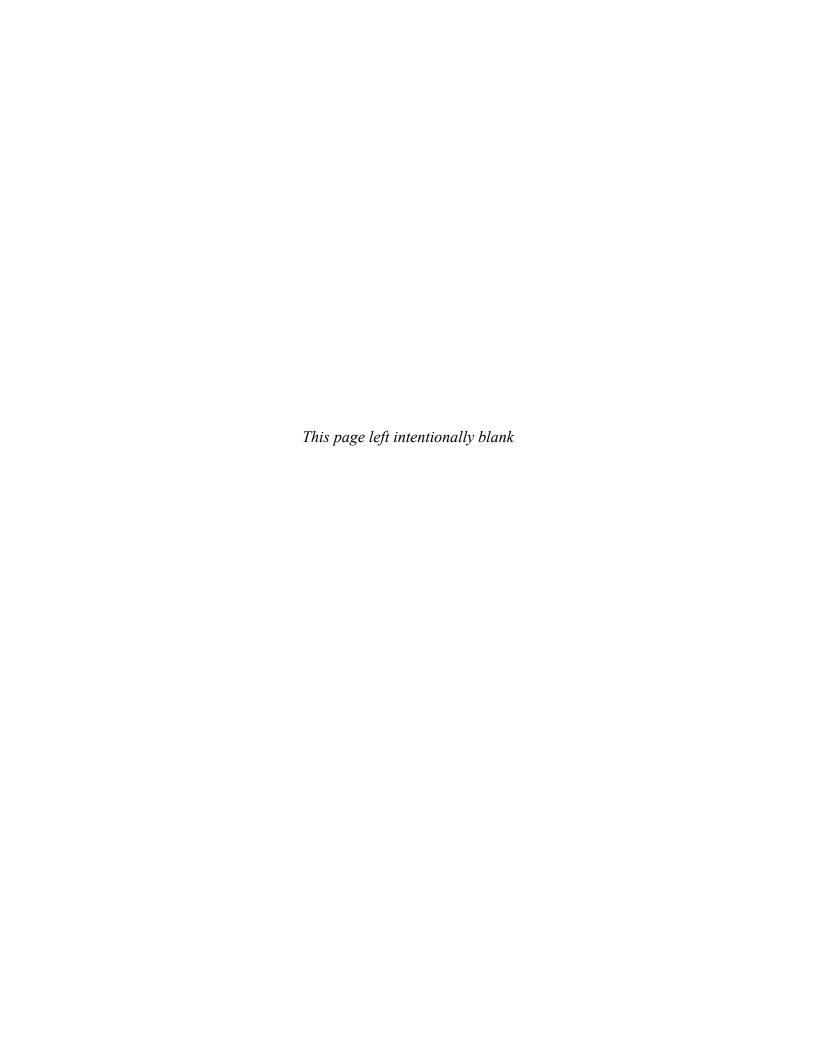


TABLE OF CONTENTS

				Page
LIST (OF FIG	URES .		ii
LIST	OF TAE	BLES		iii
LIST (OF ACE	RONYN	MS/ABBREVIATIONS	iv
1.	INTRO	DDUC1	TON	1
	1.1 1.2		CTIVESRT ORGANIZATION	
2.	TREA	TMEN'	T SYSTEM OPERATION AND MAINTENANCE ACTIVITIES	3
	2.1 2.2		OPERATIONTORING ACTIVITIES	
		2.2.1 2.2.2 2.2.3 2.2.4	Treatment System Influent Sampling and Analysis Interceptor Trench System Evaluation Shallow Monitoring Well Sampling Bedrock Monitoring Well Sampling	4 4
	2.3	COVI	D-19 RESPONSE	5
3.	CONC	CLUSIC	NS AND RECOMMENDATIONS	7
4.	REFE	RENCE	S	9
APPE APPE APPE	NDIX A NDIX E NDIX C NDIX E NDIX E	B: TF C: EF D: GI	REATMENT SYSTEM MONITORING LOGS REATMENT SYSTEM LABORATORY ANALYTICAL DATA FILUENT LIMITATIONS AND MONITORING REQUIREMENTS ROUNDWATER LABORATORY ANALYTICAL DATA AILY FIELD REPORTS AND ENTRY/EXIT LOGS	5

Version: FINAL

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

Page ii March 2021

LIST OF FIGURES

<u>Number</u>	<u>Title</u>
1	Site Location Map
2	Site Layout
3	Historical Influent and MW-EA-11S Hexavalent Chromium
4	Hexavalent Chromium October 2020 Overburden Isopleth Map
5	Hexavalent Chromium Concentrations October 2020

Version: FINAL

Page iii March 2021

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

LIST OF TABLES

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

LIST OF ACRONYMS/ABBREVIATIONS

AWQS Ambient Water Quality Standard

Aztech Aztech Technologies, Inc.

COVID-19 Coronavirus Disease 2019

EA Engineering, P.C. and its affiliate EA Science and Technology

E.I.T. Engineer-in-Training

lb Pound(s)

mg Milligram(s) per liter

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

Version: FINAL Page 1 March 2021

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 October to December 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.

Version: FINAL

Page 2 March 2021

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

This page left intentionally blank

Page 3 March 2021

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 October to December 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 290,696 gallons of treated water was discharged to the Hudson River via the Watervliet storm sewer during this period (29 September 2020 to 31 December 2020). For the reporting period, the flow rate averaged 2.17 gallons per minute and 3,126 gallons per day.

Of the 25 O&M visits during the reporting period, the system was running upon arrival during 24 of them. The system was down upon arrival during the inspection on 1 December 2020; the system was restarted, and the flow rate adjusted. The acid barrel was topped off on each inspection day, except for the inspection on 31 December 2020. The pH probe was recalibrated during the inspections on 2 October, 9 October, and 27 October 2020, 3 November 2020, and 1 December and 4 December 2020. During the inspection on 6 November 2002, the flow meter was cleaned since it was not working upon arrival. During the inspection on 22 December 2020, the blower exhaust fan pipe was repaired.

Treatment system monitoring logs are included in Appendix A.

2.2 MONITORING ACTIVITIES

Aqueous samples (system influent and effluent) were collected on 6 October 2020, 3 November 2020, and 8 December 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 6 October 2020, 3 November 2020, and 8 December 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 on 6 October 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.

March 2021

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 0.0143 pounds (lb) per day based on the system influent and effluent samples collected on 6 October 2020, 3 November 2020, and 8 December 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 monitoring well MW-EA-11S. All results for the discharge (effluent) samples 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 27 October 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-4S, MW-EE-5S, and MW-EA-7R, contained hexavalent chromium with concentrations above the New York State Ambient Water Quality Standard (AWQS) of 0.05 milligrams per liter (mg/L), with results of 0.057 mg/L, 19.60 mg/L, and 0.95 mg/L, respectively. The samples collected from monitoring wells MW-CMT-1 and MW-ESE-9R contained hexavalent chromium at a concentration below the New York State AWQS of 0.05 mg/L, with results of 0.0052 mg/L and 0.016 mg/L, respectively. Concentrations of hexavalent chromium in samples collected from monitoring wells 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.

Version: FINAL Page 5 March 2021

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

2.2.4 Bedrock Monitoring Well Sampling

Groundwater samples were not collected from the bedrock monitoring wells during the 27 October 2020 sampling event.

Table 4 shows the historical groundwater analytical results for the bedrock monitoring wells.

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 Contract Nos. 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.

Version: FINAL

Page 6 March 2021

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

This page left intentionally blank

Version: FINAL Page 7

March 2021

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

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 October, November, and December 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 samples collected on 6 October 2020.

During this reporting period, bi-weekly site visits were performed and the treatment system was up and running upon arrival for 24 of the 25 visits. The system was down upon arrival at the inspection on 1 December 2020. The system was restarted, and the flow rate adjusted. 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.

Version: FINAL

Page 8 March 2021

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

This page left intentionally blank

Version: FINAL

Page 9 March 2021

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

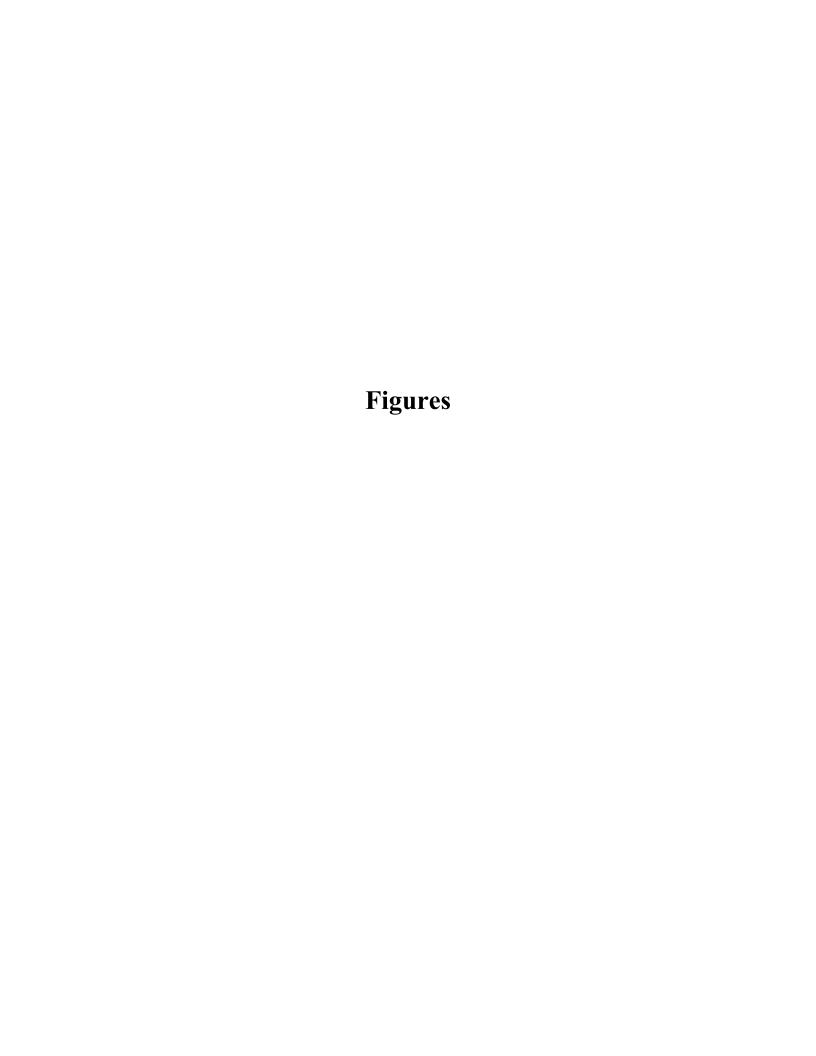
4. REFERENCES

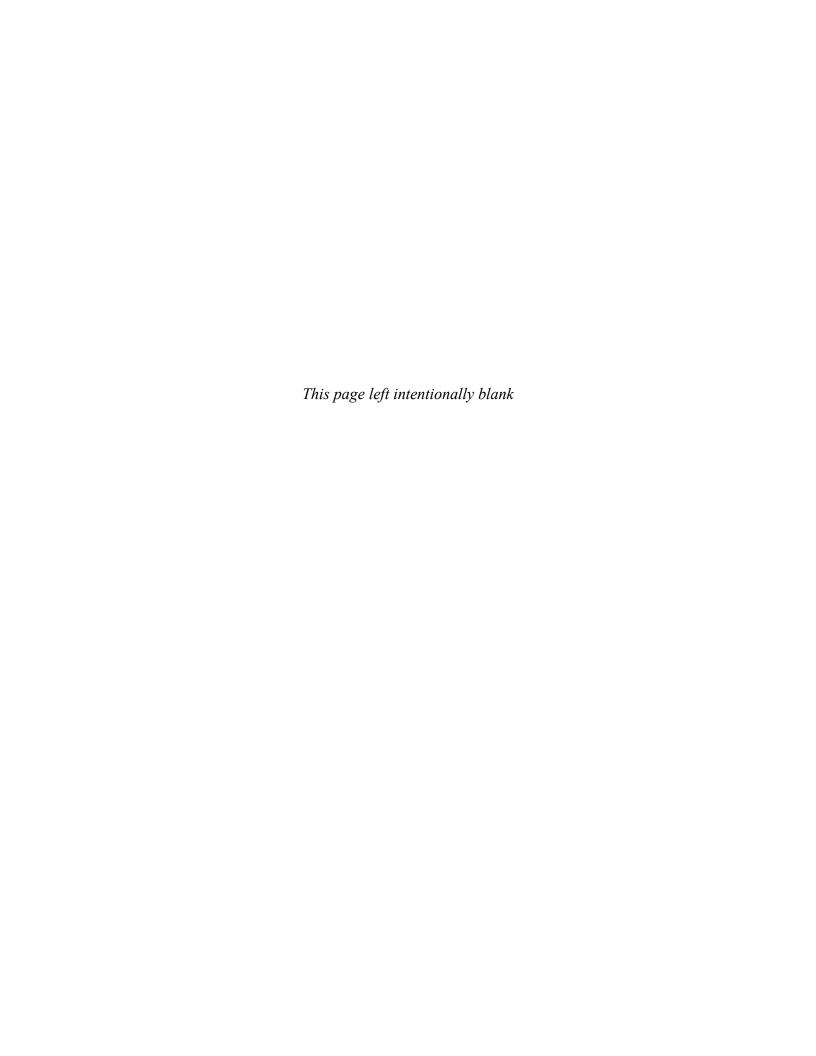
Aztech Technologies, Inc. (Aztech). 2020a. <i>HASP Addendum – COVID-19 Safe Work Practices</i> 10 April.
. 2020b. COVID-19 Safe Practices for Completing Field Work. 13 April.
EA Engineering, P.C., and Its Affiliate EA Science and Technology (EA). 2020a. COVID-12 Crisis Response and Working Protocol; NYSDEC Contracts D007624 and D009806. 23 March.

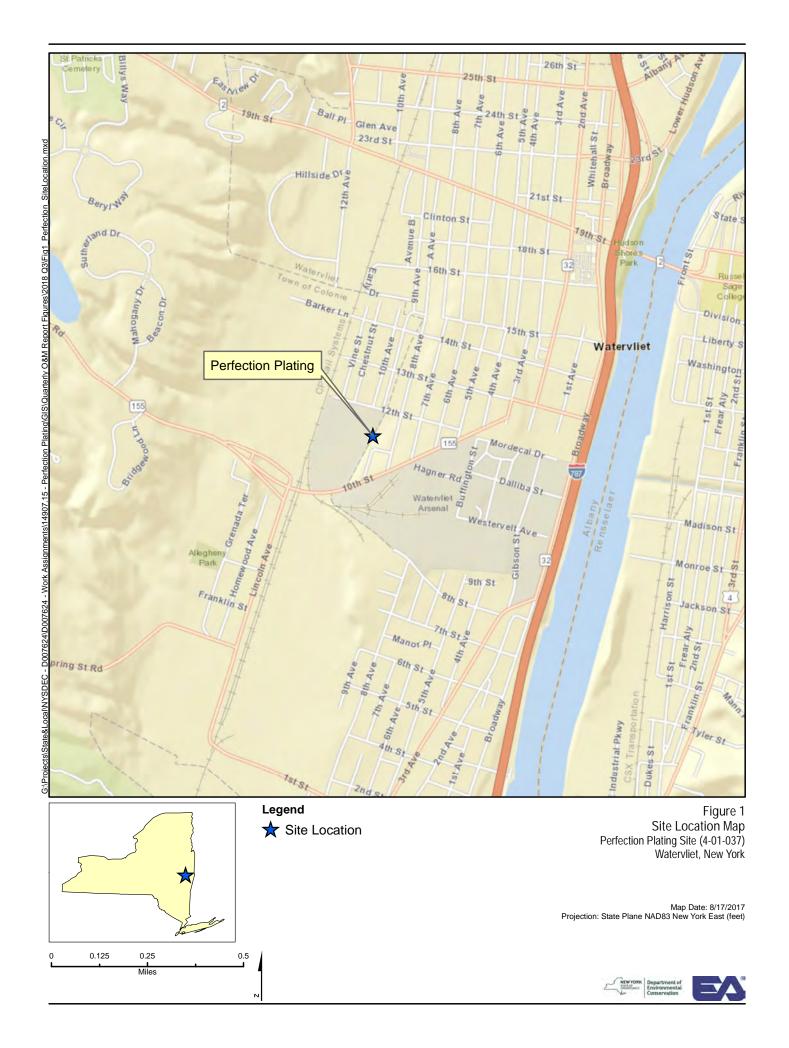
Version: FINAL Page 10 March 2021

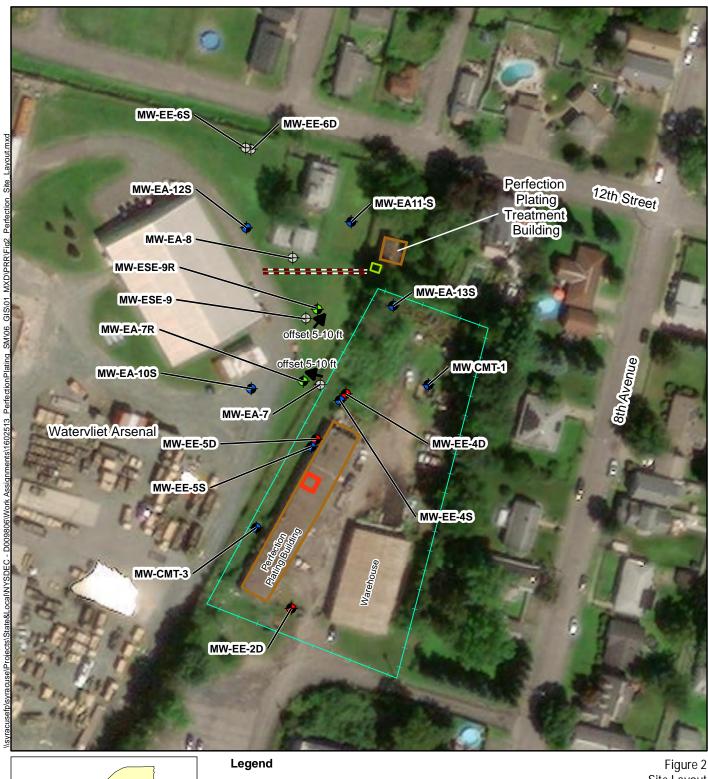
EA Engineering, P.C. and Its Affiliate EA Science and Technology

This page left intentionally blank











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

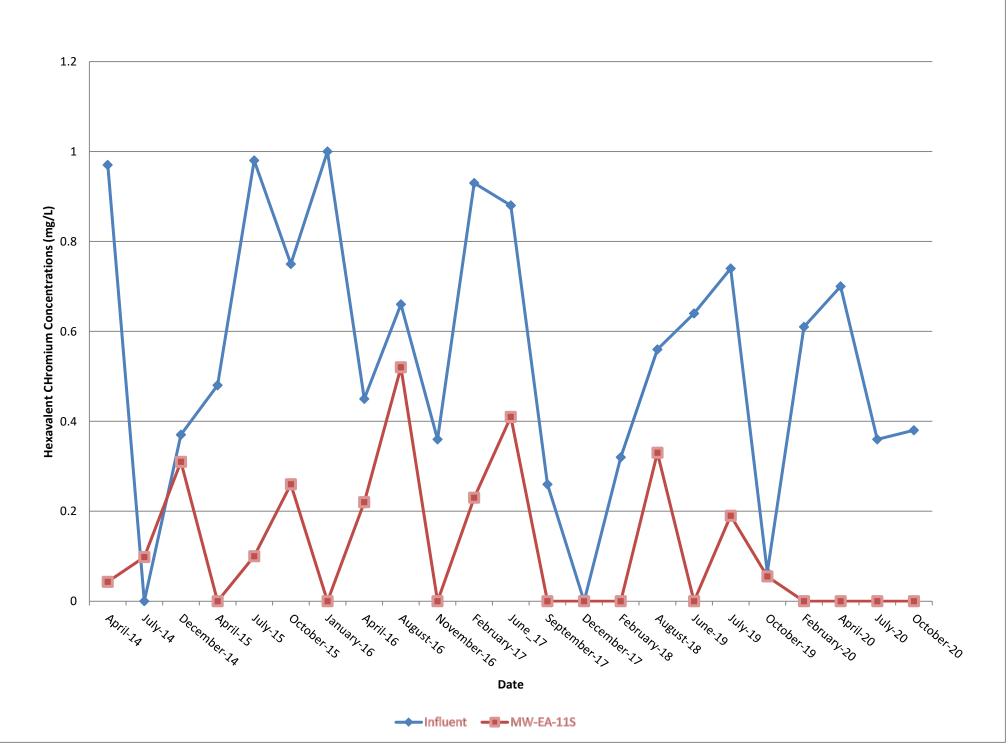
Site Layout Perfection Plating Site (401037) Watervliet, New York

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

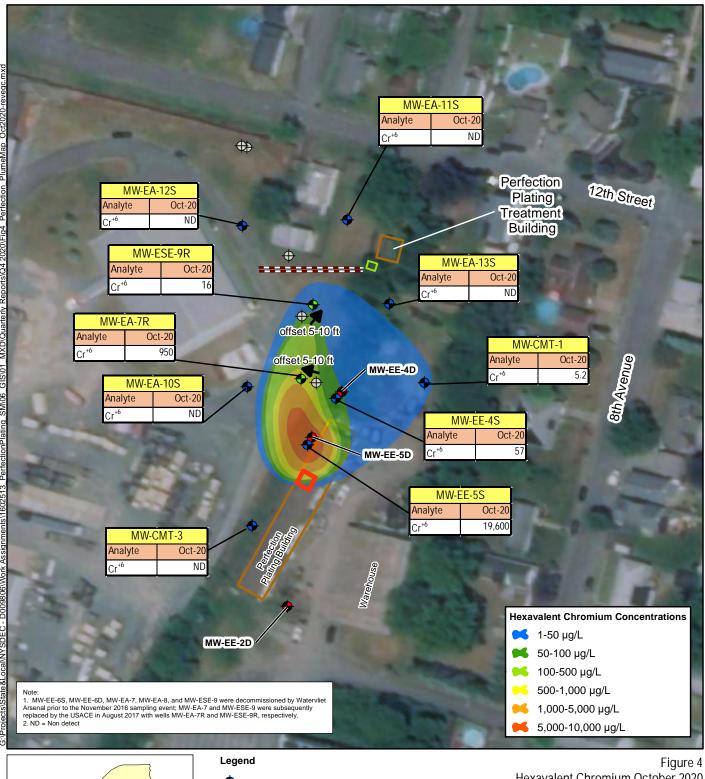




Figure 3
Historical Influent and MW-EA-11S Hexavalent Chromium









- 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 October 2020 Overburden Isopleth Map Perfection Plating Site (401037) Watervliet, New York

Map Date: 1/18/2021 Projection: State Plane NAD83 New York East (feet)









50

100

Overburden Monitoring Well

Former Excavation Area

- **Bedrock Monitoring Well**
- Replacement Monitoring Well (approximate location)
- Abandoned Well

Buildings

Collection Trench

Sump Location

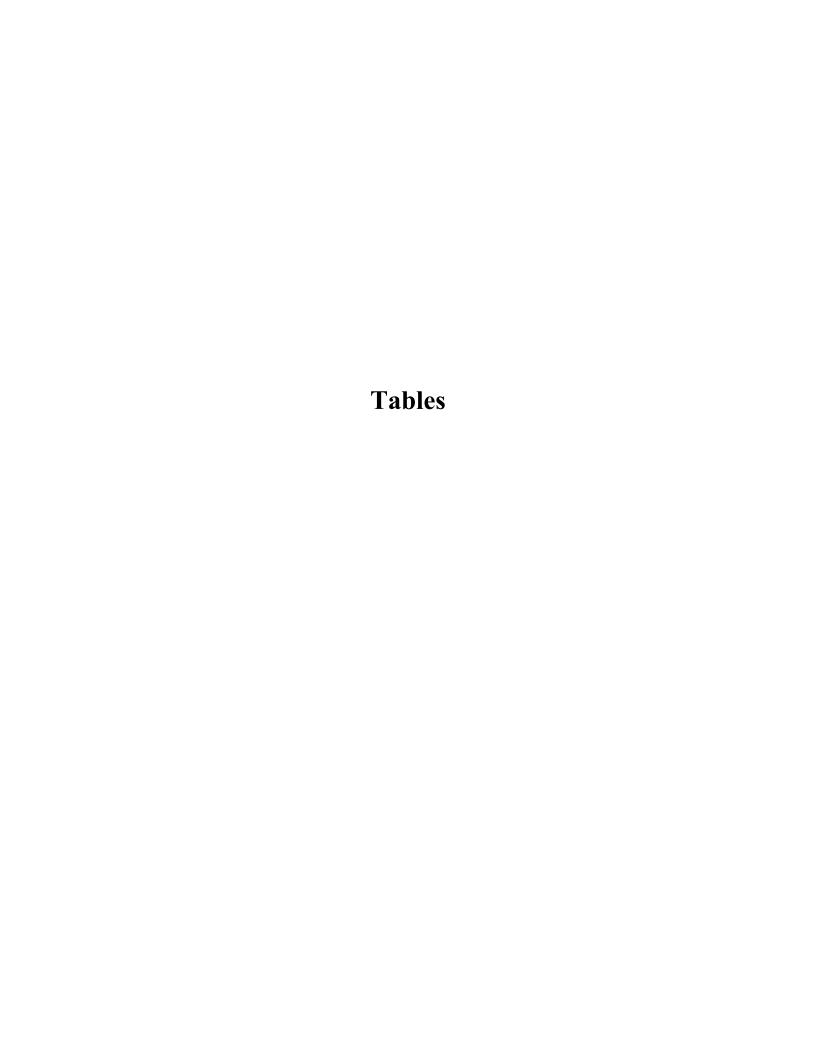
October 2020

Perfection Plating Site (401037) Watervliet, New York

Map Date: 1/22/2021 Projection: State Plane NAD83 New York East (feet)







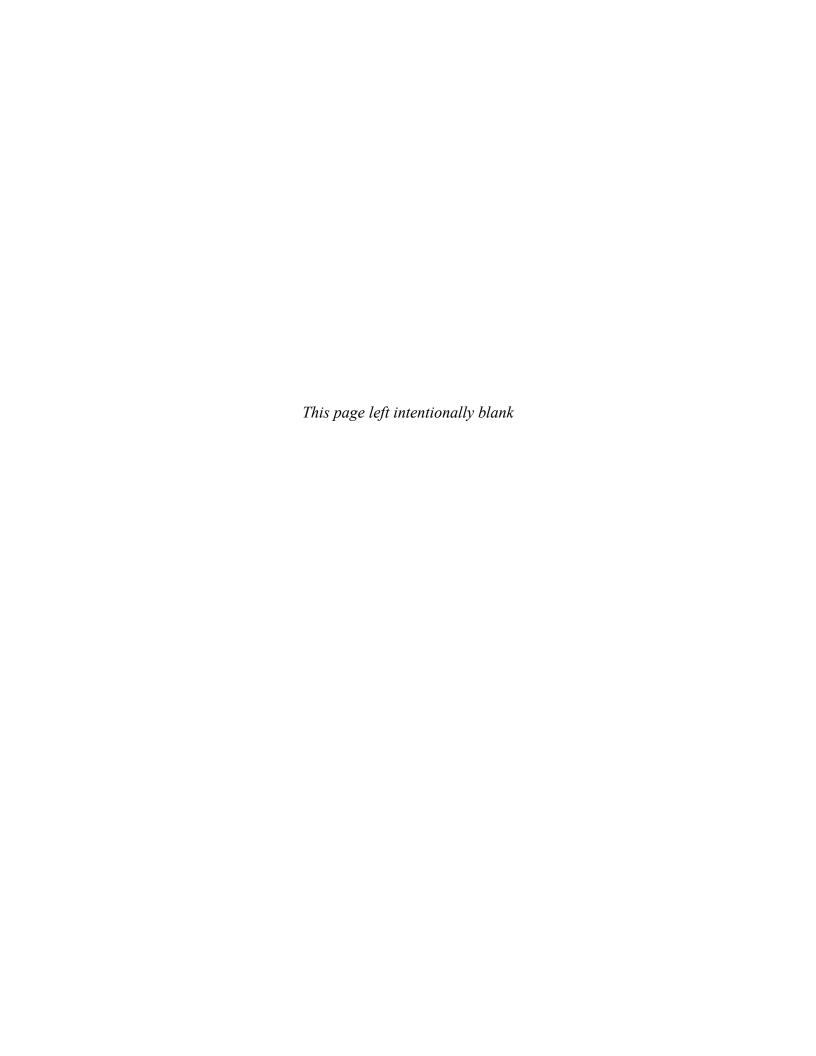


Table 1 Treatment System Analytical Results (October 2020)

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	0.45	0.16	0.5						
Copper	< 0.0016	< 0.0016	0.5						
Iron	0.066	< 0.019	4.0						
Lead	< 0.0030	< 0.0030	0.4						
Nickel	0.0088 J	0.0057 J	1.3						
Selenium	< 0.0087	< 0.0087	0.07						
Zinc	0.0078 J	0.0022 J	0.4						
CYANID	E AMENABLE TO CHLO	ORINATION SM 45000	CN_G (mg/L)						
Cyanide Non-Amenable	< 0.0050	0.0073 J	1.1						
]	HEXAVALENT CHROM	IUM SM3500-CR D (m	g/L)						
Hexavalent Chromium	0.38	< 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 1 Treatment System Analytical Results (November 2020)

System Influent	System Effluent	Effluent Limitations and Monitoring Requirements
TIVELY COUPLED PLAS	MA METALS E200.7 (m	ıg/L)
< 0.0056	< 0.0056	0.15
< 0.00050	< 0.00050	0.03
0.63	0.13	0.5
0.0030 J	< 0.0016	0.5
0.034 J	< 0.019	4.0
< 0.0030	< 0.0030	0.4
0.0098 J	0.0072 J	1.3
< 0.0087	< 0.0087	0.07
0.0061 J	0.0034 J	0.4
AMENABLE TO CHLORII	NATION SM 4500CN_C	G (mg/L)
0.0130	< 0.0050	1.1
EXAVALENT CHROMIUM	I SM3500-CR D (mg/L)	
0.56	< 0.0050	2.7
TOTAL SUSPENDED SOI	LIDS E160.2 (mg/L)	
4.0	<4.0	50
	<0.0056 <0.00050 0.63 0.0030 J 0.034 J <0.0038 J <0.0087 0.0061 J	COUPLED PLASMA METALS E200.7 (m CO.0056 CO.0056 CO.00050 CO.00050 O.63 O.13 O.0030 J CO.0016 O.034 J CO.019 CO.0030 CO.0030 O.0098 J O.0072 J CO.0087 CO.0087 CO.0087 O.0061 J O.0034 J CO.0050 CXAVALENT CHROMIUM SM3500-CR D (mg/L) O.56 CO.0050 TOTAL SUSPENDED SOLIDS E160.2 (mg/L)

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 (December 2020)

	System Anaryti	1	Effluent Limitations and					
Parameters List	System Influent	System Effluent	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	0.73	0.15	0.5					
Copper	0.0022 J	< 0.0016	0.5					
Iron	0.027 J	< 0.019	4.0					
Lead	< 0.0030	< 0.0030	0.4					
Nickel	0.0069 J	0.0069 J	1.3					
Selenium	< 0.0087	< 0.0087	0.07					
Zinc	0.0050 J	0.0034 J	0.4					
CYANIDE	AMENABLE TO CHLORI	NATION SM 4500CN_C	G (mg/L)					
Cyanide Non-Amenable	0.019	< 0.0050	1.1					
HI	EXAVALENT CHROMIUM	I SM3500-CR D (mg/L)						
Hexavalent Chromium	0.71	< 0.0050	2.7					
	TOTAL SUSPENDED SOI	LIDS E160.2 (mg/L)						
Total suspended solids	<4.0	<4.0	50					
NOTEC								

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 (October 2020)

	Discharge Limitations	Influ		Efflu		Amount Removed
	Daily Max ^(a)			October 2020 ^{(t})	
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day
	INDUCTIVELY	COUPLED PLA	SMA METAI	S E200.7		
Arsenic	0.15	ND	< 0.0056	ND	< 0.0056	ND
Cadmium	0.03	ND	< 0.00050	ND	< 0.00050	ND
Chromium	0.5	0.0117	0.450	0.0042	0.160	0.0000
Copper	0.5	ND	< 0.0016	ND	< 0.0016	ND
Iron	4.0	0.0017	0.066	ND	< 0.019	0.0017
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND
Nickel	1.3	0.000229	0.0088	0.000149	0.0057	0.000081
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND
Zinc	0.4	0.00020	0.0078	0.00006	0.0022	0.000000
C	YANIDE AMENAI	BLE TO CHLO	RINATION SN	4 4500CN_G		
Cyanide Non-Amenable	1.1	ND	< 0.0050	0.0002	0.0073	0.00019
	HEXAVALI	ENT CHROMIU	M SM3500-C	R D	·	
Hexavalent Chromium	2.7	0.0099	0.38	ND	< 0.0050	0.00991
	TOTAL	SUSPENDED S	OLIDS E160.2			
Total suspended solids	50.0	ND	<4.0	ND	<4.0	ND
				GPD		
Total Flow				3126		
				MGD		
				0.0031		

⁽a) Daily Maximum of Effluent Limitations and Monitoring Requirements.

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

⁽b) Average system flowrate during the period (October - December 2020) was 3126 gallons per day.

Table 2 Daily Mass Removal Results (November 2020)

	Discharge Limitations	Influ		Efflu		Amount Removed
	Daily Max ^(a)	Daily Max ^(a) November 2020 ^(b)				
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day
	INDUCTIVELY	COUPLED PLA	SMA METAI	LS 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	0.0164	0.63	0.0034	0.13	0.0130
Copper	0.5	0.00008	0.0030	ND	< 0.0016	0.00008
Iron	4.0	0.00089	0.0340	ND	< 0.019	0.00089
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND
Nickel	1.3	0.00026	0.0098	0.00019	0.0072	0.000068
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND
Zinc	0.4	0.00016	0.0061	0.00009	0.0034	0.00007
	CYANIDE AMENAI	BLE TO CHLO	RINATION SM	M 4500CN_G		
Cyanide Non-Amenable	1.1	0.0003	0.013	ND	< 0.005	0.0003
	HEXAVAL	ENT CHROMI	JM SM3500-C	R D	·	
Hexavalent Chromium	2.7	0.0146	0.56	ND	< 0.005	0.0146
	TOTAL	SUSPENDED S	OLIDS E160.2	2	<u>'</u>	
Total suspended solids	50.0	0.1043	4.0	ND	<4.0	0.1043
				GPD		
Total Flow				3126		
				MGD		
				0.0031		

⁽a) Daily Maximum of Effluent Limitations and Monitoring Requirements.

(b) Average system flowrate during the period (October - December 2020) was 3126 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 (December 2020)

	Discharge Limitations	Influ	ent	Efflu	ent	Amount Removed
	Daily Max ^(a)	Daily Max ^(a) December 2020 ^(b)				
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day
_	INDUCTIVELY	COUPLED PLA	SMA METAI	LS 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	0.0190	0.73	0.0039	0.15	0.0151
Copper	0.5	0.00006	0.0022	ND	< 0.0016	0.00006
Iron	4.0	0.00070	0.027	ND	< 0.019	0.0007
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND
Nickel	1.3	0.000180	0.0069	0.000180	0.0069	0.000000
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND
Zinc	0.4	0.00013	0.0050	0.00009	0.0034	0.00004
	CYANIDE AMENAI	BLE TO CHLO	RINATION SM	M 4500CN_G		
Cyanide Non-Amenable	1.1	0.0005	0.019	ND	< 0.0050	0.000495
	HEXAVAL	ENT CHROMIU	JM SM3500-C	R D		
Hexavalent Chromium	2.7	0.0185	0.71	ND	< 0.0050	0.018509
	TOTAL	SUSPENDED S	OLIDS E160.2	2		
Total suspended solids	50.0	ND	<4.0	ND	<4.0	ND
				GPD		
Total Flow				3126		
				MGD		
				0.0031		

⁽a) Daily Maximum of Effluent Limitations and Monitoring Requirements.

(b) Average system flowrate during the period (October - December 2020) was 3126 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

Version: FINAL Table 3, Page 1 of 1 March 2021

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

Table 3 Hexavalent Chromium Groundwater Analytical Results (October 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 (mg/L)
Chromium (Total, mg/L)	ND	0.0043	0.054	NS	10.10	NS	1.10	0.05
Cr (Hexavalent, mg/L)	0.0052 J	ND	0.057	NS	19.60	NS	0.95	0.05
Parameters List	MW-ESE-9R*	MW-EA-10S	MW-EA-11S	MW-EA-12S	MW-EA-13S	MW-EE-2D	DUP-1120	NYSDEC AWQS Values (mg/L)
Parameters List Chromium (Total, mg/L)	MW-ESE-9R* 0.290	MW-EA-10S 0.026	MW-EA-11S 0.150	MW-EA-12S 0.0056	MW-EA-13S 0.0021 J	MW-EE-2D NS	DUP-1120 0.0027 J	_

^{*=} 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.

NOTES:

AWQS = Ambient Water Quality Standard

NYSDEC = New State Department of Environmental Conservation

mg/L = Milligram(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.

⁽a) Duplicate Sample collected from MW-EA-13S

⁽b) MS/MSD collected at MW-EA-12S.



Table 4 Historical Hexavalent Chromium Groundwater Analytical Results

							Monitoring Well			uwater mary				Bedrock Moi	nitoring Wells		NYSDEC
Date	MW-EE-4S	MW-EE-5S	MW-EE-6S	MW-EA-7R(c)	MW-EA-8				MW-EA-10S	MW-EA-11S	MW-EA-12S	MW-EA-13S	MW-EE-4D		MW-EE-6D	MW-EE-2D	AWOS Values
21-May-03	ND	40.8	ND	0.975	0.099	-	-	-	-	-	-	-	0.008	ND	ND	-	0.05
21-Aug-03	0.06	33.7	0.046	1.08	ND	_	_	_	-	_	_	_	0.129	ND	0.023	_	0.05
4-Dec-03	0.041	48.9	0.018	0.744	0.041	-	-	-	-	-	-	-	ND	0.004	ND	-	0.05
24-Feb-03	0.018	33.4	ND	0.857	ND	_	_	-	-	-	-	_	ND	ND	ND	_	0.05
12-May-04	0.049	37.4	ND	0.881	0.049	-	-	-	=	-	=	-	0.013	ND	ND	=	0.05
2-Sep-04	0.735	32.2	ND	1.04	ND	-	-	-	-	-	-	-	0.016	ND	0.075	-	0.05
2-Dec-04	0.06	11.8	ND	0.348	ND	-	-	-	-	-	-	-	0.007	0.034	ND	-	0.05
3-Feb-05	0.083	61.2	ND	0.83	ND	-	-	-	-	-	-	-	ND	0.021	ND	-	0.05
18-May-05	0.029	35	ND	0.63	ND	1	-	-	-	-	=	-	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	1	-	-	-	-	=	-	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	-	ı	-	-	0.05
29-Jul-14	0.045	15	ND	0.43	ND	ND	0.48	ND	ND	0.098	ND	ND	-	ı	-	-	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	-	ı	-	-	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	-	ı	-	-	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 NG	ND	ND	ND	ND	ND	ND	ND ND	NS NG	NS	NS	NS	0.05
23-Apr-20	0.027	7.4	NS	0.75	NS NG	ND	ND 0.002	ND ND	ND	ND	ND	ND ND	NS 0.011	NS 0.011	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
27-Oct-20	0.057	19.6	NS	0.95	NS	0.0052	0.016	ND	ND	ND	ND	ND	NS	NS	NS	NS	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. The decommissioned wells included MW-EE-6S, MW-EE-6D, MW-EA-7, MW-EA-8, and MW-ESE-9.

AWQS = Ambient Water Quality Standard (mg/L)

ND = Non detect

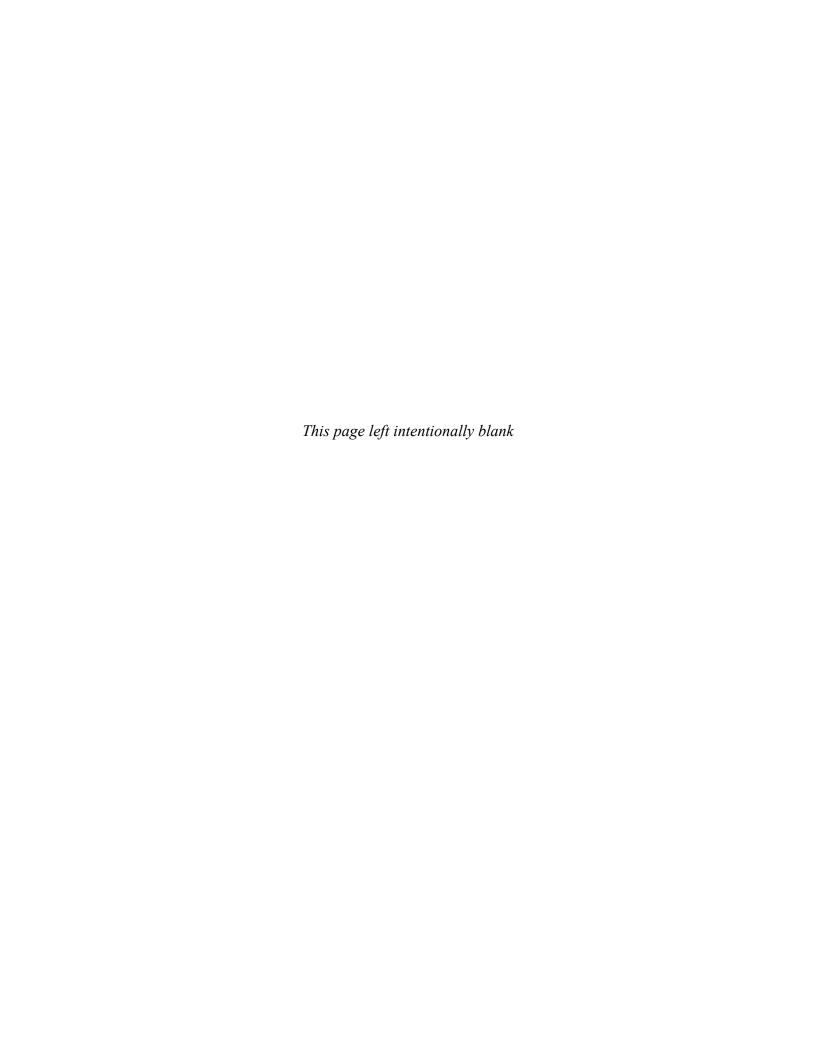
NS = Not sampled

NYSDEC = New State Department of Environmental Conservation

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



Appendix A Treatment System Monitoring Logs



Month Sept PERFECTION PLA	TING	Treatmer	nt System O	perational /	Inspection C	hecklist	
Item Description	Required Frequency	Unit	10/20/22	, , ,	ate of Inspec	tion	
Effluent sample collected	Weekly		19/0/20	19/25/20	19/29/20	110/2/20	10/6/20
	Monthly	Yes / No	NO	NO	100	100	Yes.
Flow Rate (gallons per minute)	Weekly	Yes / No	NO	NO	NO	120	Ver
Total Volume Treated (gallons)		gpm	2.3	3.07	1.58	1.40	1.710
Effluent pH	Weekly	gal	13/127	137120	142172	146370	153717
Specific conductivity reading (milliseconds/centimeter)	Weekly	SI	4.7	4.87	6.80	6,89	4.92
Performed required equipment maintenance (Note below	Weekly	ms/cm		~	~	101	1
Note spare parts or supplies needed	As per Manf.	Yes / No	Yes	Yes	Yes	145	Yes
Second ion exchange drum effluent sample collected	Weekly	Yes / No	Yes	Yes	Yes	1753	
Empty Sump pump	Monthly	Yes / No	NO	NO	NO	In B	Yes
Replace ion removal filter fabric and filter sludge	Weekly	Yes / No	No	NA	N/O	100	NO NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	1880 Yes	NO	100	1
Inspected catch basin for sediment		Yes / No	WO	NO	NO	NO	28
Inspected collection sump and record condition	As needed	Yes / No	40510K	Veslov.	Yeslok	Veslok	Ves lok
Tested eye wash station	Monthly	Yes / No	Yes OIL	Veslor	Yes 011	Yeslox	
Tested fire extinguisher	Semi-annual	Yes / No	NIO	10.2/2			Yeslox
	Yearly	Yes / No	NA	no	100	120	100
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	10		NO	NO	100
Reported backflow preventer test results to Latham				NB	NO	MO	120
Water district	Yearly	Yes / No	NO	No	NO	No	100
Comments: Note Treatment System Equipment and E				Jan - market - market - transport		1 /	
Barrell and Perform Systam	Maint.	Val)	talle Suh	1stem	Reading	95. Top perture	ote And
and Perform System Maint	Justen	e Sys	stem Re	radings.	Top off	Acid B	arrel
and Per Gim Suchem Plant low	er to K	nt. Re	stem Ri	anning.	Topof	ter level	30 well
Date 10/2/20 System Running on and Recal Prodes. System Running on Date 10/6/20 System Running on Ru	Arriva /	take ok er	Systen Cepart	reading.	ngs, Top	off Ac	ed Barel

Date 10/6/20 System, Running on Arriva), take System Readings. Top off Hord Barrell and Perform System Maint. Take System Samples, System Running ok on departure

Month C PERFECTION PLA	ATING	Treatme	nt System C	perational /	Inspection C	hecklist	
Item Description	Required				ate of Inspec		
Effluent sample collected	Frequency	Unit	10/9/20	10/14/20	10/14/20		1 12 1
Influent sample collected	Weekly	Yes / No	100	No		10/21/20	10/23/20
	Monthly	Yes / No	120		/NO	100	126
Flow Rate (gallons per minute)	Weekly	gpm	1,70	2.23	NO	NO	nxo
Total Volume Treated (gallons) Effluent pH	Weekly	gal	159453		2.16	2.40	2,24
Specific conductivity	Weekly	SI	6187	166006	171535	183926	189471
Specific conductivity reading (milliseconds/centimeter)	Weekly			6.89	6.71	6.84	6,193
enormed required equipment maintenance (Note below	As per Manf.	Yes / No	405		~	-	-
toto oparo parto di Supplies neenen	Weekly	Yes / No		1.25	res	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	Yes	Yes	Yes	Yes	Yes
Empty Sump pump	Weekly	Yes / No	NO	NO	No	No	NX
Replace ion removal filter fabric and filter sludge	A 1 1	Yes / No	150	NO	NO	Na	W
neplace ion exchange vessels/ make valve adjustments	As needed	Yes / No	100	NO.	100	NO	INO
inspected catch basin for sediment	As needed	Yes / No	100	NO	WO	170	100
Inspected collection sump and record condition	Monthly	Yes / No	Yesigi	Yeslok.	Yes 1011	resloic	Yeslow
rested eye wash station	Semi-annual	Yes / No	Yeslok	Yeslok	Yeslox	Yeslox	Yeslok
Tested fire extinguisher	Yearly		00	NO	100	NO	120
Replenished first aid kit supplies		Yes / No	100	20	NO	1/20	
Tested the backflow preventer	After use	Yes / No	NO	NO	n20	No	100
Reported backflow preventer test results to Latham	Yearly	Yes / No	20	NO	100	NO	120
Water district	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		10.14				NO
Comments: Note Treatment System Equipment and E	Yearly	Yes / No	NO	WO	NO	100	NO
Recalibrate Probes. Pystamed	Syster	e Syst	em Reco	tem Run	off Ae	d Barre	land Hure,
And Perform System Marnt Se	istem Re	Ke Sy:	stem Re	deportur	op off	He, 2 130	irre/
and Perform System Maint, Sys	tem Ru	talle s	skond	epartire	10poff.	Herd Bar	rel
Perform System Maint. System	Running	e Jys: okan	tem Read	ding. Top	off Acia	Barre / c	and
Date 10/23/20 System Running on F- Perform System Waint System R	unning o	take sy	stem Rec departur	dings. To	post no	ic Barre	1 and

Month Oct / PERFECTION PLA	TING	Treatmer	nt System O	perational /	Inspection C	hecklist	
/ Jour S	Required						
Item Description	Frequency	Unit	10/24/20	10/30/20	ate of Inspec		1 3
Effluent sample collected	Weekly	Yes / No	100		11/3/20	11/6/12	11110120
initiuent sample collected	Monthly	Yes / No		NO	Yes	100	126
Flow Hate (gallons per minute)	Weekly	gpm	2.24	No	res	100	1000
rotal volume Treated (gallons)	Weekly	gal	19926	2,25	2.72	3.01	2.70
Effluent pH	Weekly	SI	6.70	207021	218830	1227441	245133
Specific conductivity reading (milliseconds/continuetor)	10/		4.10	6,90	4.76	6.70	6.67
renormed required equipment maintenance (Note below	As per Manf.	Yes / No	Yes	17	_	~	
rote oparc parts of subblies needed	Weekly	Yes / No	Yes	yes	yes	Yes	Yes
Second for exchange drum effluent sample collected	Monthly	Yes / No		Yes	res	105	Yes
Ellipty Sump pump	Weekly	Yes / No	NO	iNo	No	NO	NO
heplace ion removal filter fabric and filter eludge	As needed	Yes / No	NO	100	100	NO	NO
hepiace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	Yes	no	100	NOO
Inspected catch basin for sediment	As needed	Yes / No	Yeslow	100	NO	100	100
inspected collection sump and record condition	Monthly	Yes / No	Ye51012	reslox.	Yeslox	Yes 1012	Yeslok
Tested eye wash station	Semi-annual	Yes / No	1051010	Yes lok	Yeslox	Veslok	YESTOK
Tested fire extinguisher	Yearly	Yes / No	No	No	NO	INO	1120
Replenished first aid kit supplies	After use	Yes / No	NO	no	WO	NO	NG
Tested the backflow preventer	Yearly	Yes / No	NO	No	N)0	NO	1 120
Reported backflow preventer test results to Latham	rearry	Tes/No	NO	No	NO	1 1120	n/6
vvaler district	Yearly	Yes / No	NO	NO			1 1
Comments: Note Treatment System Equipment and B		A second contract to the second contract to t			No	100	NO
and Calibrate PH Probes Perform	Arriva System	1 take	Systen n+1, syst	n Readir	93, 10p	off Ac	d Barre
Barrel and Perform System	Main	+ tale	e Syste	m Readi	ngs. Te	popp	Heid
and Calibrate PH Probes and t	Tival +	ake Si	somoles	Reading	s. Top of	PACID 1	Barre 1
20 x 10 10 0 00 00 00 00 00 00 00 00 00 00 0	Take. 5	ystem	KARNIN	- T	00 0 1	7	
to Not working on Arrival Date 1/10/20 System Running on and Perform System Maint.	Hrriva) System	take 3 Runni	ystem k	leadings on depo	Topo:	A Acid	Barrel

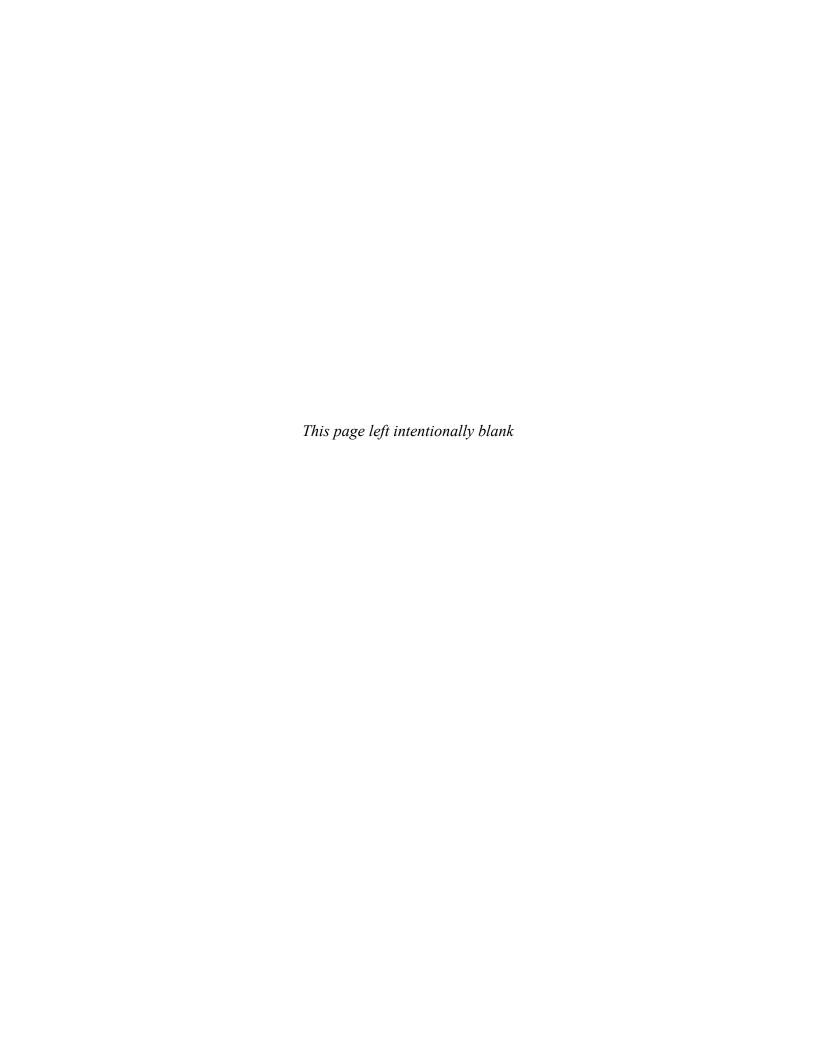
	Required		1		Date of Inspecti	ion	
tem Description	Frequency	Unit	11/13/20	11/12/20	11/20/20	11/25/20	1/2/1/20
ffluent sample collected	Weekly	Yes / No	N6	100	INO	No	1100
fluent sample collected	Monthly	Yes / No	NO	100	nio	NO	100
low Rate (gallons per minute)	Weekly	gpm	2.81	3.11	3.14	2.26	3.03
otal Volume Treated (gallons)	Weekly	gal	257,734	252119	285097	304588	320941
ffluent pH	Weekly	SI	6.76	4.80	6.78	6.78	6.89
pecific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm		1	_	_	
erformed required equipment maintenance (Note below	As per Manf.	Yes / No	125	400	405	425	Yes
ote spare parts or supplies needed	Weekly	Yes / No	125	Yes	Ves	425	Yes
econd ion exchange drum effluent sample collected	Monthly	Yes / No	No	100	1020	ne	in/p
mpty Sump pump	Weekly	Yes / No	No	100	NO	110	NO
eplace ion removal filter fabric and filter sludge	As needed	Yes / No	iNO	NO	100	No	NO
eplace ion exchange vessels/ make valve adjustments	As needed	Yes / No	No	100	No	no	WO
spected catch basin for sediment	As needed	Yes / No	Yeslok	YESTOK	Yesiox	425 1 OR	YOSOK
spected collection sump and record condition	Monthly	Yes / No	Yeslok	Yeslak	Yeslok	425/01E	Yeslok
ested eye wash station	Semi-annual	Yes / No	100	125/0/	NO	NU	100
ested fire extinguisher	Yearly	Yes / No	NO	No	1/20	we	100
eplenished first aid kit supplies	After use	Yes / No	NO	WO	70	NO	
ested the backflow preventer	Yearly	Yes / No	No	100	NO	Ne	100
eported backflow preventer test results to Latham	rearry	1007140				100	1/30
/ater district	Yearly	Yes / No	No	No	NO	Ne	NO
omments: Note Treatment System Equipment and E	74.74	and the second second					
ate 11/13/20 System running on Ar System Maint. System Running on Perform System Running on Perform System Maint. Syst pate 11/20/20 System Running Barrel and Perform Sys	Arrava l lem Rur	take ining c	System i	Readings. epartur	Top offe.	Plend Ba	rre) an
Date 1/25/20 SYSTEM RUMING. S BARREL AND DO SYSTEM MASON. S			/			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Month Dec PERFECTION PLA	ATING	Treatme	nt System Op	erational / Ins	pection Check	list	
	Required			. 1	Date of Inspection	on .	
tem Description	Frequency	Unit	12/4/20	12/8/20	12/11/20	12/15/20	12/18/2020
iffluent sample collected	Weekly	Yes / No	No	Yes	11/10	NO	INO
fluent sample collected	Monthly	Yes / No	NC	Ves	No	No	Não
low Rate (gallons per minute)	Weekly	gpm	2.59	2,91	2,77	2.52	2.41
otal Volume Treated (gallons)	Weekly	gal	332745	347145	359233	374 634	385894
ffluent pH	Weekly	SI	6.87	1.89	6.84	6.85	6.75
pecific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	0.6	4	4.01	2.03	6:13
Performed required equipment maintenance (Note below	As per Manf.	Yes / No	Yes	Yes	Ves	105	Yes
ote spare parts or supplies needed	Weekly	Yes / No	Yen	Yes	Yes	(iC)	Yes
econd ion exchange drum effluent sample collected	Monthly	Yes / No	N/0	ivo	No	10	NO
mpty Sump pump	Weekly	Yes / No	NO	100	100	10	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	100	NO	100	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NXO	NO		NP,	ND
nspected catch basin for sediment	As needed	Yes / No	Yealox	Yeslok	reslov	405/OH	Yes/ox
nspected collection sump and record condition	Monthly	Yes / No	YESTOIL	Yeslok	Yes lov	VESTON	YOSTOK
Tested eye wash station	Semi-annual	Yes / No	100	nxo	N)0	No	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	100	1/0	-
Replenished first aid kit supplies	After use	Yes / No	WO	100	NO	NO	No No
Tested the backflow preventer	Yearly	Yes / No	100	NO	NO	110	NO
Reported backflow preventer test results to Latham		1007110				10	-
Water district	Yearly	Yes / No	No	100	NO	No	No
Comments; Note Treatment System Equipment and E	Ruilding Conc	litions	FZ	FZ	(11 2	
Date 12/120 System Running or Maint, 10p off Acid Bacrel of Date 12/18/20 System Running on Perform System Maint and to ondeparture.	Amval. Ke syst	Talle em so	system 1 imples. de	Readings C	ind tep o	off Arid I	Barrel.
Date 12/19/20 System Running on System Maint. Chemice delin Date 12/19/20 System running on arrival, Recieve Chemical delivers. Date 13/18/2020 System running on arrival	+ake sys system 1	ten rea	diver Top of on dep	ordure	rel and pe	exform sys	nd Perform re. Hem mainten
TOpped off acid bar	re1. System	- running	on depart	ve potom	3/3/4.1	MICHEL	

	Required				Date of Inspect	ion	
em Description	Frequency	Unit	12/22/2020	122920	123/20	120/4/21	1/8/20
fluent sample collected	Weekly	Yes / No	NO	No	NO	120	100
luent sample collected	Monthly	Yes / No	NO	Ne	ne		
ow Rate (gallons per minute)	Weekly	gpm	2.64	2.7	2,4	2,47	2.59
tal Volume Treated (gallons)	Weekly	gal	401527	426103	432 868	446,195	460053
luent pH	Weekly	SI	6,77	7.1	6.6	6,84	2.80
ecific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm		-	-	0187	C. FO
rformed required equipment maintenance (Note below	As per Manf.	(es)/No	Yes	465	415	Yes	Yes
te spare parts or supplies needed	Weekly	Yes / No	70	445	425	145	Yes
cond ion exchange drum effluent sample collected	Monthly	Yes / No	· No	NO	NC	7	
npty Sump pump	Weekly	Yes / No	NO	NO	ne	NO	NO
eplace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	no	N)O	Yes
eplace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	No	NO	NO.	NO
spected catch basin for sediment	As needed	Yes / No	4011016	125/0h	yes kin	Yeslok	YESIOK
spected collection sump and record condition	Monthly	Yes / No	Yeslok	425/CM	425/cn	Yeslox	YEDIOK
sted eye wash station	Semi-annual	Yes / No	No	No	NO	120	100
sted fire extinguisher	Yearly	Yes / No	NO	No	1-0		100
eplenished first aid kit supplies	After use	Yes / No	NO	No	NO	NO	
sted the backflow preventer	Yearly	Yes / No	No	NO	No	NO	120
eported backflow preventer test results to Latham			100	100	100		100
ater district	Yearly	Yes / No	No	No	NU	NO	NO
omments: Note Treatment System Equipment and				1.0	100		
ate 12/22/2020 System funding on arrival. TOPPED OFF Acid barrel. ate 1279 20 59572m Running on 1	System 1	Vaning o	on departure	BANNEL, P,			wr.
ste 123120 SYSTEM RUNNING ON AN SYSTEM RUNNING ON Arr sport Atod Barre I and Ch	PANTURE.		7			stem Mai	nt.

Appendix B

Treatment System Laboratory Analytical Data





Environment Testing America

ANALYTICAL REPORT

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

Laboratory Job ID: 480-176066-1

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: 10/9/2020 2:23:39 PM

Judy Stone, Senior Project Manager (484)685-0868

Judy.Stone@Eurofinset.com

.....LINKS

Review your project results through

Total Access

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.

2

3

4

J

Ö

9

2

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.

4

Laboratory Manager or his/her designee, as verified by the following signals and the second s

5

Judy Stone Senior Project Manager 10/9/2020 2:23:39 PM

9

10

Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-176066-1

Table of Contents

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

5

4

ا

9

Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-176066-1

Project/Site: Perfection Plating #401037

Qualifiers

Metals

Qualifier **Qualifier Description**

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

General Chemistry

Qualifier Qualifier Description

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 Contains No Free Liquid CNF

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)

Estimated Detection Limit (Dioxin) EDL LOD Limit of Detection (DoD/DOE) Limit of Quantitation (DoD/DOE) LOQ

EPA recommended "Maximum Contaminant Level" MCL MDA Minimum Detectable Activity (Radiochemistry) Minimum Detectable Concentration (Radiochemistry) MDC

MDL Method Detection Limit Minimum Level (Dioxin) ML MPN Most Probable Number MQL Method Quantitation Limit

NC Not Calculated

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

NEG Negative / Absent POS Positive / Present Practical Quantitation Limit POI

PRES Presumptive **Quality Control** QC

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) Toxicity Equivalent Quotient (Dioxin) **TEQ**

TNTC Too Numerous To Count

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-176066-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-176066-1

Receipt

The samples were received on 10/7/2020 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 2.5° C.

Metals

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

General Chemistry

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

Job ID: 480-176066-1

Job ID: 480-176066-1

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Lab Sample ID: 480-176066-1

Matrix: Water

Date Collected: 10/06/20 11:10 Date Received: 10/07/20 08:00

Analyte	Result C	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND ND		0.015	0.0056	mg/L		10/08/20 09:02	10/08/20 18:15	1
Cadmium	ND		0.0020	0.00050	mg/L		10/08/20 09:02	10/08/20 18:15	1
Chromium	0.45		0.0040	0.0010	mg/L		10/08/20 09:02	10/08/20 18:15	1
Copper	ND		0.010	0.0016	mg/L		10/08/20 09:02	10/08/20 18:15	1
Iron	0.066		0.050	0.019	mg/L		10/08/20 09:02	10/08/20 18:15	1
Lead	ND		0.010	0.0030	mg/L		10/08/20 09:02	10/08/20 18:15	1
Nickel	0.0088 J		0.010	0.0013	mg/L		10/08/20 09:02	10/08/20 18:15	1
Selenium	ND		0.025	0.0087	mg/L		10/08/20 09:02	10/08/20 18:15	1
Zinc	0.0078 J	I	0.010	0.0015	mg/L		10/08/20 09:02	10/08/20 18:15	1

General Chemistry Analyte Result Qualifier RL MDL Unit D Analyzed Dil Fac Prepared 0.010 10/07/20 10:25 0.0050 mg/L Chromium, hexavalent 0.38 Cyanide, Non-amenable ND 0.010 0.0050 mg/L 10/07/20 18:14 10/08/20 13:17 Analyte Result Qualifier RLRL Unit D Prepared Analyzed Dil Fac Total Suspended Solids ND 4.0 4.0 mg/L 10/07/20 20:04

Client Sample ID: EFFLUENT

Date Collected: 10/06/20 11:00

Date Received: 10/07/20 08:00

Lab Sample	ID:	480-176	3066-2
------------	-----	---------	--------

Matrix: Water

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		10/08/20 09:02	10/08/20 18:00	1
Cadmium	ND		0.0020	0.00050	mg/L		10/08/20 09:02	10/08/20 18:00	1
Chromium	0.16		0.0040	0.0010	mg/L		10/08/20 09:02	10/08/20 18:00	1
Copper	ND		0.010	0.0016	mg/L		10/08/20 09:02	10/08/20 18:00	1
Iron	ND		0.050	0.019	mg/L		10/08/20 09:02	10/08/20 18:00	1
Lead	ND		0.010	0.0030	mg/L		10/08/20 09:02	10/08/20 18:00	1
Nickel	0.0057	J	0.010	0.0013	mg/L		10/08/20 09:02	10/08/20 18:00	1
Selenium	ND		0.025	0.0087	mg/L		10/08/20 09:02	10/08/20 18:00	1
Zinc	0.0022	J	0.010	0.0015	mg/L		10/08/20 09:02	10/08/20 18:00	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			10/07/20 10:25	1
Cyanide, Non-amenable	0.0073	J	0.010	0.0050	mg/L		10/07/20 18:14	10/08/20 13:20	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			10/07/20 20:04	1

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-176066-1

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Date Received: 10/07/20 08:00

Lab Sample ID: 480-176066-1 Date Collected: 10/06/20 11:10

Matrix: Water

Batch Batch Dilution Batch Prepared Prep Type Туре Method Run Factor Number or Analyzed Analyst Lab Total/NA Prep 200.7 552944 10/08/20 09:02 KMP TAL BUF Total/NA Analysis 200.7 Rev 4.4 1 553231 10/08/20 18:15 AMH TAL BUF Total/NA Analysis SM 2540D 552905 10/07/20 20:04 E1T TAL BUF SM 3500 CR B TAL BUF Total/NA Analysis 1 552839 10/07/20 10:25 CLT SM 4500 CN C 10/07/20 18:14 TAL BUF Total/NA Prep 552895 CRK Total/NA Analysis SM 4500 CN G 553077 10/08/20 13:17 CRK TAL BUF

Client Sample ID: EFFLUENT

Lab Sample ID: 480-176066-2 Date Collected: 10/06/20 11:00

Matrix: Water

Date Received: 10/07/20 08:00

Batch Dilution Batch Batch Prepared Prep Type Туре Method Run Factor Number or Analyzed Lab Analyst 200.7 552944 10/08/20 09:02 Total/NA Prep KMP TAL BUF 200.7 Rev 4.4 Total/NA Analysis 1 553231 10/08/20 18:00 AMH TAL BUF Total/NA SM 2540D 552905 10/07/20 20:04 TAL BUF Analysis 1 E1T Total/NA Analysis SM 3500 CR B 1 552839 10/07/20 10:25 CLT TAL BUF Total/NA SM 4500 CN C TAL BUF Prep 552895 10/07/20 18:14 CRK Total/NA Analysis SM 4500 CN G 553077 10/08/20 13:20 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. Job ID: 480-176066-1

Project/Site: Perfection Plating #401037

Laboratory: Eurofins TestAmerica, Buffalo

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Pro	ogram	Identification Number	Expiration Date
New York	NE	LAP	10026	04-01-21
The following analytes	are included in this report, but	t the leberatory is not cortif	Sand last their management as all and the Their Bat has	
the agency does not of	' '	t the laboratory is not certif	ied by the governing authority. This list ma	ay include analytes for whi
,	' '	Matrix	Analyte	ay include analytes for whi

•

4

5

7

8

Method Summary

Client: New York State D.E.C. Job ID: 480-176066-1

Project/Site: Perfection Plating #401037

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

4

0

10

Sample Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-176066-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-176066-1	INFLUENT	Water	10/06/20 11:10	10/07/20 08:00	
480-176066-2	EFFLUENT	Water	10/06/20 11:00	10/07/20 08:00	

3

4

5

4.0

eurofins | Environment Testing

Eurofins TestAmerica, Buffalo

10 Hazelwood Drive

Amherst, NY 14228-2298 Phone: 716-691-2600 Fax: 716-691-7991

Chain of Custody Record

ecahydrate Ver: 01/16/2019 Special Instructions/Note: recify) Company Months M - Hexane N - None Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

Return To Client Disposal By Lab Archive For Mont Special Instructions/QC Requirements: COC No: 480-145917-29001.1 Preservation Codes: 150 Page: Page 1 of 1 A - HCL B - NaOH C - 7n Ar-480-176066 Chain of Custody Total Number of co 1001 Method of Shipment. Analysis Requested Cooler Temperature(s) °C and Other Remarks 0 Lab PM: Stone, Judy L E-Mail: Judy Stone@Eurofinset.com X X 3200 CK B - Ct+6 200.7 - (MOD) Copy Analytes Perform MS/MSD (Yes or No) Company F2TECH Company BT=Tissue, A=Air) Preservation Code: Water Water Matrix Radiological Type (C=comp, G=grab) Sample 0 0 518-470-0435 de be Sample 10/6/2011:10 11:00 Time Date: Unknown 0-6-22 TAT Requested (days): PO#: Callout ID: 136401 Due Date Requested: trank 16/6/20 Sample Date Project #: 48019790 SSOW#: Poison B 0 Skin Irritant ☐ Non-Hazard ☐ Flammable ☐ Skin Irrit. Deliverable Requested: 1, III, III, IV, Other (specify) Custody Seal No. Possible Hazard Identification Empty Kit Relinquished by: Perfection Plating #401037 Custody Seals Intact: Aztech Technologies Inc atalbot@aztechenv.com Client Information Sample Identification 5 McCrea Hill Road 518-597-1241(Tel) rany linquished by: Andrew Talbot Ballston Spa State, Zip: NY, 12020 Effluent Influent

Client: New York State D.E.C. Job Number: 480-176066-1

Login Number: 176066 List Source: Eurofins TestAmerica, Buffalo

List Number: 1

Creator: Yeager, Brian A

Outsetten.	A	0
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	

3

6

Q

9

10

1.



Environment Testing America

ANALYTICAL REPORT

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

Laboratory Job ID: 480-177501-1

Client Project/Site: Perfection Plating #401037

For:

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

Attn: Samantha Salotto

Judy Stone

Authorized for release by: 11/25/2020 4:54:55 PM

Judy Stone, Senior Project Manager (484)685-0868

Judy.Stone@Eurofinset.com

..... LINKS

Review your project results through

Total Access

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.

2

3

4

5

6

Q

a

2

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.

Judystone

,

Judy Stone

Senior Project Manager

11/25/2020 4:54:55 PM

Page 2 of 12

11/25/2020

Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-177501-1

Table of Contents

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

3

4

9

Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-177501-1

Project/Site: Perfection Plating #401037

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

EDL

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)

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

Estimated Detection Limit (Dioxin)

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

Eurofins TestAmerica, Buffalo

6

8

10

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-177501-1

Job ID: 480-177501-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-177501-1

Receipt

The samples were received on 11/4/2020 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 1.6° 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: New York State D.E.C.

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Date Collected: 11/03/20 10:45 Date Received: 11/04/20 08:00 Lab Sample ID: 480-177501-1

Matrix: Water

Method: 200.7 Rev 4.4 - Metal	s (ICP)							
Analyte	Result Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND ND	0.015	0.0056	mg/L		11/19/20 08:47	11/20/20 20:05	1
Cadmium	ND	0.0020	0.00050	mg/L		11/19/20 08:47	11/20/20 20:05	1
Chromium	0.63	0.0040	0.0010	mg/L		11/19/20 08:47	11/20/20 20:05	1
Copper	0.0030 J	0.010	0.0016	mg/L		11/19/20 08:47	11/20/20 20:05	1
Iron	0.034 J	0.050	0.019	mg/L		11/19/20 08:47	11/20/20 20:05	1
Lead	ND	0.010	0.0030	mg/L		11/19/20 08:47	11/20/20 20:05	1
Nickel	0.0098 J	0.010	0.0013	mg/L		11/19/20 08:47	11/20/20 20:05	1
Selenium	ND	0.025	0.0087	mg/L		11/19/20 08:47	11/20/20 20:05	1
Zinc	0.0061 J	0.010	0.0015	mg/L		11/19/20 08:47	11/20/20 20:05	1
General Chemistry								
Analyte	Result Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac

0.020

0.010

RL

4.0

0.010 mg/L

0.0050 mg/L

RL Unit

4.0 mg/L

0.56

0.013

4.0

Result Qualifier

Client Sample ID: EFFLUENT

Date Collected: 11/03/20 10:30

Chromium, hexavalent

Cyanide, Non-amenable

Total Suspended Solids

Date Received: 11/04/20 08:00

Lab	Sample	ID:	480-1	77501-2

11/16/20 18:27

Prepared

D

11/04/20 09:15

11/17/20 13:26

Analyzed

11/07/20 15:14

Matrix: Water

Dil Fac

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		11/19/20 08:47	11/20/20 20:16	1
Cadmium	ND		0.0020	0.00050	mg/L		11/19/20 08:47	11/20/20 20:16	1
Chromium	0.13		0.0040	0.0010	mg/L		11/19/20 08:47	11/20/20 20:16	1
Copper	ND		0.010	0.0016	mg/L		11/19/20 08:47	11/20/20 20:16	1
Iron	ND		0.050	0.019	mg/L		11/19/20 08:47	11/20/20 20:16	1
Lead	ND		0.010	0.0030	mg/L		11/19/20 08:47	11/20/20 20:16	1
Nickel	0.0072	J	0.010	0.0013	mg/L		11/19/20 08:47	11/20/20 20:16	1
Selenium	ND		0.025	0.0087	mg/L		11/19/20 08:47	11/20/20 20:16	1
Zinc	0.0034	J	0.010	0.0015	mg/L		11/19/20 08:47	11/20/20 20:16	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			11/04/20 09:15	1
Cyanide, Non-amenable	ND		0.010	0.0050	mg/L		11/16/20 18:27	11/17/20 13:39	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			11/07/20 15:14	1

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-177501-1

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Lab Sample ID: 480-177501-1 Date Collected: 11/03/20 10:45

Matrix: Water

Date Received: 11/04/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			559889	11/19/20 08:47	KMP	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	560297	11/20/20 20:05	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	557976	11/07/20 15:14	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		2	557522	11/04/20 09:15	BEF	TAL BUF
Total/NA	Prep	SM 4500 CN C			559370	11/16/20 18:27	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	559507	11/17/20 13:26	CRK	TAL BUF

Client Sample ID: EFFLUENT

Lab Sample ID: 480-177501-2

Matrix: Water

Date Collected: 11/03/20 10:30 Date Received: 11/04/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			559889	11/19/20 08:47	KMP	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	560297	11/20/20 20:16	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	557976	11/07/20 15:14	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	557522	11/04/20 09:15	BEF	TAL BUF
Total/NA	Prep	SM 4500 CN C			559370	11/16/20 18:27	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	559507	11/17/20 13:39	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. Job ID: 480-177501-1

Project/Site: Perfection Plating #401037

Laboratory: Eurofins TestAmerica, Buffalo

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Pro	ogram	Identification Number	Expiration Date	
New York		LAP	10026	04-01-21	
The following analytes	are included in this report, but	t the leberatory is not cortif	Sand last their management as all and the Their Bat has		
the agency does not of	' '	t the laboratory is not certif	ied by the governing authority. This list ma	ay include analytes for whi	
,	' '	Matrix	Analyte	ay include analytes for whi	

5

5

7

Q

Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-177501-1

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: 480-177501-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Ass
480-177501-1	INFLUENT	Water	11/03/20 10:45	11/04/20 08:00	
480-177501-2	EFFLUENT	Water	11/03/20 10:30	11/04/20 08:00	

3

4

5

9

Albany Chain of Custody Record

Eurofins TestAmerica, Buffalo

10 Hazelwood Drive

Amherst, NY 14228-2298 Phone: 716-691-2600 Fax: 716-691-7991

eurofins | Environment Testing

#224

P - Na2O4S Q - Na2SO3 R - Na2S2O3 S - H2SO4 I - TSP Dodecahydrate U - Acetone Ver. 01/16/2019 Special Instructions/Note: EUTOFINS M - Hexane N - None O - AsNaO2 Months Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

Return To Client Disposal By Lab Mont
Special Instructions/QC Requirements: COC No 480-145916-29001.1 Preservation Codes: Chi A - HCL
B - NaOH
C - Zn Acetate
D - Nitric Acid
E - NahSO4
F - MeOH
G - Amchlor
H - Ascorbic Acid Page 1 of 1 480-177501 Chain of Custody 11-03-2020 IstoT X thod of Shipment Analysis Requested Cooler Temperature(s) "C and Other Remarks. Lab PM: Stone, Judy L E-Mail: Judy.Stone@Eurofinset.com × 3200 CK B - CL+6 200 CN C - CN Nou-amonable SST - G045 X 200.7 - (MOD) Copy Analytes (oN to seY) QSM\SM moheq Company Company Habella (ON 10 seY) elqms2 be1etli: BTeTissue, Arthr Sasolid, Orwastaloil, Preservation Code; Water Water Matrix Radiological (C=comp, G=grab) Sample Sandler Robel From R 2006 Type Ch: 10:30 Sample 11.3/20 10:45 Time Date: Unknown 11-03-3020 TAT Requested (days): PO#: Callout ID: 136401 Due Date Requested: 30 Sample Date Project #: 48019790 0 Poison B Skin Irritant Other (specify) 1mag Custody Seals Intact: Custody Seal No. Non-Hazard Flammable Deliverable Requested: I, II, III, IV, Possible Hazard Identification Empty Kit Relinquished by: Perfection Plating #401037 Aztech Technologies Inc atalbot@aztechenv.com Client Information Sample Identification 5 McCrea Hill Road 518-597-1241(Tel) Andrew Talbot Ballston Spa State, Zip: NY, 12020 Effluent Influent

Client: New York State D.E.C. Job Number: 480-177501-1

Login Number: 177501 List Source: Eurofins TestAmerica, Buffalo

List Number: 1

Creator: Yeager, Brian A

oroatori roagor, Brianii		
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	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	

Eurofins TestAmerica, Buffalo

4

6

8

16

10



Environment Testing America

ANALYTICAL REPORT

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

Laboratory Job ID: 480-179132-1

Client Project/Site: Perfection Plating #401037

For:

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

Attn: Samantha Salotto

Judy Stone

Authorized for release by: 12/15/2020 7:21:06 PM

Judy Stone, Senior Project Manager (484)685-0868

Judy.Stone@Eurofinset.com

LINKS

Review your project results through

Total Access

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.

2

3

4

5

6

Q

9

10

Judy Stone

Senior Project Manager 12/15/2020 7:21:06 PM

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.

Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-179132-1

Table of Contents

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

4

9

10

Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-179132-1

Project/Site: Perfection Plating #401037

Qualifiers

Metals

LOD

LOQ

 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.				
n	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)				

MCL EPA recommended "Maximum Contaminant Level"

MDA Minimum Detectable Activity (Radiochemistry)

MDC Minimum Detectable Concentration (Radiochemistry)

Limit of Quantitation (DoD/DOE)

Limit of Detection (DoD/DOE)

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

Eurofins TestAmerica, Buffalo

3

4

t

8

10

4 -

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-179132-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-179132-1

Receipt

The samples were received on 12/9/2020 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 2.3° C.

Metals

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

General Chemistry

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

Job ID: 480-179132-1

Job ID: 480-179132-1

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

Client Sample ID: INFLUENT

Date Collected: 12/08/20 10:15 Date Received: 12/09/20 08:00

Lab Sample ID: 480-179132-1

Matrix: Water

Method: 200.7 Rev 4.4 - Metal	s (ICP)								
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		12/11/20 09:50	12/12/20 02:14	1
Cadmium	ND		0.0020	0.00050	mg/L		12/11/20 09:50	12/12/20 02:14	1
Chromium	0.73		0.0040	0.0010	mg/L		12/11/20 09:50	12/12/20 02:14	1
Copper	0.0022	J	0.010	0.0016	mg/L		12/11/20 09:50	12/12/20 02:14	1
Iron	0.027	J	0.050	0.019	mg/L		12/11/20 09:50	12/12/20 02:14	1
Lead	ND		0.010	0.0030	mg/L		12/11/20 09:50	12/12/20 02:14	1
Nickel	0.0069	J	0.010	0.0013	mg/L		12/11/20 09:50	12/12/20 02:14	1
Selenium	ND		0.025	0.0087	mg/L		12/11/20 09:50	12/12/20 02:14	1
Zinc	0.0050	J	0.010	0.0015	mg/L		12/11/20 09:50	12/12/20 02:14	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.71		0.050	0.025	mg/L			12/09/20 09:45	5

0.010

RL

4.0

0.0050 mg/L

RL Unit

4.0 mg/L

Client Sample ID: EFFLUENT

0.019

ND

Result Qualifier

Date Collected: 12/08/20 10:25

Cyanide, Non-amenable

Total Suspended Solids

Date Received: 12/09/20 08:00

Lab Sample	ID:	480-179132-2
------------	-----	--------------

12/10/20 15:53

Analyzed

12/10/20 17:01

12/09/20 17:49

Prepared

D

Matrix: Water

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		12/11/20 09:50	12/12/20 02:17	1
Cadmium	ND		0.0020	0.00050	mg/L		12/11/20 09:50	12/12/20 02:17	1
Chromium	0.15		0.0040	0.0010	mg/L		12/11/20 09:50	12/12/20 02:17	1
Copper	ND		0.010	0.0016	mg/L		12/11/20 09:50	12/12/20 02:17	1
Iron	ND		0.050	0.019	mg/L		12/11/20 09:50	12/12/20 02:17	1
Lead	ND		0.010	0.0030	mg/L		12/11/20 09:50	12/12/20 02:17	1
Nickel	0.0069	J	0.010	0.0013	mg/L		12/11/20 09:50	12/12/20 02:17	1
Selenium	ND		0.025	0.0087	mg/L		12/11/20 09:50	12/12/20 02:17	1
Zinc	0.0034	J	0.010	0.0015	mg/L		12/11/20 09:50	12/12/20 02:17	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			12/09/20 09:45	1
Cyanide, Non-amenable	ND		0.010	0.0050	mg/L		12/09/20 17:49	12/10/20 15:55	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			12/10/20 17:01	1

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-179132-1

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Lab Sample ID: 480-179132-1 Date Collected: 12/08/20 10:15

Matrix: Water

Date Received: 12/09/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			562803	12/11/20 09:50	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	563102	12/12/20 02:14	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	562784	12/10/20 17:01	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		5	562507	12/09/20 09:45	CLT	TAL BUF
Total/NA	Prep	SM 4500 CN C			562589	12/09/20 17:49	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	562774	12/10/20 15:53	ALT	TAL BUF

Client Sample ID: EFFLUENT

Lab Sample ID: 480-179132-2 Date Collected: 12/08/20 10:25

Matrix: Water

Date Received: 12/09/20 08:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			562803	12/11/20 09:50	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	563102	12/12/20 02:17	LMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	562784	12/10/20 17:01	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	562507	12/09/20 09:45	CLT	TAL BUF
Total/NA	Prep	SM 4500 CN C			562589	12/09/20 17:49	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	562774	12/10/20 15:55	ALT	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. Job ID: 480-179132-1

Project/Site: Perfection Plating #401037

Laboratory: Eurofins TestAmerica, Buffalo

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority New York		gram	Identification Number	Expiration Date
		_AP	10026	04-01-21
The following analytes the agency does not of	• •	the laboratory is not certif	fied by the governing authority. This list ma	ay include analytes for which
Analysis Method	Prep Method	Matrix	Analyte	
SM 4500 CN G	SM 4500 CN C	Water	Cyanide, Non-amenable	

3

4

5

7

0

Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-179132-1

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

-

S

0

Sample Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-179132-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-179132-1	INFLUENT	Water	12/08/20 10:15	12/09/20 08:00	
480-179132-2	EFFLUENT	Water	12/08/20 10:25	12/09/20 08:00	

- 0

4

9

10 Hazelwood Drive

Amherst, NY 14228-2298

⊏urotins TestAmerica, Buffalo

Chain of Custody Record

Albany #224

🔆 eurofins

Environment Testing America

20	Sampler V -	hal	Lab PM:				Carrier Tracking No(s):	COC No:
Client Information Sient Contact:	Frank Za		Stone, J	ludy L				480-145918-29001.1
Andrew Talbot	518-470-1	0435	Judy.Sto	one@Eu	rofinse	t.com		Page 1 of 1
Company. Aztech Technologies Inc.	,					Analysis	Requested	Job#
Address.	Due Date Requested:		10					Preservation Codes:
5 McCrea Hill Road	TAT Requested (days):			88		111	1	A - HCL M - Hexane
City Ballston Spa	TAT Requested (days).		3	100		111		B - NaOH N - None C - Zn Acetate O - AsNaO2
State, Zip: NY, 12020				80		111		D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3
Phone:	PO#					111		F - MeOH R - Na2S2O3
518-597-1241(Tel)	Callout !D: 136401		(o)			1 1 1		H - Ascorbic Acid T - TSP Dodecahydra
atalbot@aztechenv.com	WO #		or	9		9		J - Di Water V - MCAA
Project Name:	Project #		Yes	or No)		an year		K - EDTA W - pH 4-5 L - EDA Z - other (specify) Other:
Perfection Plating #401037	48019790 SSOW#:		ejdi	ASD (Yes	1 1	n-an		Other:
			Sec	USD Vdo:		Cr+6		5
		Sample	Matrix 2	Perform MS/MSD (Yes or 200.7 - (MOD) Copy Analytes				Number
	1 1 -	Туре	(W=water, E=solid,	III.	0 - TSS	N N N		N. C.
Sample Identification	Sample Date Time		Sewasteloli, D	Perform 200.7 - (N	2540D	3500_CR_B		Special Instructions/Note:
ouniple lactionation	Sample Bale Time	Preservatio		XD	N B			Special modulottomamote.
Influent	12/8/20 10/10	15 B	Water	X	X	XX	THE DESIGNATION OF THE PERSON	100 100 100 100 100 100 100 100 100 100
Effluent	12/8/20 1813	10	Water	X	X.	XX		
	1. 1.1							
							480-179132	Chain of Custody
				1 -	1	14	1111	
		-	=+	+	1/1	1		
					111			
							+41111	
				1	h			
				11	1	- 8	1111	
			-	+	-	10	1020	
				11	+	+++		
Possible Hazard Identification							ay be assessed if samples are re	
Non-Hazard Flammable Skin Irritan	t Poison B Unknown	Radiological				To Client		Archive For Months
Deliverable Requested: I, II, III, IV, Other (specify)				Specia	al Instru	ctions/QC Req	uirements.	
Empty Kit Relinquished by:	Date:		T	ime:		^	Method of Shipment	•
Resignational Pales	12/8/20 11:	45	Azlech	Re	ceived by	1/	Date/Time:	520 1145 Company
Balinquished by.	Date/Tingle:	15 . 6	ompany	Re	ceived by		Data/Time:	Company
1 C Tules	Date/Tinfe: 12-8-20		EETA					
Relinquished by:	Date/Time:	C	ompany	Re	ceived b	13 X	Date/Time: 12/9/20	0800 Company

<u>- α ω 4 το σ ω ο σ - </u>

Client: New York State D.E.C. Job Number: 480-179132-1

Login Number: 179132 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	2.3 #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	

4

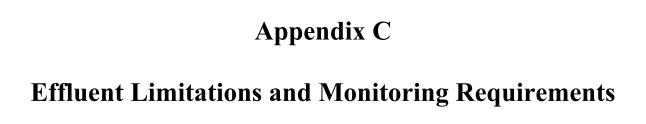
6

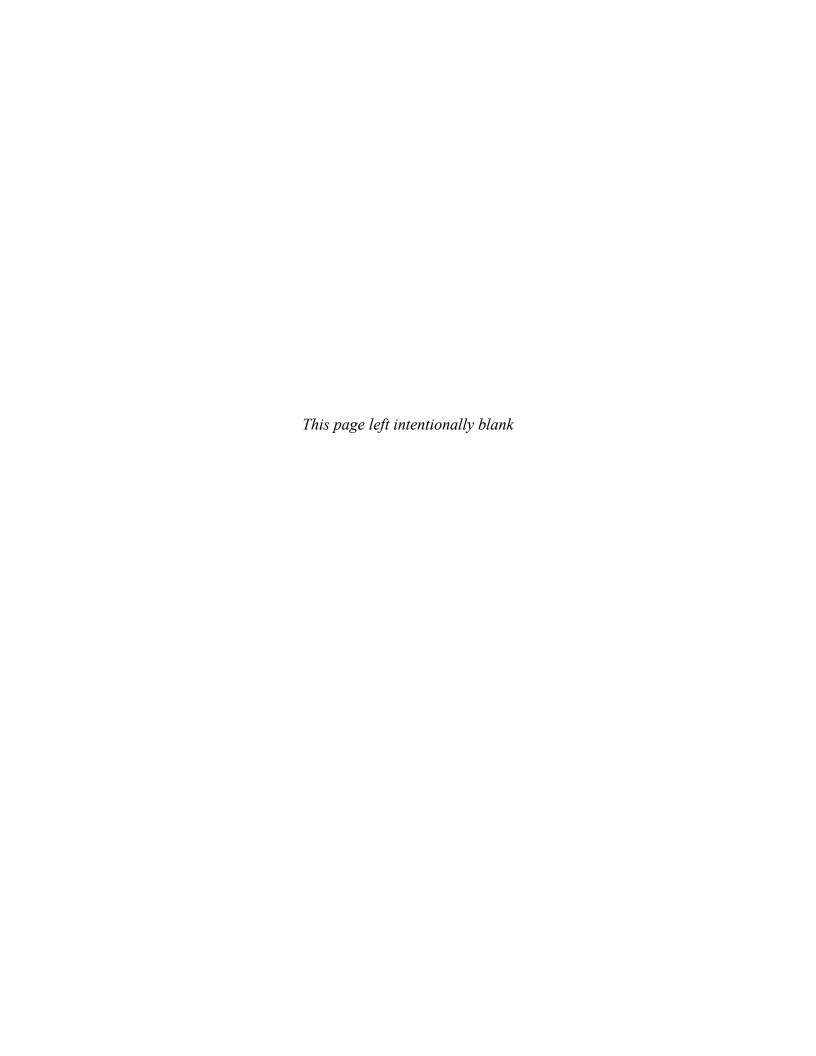
7

9

10

1.





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:

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

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

Additional Conditions:

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

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

With a copy sent to:

Regional Water Engineer, Region 4 1130 West Westcott Road Schenectady, NY 12561 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 μ g/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.

Perfection Plating, Site # 4-01-037 Page 3 of 6

Treatment System

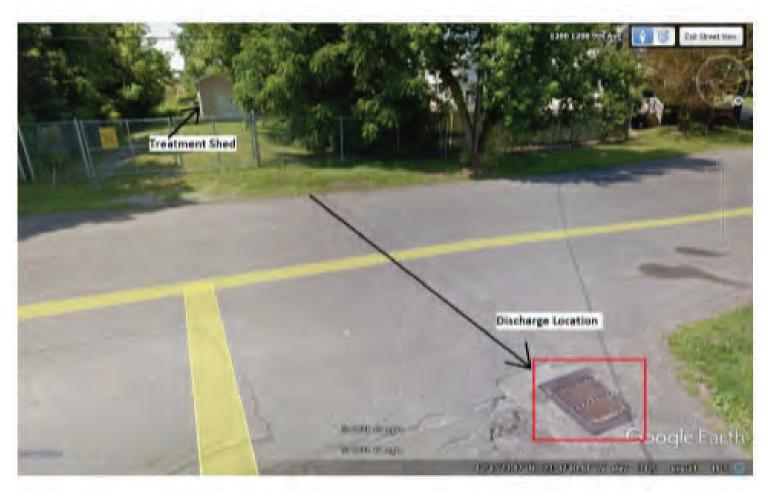
Contaminated groundwater collected in a trench is pumped by a submersible pump to an aerator, at an average flow rate of 2.60 GPM (3,744 GPD). Gravity flow from the aerator enters a plate iron filter, for removal of suspended solids and oxidized iron. From the iron filter the (gravity) water flow is 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

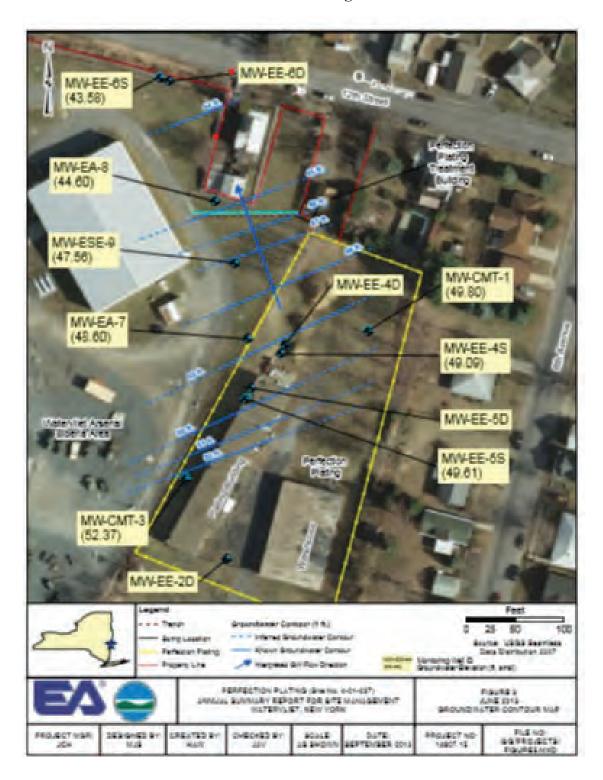
Source removal is planned for 2021. Treatment of the source at the Perfection Plating Site # 4-01-037 site is estimated to take 3-6 months. Groundwater monitoring will then continue afterwards, to evaluate effectiveness of the treatment, and to determine if continued operation of the treatment system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

.

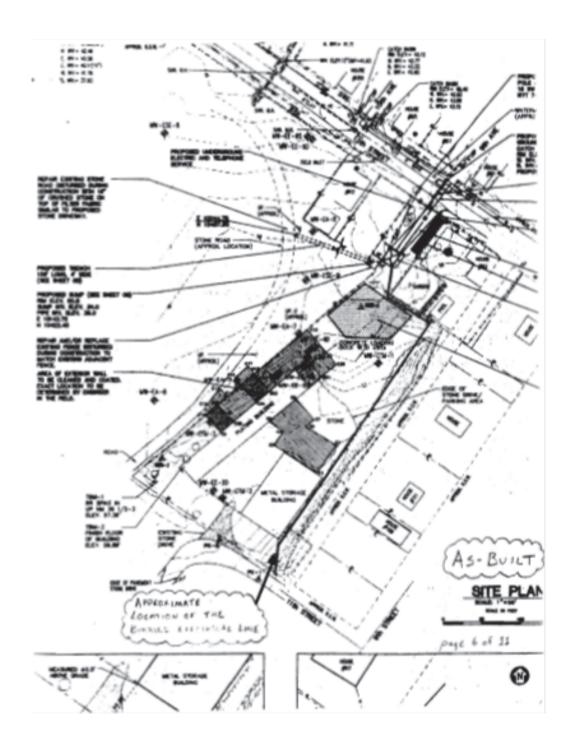
Perfection Plating Site # 4-01-037 – Discharge Location

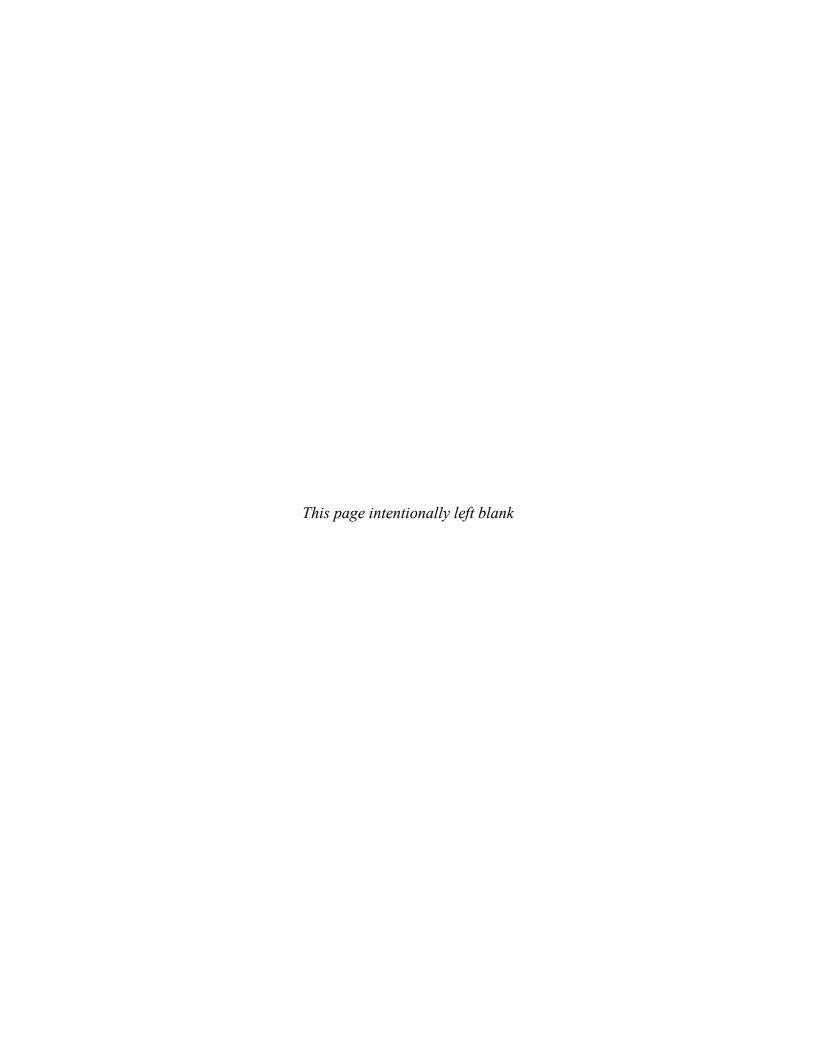


Location - Perfection Plating Site No. 4-01-037

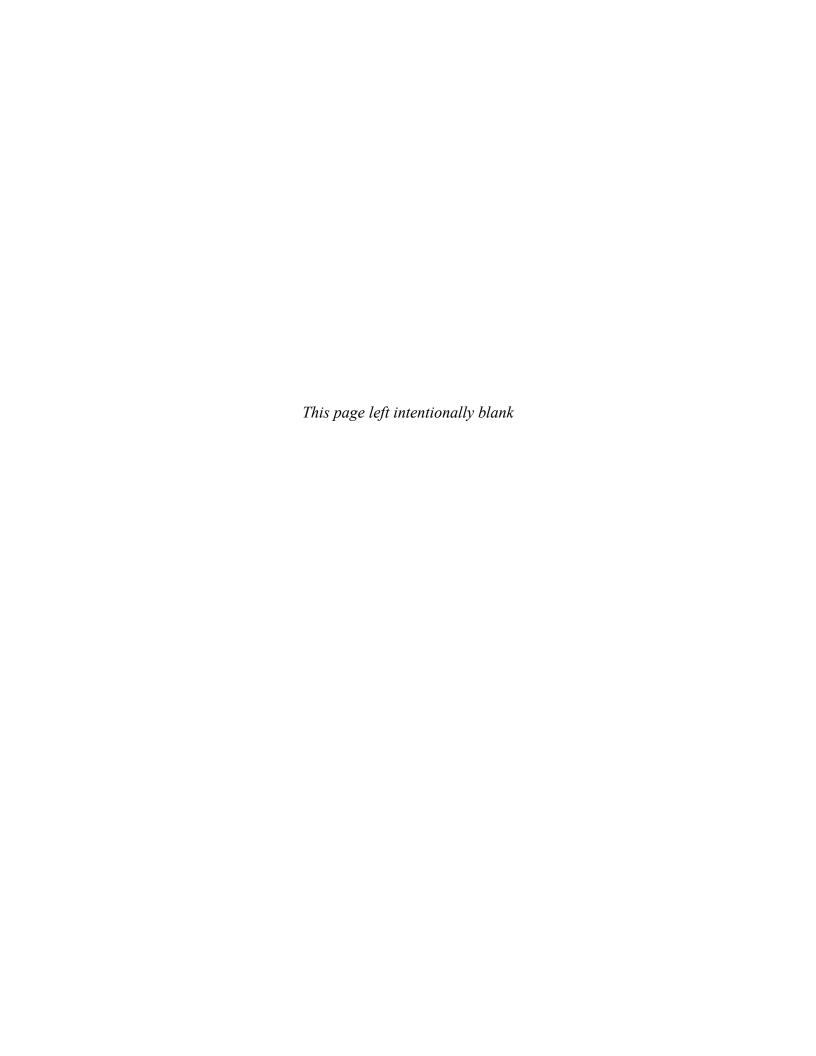


Perfection Plating – Site Plan





Appendix D Groundwater Laboratory Analytical Data





Environment Testing America

ANALYTICAL REPORT

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

Laboratory Job ID: 480-177205-1

Client Project/Site: Perfection Plating #401037

For:

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

Attn: Samantha Salotto

Judy Stone

Authorized for release by: 11/6/2020 2:10:50 PM

Judy Stone, Senior Project Manager

(484)685-0868

Judy.Stone@Eurofinset.com

LINKS

Review your project results through

Total Access

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.

3

4

R

9

1 0

12

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.

Judystone

Judy Stone Senior Project Manager 11/6/2020 2:10:50 PM

8

9

10

12

13

Table of Contents

Cover Page	1
Table of Contents	3
Definitions/Glossary	4
Case Narrative	5
Detection Summary	6
Client Sample Results	7
QC Sample Results	10
QC Association Summary	12
Lab Chronicle	14
Certification Summary	17
Method Summary	18
Sample Summary	19
Chain of Custody	20
Receipt Checklists	21

9

4

£

R

9

11

12

Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-177205-1

Project/Site: Perfection Plating #401037

Qualifiers

M	etal	Is
	Ctu	•

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		
Н	Sample was prepped or analyzed beyond the specified holding time		
H3	Sample was received and analyzed past holding time.		
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.		

Glossary

Giossaiy	
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

11/6/2020

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-177205-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-177205-1

Receipt

The samples were received on 10/28/2020 10:00 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.5° C.

Metals

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

General Chemistry

Methods 7196A, SM 3500 CR B: The following sample was received outside of holding time: 401037-DUP-1120 (480-177205-11).

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

Job ID: 480-177205-1

Page 5 of 21

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Client Sample ID: 401037-MW-CMT-1 Lab Sample ID: 480-177205-1 RL **MDL** Unit Dil Fac D Method Result Qualifier **Prep Type** 0.0052 J 0.010 0.0050 mg/L SM 3500 CR B Chromium, hexavalent Total/NA Client Sample ID: 401037-MW-CMT-3 Lab Sample ID: 480-177205-2 Analyte Result Qualifier RI MDI Unit Dil Fac D Method **Prep Type** 200.7 Rev 4.4 Chromium 0.0043 0.0040 0.0010 mg/L Total/NA Client Sample ID: 401037-MW-EE-4S Lab Sample ID: 480-177205-3 Result Qualifier RL **MDL** Unit Dil Fac D Method Analyte **Prep Type** Chromium 0.054 0.0040 0.0010 mg/L 200.7 Rev 4.4 Total/NA 0.057 SM 3500 CR B Chromium, hexavalent 0.010 0.0050 mg/L Total/NA Client Sample ID: 401037-MW-EE-5S Lab Sample ID: 480-177205-4 MDL Unit Dil Fac D Method Analyte Result Qualifier RL **Prep Type** 10 1 0.0080 0.0020 mg/L 200 7 Rev 4 4 Total/NA Chromium Chromium, hexavalent 19.6 10.0 5.0 mg/L 1000 SM 3500 CR B Total/NA Client Sample ID: 401037-MW-EA-7R Lab Sample ID: 480-177205-5 Analyte Result Qualifier RL **MDL** Unit Dil Fac D Method **Prep Type** Chromium 0.0040 0.0010 mg/L 200.7 Rev 4.4 Total/NA 1.1 0.95 0.050 5 SM 3500 CR B Total/NA Chromium, hexavalent 0.025 mg/L Lab Sample ID: 480-177205-6 Client Sample ID: 401037-MW-ESE-9R Analyte Result Qualifier RL MDL Unit Dil Fac D Method Prep Type Chromium 200.7 Rev 4.4 0.29 0.0040 0.0010 mg/L Total/NA Chromium, hexavalent 0.016 0.010 0.0050 mg/L SM 3500 CR B Total/NA Client Sample ID: 401037-MW-EA-10S Lab Sample ID: 480-177205-7 **MDL** Unit **Analyte** Result Qualifier RL Dil Fac D Method **Prep Type** Chromium 0.026 0.0040 0.0010 mg/L 200.7 Rev 4.4 Total/NA Client Sample ID: 401037-MW-EA-11S Lab Sample ID: 480-177205-8 Analyte Result Qualifier RL MDL Unit Dil Fac D Method Prep Type Chromium 200.7 Rev 4.4 Total/NA 0.15 0.0040 0.0010 ma/L Client Sample ID: 401037-MW-EA-12S Lab Sample ID: 480-177205-9 **Analyte** Result Qualifier RL **MDL** Unit Dil Fac D Method **Prep Type** Chromium 0.0056 0.0040 0.0010 mg/L 200.7 Rev 4.4 Total/NA Client Sample ID: 401037-MW-EA-13S Lab Sample ID: 480-177205-10 Result Qualifier RL **MDL** Unit Dil Fac D Method **Prep Type**

This Detection Summary does not include radiochemical test results.

Client Sample ID: 401037-DUP-1120

0.0021 J

0.0027 J

Result Qualifier

Chromium

Analyte

Chromium

Eurofins TestAmerica, Buffalo

Total/NA

Prep Type

11/6/2020

Total/NA

200.7 Rev 4.4

Lab Sample ID: 480-177205-11

200.7 Rev 4.4

Method

Dil Fac D

Job ID: 480-177205-1

0.0040

RL

0.0040

0.0010 mg/L

MDL Unit

0.0010 mg/L

Client Sample Results

Client: New York State D.E.C. Job ID: 480-177205-1 Project/Site: Perfection Plating #401037 Client Sample ID: 401037-MW-CMT-1 Lab Sample ID: 480-177205-1 Date Collected: 10/27/20 15:20 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit D Analyzed Dil Fac Prepared Chromium 0.0040 0.0010 mg/L 10/30/20 16:15 11/02/20 20:45 ND **General Chemistry** Result Qualifier RL Analyte **MDL** Unit D Prepared Analyzed Dil Fac 0.010 10/28/20 10:46 Chromium, hexavalent 0.0052 J 0.0050 mg/L Client Sample ID: 401037-MW-CMT-3 Lab Sample ID: 480-177205-2 Date Collected: 10/27/20 15:41 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Dil Fac 0.0040 Chromium 0.0043 0.0010 mg/L 10/30/20 16:15 11/02/20 20:49 **General Chemistry** Dil Fac Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Chromium, hexavalent ND 0.010 0.0050 mg/L 10/28/20 10:46 Lab Sample ID: 480-177205-3 Client Sample ID: 401037-MW-EE-4S Date Collected: 10/27/20 15:05 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL MDL Unit Prepared Analyzed Dil Fac 0.0040 0.0010 mg/L 10/30/20 16:15 11/02/20 20:52 Chromium 0.054 **General Chemistry** Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac **Chromium, hexavalent** 0.057 0.010 0.0050 mg/L 10/28/20 10:46 Client Sample ID: 401037-MW-EE-5S Lab Sample ID: 480-177205-4 Date Collected: 10/27/20 15:50 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac 0.0080 10/30/20 16:15 11/03/20 11:59 **Chromium** 10.1 0.0020 mg/L **General Chemistry** Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Dil Fac **Chromium, hexavalent** 10.0 5.0 mg/L 10/28/20 10:46 19.6 1000 Lab Sample ID: 480-177205-5 Client Sample ID: 401037-MW-EA-7R Date Collected: 10/27/20 14:30 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RI **MDL** Unit D Prepared Analyzed Dil Fac Chromium 0.0040 0.0010 mg/L 10/30/20 16:15 11/02/20 21:11 1.1 **General Chemistry** Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac 0.050 0.025 mg/L 10/28/20 10:46 Chromium, hexavalent 0.95

Eurofins TestAmerica, Buffalo

11/6/2020

6

Page 7 of 21

Client Sample Results Client: New York State D.E.C. Job ID: 480-177205-1 Project/Site: Perfection Plating #401037 Lab Sample ID: 480-177205-6 Client Sample ID: 401037-MW-ESE-9R Date Collected: 10/27/20 14:58 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac 0.0040 0.0010 mg/L 10/30/20 16:15 11/02/20 21:15 Chromium 0.29 **General Chemistry** Result Qualifier Analyte RL **MDL** Unit D Prepared Analyzed Dil Fac 0.010 10/28/20 10:46 Chromium, hexavalent 0.016 0.0050 mg/L Client Sample ID: 401037-MW-EA-10S Lab Sample ID: 480-177205-7 Date Collected: 10/27/20 14:55 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed 0.0040 Chromium 0.026 0.0010 mg/L 10/30/20 16:15 11/02/20 21:18 **General Chemistry** Analyte Result Qualifier RL **MDL** Unit Prepared Dil Fac Analyzed Chromium, hexavalent ND 0.010 0.0050 mg/L 10/28/20 10:46 Lab Sample ID: 480-177205-8 Client Sample ID: 401037-MW-EA-11S Date Collected: 10/27/20 13:47 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Dil Fac 0.0040 0.0010 mg/L 10/30/20 16:15 11/02/20 21:22 Chromium 0.15 **General Chemistry** Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac Chromium, hexavalent 0.010 0.0050 mg/L 10/28/20 10:46 Client Sample ID: 401037-MW-EA-12S Lab Sample ID: 480-177205-9 **Matrix: Water** Date Received: 10/28/20 10:00 Method: 200 7 Pey 4.4 - Metals (ICP)

Date Collected: 10/27/20 14:12

Method: 200.7 Rev 4.4 - Metals (ICP)									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.0056		0.0040	0.0010	mg/L		10/30/20 16:15	11/02/20 21:26	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			10/28/20 10:46	1

Client Sample ID: 401037-MW-EA-13S Lab Sample ID: 480-177205-10 Date Collected: 10/27/20 15:30 **Matrix: Water**

Date Received: 10/28/20 10:00

Date Received: 10/28/20 10:00									
Method: 200.7 Rev 4.4 - Metals (ICP)									
Analyte	Result (Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.0021	J	0.0040	0.0010	mg/L		10/30/20 16:15	11/02/20 21:55	1
General Chemistry									
Analyte	Result (Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			10/28/20 10:46	1

Eurofins TestAmerica, Buffalo

6

Page 8 of 21 11/6/2020

Client Sample Results

Client: New York State D.E.C. Job ID: 480-177205-1

Project/Site: Perfection Plating #401037

Client Sample ID: 401037-DUP-1120 Lab Sample ID: 480-177205-11

Date Collected: 10/27/20 00:00 Date Received: 10/28/20 10:00

Matrix: Water

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result Qualif		MDL Unit	D	Prepared	Analyzed	Dil Fac
Olementer	0.0007	0.0040	0.0010		10/20/20 16:15	11/02/20 21:50	

Chromium 0.0027 J 0.0040 0.0010 mg/L

General Chemistry

Analyte Result Qualifier RL Dil Fac MDL Unit Prepared Analyzed ND H H3 0.010 0.0050 mg/L 10/28/20 10:46 Chromium, hexavalent

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-177205-1

Method: 200.7 Rev 4.4 - Metals (ICP)

Lab Sample ID: MB 480-556722/1-A

Matrix: Water

Analysis Batch: 557090

Client Sample ID: Method Blank

Prep Type: Total/NA

Prep Type: Total/NA

Prep Batch: 556722

Prep Type: Total/NA

Prep Batch: 556722

Prep Type: Total/NA

Prep Batch: 556722

Prep Type: Total/NA

Prep Type: Total/NA

Prep Type: Total/NA

Prep Batch: 556722

MB MB

Result Qualifier RL **MDL** Unit Analyzed Dil Fac Analyte Prepared 0.0040 10/30/20 16:15 11/02/20 20:38 Chromium ND 0.0010 mg/L

Lab Sample ID: LCS 480-556722/2-A

Matrix: Water

Analyte

Analyte

Chromium

Chromium

Chromium

Analysis Batch: 557090

Spike Added

0.200

LCS LCS 0.215

MS MS

Result Qualifier

Unit mg/L D %Rec 107

85 - 115

Client Sample ID: 401037-MW-EA-12S

Client Sample ID: Lab Control Sample

%Rec. Limits

Lab Sample ID: 480-177205-9 MS

Matrix: Water

Analysis Batch: 557090

Sample Sample

0.0056

Spike Result Qualifier 0.0056

Added 0.200

Result Qualifier 0.235

Unit mg/L

%Rec

Limits 70 - 130

Client Sample ID: 401037-MW-EA-12S

%Rec.

Lab Sample ID: 480-177205-9 MSD

Matrix: Water

Analysis Batch: 557090

Analyte

Sample Sample Spike Result Qualifier Added

0.200

MSD MSD Result Qualifier 0.210

Unit %Rec mg/L 102

Limits 70 - 130

Client Sample ID: Method Blank

Client Sample ID: Method Blank

%Rec.

RPD Limit 20

RPD

Method: SM 3500 CR B - Chromium, Hexavalent

Lab Sample ID: MB 480-556315/27

Matrix: Water

Analysis Batch: 556315

MB MB

Analyte Chromium, hexavalent Result Qualifier ND

RL 0.010

MDL Unit 0.0050 mg/L

Prepared

Analyzed Dil Fac 10/28/20 10:46

Lab Sample ID: MB 480-556315/3

Matrix: Water

Analysis Batch: 556315

MR MR

Analyte Chromium, hexavalent Result Qualifier

RL 0.010 ND

MDL Unit 0.0050 mg/L

Prepared Analyzed 10/28/20 10:46

Client Sample ID: Lab Control Sample

Dil Fac

Lab Sample ID: LCS 480-556315/28

Matrix: Water

Analysis Batch: 556315

Chromium, hexavalent

Spike Added 0.0500

0.0509

LCS LCS Result Qualifier Unit mg/L

%Rec

102

%Rec. Limits 85 - 115

11/6/2020

Client: New York State D.E.C. Job ID: 480-177205-1

Project/Site: Perfection Plating #401037

Method: SM 3500 CR B - Chromium, Hexavalent (Continued)

Lab Sample ID: LCS 480-556315/4 **Client Sample ID: Lab Control Sample Matrix: Water** Prep Type: Total/NA

Analysis Batch: 556315

Spike LCS LCS %Rec. Added Result Qualifier Limits Analyte Unit D %Rec Chromium, hexavalent 0.0500 0.0497 mg/L 99 85 - 115

Client Sample ID: 401037-MW-EA-12S Lab Sample ID: 480-177205-9 MS Prep Type: Total/NA

Matrix: Water

Analysis Batch: 556315

Sample Sample Spike MS MS %Rec. Analyte Result Qualifier Added Result Qualifier Limits Unit D %Rec 0.0500 85 - 115 Chromium, hexavalent ND 0.0521 mg/L 104

Lab Sample ID: 480-177205-9 MSD Client Sample ID: 401037-MW-EA-12S

Matrix: Water

Analysis Batch: 556315

Sample Sample Spike MSD MSD %Rec. **RPD** Result Qualifier Added Result Qualifier Limits RPD Analyte Unit %Rec Limit Chromium, hexavalent ND 0.0500 0.0497 99 mg/L

Lab Sample ID: 480-177205-11 MS Client Sample ID: 401037-DUP-1120 **Prep Type: Total/NA**

Matrix: Water

Analysis Batch: 556315

Spike MS MS %Rec. Sample Sample Analyte Result Qualifier Added Result Qualifier Unit %Rec Limits ND H H3 0.0500 0.0449 Chromium, hexavalent mg/L 90 85 - 115

Lab Sample ID: 480-177205-8 DU Client Sample ID: 401037-MW-EA-11S Prep Type: Total/NA

Matrix: Water

Analysis Batch: 556315

DU DU RPD Sample Sample Analyte Result Qualifier Result Qualifier RPD Limit Unit Chromium, hexavalent ND ND 15 mg/L NC

Prep Type: Total/NA

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-177205-1

Metals

Prep Batch: 556722

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-177205-1	401037-MW-CMT-1	Total/NA	Water	200.7	
480-177205-2	401037-MW-CMT-3	Total/NA	Water	200.7	
480-177205-3	401037-MW-EE-4S	Total/NA	Water	200.7	
480-177205-4	401037-MW-EE-5S	Total/NA	Water	200.7	
480-177205-5	401037-MW-EA-7R	Total/NA	Water	200.7	
480-177205-6	401037-MW-ESE-9R	Total/NA	Water	200.7	
480-177205-7	401037-MW-EA-10S	Total/NA	Water	200.7	
480-177205-8	401037-MW-EA-11S	Total/NA	Water	200.7	
480-177205-9	401037-MW-EA-12S	Total/NA	Water	200.7	
480-177205-10	401037-MW-EA-13S	Total/NA	Water	200.7	
480-177205-11	401037-DUP-1120	Total/NA	Water	200.7	
MB 480-556722/1-A	Method Blank	Total/NA	Water	200.7	
LCS 480-556722/2-A	Lab Control Sample	Total/NA	Water	200.7	
480-177205-9 MS	401037-MW-EA-12S	Total/NA	Water	200.7	
480-177205-9 MSD	401037-MW-EA-12S	Total/NA	Water	200.7	

Analysis Batch: 557090

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-177205-1	401037-MW-CMT-1	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-2	401037-MW-CMT-3	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-3	401037-MW-EE-4S	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-5	401037-MW-EA-7R	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-6	401037-MW-ESE-9R	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-7	401037-MW-EA-10S	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-8	401037-MW-EA-11S	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-9	401037-MW-EA-12S	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-10	401037-MW-EA-13S	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-11	401037-DUP-1120	Total/NA	Water	200.7 Rev 4.4	556722
MB 480-556722/1-A	Method Blank	Total/NA	Water	200.7 Rev 4.4	556722
LCS 480-556722/2-A	Lab Control Sample	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-9 MS	401037-MW-EA-12S	Total/NA	Water	200.7 Rev 4.4	556722
480-177205-9 MSD	401037-MW-EA-12S	Total/NA	Water	200.7 Rev 4.4	556722

Analysis Batch: 557158

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-177205-4	401037-MW-EE-5S	Total/NA	Water	200.7 Rev 4.4	556722

General Chemistry

Analysis Batch: 556315

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-177205-1	401037-MW-CMT-1	Total/NA	Water	SM 3500 CR B	
480-177205-2	401037-MW-CMT-3	Total/NA	Water	SM 3500 CR B	
480-177205-3	401037-MW-EE-4S	Total/NA	Water	SM 3500 CR B	
480-177205-4	401037-MW-EE-5S	Total/NA	Water	SM 3500 CR B	
480-177205-5	401037-MW-EA-7R	Total/NA	Water	SM 3500 CR B	
480-177205-6	401037-MW-ESE-9R	Total/NA	Water	SM 3500 CR B	
480-177205-7	401037-MW-EA-10S	Total/NA	Water	SM 3500 CR B	
480-177205-8	401037-MW-EA-11S	Total/NA	Water	SM 3500 CR B	
480-177205-9	401037-MW-EA-12S	Total/NA	Water	SM 3500 CR B	
480-177205-10	401037-MW-EA-13S	Total/NA	Water	SM 3500 CR B	

Eurofins TestAmerica, Buffalo

11/6/2020

Page 12 of 21

2

7

0

10

111

13

QC Association Summary

Client: New York State D.E.C. Job ID: 480-177205-1

Project/Site: Perfection Plating #401037

General Chemistry (Continued)

Analysis Batch: 556315 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-177205-11	401037-DUP-1120	Total/NA	Water	SM 3500 CR B	
MB 480-556315/27	Method Blank	Total/NA	Water	SM 3500 CR B	
MB 480-556315/3	Method Blank	Total/NA	Water	SM 3500 CR B	
LCS 480-556315/28	Lab Control Sample	Total/NA	Water	SM 3500 CR B	
LCS 480-556315/4	Lab Control Sample	Total/NA	Water	SM 3500 CR B	
480-177205-9 MS	401037-MW-EA-12S	Total/NA	Water	SM 3500 CR B	
480-177205-9 MSD	401037-MW-EA-12S	Total/NA	Water	SM 3500 CR B	
480-177205-11 MS	401037-DUP-1120	Total/NA	Water	SM 3500 CR B	
480-177205-8 DU	401037-MW-EA-11S	Total/NA	Water	SM 3500 CR B	

2

4

6

8

9

10

12

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Client Sample ID: 401037-MW-CMT-1

Date Collected: 10/27/20 15:20

Date Received: 10/28/20 10:00

Lab Sample ID: 480-177205-1

Matrix: Water

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 20:45	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

Client Sample ID: 401037-MW-CMT-3

Date Collected: 10/27/20 15:41 Date Received: 10/28/20 10:00 Lab Sample ID: 480-177205-2

Matrix: Water

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 20:49	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

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

Date Collected: 10/27/20 15:05 Date Received: 10/28/20 10:00

Lab Sample ID: 480-177205-3

Matrix: Water

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 20:52	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

Client Sample ID: 401037-MW-EE-5S

Date Collected: 10/27/20 15:50 Date Received: 10/28/20 10:00

Lab Sample ID: 480-177205-4

Matrix: Water

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		2	557158	11/03/20 11:59	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1000	556315	10/28/20 10:46	CRK	TAL BUF

Client Sample ID: 401037-MW-EA-7R

Date Collected: 10/27/20 14:30

Lab Sample ID: 480-177205-5 **Matrix: Water** Date Received: 10/28/20 10:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 21:11	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		5	556315	10/28/20 10:46	CRK	TAL BUF

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

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

Lab Sample ID: 480-177205-6

Date Collected: 10/27/20 14:58 **Matrix: Water** Date Received: 10/28/20 10:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 21:15	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

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

Lab Sample ID: 480-177205-7 Date Collected: 10/27/20 14:55 **Matrix: Water**

Date Received: 10/28/20 10:00

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 21:18	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

Client Sample ID: 401037-MW-EA-11S

Lab Sample ID: 480-177205-8

Date Collected: 10/27/20 13:47 **Matrix: Water** Date Received: 10/28/20 10:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 21:22	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

Client Sample ID: 401037-MW-EA-12S

Lab Sample ID: 480-177205-9 Date Collected: 10/27/20 14:12 **Matrix: Water**

Date Received: 10/28/20 10:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 21:26	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

Lab Sample ID: 480-177205-10 Client Sample ID: 401037-MW-EA-13S

Date Collected: 10/27/20 15:30 Date Received: 10/28/20 10:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 21:55	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

Eurofins TestAmerica, Buffalo

Matrix: Water

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-177205-1

Project/Site: Perfection Plating #401037

Client Sample ID: 401037-DUP-1120 Lab Sample ID: 480-177205-11

Date Collected: 10/27/20 00:00 Matrix: Water Date Received: 10/28/20 10:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			556722	10/30/20 16:15	ASD	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	557090	11/02/20 21:59	LMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	556315	10/28/20 10:46	CRK	TAL BUF

Laboratory References:

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

4

5

7

0

10

12

13

Accreditation/Certification Summary

Client: New York State D.E.C. Job ID: 480-177205-1

Project/Site: Perfection Plating #401037

Laboratory: Eurofins TestAmerica, Buffalo

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

Authority	Program	Identification Number	Expiration Date
New York	NELAP	10026	04-01-21

00 477005 4

3

-

4

5

9

10

12

13

Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

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

Job ID: 480-177205-1

4

£

0

10

11

40

Sample Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Lab Sample ID **Client Sample ID** Matrix Collected Received Asset ID 480-177205-1 401037-MW-CMT-1 10/27/20 15:20 10/28/20 10:00 Water 480-177205-2 401037-MW-CMT-3 Water 10/27/20 15:41 10/28/20 10:00 480-177205-3 401037-MW-EE-4S Water 10/27/20 15:05 10/28/20 10:00 480-177205-4 401037-MW-EE-5S Water 10/27/20 15:50 10/28/20 10:00 480-177205-5 401037-MW-EA-7R Water 10/27/20 14:30 10/28/20 10:00 480-177205-6 401037-MW-ESE-9R Water 10/27/20 14:58 10/28/20 10:00 480-177205-7 401037-MW-EA-10S Water 10/27/20 14:55 10/28/20 10:00 10/27/20 13:47 10/28/20 10:00 480-177205-8 401037-MW-EA-11S Water 480-177205-9 401037-MW-EA-12S Water 10/27/20 14:12 10/28/20 10:00 480-177205-10 401037-MW-EA-13S Water 10/27/20 15:30 10/28/20 10:00 480-177205-11 401037-DUP-1120 Water 10/27/20 00:00 10/28/20 10:00

Job ID: 480-177205-1

3

4

5

7

8

3

10

11

13

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive

	Project Manager: 5m	IN Priminage	CDV			COC No:
Client Contact	10	0		Site Contact: Phyming	Date: 9 10 177 12013	3 of COCs
EA Engineering, P.C.	Tel/Fax: Rud 304 2	3837		Lab Contact: Tuli	Son S	TALS Project #:
269 West Jefferson Street	Analysis Turnaround Time	around Time				Sampler:
Syracuse, NY 13202	☑ CALENDAR DAYS	☐ WORKING DAYS	SAYS	(For Lab Use Only:
3154314610 X 1 9 5 S	TAT if different from Below	Below		N		Walk-in Client:
(xxx) xxx-xxxx FAX	₹ 2 weeks	sks	(N	(1)		Lab Sampling:
Project Name: Perfection Plating	□ 1 week	*	/)) a		
Site: 401037	□ 2 days	S) əlc			Job / SDG No.:
PO# 1602513	14		dwe			
Sample Identification	Sample Sample (Sample Type (C=Comp, G=Grab) Matrix	rix # of Filtered S	Perform M		Sample Specific Notes:
40/037-WIN-CMT-1	1523	75 5	2 2	XXZ		
3	1451 0/27/01	-	7			
401037 -MM-EE-413	1555					
461027 - MW-EE-SS	1380					177205 Chain of Custody
401037 - MW-GA-TR	1430		_		9	
401037 - MW-ELE-9R	1458					
401037 - MW- CA-101	1455					
401057 - MW-CA-113	1347					
401037 - MW - EA- 12	2141		9	N. I.		Ms/MJD
401037-MW-EA-135	1530		7	N		
401037-DUP-1120	١		7			
Preservation Used: 1= Ice, 2= HCI; 3= H2SO4; 4=HNO3; 5=NaOH; 6= Other	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.	e List any EPA Waste C	odes for the	sample in the		Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)	tained longer than 1 month)
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant	☐ Polson B	Unknown		☐ Return to Client 区	A Disposal by Lab	for Months
ictions/QC						
Custody Seals Intact:	Custody Seal No.:			Cooley Temp. (°C): Obs'd	Obs'd: Corr'd:	Therm ID No.:
Relinquished by Chury 10/27/2020 1700	Company:	Dal	Date/Time:	Received by Mule	Company: 3	Date/Time: 8/20 100
Relinquished by:/	Company:	Dat	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company	Dal	Date/Time:	Received in Laboratory by:	Company	Date/Time

11/6/2020

Client: New York State D.E.C. Job Number: 480-177205-1

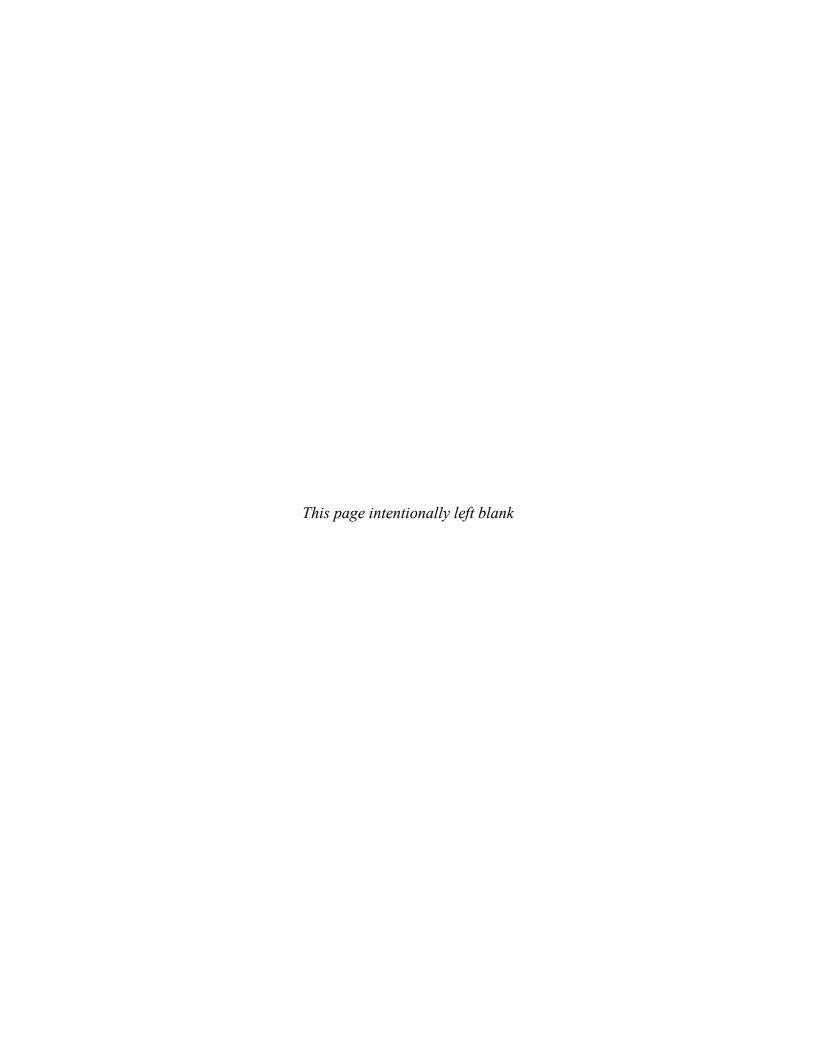
Login Number: 177205 List Source: Eurofins TestAmerica, Buffalo

List Number: 1

Creator: Wallace, Cameron

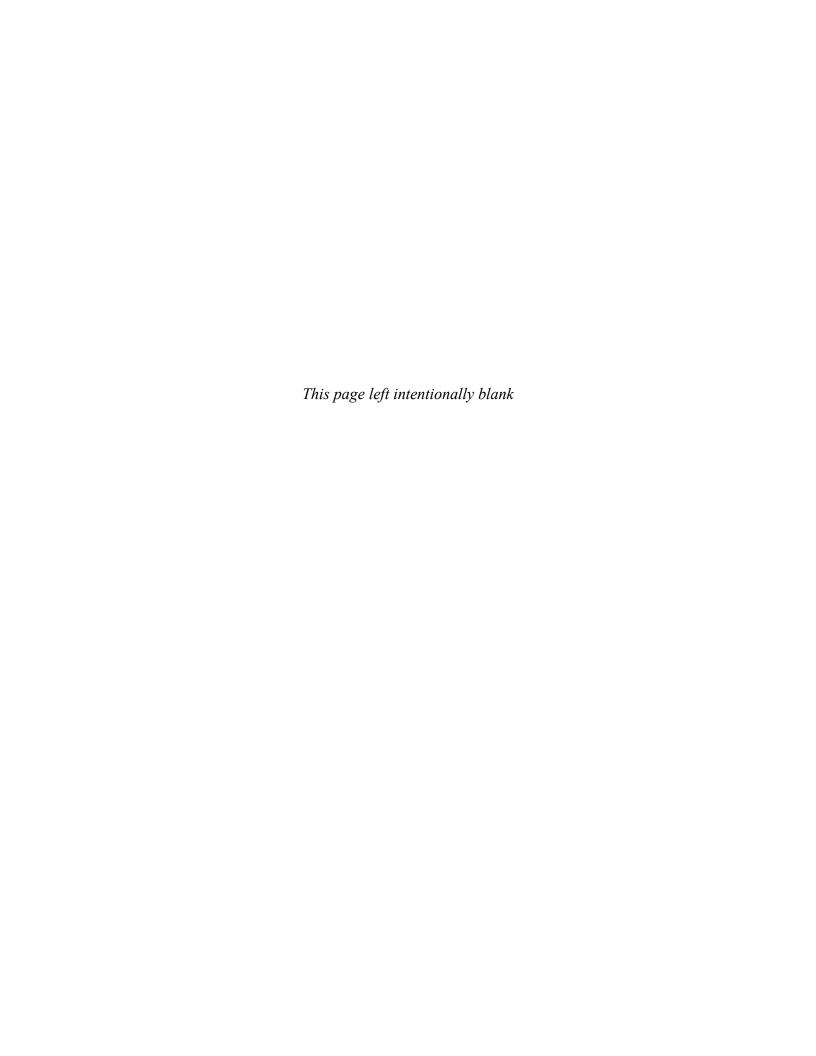
orontori riminado, eminerori		
Question	Answer	Comment
Radioactivity either was not measured or, if measured, is at or below background	True	
The cooler's custody seal, if present, is intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received 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	
Samples received within 48 hours of sampling.	True	
Samples requiring field filtration have been filtered in the field.	True	
Chlorine Residual checked.	N/A	

11/6/2020



Appendix E

Daily Field Reports and Entry/Exit Logs





Project Name: Perfection	Plating
Project #: 401037	

- 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	FE	Artech	9/15/20	8:00	
Jef Marin	IM	Aztech	9/15/30	8:00	
Frank Zabel	FZ	Aztech		2.40	
John STUTZKE	0.5	Lew	9/18/20	8:00	
Frank Zabel	FZ	Artech	9/22/20	8:00	
Jor Brooking	JU	Azfech	9/22/20	800	
Frank Zabel	FZ	Aztech	9/25/20		
JON BOOKER	30	Artech	926/20	5	
Austra Armbruster	ATA	Aztah	9/29/2020	8:00	
Frank Zabe	FZ	Aztech	9/29/20	8:00	
Frank Zabel	FT	Astech	10/2/20	8:00	
John STUTZKE	J.5.	Acteur	10/2/20	8200	
GARREN COLLEN	60	AZTECT	10/6/20	800	
Frank Zabel	FT	Aztech	10/6/20	800	
Frank Zabel	FZ	Aztech	10/9/20	8:00	
Zachary Condan	ZC	Aztech	10/9/20	-	
Lackary Conday	4	A2tech_	110/9/20	8.00	1



Project Name: Perfection	Plating
Project #: 401037	

- 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 Tabel	FZ	Aztech	10/14/20	8:00	11:30
Josen Watelie	JW	Actech	10/14/2	5:00	11:30
Frank Tabel	FZ	Actech	10/16/2	8:00	11:30
Mike Dyetter	MD	Aztech	10/16/20	8:00	11:30
Frank tabel	FZ	Aztech	10/20/20	8:00	11:30
John STUTZKE	J.S.	thecu	10/20/20	8200	11:30
Stephen Lemierx	SL	Aztech	10/23/2	9:00	11:30
Frank Tabe	FZ	Aztoch	10/23/20	8:00	11:30
Stephen Lemicex	Si	Aztech	10/27/2	8:00	11:30
Frank Zabel	F>	Aztech	10/27/20	8:00	11:30
Frank Talse	FY	Actech	10/30/K	8:00	11:30
SARRETH CORLER	60	AZTECH	10/3010	800	11:30
Frank Zabel	FZ	Aztech	11/3/20	\$100	11:30
Josep Notale	2	Azteun	11/3/20	0	11:30



Project Name: Perfection	Plating
Project #: 401037	

- 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
5 Blooking	iss	Az tech	11/6/20	71.30	11:30
F Zzbel	FZ	Aztech	11/6/	7:30	11:30
Ellrey Corty	EC	tefec4	11/10/20	8:00	11:30
Frank Zabel	FZ	Aztech	11/10/20	8:00	11:30
Frank Zabel	FT	Artech	11/13/20	8100	11:30
Evan Consolati	EC	Aztech	11/13/2	8:00	11:30
Frank Zabel	FZ	Aztach	11/17/20	8:0c	11:30
Frank Zabel	FZ	Aztech	11/22/20	8:00	11:30
Even Consolati	EC	Aztech	11/20/21	8:00	11:36
C ALDRICK	CA	AZTICI	(125	800	1130
f Zabel	FZ	Aztah	12/1/20	8:00	11:30
Ell, ex, Coffer	80	12 Fech	11/1/20	8:04	11:30
SARRETT CORPERN	00	AZTECH	12/4/2	00800	1130
Fronk Tabel	FZ	Hztech	12/4/20	0800	11:30

Project Name:	Perfection	Plating	
1.	0100		

Project #: 401037

- 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	12/8/30	8:00	11:30
Stoken Lemilie	SC	Azren	12/8/20	8,00	11:30
Frank Zabel	FZ	Aztech	12/11/20	8:00	11:30
Zachary Condon	20	A2tech	12/11/20	800	1130
Andrew Tallo	AT	LeBella	12/1/20	8,00	11:30
Ellien carter	EC	AZtecq	12/15/20	2:00	11:30
Frank Zabel	FZ	Aztech	12/18/20	8:00	11:30
Austra Armbouster	AA	Astech	0/18/2020	8:00	1130
Bon Stream	135	Azter4	12/27/20	8:00	1130
Austra Armbrister	AA	Azteh	12/22/20	8:00	11:30
SAPRETT COPLETAN	60	LABELLA	12/29/20	80	1130
C ALDRECK	C,7	1032117	172970	Sce	11030
CALDRICK	CA	LABRICA	123120	800	1130
Austra Armbroster	AA	Aztah	12/3/12020	8:00	1130

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

		,	1 -	Page	1	of
ate:	10	121	A)	Page		

NYSDEC Division of Environmental Remediation NEW YORK STATE Environmental Conservation Conservation		
Superintendent:		NO.
Site Location: 911 11 th Street, Watervliet, NY		
Weather Conditions Consultant PM:		
General Description Ray AM PM		
Temperature 60 AM PM Consultant Site I	Inspector	s:
Wind WC AM PM		
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Commo	ents".	
Were there any changes to the Health & Safety Plan?	No /	NA
Were there any exceedances of the perimeter air monitoring reported on this date? *Yes	No /	NA
Were there any nuisance issues reported/observed on this date? *Yes	No /	NA
Health & Safety Comments		
Summary of Work Performed Arrived at site: S:00 Departed Site:		
Oam		
Carrie as a ut/Matarial Translate a		
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comm		
If any box below is checked "Yes", provide explanation under "Material Tracking Community Were there any vehicles which did not display proper D.O.T numbers and placards?	No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes Note: The provided explanation under "Material Tracking Communication under "Mat	No No	NA
If any box below is checked "Yes", provide explanation under "Material Tracking Community Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? *Yes Numbers and placards?	No	
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade	No No No	NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Trade	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Frank Cabe Telech	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Frank Cabe Telech	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Frank Cabe Telech	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Frank Zabel Talech Jech	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Frank Cabe Telech	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Frank Zabel Talech Jech	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Trade	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Frank Cabe Telech	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Trade	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Trade	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Trade	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Trade	No No No	NA NA
If any box below is checked "Yes", provide explanation under "Material Tracking Comm Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes N Personnel and Equipment Individual Company Trade Trade	No No No	NA NA

Perfection Plating - NYSDEC Site No. 401037_

Date: 10 k Ro

DAILY HEALTH CHECKLIST

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

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗗
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No ⊡
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
f Yes	to any of 1-4 above:		
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.	Yes □	No ⊡
•	If it is critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.		
Comme	ents:		

Report No.

Perfection Plating - NYSDEC Site No. 401037

Page **1** of **9**

General Description SωM Temperature 60 5 Wind 5 his	t, Watervliet, NY	trment of primental prvation	PM PM PM	NYSDEC C D011107 Superintende NYSDEC PM Consultant PM Consultant Si	nt: : ::	
Health & Safety If any box below is checked "	Voe" provide ovnlan	ation under "H	oalth &	Safety Com	mente"	
Were there any changes to the Hea		ation under 11	cann o	*Yes	(No)	NA
Were there any exceedances of the		reported on this o	date?	*Yes	No	(NA
Were there any nuisance issues rep				*Yes	No	NA
Health & Safety Comments				7 10.5		
	III H	0 (NIT	0 - 10		
ACI	il + Base Ex,		as I	1-17		
Summary of Work Performed	Arrived at site:	8:00	De	eparted Site:		11:30
Equipment/Material Tracking If any box below is checked "Y Were there any vehicles which did n Were there any vehicles which were	ot display proper D.O.T r	umbers and plac	ards?	*Yes * Yes	No No	NA)
If any box below is checked "Y Were there any vehicles which did n Were there any vehicles which were Were there any vehicles which were	ot display proper D.O.T r	umbers and plac	ards?	*Yes * Yes	No	(NA)
If any box below is checked "Y Were there any vehicles which did n Were there any vehicles which were Were there any vehicles which were Personnel and Equipment	ot display proper D.O.T r not tarped? not decontaminated prio	umbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Y Were there any vehicles which did n Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	ot display proper D.O.T r	umbers and plac	ards? ork site?	*Yes * Yes	No No No	NA)
If any box below is checked "Y Were there any vehicles which did n Were there any vehicles which were Were there any vehicles which were Personnel and Equipment	ot display proper D.O.T r not tarped? not decontaminated prio	umbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA

Date: 10/6/20

DAILY HEALTH CHECKLIST

Yes 🗹	No □
Yes 🗹	No □
Yes □	No ≝
	Yes Yes Yes Yes

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

Report No.

Perfection Plating - NYSDEC Site No. 401037

Date: 10/9/20

NYSDEC Contract No. Department of Environmental Conservation NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: **Weather Conditions** Consultant PM: **General Description** AM PM Temperature AM PM Consultant Site Inspectors: Wind AM PM **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? *Yes No NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes No NA *Yes Were there any nuisance issues reported/observed on this date? No / NA **Health & Safety Comments** Arrived at site: **Summary of Work Performed** Departed Site: 2:00 02/11 **Equipment/Material Tracking** If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No NA Were there any vehicles which were not tarped? * Yes No NA Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA Personnel and Equipment Individual Company Trade **Total Hours** (C) D.e 1.ccv Tech Frank Zack Conder Aztech lech

Report No.

<u>Date: 10/9/20</u> Page **8** of **9**

DAILY HEALTH CHECKLIST

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

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

Report No.

NYSDEC Division of Environmental Remed	iation New YORK STATE	Department of Environmental Conservation	50	NYSDEC D011107		t No.
Site Location: 911 11th Street	. Watervliet.	VY		Superintende NYSDEC PM		
	ner Conditions					
General Description Rain	AM		PM	Consultant P	M:	
Temperature 505	AM		PM	Consultant S	ite Inspec	tors:
Wind Vind	AM		PM			
Health & Safety						
If any box below is checked "Y	es", provide e	xplanation unde	r "Health &	Safety Cor		
Were there any changes to the Healt	h & Safety Plan?			*Yes	(No)	NA
Nere there any exceedances of the p	erimeter air moni	toring reported on	his date?	*Yes	No	(NA)
Vere there any nuisance issues repo				*Yes	No	NA
lealth & Safety Comments	,			A	10000	4.4.4
,						
Acid + Base 6					1 ,	7
Summary of Work Performed	Arrived at s	ite: 8:00) D	eparted Site:	1	1:30
any box below is checked "Ye lere there any vehicles which did no				Tracking Co	mmonte	,,
				*Yes	No	NA
Vere there any vehicles which were i	not tarped?	D.O.T numbers and	placards?	*Yes * Yes	No No	NA NA
Vere there any vehicles which were i	not tarped?	D.O.T numbers and	placards?	*Yes * Yes	No	NA
Vere there any vehicles which were in Vere there any vehicles which were in	not tarped?	D.O.T numbers and	placards?	*Yes * Yes	No No	NA NA
Vere there any vehicles which were noted there any vehicles which were noted there and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Were there any vehicles which were nowere there any vehicles which were noted that the were noted and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were note there any vehicles which were note that and Equipment	not tarped? not decontaminate	D.O.T numbers and	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were noted that were noted to the were noted to th	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were noted that were noted to be a second t	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were noted there any vehicles which were noted the second and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Were there any vehicles which were nowere there any vehicles which were noted that the were noted and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Were there any vehicles which were nowere there any vehicles which were noted that the were noted and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Were there any vehicles which were nowere there any vehicles which were noted that the were noted and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
ere there any vehicles which were need there any vehicles which were needed and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA otal Hours
dere there any vehicles which were noted there any vehicles which were noted there and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were noted there any vehicles which were noted there and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were noted there any vehicles which were noted the second and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were noted that were noted to the were noted to th	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were noted that were noted to the were noted to th	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Vere there any vehicles which were not be there any vehicles which were not be something the series of the series	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA
Were there any vehicles which were not were there any vehicles which were not personnel and Equipment Individual	not tarped? not decontaminate	D.O.T numbers and ed prior to exiting the pany	placards? ne work site?	*Yes *Yes * Yes	No No No	NA NA NA

Report No.

D	•	- 0	-
Page	ö	OT	9

Date: 10/14/20

DAILY HEALTH CHECKLIST

Yes 🗹	No □
Yes 🗵	No □
Yes 🗹	No □
Yes 🖺	No □
Yes 🗹	No □
Yes □	No 🗹
	Yes Yes Yes Yes

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No ₾
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
Yes	to any of 1-4 above:		
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it is critical that service/entry be carried out immediately, advise	Yes 🗹	No □
	occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.		
omme	ents:		

Report No.

Page 1 of 9

Perfection Plating - NYSDEC Site No. 401037

Date: 10/16/20

10/11	Page 8 of 9
Date: 14/16	120

DAILY HEALTH CHECKLIST

Yes 🗹 Yes 🗹 Yes 🗹	No 🗆 No 🗆
Yes 🗹	
/	No □
Von III	
res 🗹	No □
Yes □	No 🗹
	Yes 🗆

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

Report No.

Perfection Plating - NYSDEC Site No. 401037

Page 1 of 9

NYSDEC Division of Environme Site Location: 911 General Description Temperature	11 th Street, Weathe ระเทท 605	Watervliet, N'er Conditions	Department of Environmental Conservation	F	PM PM	NYSDEC (D011107) Superintende NYSDEC PM Consultant P Consultant S	ent: : M:	
Wind	5/1941	AM			PM			
Health & Safety If any box below is	checked "Ye	s" provide exp	lanation unde	er "Hea	Ith &	Safety Con	ments'	,
Were there any change			anation una	or rica		*Yes	100	NA
Were there any exceed			ring reported on	this date	e?	*Yes	No	NA
Were there any nuisano						*Yes	No	NA
Health & Safety Con								
ACIO	+ Base E	x posicre						
Summary of Work P	erformed	Arrived at site	8:0	0	De	eparted Site:	11.	130
Equipment/Material If any box below is of Were there any vehicles Were there any vehicles	checked "Yes s which did not on s which were no	display proper D.C ot tarped?).T numbers and	d placard	ls?	*Yes	No No	(NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes which did not which were no which were no	display proper D.C ot tarped?).T numbers and	d placard	ls?	*Yes	No	(NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	D.T numbers and prior to exiting t	d placard	ls? site?	*Yes * Yes * Yes	No No No	(NA (NA (NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	s which did not s which were no s which were no s which were no pment	display proper D.C ot tarped?	D.T numbers and prior to exiting t	d placard	site?	*Yes *Yes *Yes	No No No	NA NA NA Otal Hours
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	D.T numbers and prior to exiting t	d placard	site?	*Yes * Yes * Yes	No No No	(NA (NA (NA

	10/2	/ F	age	8 of 9	9
Date:	10/4	1/20			

DAILY HEALTH CHECKLIST

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

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No ₾
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗗
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No ≝
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗗	No □
Yes	to <u>any</u> of 1-4 above: If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.	Yes 🗹	No 🗆
•	If it is critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.		
Comme	ents:		

Report No.

Perfection Plating - NYSDEC Site No. 401037

Page **1** of **9** <u>Date: 10/23/20</u>

NYSDEC Division of Environme	ental Remediation	NEW YORK STATE Enviro	rtment of onmental ervation		NYSDEC D011107		t No.
Site Location: 911	11 th Street, Wa	tervliet, NY			Superintend NYSDEC PI		
	Weather Co	onditions					
General Description	Sunny	AM		PM	Consultant F	PIMI:	
Temperature	605	AM		PM	Consultant S	Site Inspec	tors:
Wind	none	AM		PM			
Health & Safety If any box below is	checked "Yes",	provide explan	ation under "H	ealth 8	Safety Co	mments"	
Were there any change					*Yes	(No)	NA
Were there any exceed	ances of the perime	eter air monitoring	reported on this d	late?	*Yes	No	(NA
Were there any nuisano	ce issues reported/o	bserved on this da	ate?		*Yes	No	(NA)
Health & Safety Cor	nments						
Acio	+ Base Ex	posure	COVIO.	-19			
Summary of Work P	Performed A	rrived at site:	8:00	De	eparted Site	: //	130
Equipment/Material If any box below is a Were there any vehicles. Were there any vehicles. Were there any vehicles.	checked "Yes", p s which did not displ s which were not tar	lay proper D.O.T r	numbers and plac	ards?	*Yes	omments No No No	". (NA (NA) (NA)
If any box below is a Were there any vehicles. Were there any vehicles	checked "Yes", p s which did not displ s which were not tar s which were not de	lay proper D.O.T r	numbers and plac	ards?	*Yes	No No	NA (NA)
If any box below is a Were there any vehicles. Were there any vehicles. Were there any vehicles. Personnel and Equi	checked "Yes", p s which did not displ s which were not tar s which were not de pment	lay proper D.O.T r	numbers and plac	ards? ork site?	*Yes	No No No	NA (NA)
If any box below is a Were there any vehicles. Were there any vehicles. Were there any vehicles. Personnel and Equi	checked "Yes", p s which did not displ s which were not tar s which were not de pment	lay proper D.O.T r ped? contaminated prio	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is a Were there any vehicles. Were there any vehicles. Were there any vehicles. Personnel and Equi	checked "Yes", p s which did not displ s which were not tar s which were not de pment	lay proper D.O.T r ped? contaminated prio	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA (NA) (NA)
If any box below is a Were there any vehicles. Were there any vehicles. Were there any vehicles. Personnel and Equi	checked "Yes", p s which did not displ s which were not tar s which were not de pment	lay proper D.O.T r ped? contaminated prio	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours

Date: 10/23/20 Perfection Plating - NYSDEC Site No. 401037

DAILY HEALTH CHECKLIST

Are remote/call in job meetings being held in lieu of meeting in person where possible?	No □
Were personal protective gloves, masks, and eye protection being used? Are sanitizing wipes, wash stations or spray available? Yes	No 🗆
Are sanitizing wipes, wash stations or spray available? Yes	
the second of the second secon	No □
Have any workers/visitors been excluded based on close contact with individuals diagnosed	No □
with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	No 🗹
Comments:	

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗗
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No ₫
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
Yes	to any of 1-4 above:		
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it is critical that service/entry be carried out immediately, advise	Yes 💆	No □
	occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.		

Report No. Perfection Plating - NYSDEC Site No. 401037

Page **1** of **9**

NYSDEC Division of Environmental Remedia	NEW YORK Envi	artment of ronmental servation		NYSDEC D011107 Superintend		t No.
Site Location: 911 11th Street,	Watervliet, NY			NYSDEC PA		
Weathe	er Conditions					
General Description Rain	AM		PM	Consultant F		
Temperature 405/50	AM		PM	Consultant S	Site Inspec	tors:
Wind Sligh	+ AM		PM			
Health & Safety If any box below is checked "Ye		nation under "H	lealth 8			
Were there any changes to the Health	& Safety Plan?			*Yes	No	NA
Were there any exceedances of the pe	rimeter air monitoring	reported on this	date?	*Yes	No	NA
Were there any nuisance issues reporte	ed/observed on this d	late?		*Yes	No	(NA)
Health & Safety Comments						
	\$ Acid	+ Base Exp	oosw	e COV.	TD-	19
Summary of Work Performed	Arrived at site:	8:00	De	eparted Site:		11:30
	0 -					
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which were no	s", provide explandisplay proper D.O.T			*Yes	No	(NA)
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no	s", provide explandisplay proper D.O.T tarped?	numbers and plac	cards?	*Yes	_	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were not were there any vehicles which were not the were not below the weight the	s", provide explandisplay proper D.O.T tarped?	numbers and plac	cards?	*Yes	No No	(NA)
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explandisplay proper D.O.T of tarped?	numbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	(NA)
Were there any vehicles which did not of Were there any vehicles which were not were there any vehicles which were not were there any vehicles which were not personnel and Equipment Individual	s", provide explandisplay proper D.O.T tarped?	numbers and plac	cards? ork site?	*Yes	No No No	(NA) (NA) (NA)
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explandisplay proper D.O.T of tarped?	numbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	(NA) (NA) (NA)
Were there any vehicles which did not of Were there any vehicles which were not were there any vehicles which were not were there any vehicles which were not personnel and Equipment Individual	s", provide explandisplay proper D.O.T of tarped?	numbers and plac	cards? ork site?	*Yes * Yes * Yes	No No No	(NA) (NA) (NA)

	10/	Page 8 of 9	
ate:	10/27	Page 8 of 9	

DAILY HEALTH CHECKLIST

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

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

DAILY INSPECTION REPORT Report No. Perfection Plating

NYSDEC Division of Environmer	ntal Remedia	tion You	Depa Envir Cons	artment of ronmental servation		NYSDEC D011107		t No.
Site Location: 911 1	1 th Street. \	Watervliet	. NY			Superintend		
		r Condition				NYSDEC PI	Л:	
General Description	Snou		13		PM	Consultant F	PM:	
emperature	33	AM			PM	Consultant S	Site Inspect	ors:
Vind	NO	AM			PM		7.00	
ealth & Safety	backed "Va	e" provido	ovnlan	ation under f	Hoolth !	Cofoty Co		
If any box below is c Vere there any changes				auon under	neaith a	*Yes	No /	
	Commence of the Commence of th	HA PARKET AND THE REAL PROPERTY.			1-1-0	11000		NA
Vere there any exceedar					s date?	*Yes	No /	NA
Vere there any nuisance lealth & Safety Comr		ed/observed	on this d	late?		*Yes	No -	NA
any box below is ch	necked "Yes						110000000000000000000000000000000000000	
any box below is ch ere there any vehicles	necked "Yes which did not o	display prope				*Yes	No	NA
any box below is chere there any vehicles were the same and the sam	necked "Yes which did not o which were no	display prope t tarped?	r D.O.T	numbers and pl	acards?	*Yes	No No	NA NA
ere there any vehicles were the second and the seco	necked "Yes which did not o which were no which were no	display prope t tarped?	r D.O.T	numbers and pl	acards?	*Yes	No	NA
dere there any vehicles were the second sec	necked "Yes which did not o which were no which were no	display prope ot tarped? ot decontamin	er D.O.T nated price	numbers and pl	acards? work site	*Yes * Yes ? * Yes	No No No	NA NA NA
any box below is character there any vehicles were there any vehicles were there any vehicles were there any vehicles were there and Equipment	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin	er D.O.T nated price	numbers and pl	acards? work site	*Yes * Yes ? * Yes	No No No	NA NA
dany box below is character there any vehicles were there any vehicles were there any vehicles were there any vehicles were there and Equipment and Equipmen	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	numbers and pl	acards? work site	*Yes * Yes ? * Yes	No No No	NA NA NA
any box below is charged there any vehicles where any vehicles where there any vehicles where there any vehicles were there any vehicles were there any vehicles were and Equipolatical and Equipolatical where the control of the cont	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	numbers and pl	acards? work site	*Yes * Yes ? * Yes	No No No	NA NA NA
ere there any vehicles were	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin	er D.O.T	numbers and pl	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
ere there any vehicles were	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	numbers and pl	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
ere there any vehicles were	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	numbers and pl	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
ere there any vehicles were there are the vehicles were the vehicles were there are the vehicles were there are the vehicles were there are the vehicles were the vehicl	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	numbers and pl	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
re there any vehicles were there are the vehicles were t	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	numbers and pl	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
ere there any vehicles were	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	numbers and pl	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
ere there any vehicles were	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	or to exiting the	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
any box below is chere there any vehicles were there any vehicles were there any vehicles were there any vehicles wersonnel and Equipolation of the complete o	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	or to exiting the	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
any box below is chere there any vehicles were and Equipolatical and Equipolatical work.	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	or to exiting the	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
ere there any vehicles were	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	or to exiting the	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
dany box below is charged from there any vehicles where there are vehicles where the there are the vehicles where th	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	or to exiting the	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
f any box below is ch Vere there any vehicles of Vere there any vehicles of Vere there any vehicles of Versonnel and Equiporal Individual	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	or to exiting the	work site	*Yes * Yes ? * Yes	No No No	NA NA NA
	necked "Yes which did not o which were no which were no	display prope of tarped? of decontamin co	er D.O.T	or to exiting the	work site	*Yes * Yes ? * Yes	No No No	NA NA NA

Report No. Perfection Plating - NYSDEC Site No. 401037

	Page 8 of 9
Date:	<u>10/30/20</u>
	

DAILY HEALTH CHECKLIST

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

 Have anyone at this COVID-19? 	ocation been tested and confirmed to have	Yes □	No 🗹
2. Is anyone at this loca	tion isolated or quarantined for COVID-19?	Yes □	No 🖵
Has anyone at this lo COVID-19 in the pas	caton had contact with anyone known to have t 14 days?	Yes □	No 🗗
	locaton have any symptoms of a respiratory , sore throat, fever, or shortness of breath)?	Yes □	No 🗷
Does the Departmen the property at this til	t and its contractors have your permission to enter me?	Yes ᡚ	No No
be postponed until the accomplished remote without entry. If it is critical that sere occupants that as a personnel will be dor protection) - and do sere	vice/entry be carried out immediately, advise precaution and for our own protection, project inning appropriate PPE* (including respiratory	Yes □	No 🖵
Comments:			

Report No.

Page 1 of 9 Date: //

Perfection Plating - NYSDEC Site No. 401037 **NYSDEC Contract No.** Department of Environmental Conservation NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: **General Description** SUNNY AM PM Temperature AM PM Consultant Site Inspectors: Wind AM РМ **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? *Yes NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes NA No Were there any nuisance issues reported/observed on this date? *Yes No NA **Health & Safety Comments** Summary of Work Performed Arrived at site: 8:00 Departed Site: **Equipment/Material Tracking** If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No NA Were there any vehicles which were not tarped? * Yes No NA Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA Personnel and Equipment Individual Company **Total Hours** Trade

Report No. Perfection Plating - NYSDEC Site No. 401037

	/) Page 8 of 9	
Date:	Page 8 of 9	

DAILY HEALTH CHECKLIST

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

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

DAILY INSPECTION REPORT Report No. Perfection Plating

Date: 11/4/20 Page 1 of 9

Site Location: 911 11th Street, Watervliet, NY Weather Conditions General Description Sunnul AM PAM PETERMENT AM PAM PETERMENT AM PET	& Safety Co *Yes *Yes *Yes Departed Site	PM: PM: Site Inspec	NA NA NA
Weather Conditions General Description Sunch AM P Temperature 524 AM P Wind NO AM P Health & Safety If any box below is checked "Yes", provide explanation under "Health Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed Arrived at site: 8;000 Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Mater Were there any vehicles which did not display proper D.O.T numbers and placards Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work is Personnel and Equipment Individual Company Frank Tabe A Chella Tracking Table Table Table Table	Consultant S Consultant S & Safety Co *Yes *Yes *Yes Departed Site	PM: Site Inspector No No No No	NA NA NA
General Description Temperature Support AM Fremperature Wind Health & Safety If any box below is checked "Yes", provide explanation under "Health Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed Arrived at site: Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Mater Were there any vehicles which did not display proper D.O.T numbers and placards Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exiting the work series of the perimeter and placards which were not decontaminated prior to exit placards which were not decontaminated p	Consultant S & Safety Co *Yes *Yes *Yes *Yes Departed Site	Site Inspector	NA NA NA
Temperature Wind No AM P Health & Safety If any box below is checked "Yes", provide explanation under "Healt Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed Arrived at site: Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Mater Were there any vehicles which did not display proper D.O.T numbers and placards Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work services of the perimeter air monitoring reported on this date? Health & Safety Comments Arrived at site: Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Mater Were there any vehicles which were not display proper D.O.T numbers and placards Were there any vehicles which were not decontaminated prior to exiting the work services of the perimeter air monitoring reported on this date? Health & Safety Plan? Arrived at site: Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Mater Were there any vehicles which were not display proper D.O.T numbers and placards Were there any vehicles which were not decontaminated prior to exiting the work services of the perimeter air monitoring reported on this date? Health & Safety Plan? Arrived at site: Equipment/Material Tracking Individual Company Text	& Safety Co *Yes *Yes *Yes Departed Site	No No No	NA NA NA
Wind Health & Safety If any box below is checked "Yes", provide explanation under "Health Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed Arrived at site: 8;00 Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Mater Were there any vehicles which did not display proper D.O.T numbers and placards Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work separated and Equipment Individual Company Frank Tabel Achella Teacking Company	*Yes *Yes *Yes *Yes Departed Site	No No No	NA NA NA
If any box below is checked "Yes", provide explanation under "Health Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed	*Yes *Yes *Yes *Yes Departed Site	No No No	NA NA NA
Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed	*Yes *Yes *Yes *Yes Departed Site	No No No	NA NA NA
Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed	*Yes *Yes Departed Site	No No	NA NA
Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed	*Yes Departed Site	No	NA
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work something the proper D.O.T. To exiting the work something the proper D.O.T. to exiting the work something the prior to exit the prior	Departed Site	e:	
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work something the proper D.O.T. To exiting the work something the proper D.O.T. to exiting the work something the prior to exit the prior	Departed Site	e:	
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Mater Were there any vehicles which did not display proper D.O.T numbers and placards Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work services the services of the se	al Tracking C		
f any box below is checked "Yes", provide explanation under "Mater Vere there any vehicles which did not display proper D.O.T numbers and placards Vere there any vehicles which were not tarped? Vere there any vehicles which were not decontaminated prior to exiting the work sometime of the very serious properties. Individual Company Frank Tabel Labella Techniques		comments	
Nere there any vehicles which were not tarped? Nere there any vehicles which were not decontaminated prior to exiting the work serion and Equipment Individual Company Frank Tabe Label G Teel	1 457		s".
Were there any vehicles which were not decontaminated prior to exiting the work separate and Equipment Individual Company Frank Tabe Labella Tech	*Yes	No	NA
Personnel and Equipment Individual Company Frank Tabel Labella Tecl	* Yes	No	NA
Individual Company Frank Tabel Labella Tech	e? *Yes	No	NA
Frank Zabel Labella Tecl			
	Trade	Т	otal Hours
John Bookins Labella Tech			
som spoking rev			

Report No. Perfection Plating - NYSDEC Site No. 401037 Date: 11/6/2020

DAILY HEALTH CHECKLIST

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

Have anyone at this location COVID-19?	ation been tested and confirmed to have	Yes □	No 🗹
	n isolated or quarantined for COVID-19?	Yes □	No 🗹
3. Has anyone at this local COVID-19 in the past 14	ton had contact with anyone known to have 4 days?	Yes □	No 🗹
I -	aton have any symptoms of a respiratory ore throat, fever, or shortness of breath)?	Yes □	No 🗹
5. Does the Department at the property at this time	nd its contractors have your permission to enter?	Yes 🗹	No □
be postponed until the r accomplished remotely/ without entry. If it is critical that service occupants that as a pre-	rvice/entry be carried out immediately and can isk of COVID-19 is lower, or can be without entry, postpone or conduct service e/entry be carried out immediately, advise caution and for our own protection, projecting appropriate PPE* (including respiratory prior to entry.	Yes □	No 🗹
Comments.			

Report No.

Date: 11/10/20 Page 1 of 9

NYSDEC Division of Environme	ental Remediati	ion NEW YORK STATE Envir	rtment of onmental ervation		NYSDEC D011107		No.
Site Location: 911	11th Street, V	Vatervliet, NY			Superintend NYSDEC PM		
	Weather	Conditions					
General Description	Sunny	AM		PM	Consultant F	PM:	
Temperature	54	AM		PM	Consultant S	Site Inspect	ors:
Wind	No	AM		PM			
Health & Safety If any box below is	checked "Yes	", provide explan	ation under "He	ealth 8	Safety Cor	mments".	
Were there any change	s to the Health &	Safety Plan?	W. Warrell Profes	7,00	*Yes	No ~	NA
Were there any exceed	ances of the peri	meter air monitoring	reported on this da	ate?	*Yes	No -	NA
Were there any nuisano	e issues reporte	d/observed on this d	ate?		*Yes	No ~	NA
Health & Safety Con	nments						
Summary of Work P	erformed	Arrived at site:	8:00	D	eparted Site:	11	30
Equipment/Material		', provide explana	ation under "Ma	terial	Tracking Co	omments	,
Were there any vehicles					*Yes	No	NA
Were there any vehicles			Tanada and pieces		* Yes	No	NA
Were there any vehicles			or to exiting the wo	rk site?		No	NA
Personnel and Equi	pment						
Individual		Company		Tr	ade	То	tal Hours
Frank Zabe)	Azlesh	7	For	h	5!	12
THATIR EQUE		1101001		100	11	0	^
Ellitery Cor	der ,	Aztech	Te	ch		54	2
			1				
E						-	

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

	1	, Pa	age	8
Date: //	110	120		
	,			

of **9**

DAILY HEALTH CHECKLIST

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

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: ////3/20

Division of Environmental Re		ation 3	D011107 Superintende	nt:	
Site Location: 911 11th St	reet, Watervliet, NY		NYSDEC PM	:	
	Veather Conditions		Consultant Pf		
	Cost AM	PM			
Temperature 42	AM	PM	Consultant Si	te Inspect	ors:
Wind NC) AM	PM			
	ed "Yes", provide explanati	ion under "Health &	Safety Com	ments".	
Were there any changes to the			*Yes	No -	NA
Were there any exceedances of	f the perimeter air monitoring rep	ported on this date?	*Yes	No -	NA
Were there any nuisance issues	s reported/observed on this date	?	*Yes	No -	NA
Health & Safety Comments					
Summary of Work Perform	ed Arrived at site:	7:30 D	eparted Site:	11	:30
The state of the s			77		
Equipment/Material Trackii	ng		T. W. 0		
Were there any vehicles which of	d "Yes", provide explanation did not display proper D.O.T nur		Tracking Co	mments	".
If any box below is checked Were there any vehicles which of Were there any vehicles which of	d "Yes", provide explanation did not display proper D.O.T nur were not tarped?	mbers and placards?	*Yes * Yes	No No	NA NA
If any box below is checked. Were there any vehicles which were the same and the same	d "Yes", provide explanation did not display proper D.O.T nur were not tarped?	mbers and placards?	*Yes * Yes	No	NA
If any box below is checked. Were there any vehicles which of the work where there are vehicles which of the work where	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the second decontaminated decontaminated decontaminated decontaminated decontaminated decond decontaminated decont	mbers and placards? o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked Were there any vehicles which were	d "Yes", provide explanation did not display proper D.O.T nur were not tarped?	mbers and placards? o exiting the work site?	*Yes * Yes	No No No	NA NA
If any box below is checked. Were there any vehicles which of the Were there any vehicles which of the Were there any vehicles which of the Versonnel and Equipment.	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the second decontaminated decontaminated decontaminated decontaminated decontaminated decond decontaminated decont	mbers and placards? o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where there are vehicles which of the work where	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work there are work the	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work there are work the	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where whe	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work there are work the	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where whe	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where whe	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work there are work the	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where whe	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work there are work the	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA
If any box below is checked. Were there any vehicles which of the work where there are vehicles which of the work where	d "Yes", provide explanation did not display proper D.O.T nur were not tarped? were not decontaminated prior to the company	o exiting the work site?	*Yes * Yes ? * Yes	No No No	NA NA NA

Report No.

Perfection Plating - NYSDEC Site No. 401037

)	1	Pa	age	8	of 9
Date:	11/	13	120	2	7		
1 1 1 1 1 1	-7	-/					

DAILY HEALTH CHECKLIST

Yes 🗹	No 🗆
Von I	
res 🗠	No □
Yes 🗹	No 🗆
Yes 🗷	No □
Yes □	No 🗗
	Yes 🗹

1,	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗷
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No Ø
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No ☑
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No ⊡
omme	DOUGHNA THE CONTRACT OF		



Report No.

Perfection Plating - NYSDEC Site No. 401037

NYSDEC Division of Environme	ental Remediat	tion NEW YORK Envir	artment of fronmental servation	NYSDEC (D011107) Superintende		No.
Site Location: 911	11th Street, V	Watervliet, NY		NYSDEC PM		
	Weather	r Conditions		Consultant P		
General Description	Overcas-	AM	PM			77
Temperature	46	AM	PM	Consultant S	ite Inspecto	ors:
Wind	No	AM	PM			
Health & Safety If any box below is	checked "Yes	s", provide explar	nation under "Health	& Safety Con	nments".	
Were there any change	es to the Health &	& Safety Plan?		*Yes	No /	NA
Were there any exceed	dances of the per	rimeter air monitoring	reported on this date?	*Yes	No /	NA
Were there any nuisand	ce issues reporte	ed/observed on this o	date?	*Yes	No -	NA
Health & Safety Cor	mments	T - 12 - 17 - 17 - 17 - 17 - 17 - 17 - 17			1111	
Summary of Work F	Performed	Arrived at site:	7:00	Departed Site:	11:	30
The state of the s	checked "Yes		ation under "Materia	THE PERSON NAMED IN STREET		-
			numbers and placards?	*Yes	No	NA
Were there any vehicle				* Yes	No	
		t decontaminated pri	or to exiting the work site	? Yes		NA
Personnel and Equi	ipment				No	NA NA
Individual					No	
Frank Zah		Company		Trade		
1 - 1 1 1 1 1 1	re i	Company 1721-EN	Tecl	Trade		NA
	re l	Company 1721ecV	Tecl	Trade		NA
Evan Conso.	pe l	Company Aztech Aztech	Tecl Tec	Trade	Tot	NA
Evan Conso.	pe l	Company Hztech Metech	Tecl	Trade	Tot	NA sal Hours
Evan Conso.	pe l	Aztech Aztech	Tec.	Trade	Tot	NA sal Hours
Evan Censo.	pe l	Company Hatech Matech	Tecl	Trade	Tot	NA sal Hours
Evan Censo.	pe l	Actech	Tecl	Trade	Tot	NA sal Hours
Evan Conso.	pe l	Company Aztech Actech	Tecl	Trade	Tot	NA sal Hours
Evan Censo.	pe l	Company Hatech Metech	Tecl	Trade	Tot	NA sal Hours
Evan Censo.	pe l	Company Aztech Actech	Tecl	Trade	Tot	NA sal Hours
Evan Conso.	pe l	Actech	Tecl	Trade	Tot	NA sal Hours
Evan Censo.	pe l	Company Hatech Metech	Tecl	Trade	Tot	NA sal Hours
Evan Censo.	pe l	Actech Actech	Tec	Trade	Tot	NA sal Hours
Evan Censo.	pe l	Actech Metech	Tec	Trade	Tot	NA sal Hours

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

	, Page 8 of 9
Date:	Page 8 of 9

DAILY HEALTH CHECKLIST

<u>-</u>	4	
Is social distancing being practiced?	Yes 🗹	No □
Is the tail gate safety meeting held outdoors?	Yes 🗆	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗆	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No□
Are sanitizing wipes, wash stations or spray available?	Yes 🗆	No □
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🗹
Comments:		

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

Report No.

Perfection Plating - NYSDEC Site No. 401037

Date: 12/1/20 Page 1 of 9

NYSDEC Division of Environm	ental Remedia	ation 2	Department Environment Conservatio	tof tal n	NYSDEC D011107 Superintend	Contract	No.	
Site Location: 911	11th Street,	Watervlie	, NY					
		er Condition	A Part of the second		NYSDEC PI			
General Description	overca:			PM	Consultant F	PM:		
Temperature	.2/1	AM		PM				
Wind	NO	AM		PM			TV	
Health & Safety If any box below is	checked "Ye	es", provide	explanation	under "Health 8	Safety Co	mments".		
Were there any change	es to the Health	& Safety Plan	1?	AL LILLIANS	*Yes	No /	NA	
Were there any exceed	dances of the pe	erimeter air m	onitoring repor	ted on this date?	*Yes	No /	NA	
Were there any nuisan	ce issues repor	ted/observed	on this date?		*Yes	No /	NA	
Health & Safety Cor					1.00	110	1,47	
Treatile a carety con	imicino							
Summary of Work F	Performed	Arrived a	t site:	De	eparted Site	-		
Oam								
Equipment/Material	Tracking			and the state of the				
If any box below is		s", provide	explanation	under "Material	Tracking Co	omments".		
Were there any vehicle					*Yes	No	NA	
Were there any vehicle			34774		* Yes	No	NA	
Were there any vehicle	s which were n	ot decontamir	nated prior to e	xiting the work site?	* Yes	No	NA	
Personnel and Equi	ipment							
Individual		C	ompany	Tr	ade	Tota	l Hours	
E N7h	.)	11-1-1	1	- h		1-1	,	
mank abo		HOTE	SA))ec		5%	2	
11 1		. 1	1					
Elliery Carte	7	Aztec	h	Tech		5/2		
						J. Commercial Commerci		

Date: 12/1/2020

DAILY HEALTH CHECKLIST

	4	/
Is social distancing being practiced?	Yes 🗷	No □
Is the tail gate safety meeting held outdoors?	Yes 🗹	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗷	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗷	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No □
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖳
Comments:		

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

Report No.

Perfection Plating - NYSDEC Site No. 401037

Date: 12/4/20

NYSDEC Division of Environm	ental Remediat	tion NEW YORK STATE Envir	artment of ronmental servation		NYSDEC C D011107		No.
Site Location: 911	Superintender						
		r Conditions			NYSDEC PM:		
General Description	Overcas			PM	Consultant PM	1 :	
Temperature	32	AM		PM	Consultant Sit	e Inspecto	ors:
Wind	NO	AM		PM			
Health & Safety If any box below is	checked "Yes	s", provide explar	nation under "H	ealth 8	& Safety Com	ments".	
Were there any change			T THE PARTY OF		*Yes	No	NA
Were there any exceed	lances of the per	imeter air monitoring	reported on this of	date?	*Yes	No /	NA
Were there any nuisan	ce issues reporte	ed/observed on this o	late?		*Yes	No /	NA
Health & Safety Cor			341637	-			
Summary of Work F	Performed	Arrived at site:	8:00	D	eparted Site:		
Equipment/Material		", provide explan	ation under "M	aterial	Tracking Cor	mments'	,
Were there any vehicle					*Yes	No	NA
Were there any vehicle				, , , ,	* Yes	No	NA
Were there any vehicle	s which were no	t decontaminated pri	or to exiting the w	ork site?	? *Yes	No	NA
Personnel and Equi	ipment						
Individual		Company		Tı	rade	Tot	al Hours
Frank Zab	4	Aztron	T	0,1	_	211	2
		110.000	,	ccv)	11/	2
Garrett Cor	lew	Artech	Tec	ch		41	2

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 12/4/2020 Page **8** of **9**

DAILY HEALTH CHECKLIST

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

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

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

Page 1 of 9 Date: 12/8/20

NYSDEC Division of Environment Site Location: Perf		alloli & C	epartment of nvironmental onservation		NYSDEC C D011107 Superintender	nt:	No.
One Location: 1 ey.		er Conditions	Whiet MY		NYSDEC PM:		
General Description	Overcas			PM	Consultant PN	/ 1:	
Temperature	280	AM		PM	Consultant Sit	e Inspector	rs:
Wind	NO	AM		PM			7
Health & Safety If any box below is	17872	es", provide expl	anation under "	Health &	Safety Com	ments".	
Were there any change					*Yes	No /	NA
Were there any exceed	ances of the pe	erimeter air monitori	ng reported on this	s date?	*Yes	No /	NA
Were there any nuisano			The second secon		*Yes	No /	NA
Health & Safety Con		12-19-10-1-10-1-1-1	P. DZIIDIY			015.2-22	1.121
	17						
Summary of Work P	erformed	Arrived at site:	8:00	De	eparted Site:		
Equipment/Material f any box below is c	Tracking	s". provide expla	ination under "l	Material ⁻	Tracking Cor	nments".	
Equipment/Material If any box below is o Were there any vehicles Were there any vehicles	checked "Yes s which did not s which were no	display proper D.O. ot tarped?	T numbers and pla	acards?	*Yes * Yes	No No	NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not s which were no s which were no	display proper D.O. ot tarped?	T numbers and pla	acards?	*Yes * Yes	No	NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	checked "Yes s which did not s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers and planting the	acards? work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is on Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not s which were no s which were no	display proper D.O. ot tarped?	T numbers and planting the	acards? work site?	*Yes * Yes	No No No	NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	checked "Yes s which did not s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers and planting the	acards? work site?	*Yes * Yes * Yes	No No No	NA NA NA
Mere there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated p	T numbers and plant or to exiting the very	acards? work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles. Were there any vehicles. Were there any vehicles. Vere there any vehicles. Personnel and Equipolatical Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles. Were there any vehicles. Were there any vehicles. Vere there any vehicles. Personnel and Equipolatical Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Mere there any vehicles. Were there any vehicles. Were there any vehicles. Vere there any vehicles. Personnel and Equipolatical Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours
f any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped? ot decontaminated proper Compan	T numbers and plant or to exiting the very	work site?	*Yes * Yes * Yes	No No No	NA NA NA Hours

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

Date: 12/8/20

DAILY HEALTH CHECKLIST

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

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
1	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No 🗹
Comme	ents:		



Report No.

Perfection Plating - NYSDEC Site No. 401037

Date:/2/11/20

General Description Temperature Wind Health & Safety If any box below is ch Were there any changes to	Weather 4) Colour		t, NY			Superintender NYSDEC PM:		
Temperature Wind Health & Safety If any box below is ch		r Conditio	ns		200			
Wind Health & Safety If any box below is ch					PM	Consultant PM	1:	
Health & Safety If any box below is ch	32	/ AM			PM	Consultant Sit	e Inspect	tors:
If any box below is ch	200	AM			PM			
	acked "Ve	e" provide	e evnlan	ation under "H	alth 8	Safety Com	mente"	
				ation under The	Jaitii	*Yes	No /	NA
Were there any exceedan-	ces of the pe	rimeter air m	nonitoring	reported on this d	ate?	*Yes	No -	NA
Were there any nuisance i	issues report	ed/observed	on this da	ate?		*Yes	No -	NA
Health & Safety Comm	nents							
Summary of Work Per	formed	Arrived a	at site:	8:00	D	eparted Site:	11	1:30
Were there any vehicles w Were there any vehicles w Were there any vehicles w	vhich were no	ot tarped?				*Yes * Yes * Yes	No No	NA NA NA
Personnel and Equipr		, , , , , , , , , , , , , , , , , , ,	natoa pine	to onling the tre	THE CITE			
Individual	ilelit.		Company		Т	rade	To	
marviada	(1)	127	l			auc		otal Hours
FMAN Zh			0010				11	otal Hours
Frank Zab	rei	110	teen	Te	CV)	4	otal Hours
Frank Zab Zack Condo	50	Azto	ech	Te	ch)	4	otal Hours
Frank Zab Zack Condo	50	Azto	ech	Te	ch		4	otal Hours
Frank Zab Zack Condo	500	Azto	ech	Te	ch		4	otal Hours
Frank Zab Zack Condo	500	Azti	ech	Te	ch		4	otal Hours
Frank Zab Zack Condo)	Azto	ech	Te	ch		4	otal Hours
Frank Zab) () () () () () () () () () (Azto	ech	Te	ch		4	1/2



Page 8 of 9 Date: 12/11/2020

DAILY HEALTH CHECKLIST

Yes 🗹	No 🗆
Yes 🗵	No 🗆
Yes 🗹	No □
Yes 🗆	No □
Yes 🗷	No 🗆
Yes □	No 🗹
	Yes Z Yes Z Yes Z Yes Z

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗷
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No d
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No ⊡
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
•	to <u>any</u> of 1-4 above: If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No ₽
omme	ents:		

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 2/K20

NYSDEC Division of Environme	ental Remediat	tion Si	Departme Environm Conserva	ent of lental tion		NYSDEC D011107 Superintend	Contract	No.
Site Location: 911	11th Street, V	Vatervliet	, NY			NYSDEC P		
	Weather	r Condition	ıs					
General Description	Sum	AM	_		PM	Consultant	PIVI:	
Temperature	205	AM	-		PM	Consultant	Site Inspecto	ors:
Wind	Slip 4-				PM	TALL CARRE		71
Health & Safety If any box below is			explanation	on under "H	ealth 8	Safety Co	mments".	
Were there any change						*Yes	(No)	NA
Were there any exceed	lances of the per	imeter air m	onitoring rep	orted on this d	date?	*Yes	No (SNA)
Were there any nuisano	ce issues reporte	ed/observed	on this date	?		*Yes	No (NA
Health & Safety Cor	mments							
	O+M,	Acid	Bas.	eEx	poso	ure		
Summary of Work F	Performed	Arrived a	t site:	8:00	D	eparted Site	: 1/:	30
Equipment/Material If any box below is Were there any vehicle	checked "Yes s which did not o	display prope				*Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle	checked "Yes s which did not des which were no	display propert t tarped?	er D.O.T nun	nbers and plac	cards?	*Yes * Yes		
If any box below is Were there any vehicle	checked "Yes s which did not des which were no	display propert t tarped?	er D.O.T nun	nbers and plac	cards?	*Yes * Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle	checked "Yes as which did not on as which were no as which were no	display propert t tarped?	er D.O.T nun	nbers and plac	cards?	*Yes * Yes	No No	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and plac	cards? ork site?	*Yes * Yes	No No	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes es which did not des which were no es which were no ipment	display prope t tarped? t decontamin	er D.O.T nun	nbers and place	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA



		, ,	Page	8	of	5
Date:	1-	115/2	0			

DAILY HEALTH CHECKLIST

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

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No to
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No D
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🔀
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes	No □
If Yes	to any of 1-4 above:		
	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes\D	No 🗆
Comme	ents:		

Perfection Plating - NYSDEC Site No. 401037

Page 1 of 9 Date: 12/22/20

Report No. NYSDEC Contract No. NEW YORK STATE Environmental Conservation NYSDEC D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: Weather Conditions Consultant PM: PM **General Description** 8:00 AM Consultant Site Inspectors: Temperature PM 300 Wind AM PM No **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? *Yes No) NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes (NO) NA Were there any nuisance issues reported/observed on this date? *Yes (Na NA **Health & Safety Comments** NIA 8:00 Summary of Work Performed Arrived at site: Departed Site: 11:30 O+M , Toppez OFF acid burrer, repares blowr exact Pipe Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments". Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes NA (Mg Were there any vehicles which were not tarped? * Yes (NO NA Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes (No) NA Personnel and Equipment Individual Trade **Total Hours** Company Austra Armbiaco Aztech Tech Ben Structum Aztech Tech AZPECTI Tres

Date: 12/22/2020

DAILY HEALTH CHECKLIST

Yes ♥	No □
Yes 🗹	No 🗆
Yes ☑	No □
Yes 🗹	No □
Yes 🗸	No □
Yes □	No ☑
	Yes ☑ Yes ☑ Yes ☑ Yes ☑

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.		Yes 🗆	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No V
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □
Comme	ents <u>:</u>		

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: |2/3//20 Page 1 of 9

Site Location: 911 11th Street, Watervliet, NY					Superintend		
one Ecounom o i i		er Conditions			NYSDEC P		
General Description	CLOUDY	AM		PM	Consultant	PM:	
Temperature	400	AM		PM	Consultant Site Inspectors:		
Wind	0	AM		PM			
Health & Safety If any box below is	checked "Ye	es", provide expla	nation under "	Health 8	Safety Co	mments".	
Were there any change	es to the Health	& Safety Plan?		MAKE	*Yes	(No	NA
Were there any exceed	lances of the pe	erimeter air monitoring	g reported on this	s date?	*Yes	No	NA
Were there any nuisan	ce issues repor	ted/observed on this	date?		*Yes	No	NA
Health & Safety Cor							
No							
Summary of Work F	Performed	Arrived at site:	800	D	eparted Site	: 1/3	0
		s", provide explar	nation under "l	Material	Tracking C		".
If any box below is Were there any vehicle	checked "Ye es which did not	display proper D.O.T	COURT OF THE LEGISLAND AS A SECOND OF THE LEG		*Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle	checked "Ye es which did not es which were n	t display proper D.O.T ot tarped?	numbers and pl	acards?	*Yes * Yes	Mo Mo	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Ye es which did not es which were n es which were n	t display proper D.O.T ot tarped?	numbers and pl	acards?	*Yes * Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr	numbers and pl	acards? work site	*Yes *Yes ? *Yes	\$40) \$40) (No)	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr	numbers and pl	acards? work site	*Yes * Yes	Mo Mo Mo	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	\$40) \$40) (No)	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr	numbers and pl	acards? work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
AND Army Sur	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equ Individual	checked "Ye es which did not es which were n es which were n ipment	t display proper D.O.T not tarped? not decontaminated pr Company	numbers and pl	work site	*Yes *Yes ? *Yes	Mo Mo Mo To	NA NA NA otal Hours

Report No.

Date: 12/3//20 Page 8 of 9

DAILY HEALTH CHECKLIST

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

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖾
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗈
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖾
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖾
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗷	No 🗆
If Yes	to any of 1-4 above:		
	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □
Comme	ents:		