

Quarterly Treatment System Site Operation and Maintenance Report (January – March 2021) Perfection Plating (401037) Watervliet, New York

Prepared for

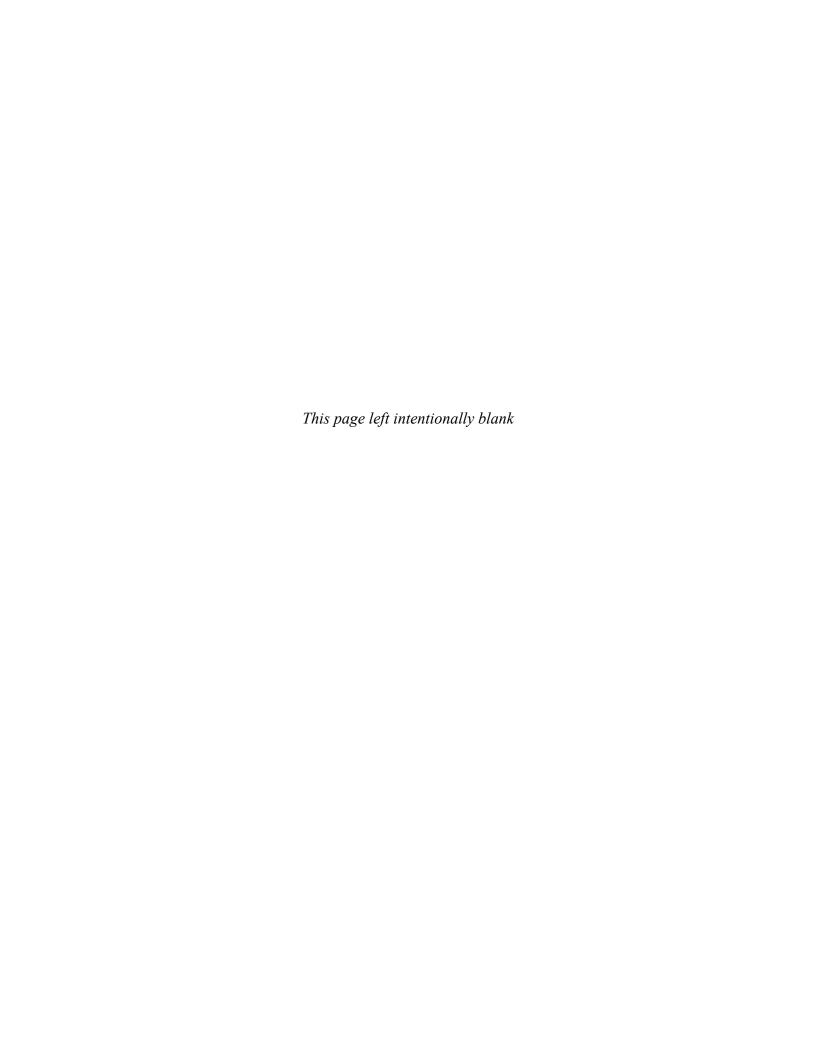
New York State Department of Environmental Conservation 625 Broadway Albany, New York 12233



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> July 2021 Version: FINAL EA Project No. 16025.13



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30 July 2021

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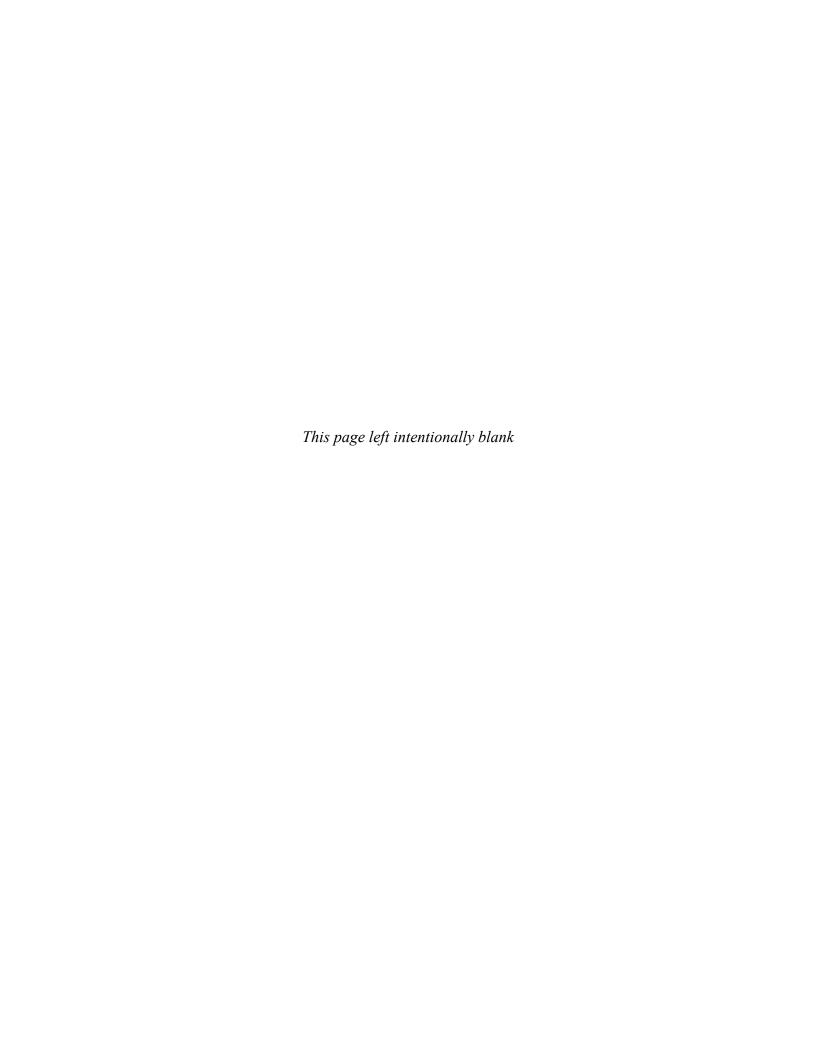


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LIST OF ACRONYMS/ABBREVIATIONS

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/L 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

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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 January to March 2021.

1.1 **OBJECTIVES**

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

1.2 REPORT ORGANIZATION

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

The following are provided as appendixes:

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

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2. TREATMENT SYSTEM OPERATION AND MAINTENANCE ACTIVITIES

A summary of the operating parameters during the quarter is provided in this section. Monthly system influent and effluent water samples were collected and submitted for laboratory analysis. Bi-weekly site inspections, monthly sample collection, and bi-weekly system O&M were conducted by Aztech from January to March 2021. 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 307,290 gallons of treated water was discharged to the Hudson River via the Watervliet storm sewer during this period (31 December 2020 to 30 March 2021). For the reporting period, the flow rate averaged 2.40 gallons per minute and 3,460 gallons per day.

Of the 25 O&M visits during the reporting period, the system was running upon arrival during all 25 visits. The acid barrel was topped off during each inspection day, except for the inspections on 20, 22, and 26 January 2021, and 5 and 9 February 2021. The pH probe was recalibrated during the inspection performed 23 February 2021. Filter media was replaced on 22 January 2021 and 26 March 2021. The base barrel was changed out on 4 January 2021. Treatment system monitoring logs detailing each visit are included in Appendix A.

2.2 MONITORING ACTIVITIES

Aqueous samples (system influent and effluent) were collected on 12 January 2021, 23 February 2021, and 9 March 2021. The samples collected on 12 January and 9 March were analyzed beyond the specified hold time. An additional sample was collected on 26 January 2021; however, that sample was also analyzed beyond the specified hold time. 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 12 January 2021, 26 January 2021, 23 February 2021, and 9 March 2021. 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 influent samples collected on 23 February 2021. Influent hexavalent chromium concentrations were below the effluent limitations in all influent samples collected this quarter. Discharge concentrations for all analytes were below respective permitted effluent limitations. The results of the analyses for the sampling events are summarized in Table 1 and included in Appendix B.

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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 0.0083 pounds (lb) per day based on the system influent and effluent samples collected on 12 January 2021, 26 January 2021, 23 February 2021, and 9 March 2021. 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 5 wells (MW-EA-7 and MW-ESE-9) were later replaced by the Watervliet Arsenal.

On 9 March 2021, groundwater samples were collected from 10 site overburden monitoring wells for total and hexavalent chromium: MW-CMT-1, MW-CMT-3, MW-EE-4S, MW-EE-5S, MW-EA-7R, MW-ESE-9R, MW-EA-10S, MW-EA-11S, MW-EA-12S, and MW-EA-13S. Samples collected from MW-EE-5S 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 6.60 mg/L and 0.96 mg/L, respectively. The samples collected from monitoring well MW-EE-4S contained hexavalent chromium at a concentration below the New York State AWQS of 0.05 mg/L, with results of 0.025 mg/L. Concentrations of hexavalent chromium in samples collected from monitoring wells MW-CMT-1, MW-CMT-3, MW-ESE-9R, 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. AWQS exceedances have historically been reported in samples collected from MW-EA-11S: however, hexavalent chromium has not been detected in quarterly samples since October 2019.

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 matches historical concentrations at this well of around 1 mg/L. Hexavalent chromium was concentrations have fluctuated in samples collected from MW-ESE-9R and abandoned well MW-ESE-9.

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Table 3 provides a summary of the shallow monitoring well analytical results of samples collected during the March 2021 event. Table 4 shows the historical groundwater analytical results. The results of the analyses for the samples collected during the March 2021 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 9 March 2021 sampling event. The next annual event is anticipated in the second quarter of 2021. 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 reports are presented in Appendix E.

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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 January, February, and March 2021 influent and effluent samples. Influent total chromium concentrations were below the effluent limitations in the samples collected on 23 February 2021.

During this reporting period, bi-weekly site visits were performed and the treatment system was up and running upon arrival for 25 of the 25 site visits. Hexavalent chromium was not detected in well MW-EA-11S downgradient of the interceptor trench.

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

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4. REFERENCES

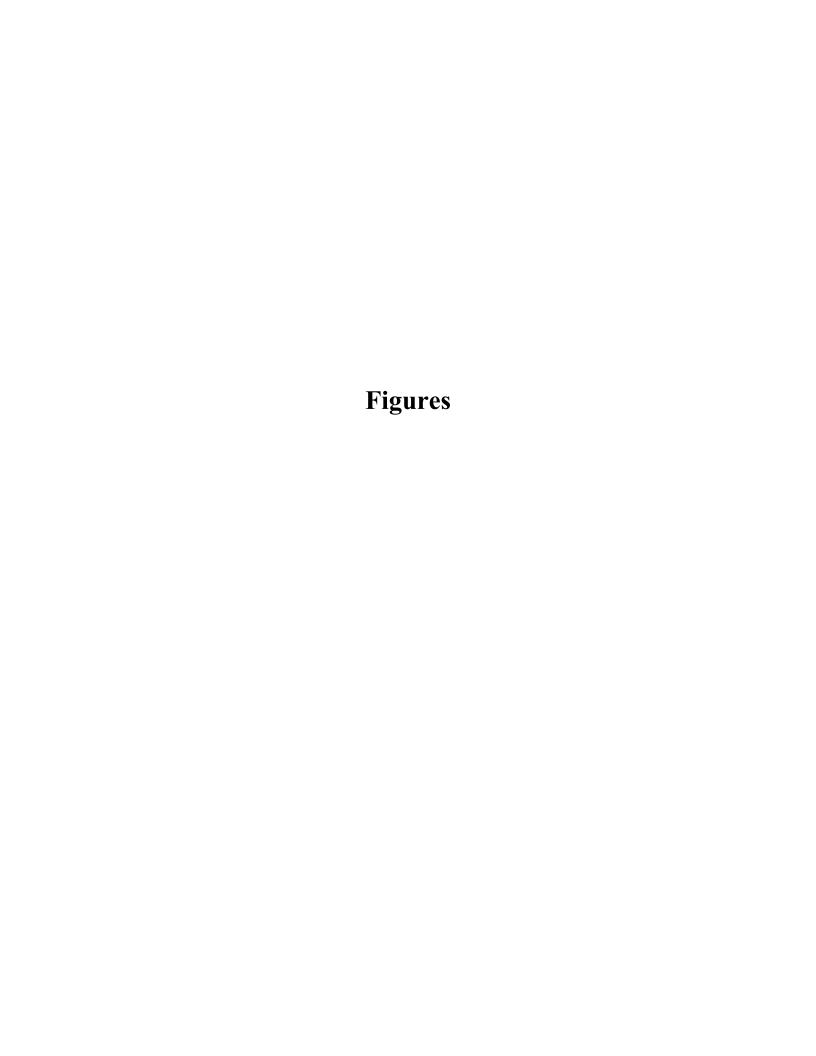
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EA Engineering, P.C., and its affiliate EA Science and Technology (EA). 2020a. <i>COVID-19 Crisis Response and Working Protocol; NYSDEC Contracts D007624 and D009806</i> . 23 March.
——. 2020b. Memorandum: Former Perfection Plating Site (Site No. 401037). 17 April.

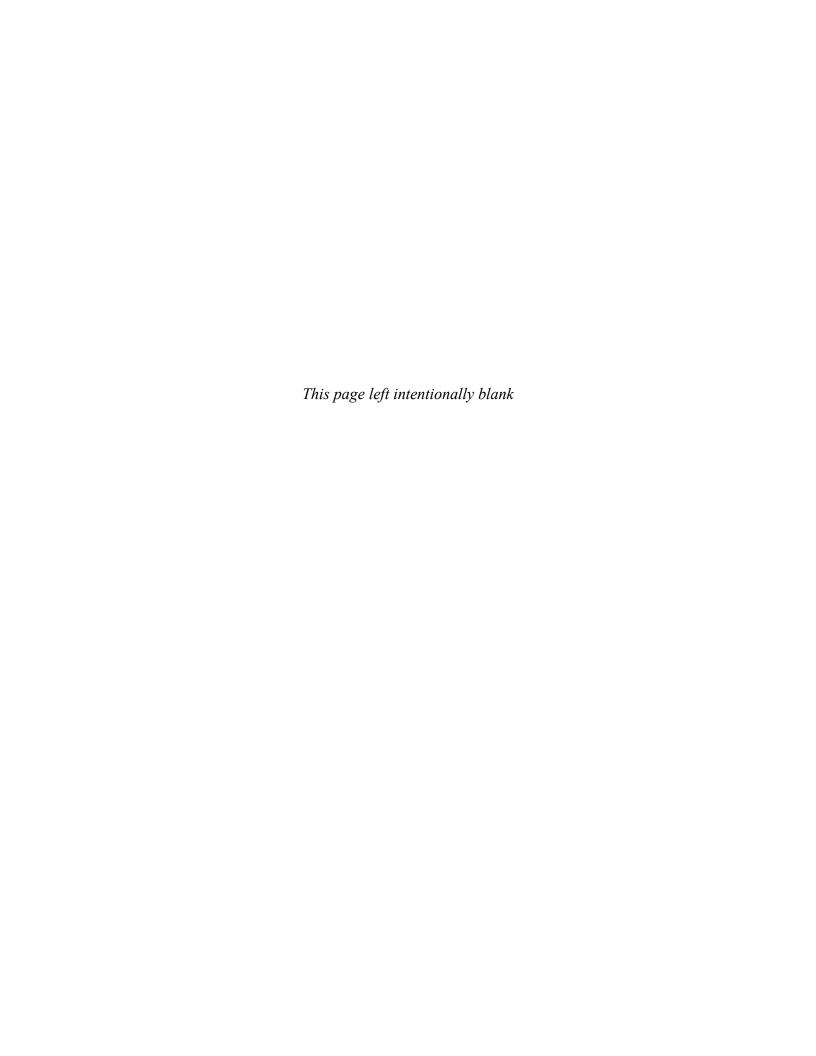
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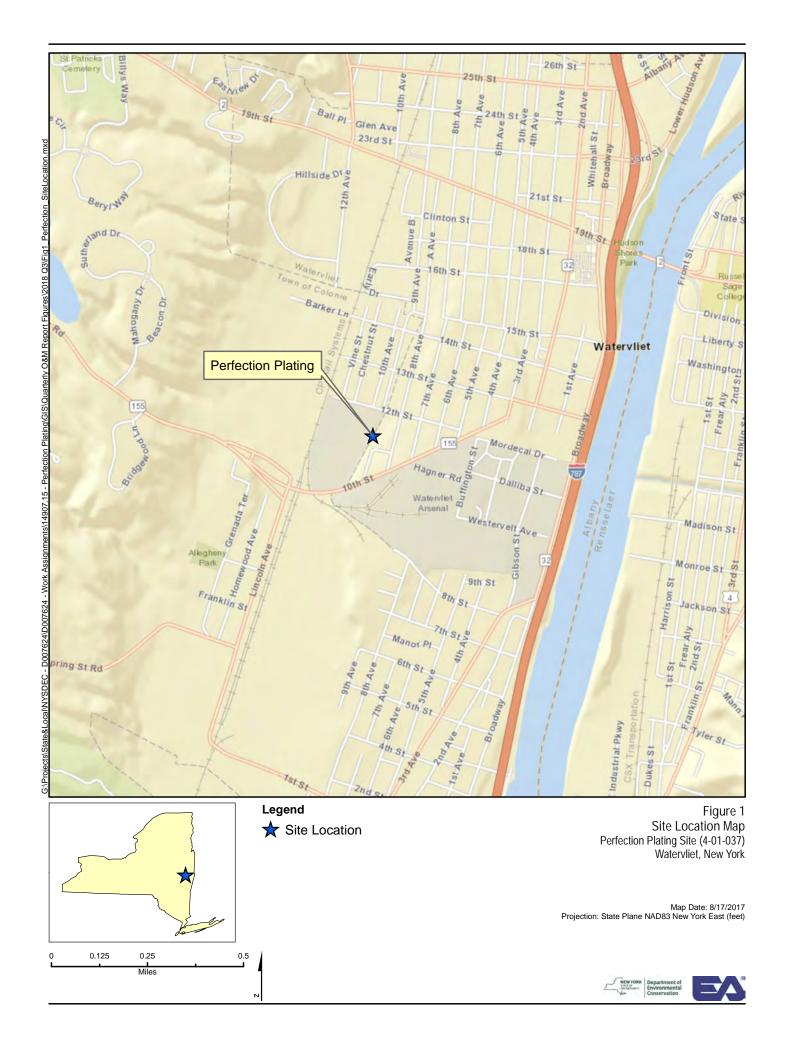
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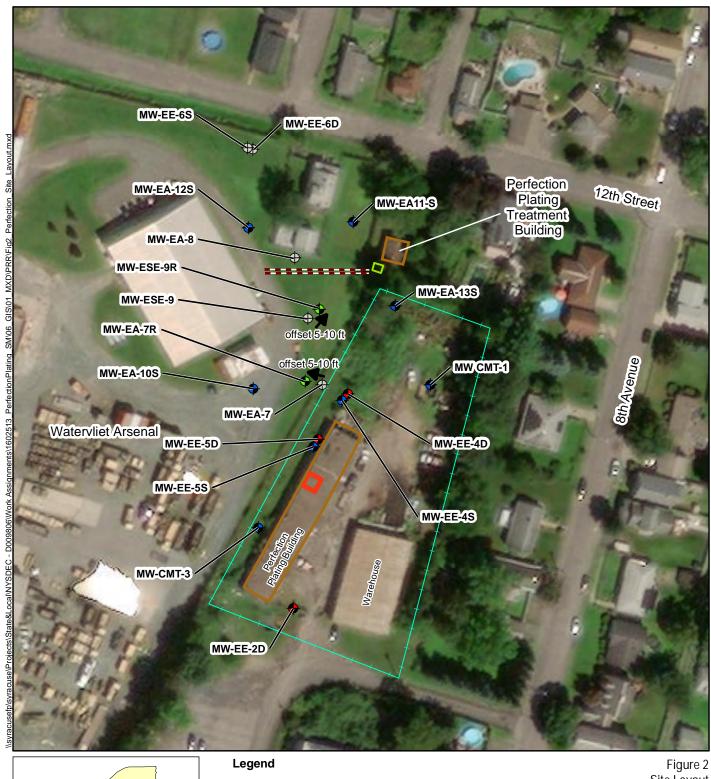
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Perfection Plating Site Boundary

Buildings

Former Excavation Area

- - Collection Trench

Sump Location

Overburden Monitoring Well

Bedrock Monitoring Well

Replacement Monitoring Well (approximate location)

Abandoned Well

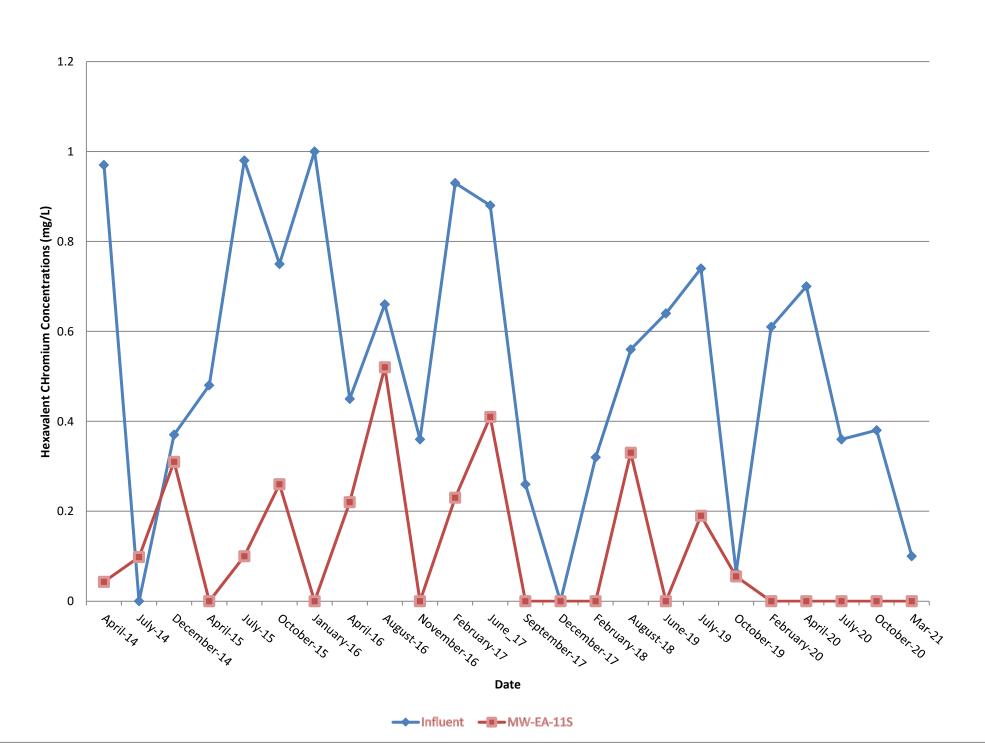
Figure 2 Site Layout Perfection Plating Site (401037) Watervliet, New York

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

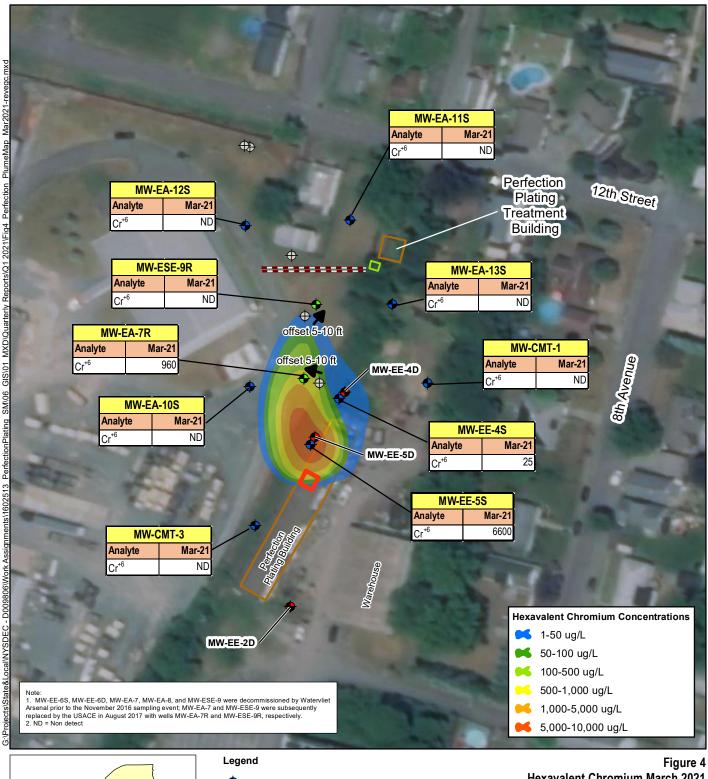




Figure 3
Historical Influent and MW-EA-11S Hexavalent Chromium









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

💢 Buildings

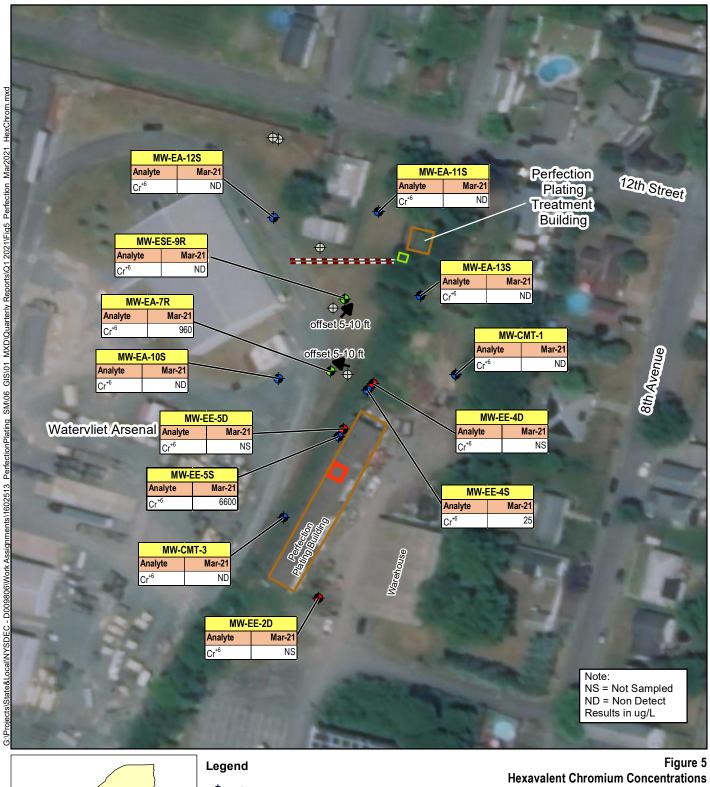
Hexavalent Chromium March 2021 Overburden Isopleth Map

Perfection Plating Site (401037) Watervliet, New York

Map Date: 5/21/2021 Projection: State Plane NAD83 New York East (feet)









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

Buildings

Collection Trench

Sump Location Former Excavation Area

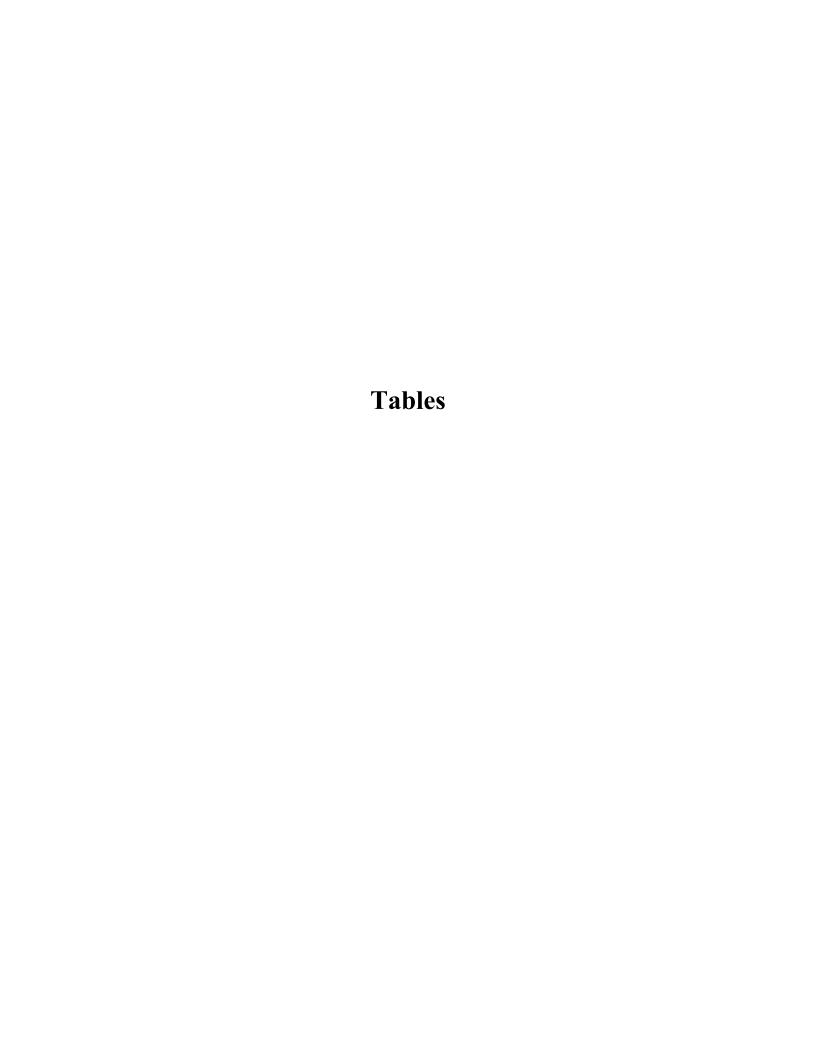
March 2021

Perfection Plating Site (401037)

Watervliet, New York

Map Date: 5/21/2021 Projection: State Plane NAD83 New York East (feet)





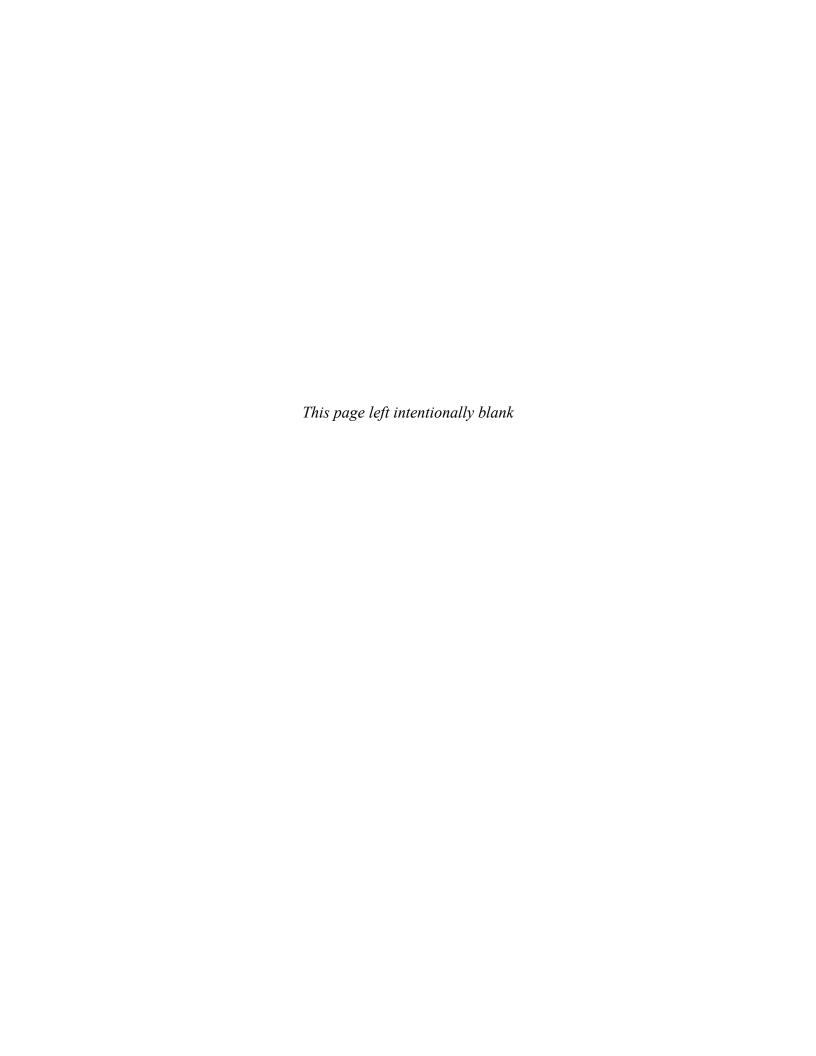


Table 1 Treatment System Analytical Results (January 2021)

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	0.58	0.19	0.5						
Copper	< 0.0016	< 0.0016	0.5						
Iron	< 0.019	< 0.019	4.0						
Lead	< 0.0030	< 0.0030	0.4						
Nickel	0.0059 J	0.0067 J	1.3						
Selenium	< 0.0087	< 0.0087	0.07						
Zinc	0.0050 J	0.0038 J	0.4						
CYANIDE	AMENABLE TO CHL	ORINATION SM 4500C	CN_G (mg/L)						
Cyanide Non-Amenable	0.016	< 0.0050	1.1						
HEXAVALENT CHROMIUM SM3500-CR D (mg/L)									
Hexavalent Chromium	0.57 H	0.0086 J H	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

H = Sample was prepped or analyzed beyond the specified holding time.

J = Result is less than RL but greater than or equal to the MDL and the concentration is an approximate value Results presented for hexavalent chromium are reported from the sample collected 26 January 2021.

All analytical data results provided by Eurofins TestAmerica.

Table 1 Treatment System Analytical Results (February 2021)

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	0.20	0.18	0.5						
Copper	0.0026 J	< 0.0016	0.5						
Iron	0.037 J	< 0.019	4.0						
Lead	< 0.0030	< 0.0030	0.4						
Nickel	0.0054 J	0.0065 J	1.3						
Selenium	< 0.0087	< 0.0087	0.07						
Zinc	0.0052 J	0.0032 J	0.4						
CYANIDE	AMENABLE TO CHLORI	NATION SM 4500CN_G	G (mg/L)						
Cyanide Non-Amenable	0.0093 J	< 0.0050	1.1						
HEXAVALENT CHROMIUM SM3500-CR D (mg/L)									
Hexavalent Chromium	0.20	0.20 <0.0050							
	TOTAL SUSPENDED SOLIDS E160.2 (mg/L)								
Total suspended solids	5.2	<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 (March 2021)

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	0.59	0.24	0.5							
Copper	0.0019 J	< 0.0016	0.5							
Iron	0.019 J	0.044 J	4.0							
Lead	< 0.0030	< 0.0030	0.4							
Nickel	0.0080 J	0.0093 J	1.3							
Selenium	< 0.0087	< 0.0087	0.07							
Zinc	0.0058 J	0.0048 J	0.4							
CYANIDE AM	ENABLE TO CHLORI	NATION SM 4500CN_G	(mg/L)							
Cyanide Non-Amenable	0.012	0.1100	1.1							
HEXA	HEXAVALENT CHROMIUM SM3500-CR D (mg/L)									
Hexavalent Chromium	0.10 H H3	<0.0050 H H3	2.7							
TOTAL SUSPENDED SOLIDS E160.2 (mg/L)										
Total suspended solids	6.4	<4.0	50							

NOTES:

NOTES:

MDL = Method detection limit
mg/L = Milligram(s) per liter
RL = Reporting limit
H = Sample was prepped or analyzed beyond the specified holding time.
H3 = Sample was received and analyzed past holding time.
J = Result is less than RL but greater than or equal to the MDL and the concentration is an approximate value All analytical data results provided by Eurofins TestAmerica.

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Table 2 Daily Mass Removal Results (January 2021)

	Discharge Limitations	Influe	ent	Effluent		Amount Removed			
	Daily Max ^(a)))						
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day			
INDUCTIVELY COUPLED PLASMA METALS E200.7									
Arsenic	0.15	ND	< 0.0056	ND	< 0.0056	ND			
Cadmium	0.03	ND	< 0.00050	ND	< 0.00050	ND			
Chromium	0.5	0.0167	0.580	0.0055	0.190	0.0113			
Copper	0.5	ND	< 0.0016	ND	< 0.0016	ND			
Iron	4.0	ND	< 0.019	ND	< 0.019	ND			
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND			
Nickel	1.3	0.000170	0.0059	0.000193	0.0067	-0.000023			
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND			
Zinc	0.4	0.00014	0.0050	0.00011	0.0038	0.000035			
CY.	ANIDE AMENAI	BLE TO CHLOR	INATION SN	1 4500CN_G					
Cyanide Non-Amenable	1.1	0.00046	0.016	ND	< 0.0050	0.0005			
	HEXAVAL	ENT CHROMIU	M SM3500-C	R D	·				
Hexavalent Chromium	2.7	0.0164	0.57	0.0002	0.0086	0.0162			
	TOTAL	SUSPENDED SO	OLIDS E160.2		·				
Total suspended solids	50.0	ND	<4.0	ND	<4.0	ND			
				GPD					
Total Flow				3460					
				MGD					
				0.0035					

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

(b) Average system flowrate during the period (January - March 2021) was 3,460 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

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Table 2 Daily Mass Removal Results (February 2021)

	Discharge Limitations	Influ	ent	Effluent		Amount Removed				
	February 2021 ^(b)									
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day				
INDUCTIVELY COUPLED PLASMA METALS E200.7										
Arsenic	0.15	ND	< 0.0056	ND	< 0.0056	ND				
Cadmium	0.03	ND	< 0.00050	ND	< 0.00050	ND				
Chromium	0.5	0.0058	0.20	0.0052	0.18	0.0006				
Copper	0.5	0.00008	0.0026	ND	< 0.0016	0.00008				
Iron	4.0	0.00107	0.0370	ND	< 0.019	0.00107				
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND				
Nickel	1.3	0.00016	0.0054	0.00019	0.0065	-0.000032				
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND				
Zinc	0.4	0.00015	0.0052	0.00009	0.0032	0.00006				
CYA	NIDE AMENA	BLE TO CHLO	RINATION SM	1 4500CN_G						
Cyanide Non-Amenable	1.1	0.0003	0.0093	ND	< 0.0050	0.0003				
	HEXAVAL	ENT CHROMIU	JM SM3500-C	R D						
Hexavalent Chromium	2.7	0.0058	0.2	ND	< 0.0050	0.0058				
	TOTAL	SUSPENDED S	OLIDS E160.2							
Total suspended solids	50.0	0.1500	5.2	ND	<4.0	0.1500				
				GPD						
Total Flow				3460						
				MGD						
				0.0035						

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

(b) Average system flowrate during the period (January - March 2021) was 3,460 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

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Table 2 Daily Mass Removal Results (March 2021)

Discharge Limitation		Influent Effluent			ent	Amount Removed				
	Daily Max ^(a)	March 2021 ^(b)								
Parameter	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day				
INDUCTIVELY COUPLED PLASMA METALS E200.7										
Arsenic	0.15	ND	< 0.0056	ND	< 0.0056	ND				
Cadmium	0.03	ND	< 0.00050	ND	< 0.00050	ND				
Chromium	0.5	0.0170	0.59	0.0069	0.24	0.0101				
Copper	0.5	0.00005	0.0019	ND	< 0.0016	0.00005				
Iron	4.0	0.00055	0.019	0.0013	0.044	-0.0007				
Lead	0.4	ND	< 0.0030	ND	< 0.0030	ND				
Nickel	1.3	0.000231	0.0080	0.000268	0.0093	-0.000038				
Selenium	0.07	ND	< 0.0087	ND	< 0.0087	ND				
Zinc	0.4	0.00017	0.0058	0.00014	0.0048	0.00003				
CYA	NIDE AMENA	BLE TO CHLOF	RINATION SM	1 4500CN_G						
Cyanide Non-Amenable	1.1	0.0003	0.012	0.0032	0.11	-0.0028				
	HEXAVAL	ENT CHROMIU	M SM3500-C	R D						
Hexavalent Chromium	2.7	0.0029	0.1	ND	< 0.0050	0.0029				
	TOTAL	SUSPENDED SO	OLIDS E160.2							
Total suspended solids	50.0	0.1847	6.4	ND	<4.0	0.1847				
				GPD						
Total Flow				3460						
				MGD						
				0.0035						

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

(b) Average system flowrate during the period (January - March 2021) was 3,460 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 July 2021

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

Table 3 Hexavalent Chromium Groundwater Analytical Results (March 2021)

								NYSDEC AWQS
Parameters List	MW-CMT-1	MW-CMT-3	MW-EE-4S	MW-EE-4D	MW-EE-5S	MW-EE-5D	MW-EA-7R*	Values (mg/L)
Chromium (Total, mg/L)	ND	0.0190	0.040	NS	8.80	NS	0.90	0.05
Cr (Hexavalent, mg/L)	ND	ND	0.025	NS	6.60	NS	0.96	0.05
Parameters List	MW-ESE-9R*	MW EA 100	MW EA 110	MW/ E A 120	MW EA 12C	MW EE 2D	DUP-030921	NYSDEC AWQS Values (mg/L)
				MW-EA-12S	MW-EA-13S			` ` `
Chromium (Total, mg/L)	0.240	0.011	0.130	0.0450	0.0072	NS	0.0074	0.05
Cr (Hexavalent, mg/L)	ND	ND	ND	ND	ND	NS	ND	0.05

^{*=} 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.

NS = Not sampled.

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 Wel							Bedrock Mon	nitoring Wells		NYSDEC
Date	MW-EE-4S	MW-EE-5S	MW-EE-6S	MW-EA-7R(c)	MW-EA-8		MW-ESE-9R(c)		MW-EA-10S	MW-EA-11S	MW-EA-12S	MW-EA-13S	MW-EE-4D		MW-EE-6D	MW-EE-2D	AWOS Values
21-May-03	ND	40.8	ND	0.975	0.099	-	-	-	-	-	-	-	0.008	ND	ND ND	-	0.05
21-Aug-03	0.06	33.7	0.046	1.08	ND	_	_	_	_	_	-	-	0.129	ND	0.023	_	0.05
4-Dec-03	0.041	48.9	0.018	0.744	0.041	-	_	_	_	_	-	-	ND	0.004	ND	_	0.05
24-Feb-03	0.018	33.4	ND	0.857	ND	-	_	_	_	_	_	_	ND	ND	ND	_	0.05
12-May-04	0.049	37.4	ND	0.881	0.049	-	_	_	_	_	-	_	0.013	ND	ND	-	0.05
2-Sep-04	0.735	32.2	ND	1.04	ND	-	-	-	-	-	-	-	0.016	ND	0.075	-	0.05
2-Dec-04	0.06	11.8	ND	0.348	ND	-	-	-	-	-	-	-	0.007	0.034	ND	-	0.05
3-Feb-05	0.083	61.2	ND	0.83	ND	-	-	-	-	-	-	_	ND	0.021	ND	-	0.05
18-May-05	0.029	35	ND	0.63	ND	-	-	-	-	-	-	-	ND	0.031	ND	-	0.05
3-Aug-05	0.041	28.7	ND	0.62	ND	-	-	-	-	-	-	-	ND	0.037	ND	-	0.05
29-Nov-05	0.052	33.6	ND	0.24	ND	-	-	-	1	-	ı	=	ND	ND	ND	=	0.05
9-Feb-06	0.11	24.9	ND	0.35	ND	ı	-	-	ı	-	ı	-	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	1	-	-	=	ND	ND	ND	ND	0.05
1-Mar-12	0.039	17	ND	0.29	ND	ND	3.2	ND	ı	-	ı	-	ND	ND	ND	ND	0.05
11/12-Jun-13	0.042	13	ND	0.34	0.15	ND	3.7	ND	-	-	-	-	ND	ND	ND	ND	0.05
30-Aug-13	-	-	-	-	3.2 ^(b)	-	-	-	-	-	-	-	-	-	-	-	0.05
29-Oct-13	0.029	16	ND	0.37	ND	ND	-	-	-	-	-	=	-	-	-	=	0.05
15-Jan-14	0.045	13	ND	0.14	ND	ND	2.7	ND	-	-	-	=	-	-	-	-	0.05
29-Apr-14	0.061	24	ND	0.45	ND	ND	2.8	ND	ND	0.043	ND	ND	-	-	-	-	0.05
29-Jul-14	0.045	15	ND	0.43	ND	ND	0.48	ND	ND	0.098	ND	ND	-	-	-	-	0.05
2-Dec-14	0.045	16	ND	0.44	ND	ND	2.6	ND	ND	0.31	ND	ND	ND	ND	ND	ND	0.05
7-Apr-15	0.026	12	ND	0.22	ND **	ND	ND	ND	ND	ND	ND	ND	-	-	-	-	0.05
7-Jul-15	0.031	*	ND	0.41		ND	1.7	ND	ND	0.1	ND	ND	-	-	-	-	0.05
8-Oct-15	0.052	25	ND	0.42	ND	ND	3.1	ND	ND	0.26	ND	ND	-	-	-	-	0.05
27-Jan-16	0.036	12	ND	ND 0.22	ND	ND	2.9	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.05
18-Apr-16	0.035 ND	12 12	ND ND	0.33 0.33	ND ND	ND ND	2.4	ND ND	ND ND	0.22 0.52	ND ND	ND ND	-	-	-	-	0.05
16-Aug-16 9-Nov-16	0.043	14	NS NS	NS	NS NS	ND ND	NS	ND ND	ND ND	ND	ND ND	ND ND	-	-	-	-	0.05
27-Feb-17	0.043	11	NS NS	NS NS	NS NS	ND ND	NS NS	ND ND	ND ND	0.23	ND ND	ND ND	ND	ND	NS	ND	0.05
26-Jun-17	0.028	8.3	NS NS	NS NS	NS NS	ND ND	NS NS	ND ND	ND ND	0.23	ND ND	ND ND	- ND	ND -	- 105	ND -	0.05
13-Sep-17	0.043	8.2	NS NS	1.8	NS NS	ND ND	ND	ND ND	ND ND	ND	ND ND	ND ND	-	-	-	-	0.05
19-Dec-17	0.034	9.3	NS NS	1.3	NS	ND	0.21	ND ND	ND ND	ND ND	ND ND	ND ND		-	-	-	0.05
12-Feb-18	0.033	**	NS	1.4	NS	ND	ND	ND	ND	ND	ND	ND	ND	ND	NS	ND	0.05
16-Aug-18	0.054	22	NS	1.8	NS	ND	0.22	ND	ND	0.33	ND	ND	-	-	-	-	0.05
4-Jun-19	ND	8.8	NS	0.75	NS	ND	0.14	ND	ND	ND	ND	ND	ND	ND	NS	ND	0.05
15-Jul-19	0.025	4.7	NS	0.78	NS	ND	ND	ND	ND	0.19	ND	ND	NS	NS	NS	NS	0.05
1-Oct-19	0.034	8.5	NS	0.89	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
19-Feb-20	0.031	9.3	NS	0.92	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
23-Apr-20	0.027	7.4	NS	0.75	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
13-Jul-20	0.028	6.7	NS	0.79	NS	ND	0.092	ND	ND	ND	ND	ND	0.011	0.011	NS	0.018	0.05
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
9-Mar-21	0.025	6.6	NS	0.96	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
	, 1° (/T)	<u> </u>		L		1	•						<u> </u>		<u> </u>		·

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-EA-7, MW-EA-8, and MW-ESE-9.

AWQS = Ambient Water Quality Standard (mg/L)

ND = Non detect

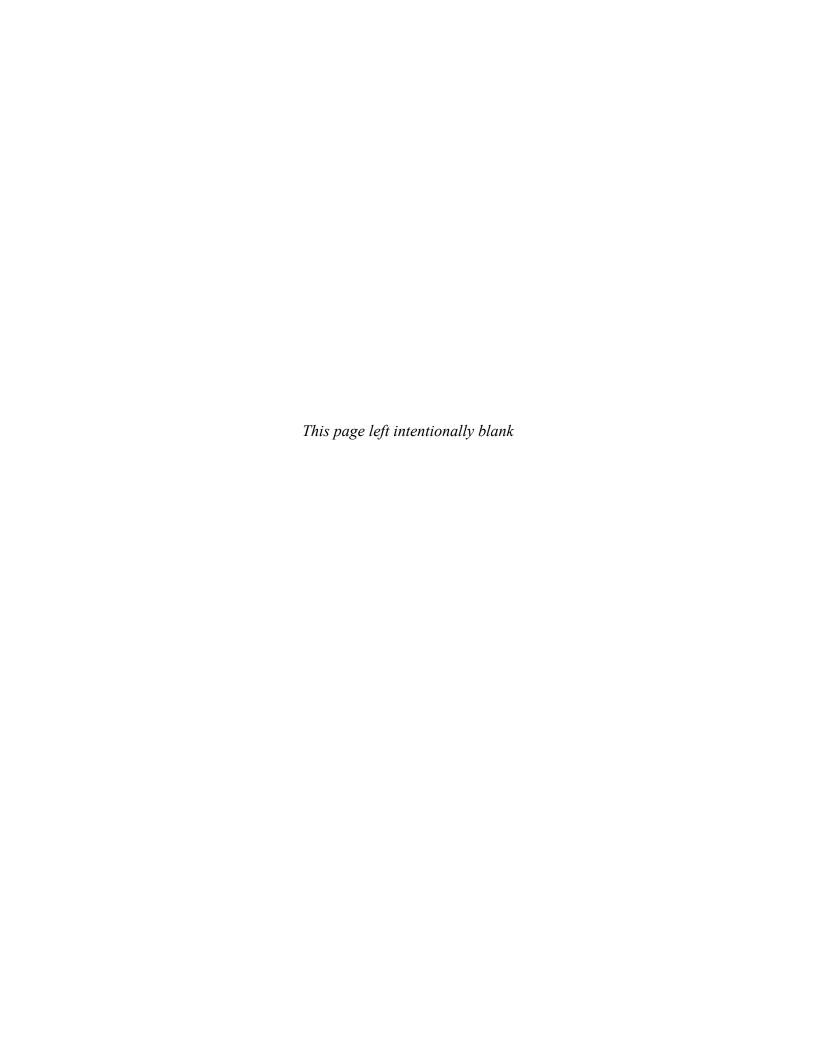
NS = Not sampled

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



	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	465	Yes
cond ion exchange drum effluent sample collected	Monthly	Yes / No	No.	NO	NC	1	
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.

Month Jan Year	21	- reaune	iii System Op	erational / Ins	pection Check	list		
tom Description	Required			, 0	Date of Inspecti	on		-
tem Description	Frequency	Unit	1/12/21	1115/21	1/20/21	1/22/21	1/26/21	1/29 2
ffluent sample collected	Weekly	Yes / No	Yes	NO	NO	No	Wes	IVO
ofluent sample collected	Monthly	Yes / No	Yen	1	NO	NO	ives	NO
low Rate (gallons per minute)	Weekly	gpm	2.35	2.31	2.04	2.31	1.68	2,5,4
otal Volume Treated (gallons)	Weekly	gal	473968	484461	500116	505924	516817	5740
ffluent pH	Weekly	SI	4.77	(1.68	6.94	6.76	C.60	5240
pecific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm				_	_	
erformed required equipment maintenance (Note below		Yes / No	YPS	Yes	Ves	Yes	Wes	Yes
ote spare parts or supplies needed	Weekly	Yes / No	YES	Yes	Y05	yes.	ucs	Ves
econd ion exchange drum effluent sample collected	Monthly	Yes / No	NO	iNO	No	No	250	no
mpty Sump pump	Weekly	Yes / No	NO	NICI	No	No	nes	100
eplace ion removal filter fabric and filter sludge	As needed	Yes / No	W10	NO	NO	Yes	25	res
eplace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	No	No	20	NO
spected catch basin for sediment	As needed	Yes / No	Yes 1016	Yeslok	Yes/ox	Ves/OK	Mcs/OK	restor
spected collection sump and record condition	Monthly	Yes / No	Yes lok	Yeslok	Yes/nk	Yes/OK	yes lok	Yeslo
ested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	20	Nic
ested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	20	NO
eplenished first aid kit supplies	After use	Yes / No	NO	n/0	No	No	200	100
ested the backflow preventer	Yearly	Yes / No	NO	no	No	No	NO	100
eported backflow preventer test results to Latham		37.4						
/ater district omments; Note Treatment System Equipment and E	Yearly	Yes / No	NO	NO	NO	NO	No	No
ate 1/2/21 System Running on Frettorm Bystem Maint. Take leparture ate 1/15/21 System Running on I ate 1/20/21 System System Main ate 1/20/21 System running on arr:	t. Sys!	take tem k	System cunning o	Readings.	Top of. parture	P Acid K	Barre /	
System running ok ate 1/22/21 System running on arr of filter media. Syst	on de	ca suc	ton read:	oue Chan				
personal System Running on arriv	al, ta	ke Syst	ten reading	s Callected	and bent	00		-
129/21 System Running on and Perform System Mai	Herryal,	take	System Runni	Readings.	Top off	Pand Burture.	barre	a

Month PLA	IING	Treatmen	nt System O	perational /	Inspection C	Checklist	
tem Description	Required Frequency	Unit	ratala.		ate of Inspec	tion	
Effluent sample collected	Weekly		2 2 21	2/5/21	2/9/21	2/12/21	
indent sample collected	Monthly	Yes / No	NO	No	No	100	
low Rate (gallons per minute)	Weekly	Yes / No	100	NO	MA	NO	
otal Volume Treated (gallons)		gpm	2,53	2.32	1,97	2.73	
ffluent pH	Weekly	gal	535762	546090	558321	566577	7
specific conductivity reading (milliseconde/continuetor)	Weekly	SI	10.91	7.00	6.55	4,85	
Performed required equipment maintenance (Note below Note spare parts or supplies needed	Weekly	ms/cm	· · ·		0.77	~ X)	
Note spare parts or supplies needed	As per Manf.	Yes / No	Yen	Yes	Yes	Yes	-
second ion exchange drum officers	Weekly	Yes / No	Yen	Yes	Yes		
Empty Sump pump	Monthly	Yes / No	OUI	NO.	No	Ye	
Replace ion removal filter fabric and filter sludge	Weekly	Yes / No	NO	NO	No	130	
	As needed	Yes / No	100	NO	No	N6	
nspected catch basin for sediment	As needed	Yes / No	NO.	NO	NS	no	
nspected collection summand	As needed	Yes / No	Y25/016	Yeslok.	Yes! OK	No	
nspected collection sump and record condition Tested eye wash station	Monthly	Yes / No	Yeslox	Yeslok		YESTOK	
Tosted eye wash station	Semi-annual		120	NO	Yestok	Yesion	
Tested fire extinguisher	Yearly	Yes / No	100		No	NO	
Replenished first aid kit supplies	After use	Yes / No	100	No	NO	NYS	
rested the backnow preventer	Yearly	Yes / No		NO	NO	NO	
Reported backflow preventer test results to Latham		103/140	NO	NO.	No	100	
vvaler district	Yearly	Yes / No	NO	100	11		
Comments: Note Treatment System Carrier	Name of the last o			NO	No	NO	
Date 2/8/2) 5:15 de no 1)	uliding Cond	itions.	FZ	The second secon	The same of the sa	EZ	
Date 2/2/21 545 tem Running on 1 Cind Destorn System Marn + , 5	45tem	take Runnir	system oko	Readina n depart	3. Top	OPP Acid) 13arr
		4 127		cadings.	Perform	System	
Date +/ 3/2 System Consis		-	****				
Date 7/8/21 System runing on Ar maintenance. System run	rival, to	re sy	stem la	adigs. 1	erform	SYSTEM	(
maintenance. System run Date 2/12/21 System Running on Arrive System Maint. System Running Date	take:	System dep	Reading	3. Top 01	P Acid	Barrell ar	d Pert
Date	0	7					

Situent sample collected Meekly Yes/No No N	tem Description	Required			1	Data of Inches		
Weekly Yes/No No N		Frequency	Unit	2/16/21	12/10/21	Date of Inspec		
Monthly Ves/No No N	offuent cample collected	Weekly	Yes / No					3/2/2
Weekly gal State of California Treated (gallons) Weekly Si State of California Treated California Treated	low Pote (collected					145	106	NO
iffluent pH Weekly SI Weekly SI Weekly SI Weekly SI Weekly SI State (100 100 100 100 100 100 100 100 100 10	otal Volume Treat de la	Weekly				425		NOCO
Weekly SI E-90 6-72 1.75 1.75 1.75 1.75 1.75 1.75 1.75 1.75				801212	4,42		2.35	2.66
erformed required equipment maintenance (Note below As per Manf. Yes/No NO	necific conductivity	Weekly		8.60			614636	1.276585
lote spare of equipment maintenance (Note below) As per Manf. Yes/No Yes No Yes Yes Yes Yes weekly Yes/No No N	Performed required entired (milliseconds/centimeter)	Weekly	ms/cm		0.72	1.86	6,69	
weekly Yes/No Yes	lote spare parts are apprent maintenance (Note below	As per Manf.		4-1		~	-	
impty Sump pump Weekly Weekly Yes / No	sto opare parts of supplies needed				4		Yes	res
Weekly Yes/No NO	motive collected					Yes	Ye 5	
deplace ion exchange vessels make valve adjustments As needed Ves/No NO	inply Sump pump					NO	NO	
respected catch basin for sediment As needed Yes /No NO NO NO NO NO NO NO NO NO	Replace ion removal filter fabric and filter sludge				1	NO	noc	
ispected called basin for sediment As needed Yes/No 765/06 Ves/O1 Ves/O	replace ion exchange vessels/ make valve adjustments							
Age of the station sump and record condition Monthly Yes/No Yes/OL Yes/	ispected catch basin for sediment							
Semi-annual Yes/No No N	inspected collection sump and record condition							
ested fire extinguisher Yearly Yes/No NO NO NO NO NO NO NO NO NO	ested eye wash station	10			725/ca	Yes loic	Yeslox	
rested the backflow preventer rested the backflow preventer Reported backflow preventer test results to Latham Vearly No	ested fire extinguisher							
Tested the backflow preventer Yearly NO NO NO NO NO NO NO NO NO N	Replenished first aid kit supplies				NO	120		
Party Yes/No NO	ested the backflow preventer				No	NO		
Pearly Yes/No NO	Reported backflow preventer test results to Latham	Tearry	Yes / No	NO	No			
Date 2/16/21 System Running on Herrial, take System Readings. Colibrate Base Probe and take Date 2/16/21 System Running on Herrial, take System Readings. Colibrate Base Probe and take Date 2/25/26 System Running on Herrial, take System Readings. Colibrate Base Probe and take Date 2/25/26 System Running on Herrial, take System Readings. System Running or on departurent Date 2/25/26 System Running on Herrial, take System Readings. System Running or on departurent Date 2/26/21 System Running on Herrial, take System Readings. Top off Pacid Barrel and Determ System Running on Herrial, take System Readings. Top off Pacid Barrel and	valer district	Vasul	Gathara Lea	NO	NO			
Date 2/16/21 System running on Arrival, Resord System reading one perform maintaine. Tol off acid barrel Date 2/1921 System Running on Celarture Date 2/13/20 System Running on Arrival take System Readings. Colibrate Base Probe and take Date 2/13/20 System Running on Arrival take System Readings. Colibrate Base Probe and take Date 2/13/20 System Running on Arrival take System Maint. System Running or Kondepart Date 2/16/21 System Running on Arrival, take System Readings. Top off Peid Barrel and Derform System Running or Arrival, take System Readings. Top off Peid Barrel and Derform System Maint. System Running or Barrel and	Comments: Note Treatment System Equipment and I	rearry	Yes / No	1, 0	. 0	100	100	nos
Date 2/2/21 System Running on History, take System Readings. Colibrate Base Probe and take sate 2/2/21/20 System Running on History, take System Readings. Colibrate Base Probe and take samples. Top off Acid Barrel and Perform Byotem Maint. System Running ok on departate 2/26/21 System Running on Armal, take System Readings. Top off Acid Barrel and Perform System Readings. Top off Acid Barrel and Derform System Maint, System Running ok Onde parter.	Date 2/16/2\ C=4\ Color	building Cond	itions.		NIII I		and the same of th	
Date 2/2/21 System Running on History, take System Readings. Colibrate Base Probe and take Date 2/2/2/21 System Running on History, take System Readings. Colibrate Base Probe and take Date 2/2/21/21 System Running on History Byotem Maint. System Running ok on deportant 2/2/21 System Running on History, take System Readings. Top off Meid Barre and Derform System Running on History, System Running of Off Meid Barre and	System running on arriver. R	eword sys	ten rea	like CA O	VCC-C- 10 10	1	The state of the s	Securition of Control of Control of Printers and Control of Control
Date 2/2/2/2 System Running on History, take System Readings. Colibrate Base Probe and take samples, Top off Acid Barrel and Perform Byotem Maint. System Running on Hornal, take System Maint. System Running ok on deportant System Running or Hornal, take System Readings. Top off Acid Barrel and Perform Byotem Maint. System Running ok on deportant System Running on Hornal, take System Readings. Top off Acid Barrel and Derform System Maint, System Running or Barrel and	Sylva Como on 2	1 1		is one	o min with	touce jo	of off go	id b
System Running on History, take System Readings. Colibrate Bose Probe and take Dates 15/15/20 Act Barrel and Perform Bystem Maint. System Running on History, take System Maint. System Running or on department of the System Readings. Top off Acid Barrel and Perform Bystem Maint. System Running or on department of System Running or History, take System Readings. Top off Paid Barrel and Derform System Maint. System Running or Barrel and	Da tombo	forture						in the el
Date 2/23/20 System Running on Herival, take System Readines. Colibrate Bose Probe and take samples, Top off Acid Barrel and Perform Byotem Maint. System Running ok on deportate 2/26/21 System Running on Herival, take System Readings. Top off Meid Barrel and Derform System Maint, System Running ak System Readings. Top off Meid Barrel and	late 2/92 (Sustem Burney							
Date 2/23/20 System Running on Herrical, take System Readings. Colibrate Base Probe and take samples, Top off Acid Barrel and Perform Byotem Maint. System Running ok on deportate 2/26/21 System Running on Herrial, take System Readings. Top off Pend Barrel and Derform System Maint, System Running at Condition	15. 2. VIND ON	ANKEUM	(, TA12	- 2 345 NZ-	en RRADAN	65 TOPA	IFF ASSO	
pate 2/23/20 System Running on Herival, take System Readings. Colibrate Base Probe and take samples, Top off Acid Barrel and Perform Byotem Maint. System Running ok on deportate 2/26/21 System Running on Herival, take System Readings. Top off Peid Barrel and Perform System Maint, System Running at Condition	54872m RUNNING com	Dy PANTUZ	R			10,0	" MCII)	
Derform System Maint, System Running at and of of Deid Barre and	12to 2/23/24 Sa . tem B.	PA						
Derform System Maint, System Running at and of of Deid Barre and	alle 1/20/20 Sas Letter Countries on 1-1211	al, take	Suster	a Read	ns Call	12 12	A	
Perform System Maint, System Running at and off off Meid Barrel and	10 10 10 10 10 10 10 10 10 10 10 10 10 1	na por	2 - 3	1 1 1	25. 6611	orgie isoge	mope ave	t take
Perform System Maint, System Running at and off off Meid Barrel and	compres, 100 off Herd Barrele	10 10 H	01741 0	431em 11	raint. Dy	stem Kur	ming ok	ondepor
Derform System Maint, System Running ok on de porture. Jate 3/2/21 system Running on Amia (take System Readings, Top off Ac, & Barre and Med Perform System Maint, System Destern Readings, Top off Ac, & Barre.	mpres, report Here Barrela				/			7
nate 3/2/21 system Running ok on de parture. Nate 3/2/21 system Running on Amia take System Readings, Top off He, & Barre. No Perform System Maint. System De System Readings, Top off He, & Barre.	Date 2/20/21 System Rymans in The				/			
ate 3/2/21 system Running on Amial, take System Readings, Top off Acid Berre	ate 2/26/21 System Running on Hr	ul, take	· 545 to	m Read	Junes To	0 - m n	2 ()	
nd Perform System Maint. System Designer Readings, Top off Acid Berre	ate 2/26/21 System Running on Arrange Tom System Warnet, Suss	ual, take	54570	m Reac	lings. To	of of A	cid Barr	e and
nd perform System Meint System De System Readings, Top of Acid Barre	Perform System Maint, 5437	em Run	syste	m Read	lings. To	of of A	e, 2 Barr	eland
1) System D. Lorgangs, I op off He, c Berre	Perform System Maint, 5437	em Run	syste	m Read	lings. To	of of A	e, 2 Barr	eland
	Perform System Maint, 5437	em Run	syste	m Read	lings. To	of of A	e, 2 Barr	eland

Month Masch PERFECTION PLA	TING	Treatmer	nt System C	perational /	Inspection (Checklist	
tora Deceription	Required Frequency	Limit	1212/2		Date of Inspec	ction , ,	
	Weekly		3/5/21	3/9/21	3/12/27	3/16/21	13/19/21
luont comple cellected	Monthly	Yes / No	NO	405	No	1000	1 100
W Rate (gallone per minute)	101	Yes / No	106	Yes	1152	(1)(1)	1120
stal Volume Treated (gellens)		gpm	2.28	2.46	2.30	3,44	3.55
luent pH		gal	638431	650590	666915	61.9424	625575
PCITIC COnductivity roading (milli	Weekly	SI	6,89	6.92	88.8	6.89	
erformed required equipment maintenance (Note below	Weekly	ms/cm			_	1111	0.70
te spare parts or supplies needed	As per Mant.		Yes	465	VAS	YEL	Ves
econd ion evolunge draw efficient	Weekly	Yes / No	Yes	Yes	Ves	Yes	
noty Sump nump	Monthly	Yes / No	126	NO	NO	NO	Yes
eplace ion removal filter fabric and filter sludge	Weekly	Yes / No	1/16	100	NO	NO	NO
aniace ion overage was -1-/	As needed	Yes / No	NO	No	1/10	100	100
spected catch basin for sediment		Yes / No	1200	100	NO		NO
	As needed	Yes / No	Yeslok	Yes OK	Yeslok	100	100
spected collection sump and record condition	Monthly	Yes / No	Yestok	Yeslok		Yeslow	Yeslok
ested eye wash station	Semi-annual	Yes / No	NO	100	Yeslok	Yeslok	Yeslok
ested fire extinguisher	Yearly	Yes / No	110		20	NO	NO
eplenished first aid kit supplies	After use	Yes / No	1/0	NO	200	NO	NO
ested the backflow preventer	Yearly	Yes / No		110	NO	NO	NO
eported backflow preventer test results to Latham		1037140	NO	NO	NO	NO	nx
ater district	Yearly	Yes / No	100	NO	No	2020	100
omments: Note Treatment System Equipment and B	11 11	A CONTRACTOR OF THE PARTY OF TH				No	NO
ate 3921 System Running on Arr	stem Ru	Ke Sys inning Ke Sus	item Rea	Names T	01 GDD	A	
Kondeparture, lake	System	1 Sam	ples an	a delive	erto la	0, 5454	em Rum
enterm System Mein L System	Ruming	ok o	n depor	795, Top	off Ac,	d Borre	and
to sop sin Hare barren, system	m Runnin	ng ox/	on dep	arture.	101 (01 11)	Jysicm.	Meint
nate 3/19/21 System Running on Armand Perform System Meint. Sy	ove to	Re Si	1slem k	readings,	Top of	P Pkid	Barrel

Month March PERFECTION PLA	ATING	Treatmer	nt System O	perational /	Inspection C	hecklist	
Item Description	Required Frequency	Unit	3/23/21	1 2/2// E	ate of Inspect	ion	
Effluent sample collected	Weekly	Yes / No		3/26/21	3/21/20		
Influent sample collected	Monthly	Yes / No	NO	NO	NB		
Flow Rate (gallons per minute)	Weekly		NO	NO	125		
otal Volume Treated (gallons)	Weekly	gpm gal	3.61	3,40	3,41		
Effluent pH	Weekly	SI	706480	172016	740788		
Specific conductivity reading (milliseconds/centimeter)	Mookly	100 - 1000	6.92	6.20	1.27		
Performed required equipment maintenance (Note below	As per Manf	Voc./No	~	-	_		
vote spare parts of supplies needed	Weekly	Yes / No	Yes	195	Yes		
Second ion exchange drum effluent sample collected	Monthly		Yes	Ves	Yea		
Empty Sump pump	Weekly	Yes / No	No	16	NO		
Replace ion removal filter fabric and filter sludge	Ac mandad	Yes / No	NO	nn	NO		
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	1/6	NO	200		
Inspected catch basin for sediment	As needed	Yes / No	100	100	120		
Inspected collection sump and record condition		Yes / No	Yeslok	JESLOK.	YEG16V		
Tested eye wash station	Monthly	Yes / No	Yes loi2	YESTOK	YEDLOK		
Tested fire extinguisher	Semi-annual	Yes / No	no	120	noo		
Replenished first aid kit supplies	Yearly	Yes / No	NO	nn	WO		
Tested the backflow preventer	After use	Yes / No	NO	108	11/0		
Reported healtflow preventer	Yearly	Yes / No	(Ne)	100			-
Reported backflow preventer test results to Latham Water district	100				no		
vvaler district	Yearly	Yes / No	No	100	NO		
Comments: Note Treatment System Equipment and I	Building Cond		5	FZ		La compare on the control of the con	
Date 3/23/21 System Running on 17 and Perform System Running on 17 Date 3/26/21 System Running on 19 Change Front Riter Performed	system	ake Si	stem Rent Syst	em Runn	poff A	eid Barn	eland fore.
Date J/30/21 System Running on Air and Perform System Maint:	nvel to System	g Ke Sy Pump	stem Red	n deper	op off i	9c, C Ba	rre 1
Date							
	ers.	•)	-				

Page 1 of 9

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

Date: 1-20-21

Division of Environm Site Location: 911			partment of vironmental servation		Superinten		
	Weath	er Conditions					
General Description	Cloudy/Flu	rries AM		PM	Consultant		
Temperature	32°F	AM		2.2.2.2.1.1	Consultant	Site Inspec	ctors:
Wind	No	AM		PM			
Health & Safety	-111 (0)			141. 0	Cofety C		,
If any box below is Were there any change			nation under Thea	ith &	*Yes	NO	NA
The state of the s		The life for the contract of t	and the first date	- 0	137,432		
Were there any exceed			* · · · · · · · · · · · · · · · · · · ·	97	*Yes	(No.	NA
Were there any nuisan		rted/observed on this	date?		*Yes	(No)	NA
Health & Safety Co	mments						
Summary of Work I	Performed	Arrived at site:	0800	De	parted Site	e:	30
If any box below is	checked "Ye				racking C	-	
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 placard	ds?		Comments No No No	s".
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 placard	ds?	*Yes * Yes	No No	(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 ipment	t display proper D.O.T not tarped? not decontaminated pr	numbers and placard	ds?	*Yes * Yes * Yes	No No No	(NA) NA)
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	numbers and placard	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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 placard	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
If any box below is 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	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N
Evan Consolati	checked "Ye es which did not es which were n es which were n ipment	display proper D.O.T not tarped? not decontaminated pr Company	rior to exiting the work	ds? site?	*Yes * Yes * Yes	No No No	NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'NA'N



DAILY INSPECTION REPORT

Page 8 of 9

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 1-20-21

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 X	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:		
		- N

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🏿
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🛚
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No X
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. 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:		



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

Site Location: 911	11 th Street,	Watervliet, NY			Superintende NYSDEC PM		
	Weath	er Conditions					
General Description	Cloudy	AM		PM	Consultant Pl		
Temperature	30° F	AM		PM	Consultant Si	te Inspe	ectors:
Wind	No	AM		PM			
Health & Safety If any box below is	checked "Ye	es", provide expla	nation under "I	Health	& Safety Com	ments	".
Were there any change					*Yes	No	NA
Were there any exceed				date?	*Yes	No	NA NA
Were there any nuisand	ce issues report	ted/observed on this	date?		*Yes	No) NA
Summary of Work F	Performed	Arrived at site:	8:30 A	M C	eparted Site:	112	;00
f any box below is	checked "Ye			222			-
If any box below is a Were there any vehicle. Were there any vehicle.	checked "Yes s which did not s which were no	display proper D.O. ot tarped?	T numbers and pla	cards?	*Yes * Yes	No No	NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle.	checked "Yes s which did not s which were no s which were no	display proper D.O. ot tarped?	T numbers and pla	cards?	*Yes * Yes	No	NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle.	checked "Yes s which did not s which were no s which were no	display proper D.O. ot tarped?	T numbers and pla	cards?	*Yes * Yes	No No	NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes s which did not s which were no s which were no pment	display proper D.O. ot tarped?	T numbers and pla	cards? vork site	*Yes * Yes	No No No	NA NA
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi	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 pla	cards? vork site	*Yes *Yes ? *Yes	No No No	NA NA NA
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
If any box below is a Were there any vehicle. Were there any vehicle. Were there any vehicle. Personnel and Equi 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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours
Evan Consolati	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 pla	cards? vork site T	*Yes *Yes ? *Yes	No No No	NA NA NA NA Total Hours



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,			
-	,		

Page **8** of **9**

DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: / つねん み/

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 X
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No À
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 □
Comm	ents:		



Report No. Perfection Plating - NYSDEC Site No. 401037 Date: 3-5-2/

NYSDEC Division of Environme	ental Remedia	tion New YORK	Department of Environmental Conservation		NYSDEC C D011107 Superintender		t No.
Site Location: 911	11th Street, V	Watervliet, N	Υ		NYSDEC PM:	it.	
	Weathe	r Conditions			Consultant PM		
General Description	Cloudy	AM		PM			
Temperature		AM		PM	Consultant Site	e Inspec	tors:
Wind	12 mph	AM		PM			
Health & Safety If any box below is	checked "Yes	s", provide ex	olanation under '	'Health 8	Safety Com	ments"	
Were there any change	es to the Health	& Safety Plan?			*Yes	(Ng)	NA
Were there any exceed	lances of the per	rimeter air monito	ring reported on this	s date?	*Yes	No	NA
Were there any nuisand	ce issues reporte	ed/observed on th	nis date?		*Yes (No)	NA
Health & Safety Cor	nments						
Summary of Work F	Performed	Arrived at site	e: 0400	De	eparted Site:	113	5
Equipment/Material If any box below is Were there any vehicles	checked "Yes s which did not o	display proper D.			*Yes	nments No	".
Were there any vehicle					* Yes	No	NA
Were there any vehicle	s which were no	t decontaminated	I prior to exiting the	work site?	* Yes	No	(NA)
Personnel and Equi	pment						
Individuaļ		Compa	iny		ade	To	
Fron Consolat	1	Aztech		Tech		3	tal Hours
Steve lemien	X	Azkula		Teals		2.	5
						-	5 5
							tal Hours

Perfection Plating - NYSDEC Site No. 401037

Date: 2-5-21

DAILY HEALTH CHECKLIST

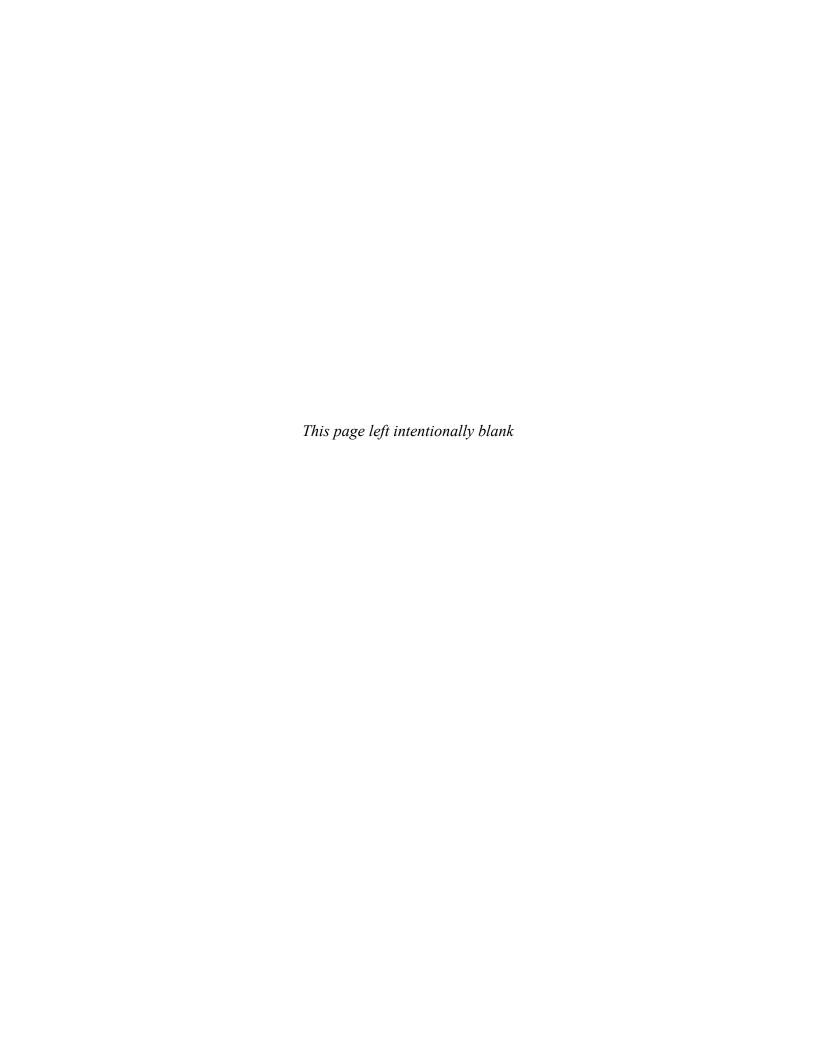
Is social distancing being practiced?	Yes	No □
Is the tail gate safety meeting held outdoors?	Yes A	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes X	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗶	No □
Are sanitizing 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 □	№ №
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🔀
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🍇
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No X
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 X
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:		

Appendix B

Treatment System Laboratory Analytical Data



ANALYTICAL REPORT

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

Laboratory Job ID: 480-180132-1

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: 1/21/2021 3:29:42 PM

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

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www.eurofinsus.com/Env

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

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

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Judy Stone

Senior Project Manager 1/21/2021 3:29:42 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.

Page 2 of 12

Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-180132-1

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Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-180132-1

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.

Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample

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

DL, RA, RE, IN

DLC

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)

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

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

Decision Level 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)

Reporting Limit or Requested Limit (Radiochemistry) RL

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

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

TNTC Too Numerous To Count

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-180132-1

Job ID: 480-180132-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-180132-1

Receipt

The samples were received on 1/13/2021 11:00 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.6° C.

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 samples were received with less than 2 days remaining on the holding time or less than one shift (8 hours) remaining on a test with a holding time of 48 hours or less. As such, the laboratory had insufficient time remaining to perform the analysis within holding time: Influent (480-180132-1) and Effluent (480-180132-2).

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

Project/Site: Perfection Plating #401037

Client Sample ID: Influent

Client: New York State D.E.C.

Date Collected: 01/12/21 10:30 Date Received: 01/13/21 11:00

Lab Sample ID: 480-180132-1

01/19/21 18:48

Analyzed

01/14/21 17:10

Dil Fac

01/18/21 22:58

Prepared

D

Matrix: Water

Method: 200.7 Rev 4.4 - Meta	Is (ICP)								
Analyte	Result (Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND ND		0.015	0.0056	mg/L		01/14/21 10:45	01/15/21 01:44	1
Cadmium	ND		0.0020	0.00050	mg/L		01/14/21 10:45	01/15/21 01:44	1
Chromium	0.58		0.0040	0.0010	mg/L		01/14/21 10:45	01/15/21 01:44	1
Copper	ND		0.010	0.0016	mg/L		01/14/21 10:45	01/15/21 01:44	1
Iron	ND		0.050	0.019	mg/L		01/14/21 10:45	01/15/21 01:44	1
Lead	ND		0.010	0.0030	mg/L		01/14/21 10:45	01/15/21 01:44	1
Nickel	0.0059	J	0.010	0.0013	mg/L		01/14/21 10:45	01/15/21 01:44	1
Selenium	ND		0.025	0.0087	mg/L		01/14/21 10:45	01/15/21 01:44	1
Zinc	0.0050	J	0.010	0.0015	mg/L		01/14/21 10:45	01/15/21 01:44	1
- General Chemistry									
Analyte	Result (Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.57 H	H H3	0.050	0.025	mg/L			01/13/21 12:50	5

Client Sample ID: Effluent Lab Sample ID: 480-180132-2

0.010

RL

4.0

0.016

ND

Result Qualifier

0.0050 mg/L

RL Unit

4.0 mg/L

Date Collected: 01/12/21 10:20 Matrix: Water

Date Received: 01/13/21 11:00

Cyanide, Non-amenable

Total Suspended Solids

Method: 200.7 Rev 4.4 - Metals Analyte	• •	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		01/14/21 10:45	01/15/21 01:58	1
Cadmium	ND		0.0020	0.00050	mg/L		01/14/21 10:45	01/15/21 01:58	1
Chromium	0.19		0.0040	0.0010	mg/L		01/14/21 10:45	01/15/21 01:58	1
Copper	ND		0.010	0.0016	mg/L		01/14/21 10:45	01/15/21 01:58	1
Iron	ND		0.050	0.019	mg/L		01/14/21 10:45	01/15/21 01:58	1
Lead	ND		0.010	0.0030	mg/L		01/14/21 10:45	01/15/21 01:58	1
Nickel	0.0067	J	0.010	0.0013	mg/L		01/14/21 10:45	01/15/21 01:58	1
Selenium	ND		0.025	0.0087	mg/L		01/14/21 10:45	01/15/21 01:58	1
Zinc	0.0038	J	0.010	0.0015	mg/L		01/14/21 10:45	01/15/21 01:58	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.0094	J H H3	0.010	0.0050	mg/L			01/13/21 12:50	1
Cyanide, Non-amenable	ND		0.010	0.0050	mg/L		01/18/21 22:58	01/19/21 18:49	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			01/14/21 17:10	1

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-180132-1

Project/Site: Perfection Plating #401037

Client Sample ID: Influent

Lab Sample ID: 480-180132-1 Date Collected: 01/12/21 10:30

Matrix: Water

Date Received: 01/13/21 11:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			566083	01/14/21 10:45	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	566249	01/15/21 01:44	AMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	566185	01/14/21 17:10	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		5	566022	01/13/21 12:50	CRK	TAL BUF
Total/NA	Prep	SM 4500 CN C			566484	01/18/21 22:58	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	566667	01/19/21 18:48	DLG	TAL BUF

Client Sample ID: Effluent

Lab Sample ID: 480-180132-2 Date Collected: 01/12/21 10:20

Matrix: Water

Date Received: 01/13/21 11:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			566083	01/14/21 10:45	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	566249	01/15/21 01:58	AMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	566185	01/14/21 17:10	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	566022	01/13/21 12:50	CRK	TAL BUF
Total/NA	Prep	SM 4500 CN C			566484	01/18/21 22:58	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	566636	01/19/21 18:49	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: 480-180132-1

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	gram	Identification Number	Expiration Date	
New York		_AP	10026	04-01-21	
The following analytes the agency does not of		the laboratory is not certif	ied by the governing authority. This list ma	ay include analytes for whic	
,		the laboratory is not certif Matrix	ied by the governing authority. This list ma	ay include analytes for whic	

Eurofins TestAmerica, Buffalo

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Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-180132-1

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

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Eurofins TestAmerica, Buffalo

Sample Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-180132-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Ass
480-180132-1	Influent	Water	01/12/21 10:30	01/13/21 11:00	
480-180132-2	Effluent	Water	01/12/21 10:20	01/13/21 11:00	

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M - Hexane
N - None
O - AsnaO2
P - Na2O4S
Q - Na2SO3
R - Na2SO3
S - L7SO4
T - TSP Dodecahydrate Special Instructions/Note: Z - other (specify) EETA V - MCAA W - pH 4-5 U - Acetone Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

Return To Client Disposal By Lab Archive For Mon COC No: 480-145920-29001.1 Preservation Codes: H - Ascorbic Acid 480-180132 Chall of Custody Page: Page 1 of 1 Job#: A - HCL
B - NaOH
C - Zn Acetate
D - Nitric Acid
E - NaHSO4
F - MeOH J - Di Water K - EDTA L - EDA 5 Total Number of containers 1-12.2021 Aethod of Shipment State of Origin: Analysis Requested Sooler Temperature(s) °C and Other Remarks: Special Instructions/QC Requirements: E-Mail: Judy.Stone@Eurofinset.com 3500_CR_B - Cr+6 d by: 200 CN G - CN Non-amenable X 200.7 - (MOD) Copy Analytes Stone, Judy L erform MS/MSD (Yes or No) 29 bella Company FFTA Preservation Code: Water Matrix Water ompany Radiological Type (C=comp, G=grab) Sample 30% Sabe oN ∆ 10:30 Δ Yes Sample Time Unknown Date: 1-12-2671 Date/Time: Phone: 478 TAT Requested (days): Compliance Project: PO #: Callout ID: 136401 Due Date Requested: Sampler: X Sample Date 1/12/21 13/21 1/18/21 Date/Time: Project #: 48019790 SSOW#: WO#: Poison B Skin Irritant Deliverable Requested: I, II, III, IV, Other (specify) Custody Seal No. Possible Hazard Identification Jane 1 Project Name: Perfection Plating #401037 Empty Kit Relinquished by Custody Seals Intact:

Δ Yes Δ No Aztech Technologies Inc atalbot@aztechenv.com Client Information Sample Identification 5 McCrea Hill Road 518-597-1241(Tel) Andrew Talbot City: Ballston Spa 3 NY, 12020 Influent **Effluent**

Environment Testing

eurofins |

Albany

#224

Chain of Custody Record

Eurofins TestAmerica, Buffalo

10 Hazelwood Drive

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

Client: New York State D.E.C.

Job Number: 480-180132-1

List Source: Eurofins TestAmerica, Buffalo

Login Number: 180132

List Number: 1

Appropriate sample containers are used.

Sample bottles are completely filled.

Sample Preservation Verified

Chlorine Residual checked.

Creator: Sabuda, Brendan D		
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	2.6 #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)	False	HEX recieved out of holding time
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	

MS/MSDs VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter. If necessary, staff have been informed of any short hold time or quick TAT needs Multiphasic samples are not present. Samples do not require splitting or compositing.

There is sufficient vol. for all requested analyses, incl. any requested

Samples requiring field filtration have been filtered in the field.

True Sampling Company provided. True Samples received within 48 hours of sampling. True

N/A

True

True

True

True

N/A

True

True

N/A

Eurofins TestAmerica, Buffalo



Environment Testing America

ANALYTICAL REPORT

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

Laboratory Job ID: 480-180562-1

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: 1/28/2021 8:42:54 AM

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

Judy.Stone@Eurofinset.com

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

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

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

Judy Stone

Senior Project Manager

1/28/2021 8:42:54 AM

Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-180562-1

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Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-180562-1

Project/Site: Perfection Plating #401037

Qualifiers

General Chemistry

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

Glossarv

LOD

LOQ

MCL MDA

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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)

MDC Minimum Detectable Concentration (Radiochemistry) MDL Method Detection Limit MLMinimum Level (Dioxin) MPN

Most Probable Number MQL Method Quantitation Limit

Not Calculated NC

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

Limit of Detection (DoD/DOE)

Limit of Quantitation (DoD/DOE)

EPA recommended "Maximum Contaminant Level"

Minimum Detectable Activity (Radiochemistry)

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

PRES Presumptive QC **Quality Control**

Relative Error Ratio (Radiochemistry) RER

RL Reporting Limit or Requested Limit (Radiochemistry)

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

TEF Toxicity Equivalent Factor (Dioxin) TEQ Toxicity Equivalent Quotient (Dioxin)

TNTC Too Numerous To Count

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-180562-1

Job ID: 480-180562-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-180562-1

Receipt

The samples were received on 1/27/2021 11:00 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.1° C.

General Chemistry

Method SM 3500 CR B: The following samples were received with insufficient time left in hold to login and analyze; these samples were analysed outside of holding time: INFLUENT (480-180562-1) and EFFLUENT (480-180562-2).

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

Client Sample Results

Client: New York State D.E.C. Job ID: 480-180562-1

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT Lab Sample ID: 480-180562-1

Matrix: Water

Date Collected: 01/26/21 11:30 Date Received: 01/27/21 11:00

General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.57	Н	0.050	0.025	mg/L			01/27/21 13:30	5

Client Sample ID: EFFLUENT Lab Sample ID: 480-180562-2

Date Collected: 01/26/21 11:30 Date Received: 01/27/21 11:00

General Chemistry							
Analyte	Result Qualifier	RL	MDL Unit	D	Prepared	Analyzed	Dil Fac
Chromium hovavalent	0.0086 11	0.010	0.0050 mg/l			01/27/21 13:30	

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Matrix: Water

8

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Lab Chronicle

Client: New York State D.E.C. Job ID: 480-180562-1

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Lab Sample ID: 480-180562-1 Date Collected: 01/26/21 11:30

Matrix: Water

Date Received: 01/27/21 11:00

Batch Batch Dilution Batch Prepared Prep Type Туре Method Run Factor Number or Analyzed Analyst Lab Total/NA SM 3500 CR B 567486 01/27/21 13:30 KEB TAL BUF Analysis 5

Lab Sample ID: 480-180562-2 **Client Sample ID: EFFLUENT**

Date Collected: 01/26/21 11:30 **Matrix: Water**

Date Received: 01/27/21 11:00

Batch Batch Dilution Batch Prepared Prep Type Туре Method Factor Number or Analyzed Analyst Lab Run Total/NA SM 3500 CR B 567486 01/27/21 13:30 KEB TAL BUF Analysis

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: 480-180562-1

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	03-31-21

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Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-180562-1

Method	Method Description	Protocol	Laboratory
SM 3500 CR B	Chromium, Hexavalent	SM	TAL BUF

Protocol References:

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: 480-180562-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-180562-1	INFLUENT	Water	01/26/21 11:30	01/27/21 11:00	
480-180562-2	EFFLUENT	Water	01/26/21 11:30	01/27/21 11:00	

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10 Hazelwood Drive Amherst, NY 14228-2298 Phone: 716-691-2600 Fax: 716-691-7991		in of Custo	Chain of Custody Record		eurofins Environment Testing America	4
Client Information	Samplen	Runs	Lab PM: Stone Tudy I	Carrier Tracking No(s):	COC No:	
Client Contact: Andrew Talbot	3	17886	E-Mail:	State of Origin:	480-156415-32235.1 Page:	T
Company: Aztech Technologies Inc		S _W	Journ Sell Com		Page 1 of 1 Job#:	T
Adress: 5 McCrea Hill Road	Due Date Requested:		Analysis Requested	quested	Preservation Codes:	
City Ballston Spa	TAT Requested (days):					
State, ZIP: NY, 12020	Compliance Project: A Yes	es A No			C - Zn Acetate O - AsnaO2 D - Nitric Acid P - Na2O4S F - NaHSO4	
Frome: 518-597-1241(Tel)	Po #: Callout ID: 136401					
Email: atalbot@LaBellaPC.com	,#OM				T - TSP Dodecahydrate U - Acetone	
Project Name: Perfection Plating #401037	Project #: 48019790				V - MCAA W - pH 4-5 Z - other (specify)	
Profection plating Cit	SSOW#:		9+ 9+	MINIMUM MINIMU		
			Matrix Matrix Marking	, qui		T
Sample Identification	Sample Date Time	(C=comp,	i4 blei mone	nN le3		
	$\langle A \rangle$	Preserva		01 X	Special Instructions/Note:	(8)
	1/20/21 1130		Water \sum			
Effluent 11	1/20/21 1130	9	water ∂\∂\ X		10 2 a 10	T
of 1						
2						T
			1			
)			T
p+0						
		<i>-</i>				
		6-1	(0-1)			
			b)			
Possible Hazard Identification			Salar Signature		/	
Non-Hazard Flammable Skin Irritant Deliverable Requested: 1.11 III. VI. Obbox (conciled)	Poison B 🖾 Unknown	Radiologica!	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) Return To Client	assessed if samples are retain Disposal By Lab	tained longer than 1 month) Archive For	
Control and Control (Specify)			Special Instructions/QC Requirements			T
Empty Kit Kelinquished by: Relinquished by:	Date:	,	Time:	Method of Shipment:		T
Relinguished by:	Date Time	300		1 4	2021 1200 Company	T
100		37	Company Received by Company Received by Company		Company 3	
Custody Seals Intact: Custody Seal No. 1917	6		S. S	Date/ i me:	Сотрапу	
_	700			A.	1.01	

Client: New York State D.E.C. Job Number: 480-180562-1

Login Number: 180562 List Source: Eurofins TestAmerica, Buffalo

List Number: 1

Creator: Wallace, Cameron

Question	Answer	Comment
Radioactivity either was not measured or, if measured, is at or below	True	
background The control of the contro	T	
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	

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ANALYTICAL REPORT

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

Laboratory Job ID: 480-181362-1

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: 3/5/2021 3:17:32 PM

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

Judy.Stone@Eurofinset.com

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

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

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

Judy Stone Senior Project Manager 3/5/2021 3:17:32 PM

Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-181362-1

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Method Summary	9
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Chain of Custody	11
Receipt Checklists	12

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Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-181362-1

Project/Site: Perfection Plating #401037

Qualifiers

Metals

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

General Chemistry

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

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
--------------	---

Listed under the "D" column to designate that the result is reported on a dry weight basis

%R Percent Recovery
CFL Contains Free Liquid
CFU Colony Forming Unit
CNF Contains No Free Liquid

DER Duplicate Error Ratio (normalized absolute difference)

Dil Fac Dilution Factor

DL Detection Limit (DoD/DOE)

DL, RA, RE, IN Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample

DLC Decision Level Concentration (Radiochemistry)

EDL Estimated Detection Limit (Dioxin)

LOD Limit of Detection (DoD/DOE)

LOQ Limit of Quantitation (DoD/DOE)

MCL EPA recommended "Maximum Contaminant Level"

MDA Minimum Detectable Activity (Radiochemistry)

MDC Minimum Detectable Concentration (Radiochemistry)

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

NC Not Calculated

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

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

PRES Presumptive
QC Quality Control

RER Relative Error Ratio (Radiochemistry)

RL Reporting Limit or Requested Limit (Radiochemistry)

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

TEF Toxicity Equivalent Factor (Dioxin)
TEQ Toxicity Equivalent Quotient (Dioxin)

TNTC Too Numerous To Count

Eurofins TestAmerica, Buffalo

Page 4 of 12

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Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181362-1

Job ID: 480-181362-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-181362-1

Receipt

The samples were received on 2/24/2021 11:20 AM. Unless otherwise noted below, the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.7° 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

Lab Sample ID: 480-181362-1 Date Collected: 02/23/21 11:40

Matrix: Water

Analyzed

02/24/21 15:20

Dil Fac

Date Received: 02/24/21 11:20

Method: 200.7 Rev 4.4 - Metals	(ICP)							
Analyte	Result Q	Qualifier RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND ND	0.015	0.0056	mg/L		02/25/21 10:55	02/25/21 18:24	1
Cadmium	ND	0.0020	0.00050	mg/L		02/25/21 10:55	02/25/21 18:24	1
Chromium	0.20	0.0040	0.0010	mg/L		02/25/21 10:55	02/25/21 18:24	1
Copper	0.0026 J	0.010	0.0016	mg/L		02/25/21 10:55	02/25/21 18:24	1
Iron	0.037 J	0.050	0.019	mg/L		02/25/21 10:55	02/25/21 18:24	1
Lead	ND	0.010	0.0030	mg/L		02/25/21 10:55	02/25/21 18:24	1
Nickel	0.0054 J	0.010	0.0013	mg/L		02/25/21 10:55	02/25/21 18:24	1
Selenium	ND	0.025	0.0087	mg/L		02/25/21 10:55	02/25/21 18:24	1
Zinc	0.0052 J	0.010	0.0015	mg/L		02/25/21 10:55	02/25/21 18:24	1
General Chemistry								
Analyte	Result Q	Qualifier RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.20	0.010	0.0050	mg/L			02/24/21 11:25	1
Cyanide, Non-amenable	0.0093 J	0.010	0.0050	mg/L		03/02/21 21:41	03/03/21 19:00	1

Client Sample ID: EFFLUENT Lab Sample ID: 480-181362-2

Result Qualifier

5.2

Date Collected: 02/23/21 11:30 **Matrix: Water**

RL

4.0

RL Unit

4.0 mg/L

D

Prepared

Date Received: 02/24/21 11:20

Total Suspended Solids

Analyte

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		02/25/21 10:55	02/25/21 18:28	1
Cadmium	ND		0.0020	0.00050	mg/L		02/25/21 10:55	02/25/21 18:28	1
Chromium	0.18		0.0040	0.0010	mg/L		02/25/21 10:55	02/25/21 18:28	1
Copper	ND		0.010	0.0016	mg/L		02/25/21 10:55	02/25/21 18:28	1
Iron	ND		0.050	0.019	mg/L		02/25/21 10:55	02/25/21 18:28	1
Lead	ND		0.010	0.0030	mg/L		02/25/21 10:55	02/25/21 18:28	1
Nickel	0.0065	J	0.010	0.0013	mg/L		02/25/21 10:55	02/25/21 18:28	1
Selenium	ND		0.025	0.0087	mg/L		02/25/21 10:55	02/25/21 18:28	1
Zinc	0.0032	J	0.010	0.0015	mg/L		02/25/21 10:55	02/25/21 18:28	1

General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	MD		0.010	0.0050	mg/L			02/24/21 11:25	1
Cyanide, Non-amenable	ND		0.010	0.0050	mg/L		03/02/21 21:41	03/03/21 19:01	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			02/24/21 15:20	1

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-181362-1

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Lab Sample ID: 480-181362-1 Date Collected: 02/23/21 11:40

Matrix: Water

Date Received: 02/24/21 11:20

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			570541	02/25/21 10:55	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	570687	02/25/21 18:24	AMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	570473	02/24/21 15:20	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	570464	02/24/21 11:25	SRA	TAL BUF
Total/NA	Prep	SM 4500 CN C			571094	03/02/21 21:41	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	571255	03/03/21 19:00	ALT	TAL BUF

Client Sample ID: EFFLUENT

Lab Sample ID: 480-181362-2 Date Collected: 02/23/21 11:30

Matrix: Water

Date Received: 02/24/21 11:20

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			570541	02/25/21 10:55	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	570687	02/25/21 18:28	AMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	570473	02/24/21 15:20	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	570464	02/24/21 11:25	SRA	TAL BUF
Total/NA	Prep	SM 4500 CN C			571094	03/02/21 21:41	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	571255	03/03/21 19:01	ALT	TAL BUF

Laboratory References:

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

3/5/2021

Accreditation/Certification Summary

Client: New York State D.E.C. Job ID: 480-181362-1

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	Pr	ogram	Identification Number	Expiration Date
New York	NE	ELAP	10026	03-31-21
The following analytes	are included in this report hi	it the laboratory is not cortifi	ed by the governing authority. This list ma	and the state of t
the agency does not of	•	it the laboratory is not certifi	ed by the governing additionty. This list his	ay include analytes for which
• •	•	Matrix	Analyte	ay include analytes for which

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Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181362-1

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

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Sample Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181362-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-181362-1	INFLUENT	Water	02/23/21 11:40	02/24/21 11:20	
480-181362-2	EFFLUENT	Water	02/23/21 11:30	02/24/21 11:20	

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	Sampler	l ab pM:		
Client Information	Frank Cabe	Judy L	direct tracking NO(s).	COC No: 480-145919-29001 1
Andrew Talbot	S18-470-0435	urofinset.com	State of Origin:	Page:
Company:				Page 1 or 1
Aztecii reciiiologies inc Address:		Analysis Requested	lested	
5 McCrea Hill Road	Due Date Requested:			Preservation Codes:
City: Ballston Spa	TAT Requested (days):			
State, Zip: NY, 12020	Compliance Project: A Yes A No			C - Zn Acetate O - AsNaO2 D - Nitric Acid P - Na2O4S E - NaHSO4
Phone: 518-597-1241(Tel)	PO#: Callout ID: 136401			
Email: atalbot@aztechenv.com	WO#:	(0)		Acid
Project Name: Perfection Plating #401037	Project #: 48019790	s or N	Siners	L - EDA Z - other (specify)
Site:	SSOW#:	enA yqq	f conts	
Sample Identification	Sample Type Sample (C=comp, c-sample Date Time G=crah)	Matrix (Wavetic (Wave	оғаן Иитрег с	
	Preserva	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.1	Special Instructions/Note:
Influent	2/23/21 11:40 C	> > > > > > > > > > > > > > > > > > >		
Effluent	11:30	< × ×		
)	480-181362	480-181362 Chain of Custody
	1			
	2	707		
aut aut	Poison B Unknown Radiological	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)	sessed if samples are retaine	ed longer than 1 month)
, III, IV, Other (specify)		Requirem	oosal By Lab	Archive For Months
Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:	
Kelindushed by: Religioushed by:	2/35/2/ 12/08 Co	5	Date/Time:	Manual 807 100
Relinquished by:	0051 1500	Company Received by: RESTA Received by: Received by: Received by:	2	(2/11/20 Company
Custody Seals Infact: Custody Seal No			Date/Time:	Company
A Yes A No		Cooler Temperature(s) °C and Other Remarks:	arks: 27 f	丰 Jc E
				- 1

**** Eurofins**Environment Testing

America

Albany

Chain of Custody Record

Eurofins TestAmerica, Buffalo

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

Client: New York State D.E.C. Job Number: 480-181362-1

Login Number: 181362 List Source: Eurofins TestAmerica, Buffalo

List Number: 1 Creator: Kolb, Chris M

Radioactivity either was not measured or, if measured, is at or below background The cooler's custody seal, if present, is intact. The cooler or samples do not appear to have been compromised or tampered with. Samples were received on ice. Cooler Temperature is acceptable.	nment
background The cooler's custody seal, if present, is intact. True The cooler or samples do not appear to have been compromised or tampered with. Samples were received on ice. True	
The cooler or samples do not appear to have been compromised or tampered with. Samples were received on ice. True	
tampered with. Samples were received on ice. True	
P. C.	
Cooler Temperature is acceptable.	
·	
Cooler Temperature is recorded. True	
COC is present. True	
COC is filled out in ink and legible.	
COC is filled out with all pertinent information.	
Is the Field Sampler's name present on COC?	
There are no discrepancies between the sample IDs on the containers and the COC.	
Samples are received within Holding Time (Excluding tests with immediate True refer to HTs)	to ncm
Sample containers have legible labels. True	
Containers are not broken or leaking.	
Sample collection date/times are provided.	
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 N/A diameter.	
If necessary, staff have been informed of any short hold time or quick TAT True needs	
Multiphasic samples are not present. True	
Samples do not require splitting or compositing.	
Sampling Company provided. True labella	lla
Samples received within 48 hours of sampling.	
Samples requiring field filtration have been filtered in the field. True	
Chlorine Residual checked. N/A	

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Environment Testing America

ANALYTICAL REPORT

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

Laboratory Job ID: 480-181888-1

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: 3/19/2021 7:13:12 PM

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

Judy.Stone@Eurofinset.com

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

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

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

Judy Stone Senior Project Manager 3/19/2021 7:13:12 PM Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-181888-1

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Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-181888-1

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
Н	Sample was prepped or analyzed beyond the specified holding time
H3	Sample was received and analyzed past holding time.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor

Detection Limit (DoD/DOE) DL, RA, RE, IN

Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample

Decision Level Concentration (Radiochemistry) DLC

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

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

Not Calculated NC

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

NEG Negative / Absent Positive / Present POS

PQL **Practical Quantitation Limit**

PRES Presumptive QC **Quality Control**

RER Relative Error Ratio (Radiochemistry)

Reporting Limit or Requested Limit (Radiochemistry)

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

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

Too Numerous To Count **TNTC**

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181888-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-181888-1

Receipt

The samples were received on 3/10/2021 12:00 PM. Unless otherwise noted below, the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.0° C.

Receipt Exceptions

Method SM 3500 CR B: Samples were received outside of holding time: INFLUENT (480-181888-1) and EFFLUENT (480-181888-2)

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: 480-181888-1

Eurofins TestAmerica, Buffalo

Page 5 of 12

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

Client Sample ID: INFLUENT

Date Collected: 03/09/21 11:30

Date Received: 03/10/21 12:00

Lab Sample ID: 480-181888-1

Matrix: Water

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		03/15/21 10:40	03/15/21 20:48	1
Cadmium	ND		0.0020	0.00050	mg/L		03/15/21 10:40	03/15/21 20:48	1
Chromium	0.59		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 20:48	1
Copper	0.0019	J	0.010	0.0016	mg/L		03/15/21 10:40	03/15/21 20:48	1
Iron	0.019	J	0.050	0.019	mg/L		03/15/21 10:40	03/15/21 20:48	1
Lead	ND		0.010	0.0030	mg/L		03/15/21 10:40	03/15/21 20:48	1
Nickel	0.0080	J	0.010	0.0013	mg/L		03/15/21 10:40	03/15/21 20:48	1
Selenium	ND		0.025	0.0087	mg/L		03/15/21 10:40	03/15/21 20:48	1
Zinc	0.0058	J	0.010	0.0015	mg/L		03/15/21 10:40	03/15/21 20:48	1

General Chemistry Analyte Result Qualifier RL MDL Unit D Analyzed Dil Fac Prepared 0.010 03/11/21 08:20 0.10 H H3 0.0050 mg/L Chromium, hexavalent 0.010 0.0050 mg/L 03/17/21 19:47 03/18/21 16:09 Cyanide, Non-amenable 0.012 Analyte Result Qualifier RL Unit RLD Prepared Analyzed Dil Fac **Total Suspended Solids** 6.4 4.0 4.0 mg/L 03/11/21 16:08

Client Sample ID: EFFLUENT

Date Collected: 03/09/21 11:20

Date Received: 03/10/21 12:00

Lab Sample	ID:	480-181888-2
------------	-----	--------------

Matrix: Water

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		03/15/21 10:40	03/15/21 21:07	1
Cadmium	ND		0.0020	0.00050	mg/L		03/15/21 10:40	03/15/21 21:07	1
Chromium	0.24		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:07	1
Copper	ND		0.010	0.0016	mg/L		03/15/21 10:40	03/15/21 21:07	1
Iron	0.044	J	0.050	0.019	mg/L		03/15/21 10:40	03/15/21 21:07	1
Lead	ND		0.010	0.0030	mg/L		03/15/21 10:40	03/15/21 21:07	1
Nickel	0.0093	J	0.010	0.0013	mg/L		03/15/21 10:40	03/15/21 21:07	1
Selenium	ND		0.025	0.0087	mg/L		03/15/21 10:40	03/15/21 21:07	1
Zinc	0.0048	J	0.010	0.0015	mg/L		03/15/21 10:40	03/15/21 21:07	1
General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND	H H3	0.010	0.0050	mg/L			03/11/21 08:20	1
Cyanide, Non-amenable	0.11		0.010	0.0050	mg/L		03/17/21 19:47	03/18/21 16:10	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	ND		4.0	4.0	mg/L			03/11/21 16:08	1

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-181888-1

Project/Site: Perfection Plating #401037

Client Sample ID: INFLUENT

Lab Sample ID: 480-181888-1 Date Collected: 03/09/21 11:30

Matrix: Water

Date Received: 03/10/21 12:00

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 20:48	AMH	TAL BUF
Total/NA	Analysis	SM 2540D		1	572228	03/11/21 16:08	CSS	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572207	03/11/21 08:20	KEB	TAL BUF
Total/NA	Prep	SM 4500 CN C			572912	03/17/21 19:47	ALT	TAL BUF
Total/NA	Analysis	SM 4500 CN G		1	573054	03/18/21 16:09	ALT	TAL BUF

Client Sample ID: EFFLUENT

Lab Sample ID: 480-181888-2 Date Collected: 03/09/21 11:20

Matrix: Water

Date Received: 03/10/21 12:00

Batch Batch Dilution Batch Prepared Prep Type Туре Method Run Factor Number or Analyzed Analyst Lab 200.7 572119 03/15/21 10:40 ADM TAL BUF Total/NA Prep Total/NA 200.7 Rev 4.4 572660 03/15/21 21:07 TAL BUF Analysis 1 AMH Total/NA Analysis SM 2540D 572228 03/11/21 16:08 CSS TAL BUF 1 TAL BUF Total/NA Analysis SM 3500 CR B 1 572207 03/11/21 08:20 KEB Total/NA Prep SM 4500 CN C 572912 03/17/21 19:47 TAL BUF ALT Total/NA Analysis SM 4500 CN G 573054 03/18/21 16:10 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: 480-181888-1

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
		LAP	10026	03-31-21
The following analytes	are included in this report, but	the laboratory is not certifi	ied by the governing authority. This list ma	ay include analytes for wh
				,
the agency does not of	fer certification.			,
the agency does not off Analysis Method	fer certification . Prep Method	Matrix	Analyte	

Eurofins TestAmerica, Buffalo

Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181888-1

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

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Sample Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181888-1

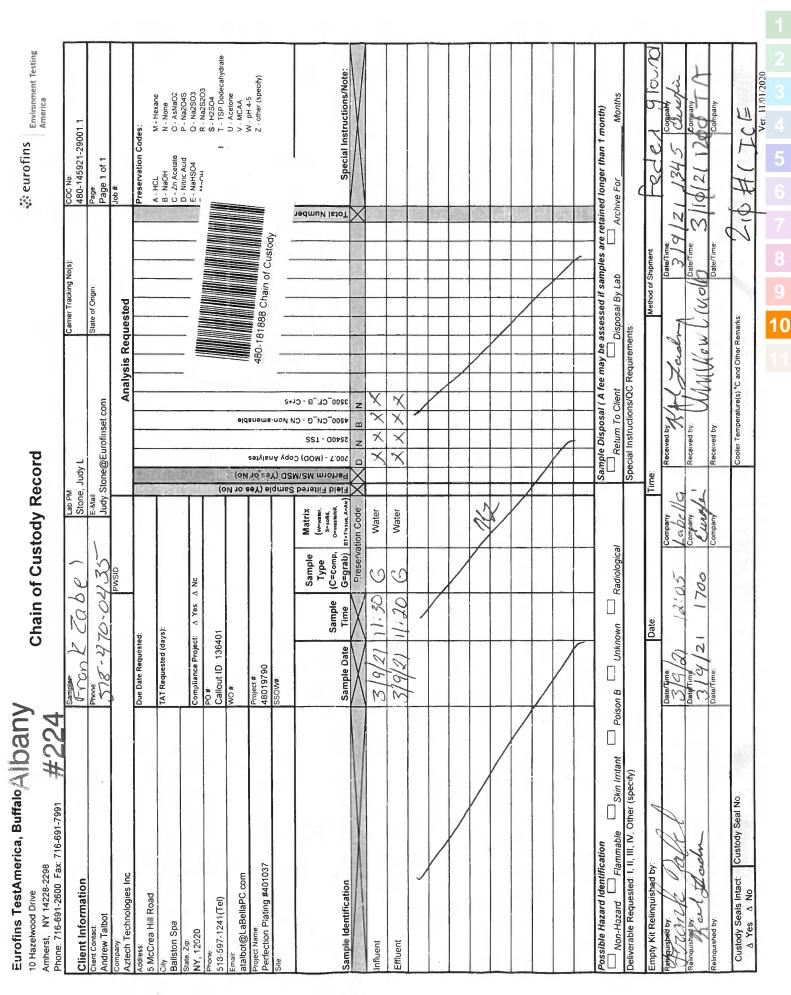
Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset II
480-181888-1	INFLUENT	Water	03/09/21 11:30	03/10/21 12:00	
480-181888-2	EFFLUENT	Water	03/09/21 11:20	03/10/21 12:00	

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Client: New York State D.E.C.

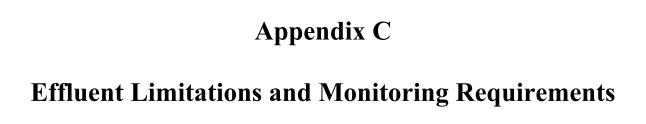
Job Number: 480-181888-1

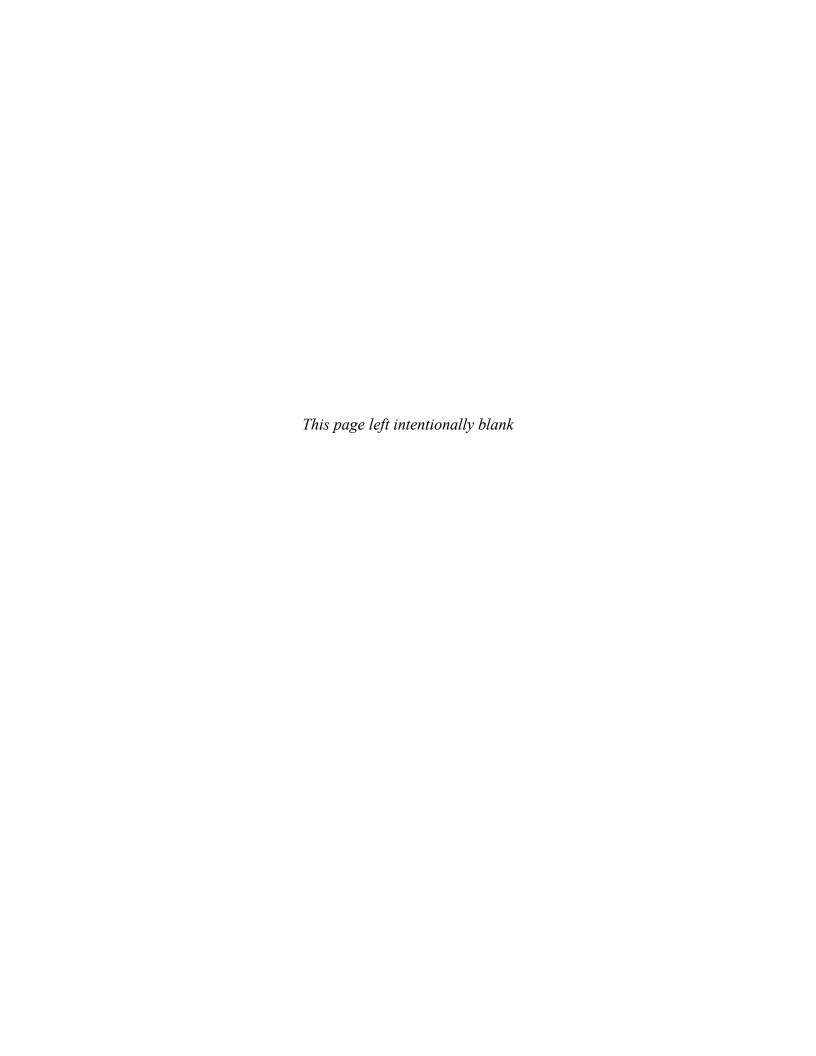
Login Number: 181888 List Source: Eurofins TestAmerica, Buffalo

List Number: 1 Creator: Stopa, Erik S

Question	Answer	Comment
Radioactivity either was not measured or, if measured, is at or below ackground	True	
The cooler's custody seal, if present, is intact.	True	
he cooler or samples do not appear to have been compromised or ampered 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	
s the Field Sampler's name present on COC?	True	
There are no discrepancies between the sample IDs on the containers and ne 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	
/OA sample vials do not have headspace or bubble is <6mm (1/4") in liameter.	True	
f necessary, staff have been informed of any short hold time or quick TAT leeds	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.	N/A	
Chlorine Residual checked.	N/A	

Eurofins TestAmerica, Buffalo





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

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

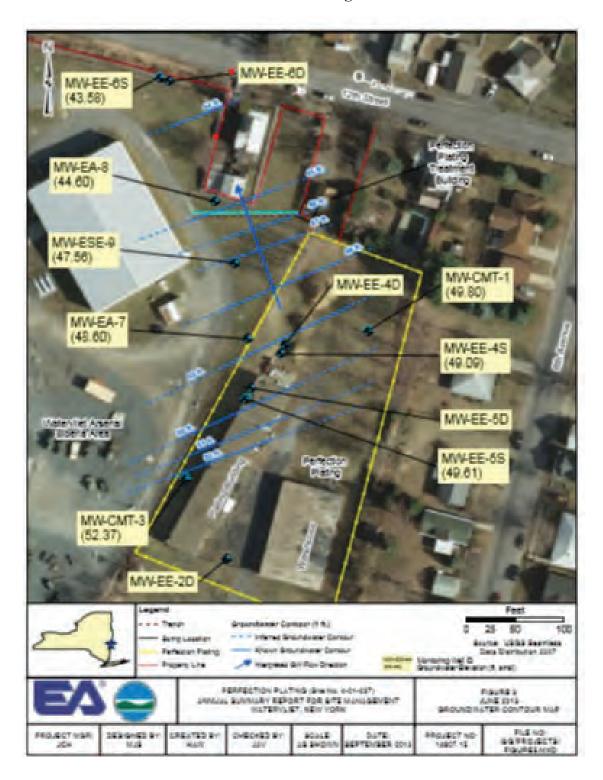
Source removal is planned for 2021. Treatment of the source at the Perfection Plating Site # 4-01-037 site is estimated to take 3-6 months. Groundwater monitoring will then continue afterwards, to evaluate effectiveness of the treatment, and to determine if continued operation of the treatment system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

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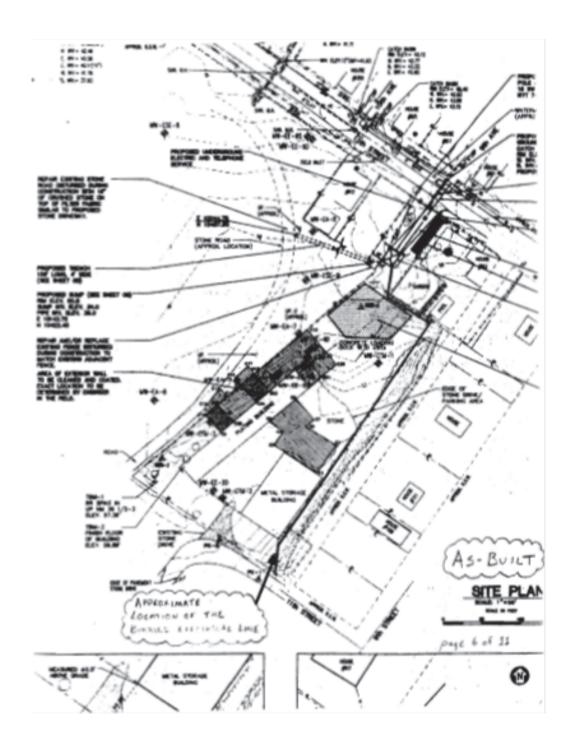


Perfection Plating Site # 4-01-037 - Discharge Location

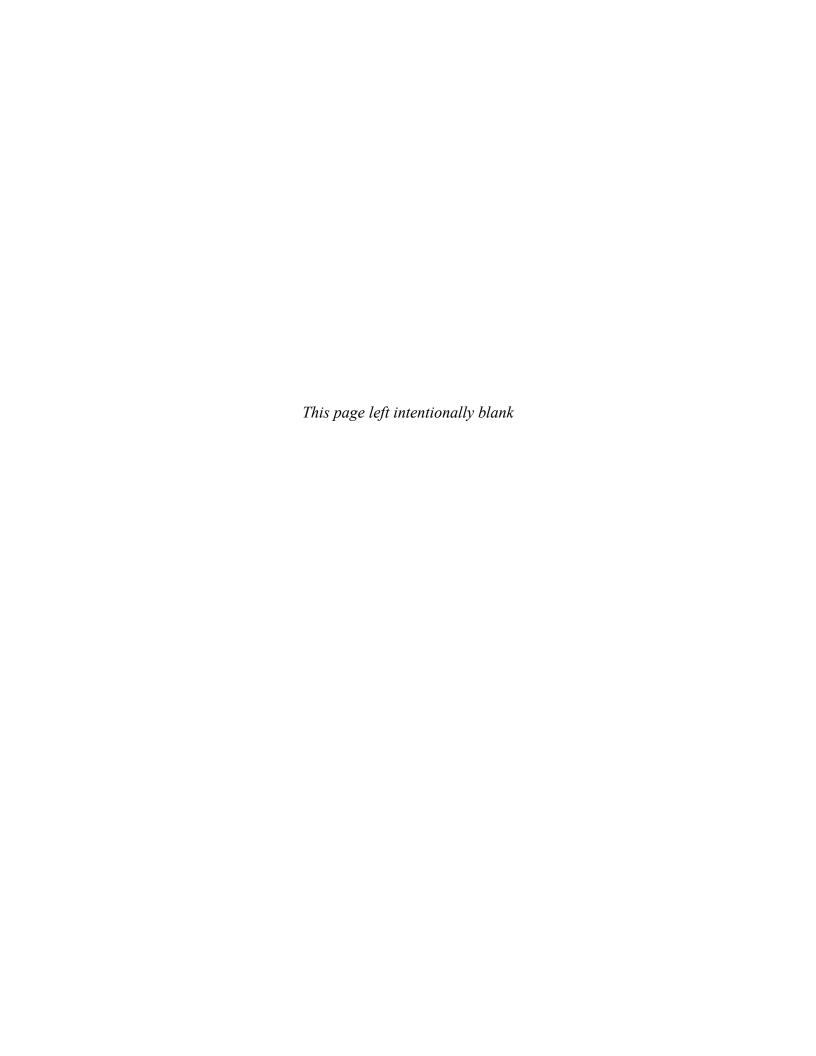
Location - Perfection Plating Site No. 4-01-037



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: 480-181844-1

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: 3/19/2021 7:16:39 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.

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

Judystone

Judy Stone Senior Project Manager 3/19/2021 7:16:39 PM

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Client: New York State D.E.C. Project/Site: Perfection Plating #401037 Laboratory Job ID: 480-181844-1

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Definitions/Glossary

Client: New York State D.E.C. Job ID: 480-181844-1

Project/Site: Perfection Plating #401037

Qualifiers

General Chemistry

Qualifier Description

F1 MS and/or MSD recovery exceeds control limits.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
~	Listed under the "D" column to decimate that the recult is reported an administration to

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

Eurofins TestAmerica, Buffalo

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3/19/2021

Case Narrative

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181844-1

Job ID: 480-181844-1

Laboratory: Eurofins TestAmerica, Buffalo

Narrative

Job Narrative 480-181844-1

Receipt

The samples were received on 3/10/2021 9:30 AM. Unless otherwise noted below, the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 2.9° 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

Job ID: 480-181844-1

Client Sample ID: 40103	B7-MW-CMT-	3				Lab San	nple ID: 480	-181844-1
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.019		0.0040	0.0010	mg/L	1	200.7 Rev 4.4	Total/NA
Client Sample ID: 40103	87-MW-EE-5	3				Lab San	nple ID: 480	-181844-2
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	8.8		0.0040	0.0010	-		200.7 Rev 4.4	Total/NA
Chromium, hexavalent	6.6		4.0	2.0	mg/L	400	SM 3500 CR B	Total/NA
Client Sample ID: 40103	37-MW-EE-49	3				Lab San	nple ID: 480	-181844-3
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.040		0.0040	0.0010	-	1	200.7 Rev 4.4	Total/NA
Chromium, hexavalent	0.025		0.010	0.0050	mg/L	1	SM 3500 CR B	Total/NA
Client Sample ID: 40103	37-MW-CMT-	1				Lab San	nple ID: 480	-181844-4
No Detections.								
Client Sample ID: 40103	37-MW-EA-13	3S				Lab San	nple ID: 480	-181844-5
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.0072		0.0040	0.0010	mg/L		200.7 Rev 4.4	Total/NA
Client Sample ID: 40103	37-MW-EA-12	2S				Lab San	nple ID: 480	-181844-6
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.045		0.0040	0.0010	mg/L	1	200.7 Rev 4.4	Total/NA
Client Sample ID: 40103	87-MW-EA-11	IS				Lab San	nple ID: 480	-181844-7
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.13		0.0040	0.0010	mg/L	1	200.7 Rev 4.4	Total/NA
Client Sample ID: 40103	37-MW-ESE-9	9R				Lab San	nple ID: 480	-181844-8
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.24		0.0040	0.0010	mg/L		200.7 Rev 4.4	Total/NA
Client Sample ID: 40103	37-DUP-0309	21				Lab San	nple ID: 480	-181844-9
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.0074		0.0040	0.0010			200.7 Rev 4.4	Total/NA
Client Sample ID: 40103	87-MW-EA-71	₹				Lab Sam	ple ID: 480-	181844-10
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.90		0.0040	0.0010	mg/L		200.7 Rev 4.4	Total/NA
Chromium, hexavalent	0.96		0.050	0.025	mg/L	5	SM 3500 CR B	Total/NA
Client Sample ID: 40103	37-MW-EA-10	os				Lab Sam	ple ID: 480-	181844-11
Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac D	Method	Prep Type
Chromium	0.011		0.0040	0.0010	mg/L		200.7 Rev 4.4	Total/NA

This Detection Summary does not include radiochemical test results.

Eurofins TestAmerica, Buffalo

3/19/2021

Client Sample Results Client: New York State D.E.C. Job ID: 480-181844-1 Project/Site: Perfection Plating #401037 Client Sample ID: 401037-MW-CMT-3 Lab Sample ID: 480-181844-1 Date Collected: 03/09/21 13:21 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit D Analyzed Dil Fac Prepared 0.0040 0.0010 mg/L 03/15/21 10:40 03/15/21 21:11 Chromium 0.019 **General Chemistry** Result Qualifier Analyte RL **MDL** Unit D Prepared Analyzed Dil Fac 0.010 03/10/21 08:45 Chromium, hexavalent ND 0.0050 mg/L Client Sample ID: 401037-MW-EE-5S Lab Sample ID: 480-181844-2 Date Collected: 03/09/21 13:27 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Dil Fac 0.0040 Chromium 8.8 0.0010 mg/L 03/15/21 10:40 03/15/21 21:14 **General Chemistry** Dil Fac Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Chromium, hexavalent 4.0 2.0 mg/L 03/10/21 08:45 400 6.6 Client Sample ID: 401037-MW-EE-4S Lab Sample ID: 480-181844-3 Date Collected: 03/09/21 13:35 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL MDL Unit Prepared Analyzed Dil Fac 0.0040 0.0010 mg/L 03/15/21 10:40 03/15/21 21:29 Chromium 0.040 **General Chemistry** Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac **Chromium, hexavalent** 0.025 0.010 0.0050 mg/L 03/10/21 08:45 Client Sample ID: 401037-MW-CMT-1 Lab Sample ID: 480-181844-4 Date Collected: 03/09/21 13:40 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac 0.0040 Chromium ND 03/15/21 10:40 03/15/21 21:33 0.0010 mg/L **General Chemistry** Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Dil Fac Chromium, hexavalent ND 0.010 0.0050 mg/L 03/10/21 08:45 Client Sample ID: 401037-MW-EA-13S Lab Sample ID: 480-181844-5 Date Collected: 03/09/21 13:48 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RI **MDL** Unit D Prepared Analyzed Dil Fac

0.0040

RL

0.010

0.0010

mg/L

MDL Unit

0.0050 mg/L

Chromium

Analyte

General Chemistry

Chromium, hexavalent

0.0072

Result Qualifier

ND

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Analyzed

03/10/21 08:45

Dil Fac

3/19/2021

03/15/21 10:40 03/15/21 21:37

Prepared

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Client Sample Results Client: New York State D.E.C. Job ID: 480-181844-1 Project/Site: Perfection Plating #401037 Client Sample ID: 401037-MW-EA-12S Lab Sample ID: 480-181844-6 Date Collected: 03/09/21 13:25 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit D Analyzed Dil Fac Prepared 0.0040 0.0010 mg/L 03/15/21 10:40 03/15/21 21:41 Chromium 0.045 **General Chemistry** Result Qualifier RL **MDL** Unit Analyte D Prepared Analyzed Dil Fac ND F1 0.010 03/10/21 08:45 Chromium, hexavalent 0.0050 mg/L Client Sample ID: 401037-MW-EA-11S Lab Sample ID: 480-181844-7 Date Collected: 03/09/21 13:39 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Dil Fac 0.0040 Chromium 0.13 0.0010 mg/L 03/15/21 10:40 03/15/21 21:52 **General Chemistry** Dil Fac Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed 0.010 Chromium, hexavalent ND 0.0050 mg/L 03/10/21 08:45 Lab Sample ID: 480-181844-8 Client Sample ID: 401037-MW-ESE-9R Date Collected: 03/09/21 13:47 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte MDL Result Qualifier RL Unit Prepared Analyzed Dil Fac 0.0040 0.0010 mg/L 03/15/21 10:40 03/15/21 21:56 Chromium 0.24 **General Chemistry** Analyte Result Qualifier RL **MDL** Unit D Prepared Analyzed Dil Fac Chromium, hexavalent 0.010 0.0050 mg/L 03/10/21 08:45 Client Sample ID: 401037-DUP-030921 Lab Sample ID: 480-181844-9 Date Collected: 03/09/21 13:48 **Matrix: Water** Date Received: 03/10/21 09:30 Method: 200.7 Rev 4.4 - Metals (ICP) Analyte Result Qualifier RL **MDL** Unit Prepared Analyzed Dil Fac D 0.0040 0.0074 03/15/21 10:40 03/15/21 22:00 **Chromium** 0.0010 mg/L **General Chemistry** Analyte Result Qualifier RL MDL Unit Prepared Analyzed Dil Fac Chromium, hexavalent ND F1 0.010 0.0050 mg/L 03/10/21 08:45 Lab Sample ID: 480-181844-10 Client Sample ID: 401037-MW-EA-7R

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Analyzed

Analyzed

03/15/21 10:40 03/15/21 22:15

RI

RL

0.050

0.0040

MDL Unit

MDL Unit

0.025 mg/L

mg/L

0.0010

D

D

Prepared

Prepared

Result Qualifier

Result Qualifier

0.90

0.96

Date Collected: 03/09/21 13:58

Date Received: 03/10/21 09:30

Analyte

Analyte

Chromium

General Chemistry

Chromium, hexavalent

Method: 200.7 Rev 4.4 - Metals (ICP)

6

03/10/21 08:45

Dil Fac

Dil Fac

Matrix: Water

3/19/2021

Client Sample Results

Client: New York State D.E.C. Job ID: 480-181844-1

Project/Site: Perfection Plating #401037

Date Collected: 03/09/21 14:07

Matrix: Water

Date Received: 03/10/21 09:30

Method: 200.7 Rev 4.4 - Metals (ICP)										
	Analyte	Result Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac	
	Chromium	0.011	0.0040	0.0010	ma/l		03/15/21 10:40	03/15/21 22:18		

Chromium	0.011	0.0040	0.0010 mg/L	 03/15/21 10:40	03/15/21 22:18	1
General Chemistry						

General Chemistry									
Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fa
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	

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13

Dil Fac

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Job ID: 480-181844-1

Prep Type: Total/NA

Prep Batch: 572119

Prep Type: Total/NA

Prep Batch: 572119

Prep Type: Total/NA

Prep Batch: 572119

Prep Type: Total/NA

Prep Batch: 572119

Prep Type: Total/NA

Prep Type: Total/NA

Client Sample ID: Method Blank

Method: 200.7 Rev 4.4 - Metals (ICP)

Lab Sample ID: MB 480-572119/1-A

Matrix: Water

Analysis Batch: 572660

MB MB

Analyte

Result Qualifier RL **MDL** Unit Analyzed Prepared 0.0040 03/15/21 10:40 03/15/21 20:29 ND 0.0010 mg/L

Lab Sample ID: LCS 480-572119/2-A

Matrix: Water

Chromium

Analyte

Analyte

Analyte

Chromium

Chromium

Chromium

Analysis Batch: 572660

Spike Added 0.200

0.206

Result Qualifier

LCS LCS

MS MS

Unit

mg/L

D %Rec 103

Limits 85 - 115

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

%Rec.

Client Sample ID: Lab Control Sample

Lab Sample ID: 480-181844-6 MS

Matrix: Water

Analysis Batch: 572660

Sample Sample Spike Result Qualifier 0.045

Added 0.200

Result Qualifier 0.249

0.231

Unit mg/L

%Rec 102

Limits 70 - 130

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

%Rec.

%Rec.

Client Sample ID: Method Blank

Client Sample ID: Method Blank

Lab Sample ID: 480-181844-6 MSD

Matrix: Water

Analysis Batch: 572660

Spike Sample Sample Result Qualifier Added 0.045 0.200

MSD MSD Result Qualifier Unit %Rec mg/L

Limits 70 - 130 **RPD** Limit

RPD

20

Method: SM 3500 CR B - Chromium, Hexavalent

Lab Sample ID: MB 480-572040/27

Matrix: Water

Analysis Batch: 572040

MB MB

Analyte Chromium, hexavalent Result Qualifier ND

RL 0.010

MDL Unit 0.0050 mg/L

Prepared

Analyzed 03/10/21 08:45

Dil Fac

Lab Sample ID: MB 480-572040/50

Matrix: Water

Analysis Batch: 572040

MR MR

Analyte Chromium, hexavalent

Result Qualifier 0.010 ND

MDL Unit RL 0.0050 mg/L

Unit

mg/L

Prepared

Analyzed Dil Fac 03/10/21 08:45

Client Sample ID: Lab Control Sample Prep Type: Total/NA

Lab Sample ID: LCS 480-572040/28 **Matrix: Water**

Analysis Batch: 572040

Chromium, hexavalent

Spike Added 0.0500

0.0486

LCS LCS Result Qualifier

%Rec

%Rec. Limits 85 - 115

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Lab Sample ID: LCS 480-572040/51

Job ID: 480-181844-1

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

Client Sample ID: Lab Control Sample Prep Type: Total/NA

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

Prep Type: Total/NA

Matrix: Water

Analysis Batch: 572040

Analysis Daton. 012040									
		Spike	LCS	LCS				%Rec.	
Analyte		Added	Result	Qualifier	Unit	D	%Rec	Limits	
Chromium, hexavalent		0.0500	0.0486		mg/L		97	85 - 115	

Lab Sample ID: 480-181844-6 MS Client Sample ID: 401037-MW-EA-12S Prep Type: Total/NA

Matrix: Water

Analysis Batch: 572040

-	Sample	Sample	Spike	MS	MS				%Rec.	
Analyte	Result	Qualifier	Added	Result	Qualifier	Unit	D	%Rec	Limits	
Chromium, hexavalent	ND	F1	0.0500	0.0461		mg/L		92	85 - 115	

Lab Sample ID: 480-181844-6 MSD Client Sample ID: 401037-MW-EA-12S Prep Type: Total/NA

Matrix: Water

Analysis Batch: 572040

•	Sample	Sample	Spike	MSD	MSD				%Rec.		RPD
Analyte	Result	Qualifier	Added	Result	Qualifier	Unit	D	%Rec	Limits	RPD	Limit
Chromium, hexavalent	ND	F1	0.0500	0.0449		mg/L		90	85 - 115	3	15

Lab Sample ID: 480-181844-9 MS Client Sample ID: 401037-DUP-030921 **Prep Type: Total/NA**

Matrix: Water

Analysis Batch: 572040

	Sample	Sample	Spike	MS	MS				%Rec.	
Analyte	Result	Qualifier	Added	Result	Qualifier	Unit	D	%Rec	Limits	
Chromium, hexavalent	ND	F1	0.0500	0.0400	F1	mg/L	_	80	85 - 115	

Lab Sample ID: 480-181844-10 MS

Matrix: Water

Analysis Batch: 572040

	Sample	Sample	Spike	MS	MS				%Rec.	
Analyte	Result	Qualifier	Added	Result	Qualifier	Unit	D	%Rec	Limits	
Chromium, hexavalent	0.96		0.250	1.21		mg/L		99	85 - 115	

Client Sample ID: 401037-MW-EA-7R Lab Sample ID: 480-181844-10 DU **Prep Type: Total/NA**

Matrix: Water

Analysis Batch: 572040									
	Sample	Sample	DU	DU					RPD
Analyte	Result	Qualifier	Result	Qualifier	Unit	D		RPD	Limit
Chromium hexavalent	0.96		0.972		ma/l				15

3/19/2021

QC Association Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Metals

Prep Batch: 572119

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-181844-1	401037-MW-CMT-3	Total/NA	Water	200.7	
480-181844-2	401037-MW-EE-5S	Total/NA	Water	200.7	
480-181844-3	401037-MW-EE-4S	Total/NA	Water	200.7	
480-181844-4	401037-MW-CMT-1	Total/NA	Water	200.7	
480-181844-5	401037-MW-EA-13S	Total/NA	Water	200.7	
480-181844-6	401037-MW-EA-12S	Total/NA	Water	200.7	
480-181844-7	401037-MW-EA-11S	Total/NA	Water	200.7	
480-181844-8	401037-MW-ESE-9R	Total/NA	Water	200.7	
480-181844-9	401037-DUP-030921	Total/NA	Water	200.7	
480-181844-10	401037-MW-EA-7R	Total/NA	Water	200.7	
480-181844-11	401037-MW-EA-10S	Total/NA	Water	200.7	
MB 480-572119/1-A	Method Blank	Total/NA	Water	200.7	
LCS 480-572119/2-A	Lab Control Sample	Total/NA	Water	200.7	
480-181844-6 MS	401037-MW-EA-12S	Total/NA	Water	200.7	
480-181844-6 MSD	401037-MW-EA-12S	Total/NA	Water	200.7	

Analysis Batch: 572660

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-181844-1	401037-MW-CMT-3	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-2	401037-MW-EE-5S	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-3	401037-MW-EE-4S	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-4	401037-MW-CMT-1	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-5	401037-MW-EA-13S	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-6	401037-MW-EA-12S	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-7	401037-MW-EA-11S	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-8	401037-MW-ESE-9R	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-9	401037-DUP-030921	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-10	401037-MW-EA-7R	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-11	401037-MW-EA-10S	Total/NA	Water	200.7 Rev 4.4	572119
MB 480-572119/1-A	Method Blank	Total/NA	Water	200.7 Rev 4.4	572119
LCS 480-572119/2-A	Lab Control Sample	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-6 MS	401037-MW-EA-12S	Total/NA	Water	200.7 Rev 4.4	572119
480-181844-6 MSD	401037-MW-EA-12S	Total/NA	Water	200.7 Rev 4.4	572119

General Chemistry

Analysis Batch: 572040

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
480-181844-1	401037-MW-CMT-3	Total/NA	Water	SM 3500 CR B	
480-181844-2	401037-MW-EE-5S	Total/NA	Water	SM 3500 CR B	
480-181844-3	401037-MW-EE-4S	Total/NA	Water	SM 3500 CR B	
480-181844-4	401037-MW-CMT-1	Total/NA	Water	SM 3500 CR B	
480-181844-5	401037-MW-EA-13S	Total/NA	Water	SM 3500 CR B	
480-181844-6	401037-MW-EA-12S	Total/NA	Water	SM 3500 CR B	
480-181844-7	401037-MW-EA-11S	Total/NA	Water	SM 3500 CR B	
480-181844-8	401037-MW-ESE-9R	Total/NA	Water	SM 3500 CR B	
480-181844-9	401037-DUP-030921	Total/NA	Water	SM 3500 CR B	
480-181844-10	401037-MW-EA-7R	Total/NA	Water	SM 3500 CR B	
480-181844-11	401037-MW-EA-10S	Total/NA	Water	SM 3500 CR B	
MB 480-572040/27	Method Blank	Total/NA	Water	SM 3500 CR B	
MB 480-572040/50	Method Blank	Total/NA	Water	SM 3500 CR B	

Job ID: 480-181844-1

QC Association Summary

Client: New York State D.E.C. Job ID: 480-181844-1

Project/Site: Perfection Plating #401037

General Chemistry (Continued)

Analysis Batch: 572040 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
LCS 480-572040/28	Lab Control Sample	Total/NA	Water	SM 3500 CR B	
LCS 480-572040/51	Lab Control Sample	Total/NA	Water	SM 3500 CR B	
480-181844-6 MS	401037-MW-EA-12S	Total/NA	Water	SM 3500 CR B	
480-181844-6 MSD	401037-MW-EA-12S	Total/NA	Water	SM 3500 CR B	
480-181844-9 MS	401037-DUP-030921	Total/NA	Water	SM 3500 CR B	
480-181844-10 MS	401037-MW-EA-7R	Total/NA	Water	SM 3500 CR B	
480-181844-10 DU	401037-MW-EA-7R	Total/NA	Water	SM 3500 CR B	

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Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Client Sample ID: 401037-MW-CMT-3

Date Collected: 03/09/21 13:21

Lab Sample ID: 480-181844-1

Matrix: Water

Date Received: 03/10/21 09:30

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 21:11	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	TAL BUF

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

Date Collected: 03/09/21 13:27 Date Received: 03/10/21 09:30

Lab Sample ID: 480-181844-2

Matrix: Water

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 21:14	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		400	572040	03/10/21 08:45	SRA	TAL BUF

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

Date Collected: 03/09/21 13:35 Date Received: 03/10/21 09:30

Lab Sample ID: 480-181844-3

Matrix: Water

Dilution Batch Batch Batch Prepared **Prep Type** Type Method Run **Factor** Number or Analyzed Analyst Lab Total/NA Prep 200.7 572119 03/15/21 10:40 ADM TAL BUF 572660 03/15/21 21:29 AMH Total/NA Analysis 200.7 Rev 4.4 1 TAL BUF Total/NA Analysis SM 3500 CR B 1 572040 03/10/21 08:45 SRA **TAL BUF**

Client Sample ID: 401037-MW-CMT-1

Date Collected: 03/09/21 13:40

Date Received: 03/10/21 09:30

Lab Sample ID: 480-181844-4

Lab Sample ID: 480-181844-5

Matrix: Water

Matrix: Water

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 21:33	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	TAL BUF

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

Date Collected: 03/09/21 13:48

Date Received: 03/10/21 09:30

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 21:37	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	TAL BUF

Eurofins TestAmerica, Buffalo

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

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

Lab Sample ID: 480-181844-6 Date Collected: 03/09/21 13:25 **Matrix: Water**

Date Received: 03/10/21 09:30

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 21:41	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	TAL BUF

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

Lab Sample ID: 480-181844-7 Date Collected: 03/09/21 13:39 **Matrix: Water**

Date Received: 03/10/21 09:30

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 21:52	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	TAL BUF

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

Lab Sample ID: 480-181844-8

Date Collected: 03/09/21 13:47 **Matrix: Water**

Date Received: 03/10/21 09:30

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 21:56	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	TAL BUF

Client Sample ID: 401037-DUP-030921

Lab Sample ID: 480-181844-9 Date Collected: 03/09/21 13:48 **Matrix: Water**

Date Received: 03/10/21 09:30

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Туре	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 22:00	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	TAL BUF

Client Sample ID: 401037-MW-EA-7R Lab Sample ID: 480-181844-10 Date Collected: 03/09/21 13:58

Date Received: 03/10/21 09:30

_	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 22:15	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		5	572040	03/10/21 08:45	SRA	TAL BUF

Eurofins TestAmerica, Buffalo

Matrix: Water

Lab Chronicle

Client: New York State D.E.C. Job ID: 480-181844-1

Project/Site: Perfection Plating #401037

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

Lab Sample ID: 480-181844-11 Date Collected: 03/09/21 14:07 **Matrix: Water**

Date Received: 03/10/21 09:30

	Batch	Batch		Dilution	Batch	Prepared		
Prep Type	Type	Method	Run	Factor	Number	or Analyzed	Analyst	Lab
Total/NA	Prep	200.7			572119	03/15/21 10:40	ADM	TAL BUF
Total/NA	Analysis	200.7 Rev 4.4		1	572660	03/15/21 22:18	AMH	TAL BUF
Total/NA	Analysis	SM 3500 CR B		1	572040	03/10/21 08:45	SRA	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: 480-181844-1

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	03-31-21

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Method Summary

Client: New York State D.E.C.

Project/Site: Perfection Plating #401037

Laboratory Method **Method Description** Protocol 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: 480-181844-1

Sample Summary

Client: New York State D.E.C.

480-181844-11

Project/Site: Perfection Plating #401037

401037-MW-EA-10S

Lab Sample ID **Client Sample ID** Matrix Collected Received Asset ID 480-181844-1 401037-MW-CMT-3 03/09/21 13:21 03/10/21 09:30 Water 480-181844-2 401037-MW-EE-5S Water 03/09/21 13:27 03/10/21 09:30 480-181844-3 401037-MW-EE-4S Water 03/09/21 13:35 03/10/21 09:30 480-181844-4 401037-MW-CMT-1 Water 03/09/21 13:40 03/10/21 09:30 480-181844-5 401037-MW-EA-13S Water 03/09/21 13:48 03/10/21 09:30 480-181844-6 401037-MW-EA-12S Water 03/09/21 13:25 03/10/21 09:30 480-181844-7 401037-MW-EA-11S Water 03/09/21 13:39 03/10/21 09:30 480-181844-8 401037-MW-ESE-9R Water 03/09/21 13:47 03/10/21 09:30 480-181844-9 401037-DUP-030921 Water 03/09/21 13:48 03/10/21 09:30 480-181844-10 401037-MW-EA-7R Water 03/09/21 13:58 03/10/21 09:30

03/09/21 14:07 03/10/21 09:30

Water

Job ID: 480-181844-1

3

4

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Sompany

Months

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

Return To Client Solsposal By Lab Archive For Month Archive For 480-181844 Chain of Custody か 8 ate/Time: Date/Time Aethod of Shipment arrier Tracking No(s): tate of Origin: Cooler Temperature(s) "C and Other Remarks: **Analysis Requested** Special Instructions/QC Requirements E-Mail: Judy.Stone@Eurofinset.com Received by: \prec × × / ¥ \times 200.7 - Total Cr XXXX Z <u>ج</u> XXX <u>₹</u> Lab PM: Stone, Judy L erform MSMSD (Yes or No) Field Filtered Sample (Yes or No) Water Water Water Water Water Water Matrix (W=water, S≈solid, O=waste/oil Preservation Code Water Water Water Water Water Company Radiological Type (C=comp, G=grab) Sample 207-400-1356 0 O و ೨ ೨ ے ample: Noah Robinson A Yes A No 1335 1340 348 1351 500 Sample 1348 1327 3251 1347 Time 1339 EGUIS Date: W Unknown Standard (days): Callout ID: 136401 Due Date Requested: ompliance Project: Sample Date 3/9/21 Date/Time: 48019790 SSOW#: Jate/Time: Poison B MYSDEC 401037-AND BA 401037-DUP-0301 & Comming @ Belstian SMCOTOS HILL ROBD 769 W. JEST-SU SL Skin Irritant End Emy heering 860) 309-3837 Deliverable Requested: I, II, III, IV, Other (specify) Emily (Commings 401037-MW- ESE-9R 40637-MW-EX-115 401037-MW- EA-135 Galacore + 401037-MW-EA-125 - MW-EE-45 -Custody Seal No. 401037-MW-EE-55 13202 401037-MW-CMT-401037-MW-CMT Platin Flammable Possible Hazard Identification Aztech Technologies Inc Perfection Plating #401037 ubot@LaBellaPC com Empty Kit Relinquished by: elinquished by: > Client Information Custody Seals Intact: perfection Sample Identification A Yes A No 348 597 424 (Te) 421037 Non-Hazard Andrew Talbot Ballston Spa quished by:

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6 toilles

MS/MSD

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...- rexane
N - None
O - AsNaO2
P - Na2O45
O - Na2SO3
252O3
304
None
AA
14-5
er (specify)

Special Instructions/Note:

Total Number o

Environment Testing

🕏 eurofins

Chain of Custody Record

Eurofins TestAmerica, Buffalo

10 Hazelwood Drive

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

480-157675-32900.1

Page: Page 1 of 2

Preservation Codes:

A - HCL
B - NaOH
C - Zn Acetate
D - Nitric Acid

Chain of Custody Record

Eurofins TestAmerica, Buffalo 10 Hazelwood Drive Amherst. NY 14228-2288 Phone: 716-691-2600 Fax: 716-691-7991

eurofins Environment Testing America

Cilent Information				Ston	Stone, Judy L	_					4	480-157675-32900.2	2900.2	
Cirent Contact: Andrew Talbot	Phone:			E-Mail:	0,000	3031	E-Mail:		State of Origin:		Pa	Page:		
Company:			PWSID	ond)	200	200	IIISCI.COIII				<u> </u>	Page 2 of 2		
			\setminus				Ana	Analysis Requested	uested			·		
5 McCrea Hill Road	Due Date Requested:	į į									-A	Preservation Codes	odes:	
Spa	TAT Requested (days):	ıys):									∢ @ ⋅	- HCL - NaOH		a)
State, Zip: NY, 12020	Compliance Project:	A Yes	No No								00 11	- Zn Acetate - Nitric Acid - NaHSO4		2 W 2
Phone: 518-597-1241(Tel)	Po #: Callout ID: 136401	10.			(т (0)	F - MeOH G - Amchlor		R - Na2S203 S - H2S04
Email: atalbot@LaBellaPC.com												H - Ascorbic Acid 1 - Ice J - DI Water		decahydrate e
Project Name: Perfection Plating #401037	Project #: 48019790											K - EDTA L - EDA	W - pH 4-5 Z - other (specify)	pecify)
Site:	SSOW#:					9+						Other:		
Sample Identification	Sample Date	Sample	Sample Type (C=comp, G=grab)	Matrix (w=water, S=solid. O=waste/oil, BT=Tissue A=Air)	Field Filtered : Perform MS/M	3500_CR_B - Cr					otal Number o	d		
	\bigvee	\bigvee	וסור	Preservation Code:	X	-					1 ×	Special	Special instructions/Note:	s/Note:
401037-NW-EA-7R	3/4/21	1358	9	Water	13/14	×					2			
401037- MW-EX-105	\rightarrow	1407	S	Water	2	1					N			
				Water										
3														
Possible Hazard Identification						\exists								
Non-Hazard	son B		Radiological		San	n ple D . ⊐Retu	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)	e may be a	assessed if san	samples are	retained long	longer than	1 month)	
, III, IV, Other (specify)					Spe	cial Ins	Special Instructions/QC Requirements:	Requiremen	ts:	P.		5	Months	s
Empty Kit Relinquished by:		Date:			Time:		, ,		Method	Method of Shipment:				
Relinquished by:	Date/Time:			Company		Repelved by:	M DX XqI	0	4	Date/Time:	151	6926	Company	0
Relinquished by:	Date/Time:			Company		Received by	1 by:)	٠.	Date/Time:	6/	010	Company	A
Relinquished by:	Date/Time:			Company		Received by:	1 by:			Date/Time:			Company	
Custody Seals Intact: Custody Seal No.:						Cooler T	Cooler Temperature(s) "C and Other Remarks	and Other Re	narks:					
					7									

Client: New York State D.E.C. Job Number: 480-181844-1

List Source: Eurofins TestAmerica, Buffalo

Login Number: 181844 List Number: 1

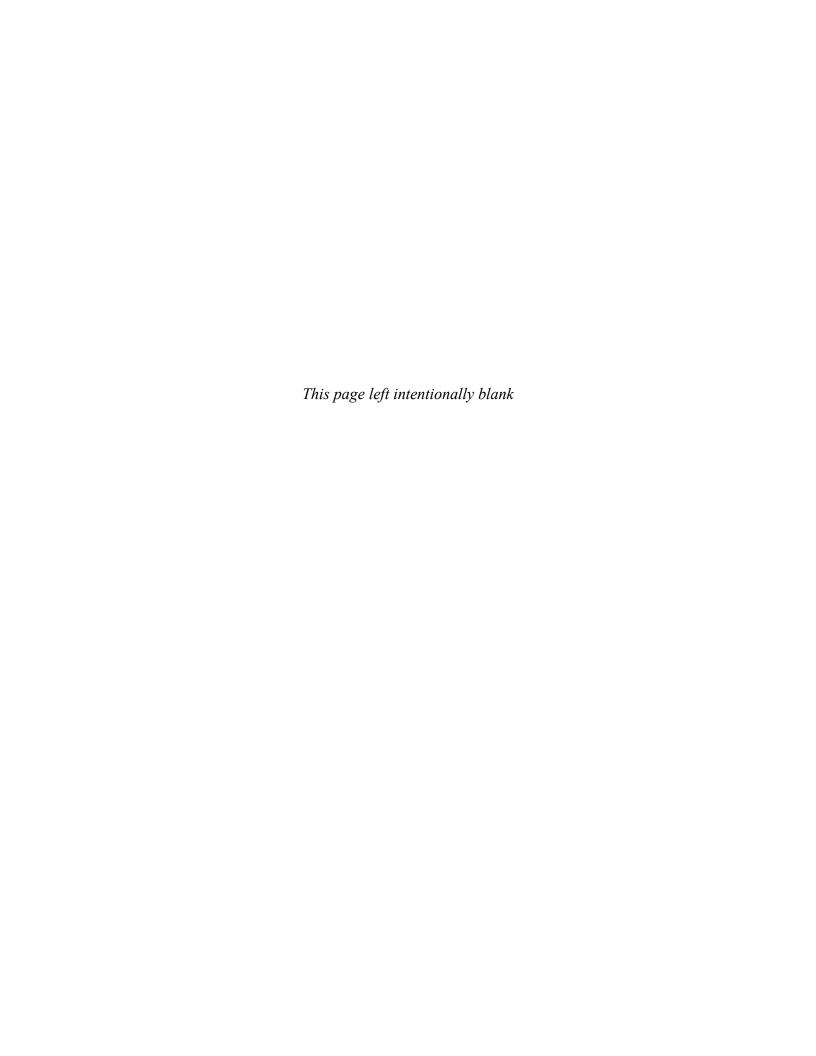
Creator: Wallace, Cameron

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

Eurofins TestAmerica, Buffalo

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
Stplin Lemier	576	Betily	1/4/21	1000	1:30
Frank Zabel	FZ	Aztech	114/21	10:00	1:30
Frank Zabel	FZ	Aztech	1/8/21	8:00	
John STUTZKE	J. 5	# Lecu	1/8/31	8:00	1:30
Stephen Lengierx	SL	Aztely	1)12/21	800	1:30
Frank Tabel	FZ	Artech	1/12/21	8100	W130
Frank Tabel	FZ	Aztech	11/5/21	8:00	11:30
John STUTZKE	1.5	Astecu	1/15/21	8:10	11:30
Evan Consolati	EC	Aztech	1/20/21	8:00	11:30
Mattlyan	MMR	A-dach	7/20/21	0830	1130
Evan Consolati	EC	Aztech	1/32/21	0830	1130
John Stu TaKE	J.S.	ALTOLU	1/20/21	8:00	
Most hew you	MMR	ARtech	1/26/21	0800	
Matt Ryan	MMR	BEtech	1/20/21	0850	1130



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	FZ	Aztech	1/29/21	8.00	11:30
John STUTZKE	J.S	Atech	1/29/21	200	11:30
Evan Consolati	EC	Aztech	2/2/21	8:00	11:30
Frank Rabel	FZ	Aztech	1/2/21	8:00	11:36
Evan Consolati	EC	Aztech	2/3/21	8:00	11:30
Stephin kinier	SL	Az tell	2/5/21	800	11:30
Stephy Lemices	Si	Azten	2-8-21	Sco	1130
Eun Consolati	EC	Aztech	2/9/21	800	11:30
Frank Zabel	FZ	Aztech	2/12/21	8.00	1150
JALOS YOUMAS	54	Aztekh	16/16/18	8:00	11:30
Austra Armbrister	AA	Actor	2/16/21	8:00	11:30
Elling Carts	ac	AUGOR	2/10/21	8:00	11:30
CALONACH	CA	LABRUA	21921	800	1130
Zachany Condon	2C	labella	2/19/21	8:00	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
Frank Zabel	FZ	Labe//a	2/23/21	F.'00	11:30
Elliey Carter	EC	Labolla	2/2/2/	8:00	11:20
Frank Zabel	FZ	Labella	2/2/1/21	8:00	11:30
Austra Armbruster	AA	Labella	2/26/21	8:00	11130
Frank Zabel	FT	Labella	3/2/21	8:0C	11:30
John STUTZKE	J.S	LABellA	3/3/2/	8:00	11:30
Frank Zabel	FZ	Labella	3/5/21	8:00	11:30
Austra Armbruster	AF	Labolh	3/5/21	8.00	11:30
LacharyCordon	ZC	labella	3/9/21	8:00	11:35
Frank Zabel	FZ	Labella	3/9/21	8:00	11:30
Frank Tabel	FZ	Labella	3/12/21	8:0c	11:30
Huston Hambruster	AR	Labella	3/10/01	8:00	11:30
Frank Zabel	FZ	Labella	3/14/21	8'a)	11:30
Austyn Armbrusker	40	Labella	3/16/21	8:35	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
Ellicy cortes	EC	Azteg	3/19/2021	0800	1130
Frank Zabel	F	Labella	3/19/21	0300	1130
Eley Certo	ec_	1 outo los	3(23/21	0800	1130)
F Zobel	F7	Labella	3/23/21	0800	1130
Frank Zalel	FZ	tabelly	5/2/21	OSCC	1130
Stypha Lemices	56	labella	526-21	0800	1130
Frank Tabel	FZ	Labella	3/3/21	0800	1130
Gard Berrett	GR	Aztal	3-30-21	0802	11:30
Frank Zabel	FZ	Labella	4/1/21	0800	11:30
Par Strellend	BS	labella	A/2/21	800	1130
Frank Tabel	FZ	Lobelt	\$ 5/21	0500	1130
John STUTZKE	J.S	2 ABe 1/A	4/5/21	0800	11:30
Frank Zabel	FT	Labella	4/9/21	0800	1130
John STUTZKE	J.S	LAbellet	4/9/21	080	11:30

DAILY INSPECTION REPORT

Report No. Perfection Plating - NYSDEC Site No. 401037

________Page **1** of **9**

NYSDEC Division of Environmental Rem	rediation 😕 Con	partment of vironmental nservation	NYSDE D01110 Superinte		No.
Site Location: 911 11th Stre			NYSDEC	PM:	
0 10 10 21	ather Conditions		Consultar	t PM·	
General Description (100		PI			
Temperature	AM	Pi		t Site Inspect	ors:
Health & Safety	AM	PI	1		
If any box below is checked	"Yes", provide expla	nation under "Healt	a & Safety C	omments".	.0
Were there any changes to the He	ealth & Safety Plan?		*Yes	No	NA
Were there any exceedances of the	ne perimeter air monitoring	g reported on this date?	*Yes	No /	NA
Were there any nuisance issues re	eported/observed on this	date?	*Yes	No /	NA
Health & Safety Comments				1	1 2307
Summary of Work Performed	Arrived at site:	2:00	Departed Si	te: //.	30
Equipment/Material Tracking If any box below is checked "	'Yes", provide explan	ation under "Materi	al Tracking (Comments"	
If any box below is checked "Were there any vehicles which did	not display proper D.O.T	ation under "Materion numbers and placards?	al Tracking (Comments"	NA
If any box below is checked "Were there any vehicles which did Were there any vehicles which were	not display proper D.O.T re not tarped?	numbers and placards?	*Yes * Yes		
If any box below is checked "Were there any vehicles which did	not display proper D.O.T re not tarped?	numbers and placards?	*Yes * Yes	No	NA
If any box below is checked "Were there any vehicles which did Were there any vehicles which were	not display proper D.O.T re not tarped?	numbers and placards?	*Yes * Yes	No No	NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were were there any vehicles which were	not display proper D.O.T re not tarped?	numbers and placards?	*Yes * Yes	No No No	NA NA
If any box below is checked " Were there any vehicles which did Were there any vehicles which wer Were there any vehicles which wer Personnel and Equipment Individual	not display proper D.O.T re not tarped? re not decontaminated pri	or to exiting the work si	*Yes *Yes e? *Yes	No No No	NA NA NA
If any box below is checked "Were there any vehicles which did Were there any vehicles which were there any vehicles which were there any vehicles which were there and Equipment	not display proper D.O.T re not tarped? re not decontaminated pri	numbers and placards?	*Yes *Yes e? *Yes	No No No	NA NA NA
If any box below is checked " Were there any vehicles which did Were there any vehicles which wer Were there any vehicles which wer Personnel and Equipment Individual	not display proper D.O.T re not tarped? re not decontaminated pri	or to exiting the work si	*Yes *Yes e? *Yes	No No No	NA NA NA
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T re not tarped? re not decontaminated pri	or to exiting the work si	*Yes *Yes e? *Yes	No No No	NA NA NA
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T re not tarped? re not decontaminated pri	or to exiting the work si	*Yes *Yes e? *Yes	No No No	NA NA NA



Date: 1/8/2/

DAILY HEALTH CHECKLIST

Yes Yes Yes Yes	No 🗆 No 🗆 No 🗆
Yes 🗹	No □
/	
Yes 🗹	No □
Yes □	No 🗷

REMEDIAL ACTIVITIES AT PROPERTIES

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

Division of Environmental Rem	NYSDEC Contract No. D011107 Superintendent: NYSDEC PM: Consultant PM:				
Site Location: 911 11th Stre					
Wea					
General Description Cloud					
Temperature 28	Consultant Site Inspectors:				
Wind 1/6 Health & Safety	AM	PM			
If any box below is checked	"Yes", provide explanation	on under "Health &	Safety Com	ments".	
Were there any changes to the Hea	*Yes	No /	NA		
Were there any exceedances of the	*Yes	No /	NA		
Were there any nuisance issues re	*Yes	No /	NA		
Health & Safety Comments					-27-20
Summary of Work Performed	Arrived at site:	7.00 De	eparted Site:	11:5	<i>Y</i>)
Equipment/Material Tracking If any box below is checked " Were there any vehicles which did Were there any vehicles which were			Tracking Cor	nmente"	
		pers and placards?	*Yes	No	NA NA
	e not tarped?		* Yes	No No	NA
Were there any vehicles which were	e not tarped?		* Yes	No	
	e not tarped? e not decontaminated prior to	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes	No No No	NA
Were there any vehicles which were Personnel and Equipment	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA
Personnel and Equipment Individual	e not tarped? e not decontaminated prior to Company	exiting the work site?	* Yes * Yes	No No No	NA NA



Perfection Plating - NYSDEC Site No. 401037 Report No.

DAILY HEALTH CHECKLIST

ing practiced? Yes ☑ No
neeting held outdoors?
meetings being held in lieu of meeting in person where possible?
ive gloves, masks, and eye protection being used?
vash stations or spray available? Yes ☑ No
cors been excluded based on close contact with individuals diagnosed recently traveled to restricted areas or countries, or are symptomatic ortness of breath)?

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. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory	Yes □	No 🖵
	protection) - and do so prior to entry.		



Report No. Perfection Plating - NYSDEC Site No. 401037 Date: \- 20 - 2\int \]

NYSDEC Division of Environm	ental Remediatio	n Si	Depar Depar Enviro Conse	tment of nmental rvation		NYSDEC C D011107 Superintenden		t No.
Site Location: 911	11th Street, Wa	atervliet	, NY			NYSDEC PM:		
	Weather C	ondition	ıs			Consultant PM		
General Description	cloudy/fluccie				PM			
Temperature	32°F	AM			PM PM	Consultant Site	e Inspec	tors:
Wind	No	AM			PM			
Health & Safety If any box below is	checked "Yes",	provide	explana	ation under "H	ealth 8	Safety Com	ments"	
Were there any change	es to the Health & S	afety Plar	1?			*Yes	NO	NA
Were there any exceed			C 12 2 10 1 C 1		ate?	*Yes	(No)	NA
Were there any nuisano	ce issues reported/	observed	on this da	te?		*Yes	No	NA
Health & Safety Cor	nments							
Summary of Work F	Performed	Arrived a	t site:	0800	D	eparted Site:	113	30
Equipment/Material If any box below is Were there any vehicle	checked "Yes",					Tracking Con	nments	".
Were there any vehicle			1 0.0.111	arriboro aria piao	ar do .	* Yes	No	NA3
Were there any vehicle			ated prior	to exiting the wo	rk site?	0.000	No	(NA')
Personnel and Equi								
Individual		Co	mpany		Tr	ade	То	tal Hours
Evan Consolati	Ai	ztech		Tecl	1	^	3,	
Mat Ryan		ztech		Eng	·		3.	5
							_	

Date: 1-20-21

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 X	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 X
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 <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □
Comm	ents:		

Date: 1-22-21

NYSDEC Division of Environm	ental Remediat	ion New York STATE Enviro	tment of nmental rvation		NYSDEC C D011107		ct No.
Site Location: 911	11th Street, V	Vatervliet, NY			Superintender		
		Conditions			NYSDEC PM:		
General Description	Cloudy	AM		PM	Consultant PN	1:	
Temperature	PM	Consultant Sit	e Inspe	ctors:			
Wind	30° F	AM AM		PM	30000000	2,100,000	
Health & Safety If any box below is	checked "Yes	", provide explana	tion under "He	ealth 8	& Safety Com	ments'	,
Were there any change					*Yes	No)	NA
Were there any exceed	ances of the peri	meter air monitoring re	eported on this da	ate?	*Yes	No	NA
Were there any nuisano	ce issues reported	d/observed on this dat	te?		*Yes (No	NA
Health & Safety Con	nments						
OLM	errormed	Arrived at site:	8;30 AM	De	eparted Site:	12;	00
Equipment/Material							
If any box below is of Were there any vehicles Were there any vehicles	checked "Yes" s which did not dis s which were not	splay proper D.O.T nu tarped?	ımbers and placa	rds?	*Yes * Yes	No No	NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes" s which did not did s which were not s which were not	splay proper D.O.T nu tarped?	ımbers and placa	rds?	*Yes * Yes	No	(NA)
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	checked "Yes" s which did not did s which were not s which were not	splay proper D.O.T nu tarped? decontaminated prior	ımbers and placa	rds? k 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 Equipolation Individual	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	imbers and placa	rds? k site? Tra	*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 Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
If 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 dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	imbers and placa	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual Evan Cansolation	checked "Yes" s which did not dis s which were not s which were not pment	splay proper D.O.T nu tarped? decontaminated prior Company	to exiting the wor	rds? k site? Tra	*Yes *Yes *Yes	No No No	NA N



Date: / - 22 - み/

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 X	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 □	NoX
Comments:		

1,	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No.X
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No ⊠
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No X
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 □
Comm	<u>ents:</u>		

NYSDEC Division of Environmental Rem	nediation New York Environme Conservat	ent of ental sion	NYSDEC D011107		t No.
Site Location: 911 11th Stre	et, Watervliet, NY		Superinten		
	ather Conditions		NYSDEC P		
General Description Sun	M AM	PM	Consultant	PM:	
Temperature 4	AM AM	PM	Consultant	Site Inspec	tors:
Health & Safety	AIVI	PM			
If any box below is checked	"Yes", provide explanation	n under "Health &	Safety Co	mments"	. ,
Were there any changes to the He	alth & Safety Plan?		*Yes	No /	NA
Were there any exceedances of th			*Yes	No /	NA
Were there any nuisance issues re Health & Safety Comments	eported/observed on this date?		*Yes	No /	NA
Equipment/Material Tracking If any box below is checked " Were there any vehicles which did Were there any vehicles which wer	not display proper D.O.T numb e not tarped?	pers and placards?	*Yes	No	NA
If any box below is checked " Were there any vehicles which did Were there any vehicles which wer	not display proper D.O.T numb e not tarped?	pers and placards?	*Yes		
f any box below is checked " Vere there any vehicles which did Vere there any vehicles which wer Vere there any vehicles which wer	not display proper D.O.T numb e not tarped?	pers and placards?	*Yes	No No	NA NA
f any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e	pers and placards? exiting the work site?	*Yes * Yes * Yes	No No No	NA NA
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T numbe not tarped? e not decontaminated prior to e	pers and placards? exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	pers and placards? exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
f any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
f any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
Fany box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
were there any vehicles which did were there any vehicles which were there and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
f any box below is checked " Vere there any vehicles which did Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
f any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
If any box below is checked " Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours
re there any vehicles which did re there any vehicles which were there and Equipment Individual	not display proper D.O.T number not tarped? e not decontaminated prior to e Company	exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA tal Hours



Report No.

Date: 1/29/21

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	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No 🗹
Comm	ents:		

Perfection Plating - NYSDEC Site No. 401037

Date: 2-2-21 **NYSDEC Contract No.** NYSDEC Department of Environmental Conservation D011107 Division of Environmental Remediation Superintendent: Site Location: 911 11th Street, Watervliet, NY NYSDEC PM: **Weather Conditions** Consultant PM: **General Description** Snowing AM PM Temperature AM Consultant Site Inspectors: PM Wind AM PM **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? *Yes No NA 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: 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 NAZ Were there any vehicles which were not decontaminated prior to exiting the work site? No NA Personnel and Equipment Individual Company Trade **Total Hours** Evan Consolati Tech Frank Zabe







Date: [≥]/₂/₂₁ 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 X
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 □	NoX
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 X
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 <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 □
Commo	ents:		

NYSDEC Division of Environmenta	1 4 4 4 4 4		epartment of avironmental conservation		NYSDEC D011107 Superintende		ct No.
Site Location: 911 11 th					NYSDEC PM		
	Weath	er Conditions			Consultant P		
General Description	loudy			PM	14-14-14-14-14-14-14-14-14-14-14-14-14-1		
	3405	AM		PM	Consultant S	ite Inspe	ctors:
Health & Safety	2 mph	AM		PM			
If any box below is che	ecked "Y	es". provide expl	anation under "	Health &	Safety Con	monte	,,
Were there any changes to	the Health	& Safety Plan?	anadon anao.	Hounn v	*Yes	N9	NA
Were there any exceedance			na reported on this	s date?	*Yes	(No)	NA NA
Were there any nuisance is:				date.	*Yes	1	NA NA
Health & Safety Comme			udio ;		163	No	INA
Summary of Work Perfo		Arrived at site:	0400		eparted Site:	1	v
Equipment/Material Trac	cking						
If any box below is chec Were there any vehicles whi	ked "Yes	display proper D.O.7	nation under "N	Material cards?	*Yes	mments No	s".
If any box below is chec Were there any vehicles whi Were there any vehicles whi	cked "Yes ich did not ich were no	display proper D.O.1 ot tarped?	numbers and pla	cards?	*Yes * Yes	No No	NA ?
If any box below is chec Were there any vehicles whi Were there any vehicles whi Were there any vehicles whi	cked "Yes ich did not ich were no ich were no	display proper D.O.1 ot tarped?	numbers and pla	cards?	*Yes	No	(NA)
If any box below is chec Were there any vehicles whi Were there any vehicles whi Were there any vehicles whi Personnel and Equipme	cked "Yes ich did not ich were no ich were no	display proper D.O.1 ot tarped? ot decontaminated pr	numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No	NA ?
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.T ot tarped? ot decontaminated pr Company	numbers and pla	cards? vork site?	*Yes * Yes	No No No	NA NA NA Otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is chect Were there any vehicles whit Were there any vehicles whit Were there any vehicles whit Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.T ot tarped? ot decontaminated pr Company	ior to exiting the v	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
If any box below is checon Were there any vehicles white Were there any vehicles white Were there any vehicles white Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours
Were there any vehicles whi Personnel and Equipme Individual	cked "Yes ich did not ich were no ich were no	display proper D.O.Tot tarped? ot decontaminated proper Company	ior to exiting the v	vork site?	*Yes * Yes * Yes	No No No	NA NA NA otal Hours



Report No.

Date: 1-5-21

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes X	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 X	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 X
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 X
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 <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No □
Comm	ents:		

Page 1 of 9
Report No. Perfection Plating - NYSDEC Site No. 401037

Page 1 of 9
Date: 2/9/21

NYSDEC Division of Environm	ental Remediati	NEW YORK STATE Enviro	rtment of primental ervation	NYSDEC D011107 Superintend		No.
Site Location: 911	11th Street, W	/atervliet, NY		NYSDEC PI		
	Weather	Conditions				
General Description	Snowing	AM	PM	Consultant I		
Temperature	JIOF J	AM	PM	Consultant	Site Inspect	ors:
Wind	5 Mph	AM	PM			
Health & Safety If any box below is	checked "Yes'	', provide explana	ation under "Health &	& Safety Co	mments".	
Were there any change	es to the Health &	Safety Plan?		*Yes	No	NA
Were there any exceed	lances of the perir	neter air monitoring	reported on this date?	*Yes	No) NA
Were there any nuisand	ce issues reported	l/observed on this da	ate?	*Yes	No	NA
Health & Safety Cor	nments					
Summary of Work F	Performed	Arrived at site:	0400 D	eparted Site	: 1130	7
Were there any vehicles	checked "Yes", s which did not dis	splay proper D.O.T n	tion under "Material numbers and placards?	*Yes	No	(NA)
Were there any vehicles				* Yes	No	NA)
		decontaminated prior	r to exiting the work site?	* Yes	No	(NA)
Personnel and Equi						
Individual		Company		ade		al Hours
Evan Consolal	71	Aztech	Tech		3,	
Stephen Lemie	30%	Aztech	tech		3,	9



Report No.

Date: 2/9/21

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.X	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.X
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 X
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 X
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 <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:		

Perfection Plating - NYSDEC Site No. 401037

NYSDEC Division of Environmental Rem Site Location: 911 11 th Stre		Department of Environmental Conservation		NYSDEC D011107 Superintend		t No.
		T.		NYSDEC PI	M:	
	eather Conditions		LDM	Consultant I	PM:	
General Description Sun Temperature	AM AM		PM PM	Consultant S	Rita Inches	tore:
Wind 100			PM	Consultant	one maped	iors.
Health & Safety If any box below is checked		planation under "		Safety Co.	mments"	
Were there any changes to the He		Tanadan anadi	. rountil c	*Yes	No	NA
Were there any exceedances of the	V. 0.00 X. 00.00 CO. 0.00 V. 0	ring reported on this	date?	*Yes	No /	NA
Were there any nuisance issues re			uuto.	*Yes	No -	NA NA
Health & Safety Comments	oportourobactived off th	iis date:		163	INO	INA
Summary of Work Performed	d Arrived at site	e: 8100	TDe	eparted Site	11,	30
Equipment/Material Tracking						
Equipment/Material Tracking If any box below is checked ' Were there any vehicles which we	"Yes", provide expl not display proper D.C			*Yes	No	NA
If any box below is checked ' Were there any vehicles which did Were there any vehicles which we	"Yes", provide expl not display proper D.C re not tarped?).T numbers and pla	cards?	*Yes	No No	NA NA
If any box below is checked ' Were there any vehicles which did Were there any vehicles which we Were there any vehicles which we	"Yes", provide expl not display proper D.C re not tarped?).T numbers and pla	cards?	*Yes	No	NA
If any box below is checked ' Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked ' Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment Individual	"Yes", provide expl not display proper D.C re not tarped?	D.T numbers and pla	cards? vork site?	*Yes	No No No	NA NA
If any box below is checked ' Were there any vehicles which did Were there any vehicles which were Were there any vehicles which were Personnel and Equipment	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were the vehicles which	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there any vehicles which were there any vehicles which were there and Equipment Individual	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were the vehicles which	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were the vehicles which	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked 'Were there any vehicles which did Were there any vehicles which were there are the vehicles which were	"Yes", provide expl not display proper D.C re not tarped? re not decontaminated	D.T numbers and pla	cards? vork site?	*Yes * Yes * Yes	No No No	NA NA NA



	1 /	Page	8 of 9
Date: 2/	12/2	1	

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 □
•	to <u>any</u> of 1-4 above: If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No 🗹
Comme	ents:		

Report No. Perfection Plating - NYSDEC Site No. 401037 Date 2/16/2

Site Location: 911 11th Street, Watervliet, NY Weather Conditions General Description 9 MM AM PM PM Consultant Site Inspectors: Were there are yet exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Were there any nuisance issues reported/observed on this date? Were there any nuisance issues reported/observed on this date? Were there any nuisance issues reported/observed on this date? Were there any nuisance issues reported/observed on this date? Were there any nuisance issues reported/observed on this date? Were there any nuisance issues reported/observed on this date? Were there any nuisance issues reported/observed on this date? 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 tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes Mo NA *Personnel and Equipment Individual Company Trade Total Hours *Act Archard Archard Archard Archard Total Hours **Chloric Company Total Hours **Chloric Company Total Hours **Chloric Company Total Total Hours **Chloric Company Total Hours **Chloric C	NYSDEC Division of Environme	ental Remediation New York Enviror	tment of nmental rvation	NYSDEC O		t No.
Consultant PM: Consultant Site Inspectors: Wind	Site Location: 911	11th Street, Watervliet, NY				
General Description		Weather Conditions				
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 No NA Health & Safety Comments Were there any nuisance issues reported/observed on this date? Yes No NA Health & Safety Comments Were there any of Work Performed Arrived at site: Size Departed Site: 11:30 OHM APP OFF GLIA DOTTE 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 Applications Total Hours Applications Applications Total Hours Applications Total Hours Applications Applications Applications Applications Trade Total Hours Applications Applica	General Description	9 AM AM	PM	Consultant P	M:	
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments". 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? *Yes No NA *Yes No NA **Health & Safety Comments Summary of Work Performed Arrived at site: **Departed Site: **Departed Site: **Individual Company **Trade **Yes No NA **Yes No NA **Yes No NA **Personnel and Equipment Individual Company **Trade **Trade **Total Hours **Tes No NA **Total Hours **Total Hours **Total Hours **Total Hours **Tes No NA **Total Hours **Total Hours **Tes No NA **Total Hours **Total Hours **Total Hours **Tes No NA **Total Hours **Tes No NA **Total Hours **Total Hours **Tes No NA **Tes No NA **Total Hours **Tes No NA **Tes No N		3∂° AM	PM	Consultant S	te Inspec	tors:
If any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? 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: **Departed Site: **It is a sit		AM	PM			
Were there any changes to the Health & Safety Plan? 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		checked "Yes", provide explana	ntion under "Health &	Safety Com	ments"	
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: So Departed Site: No NA 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 Actor Table Total Hours						
Summary of Work Performed Arrived at site: 8:00 Departed Site: 11:50	Were there any exceeda	ances of the perimeter air monitoring re	eported on this date?	*Yes	The same of the sa	NA
Summary of Work Performed Arrived at site: 8:00 Departed Site: 11:30 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 Were there any vehicles which were not tarped? *Yes NA Were there any vehicles which were not decontaminated prior to exiting the work site? *Yes NA NA Personnel and Equipment Individual Company Trade Total Hours	Were there any nuisano	e issues reported/observed on this dat	te?	*Yes	(No)	NA
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	Health & Safety Con	nments				
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	0		V:0 [5	1.107	Lavia	
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 Were there any vehicles which were not tarped? *Yes 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 Figh Amongle 5	Summary of Work P	erformed Arrived at site:	8.50 D	eparted Site:	113	0
Were there any vehicles which were not tarped? 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 Assyr Ambrilo Total Hours						
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 Action Ambrid	If any box below is c	checked "Yes", provide explanat			4300	
Personnel and Equipment Individual Company Trade Total Hours Authority Archard Total Company	If any box below is co	checked "Yes", provide explanat s which did not display proper D.O.T nu		*Yes	(M)	NA
Individual Company Trade Total Hours Austral Ambrita	If any box below is of Were there any vehicles Were there any vehicles	checked "Yes", provide explanat s which did not display proper D.O.T nu s which were not tarped?	umbers and placards?	*Yes * Yes	(M)	NA NA
Austyn Ambrigher Acten Tach 5	If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes", provide explanat s which did not display proper D.O.T no s which were not tarped? s which were not decontaminated prior	umbers and placards?	*Yes * Yes	(M)	NA NA
	If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	checked "Yes", provide explanat s which did not display proper D.O.T no s which were not tarped? s which were not decontaminated prior pment	umbers and placards? to exiting the work site?	*Yes *Yes * Yes	M9 (N)	NA NA NA
	If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanat s which did not display proper D.O.T no s which were not tarped? s which were not decontaminated prior pment Company	to exiting the work site?	*Yes *Yes * Yes	NO NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To 5	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To 5	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To 5	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To 5	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To 5	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To 5	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To 5	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA
	Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes", provide explanate which did not display proper D.O.T not which were not tarped? which were not decontaminated prior prior prior company Company	to exiting the work site?	*Yes *Yes * Yes	NO To	NA NA NA



Date: 2/16/21

DAILY HEALTH CHECKLIST

Yes 🗹	No □
Yes 🗹	No □
Yes 🗹	No □
Yes 🗹	No □
Yes√Z	No □
Yes □	No 🗹
	Yes Yes Yes Yes Yes Yes Yes Yes

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No I
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No W
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	Nov
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	NoV
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 <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 □
Commo	ents:		

Report No. Perfection Plating - NYSDEC Site No. 401037

Division of Environmental Reme	Conser	tment of nmental vation 5	D01110		
Site Location: 911 11th Stree	et, Watervliet, NY		NYSDEC I		
	ther Conditions				
General Description Overco		PM	Consultant		
Temperature 3.2 Wind N20	AM AM	PM PM	Consultant	Site Inspec	ctors:
Health & Safety			Santa Val		
If any box below is checked " Were there any changes to the Hea	Ith & Safety Plan?	tion under "Health &	*Yes		
Were there any exceedances of the		enorted on this date?	*Yes	No /	NA
Were there any nuisance issues rep	oorted/observed on this date	e?	*Yes	No '	NA NA
Health & Safety Comments	and date	· .	165	INO	INA
oam		8:60 De		1777	40
Equipment/Material Tracking f any box below is checked "Y	es", provide explanation	on under "Material 1	Γracking C	omments	··.
f any box below is checked "Y Vere there any vehicles which did no	ot display proper D.O.T nur	on under "Material T mbers and placards?	*Yes	No	NA
f any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were	ot display proper D.O.T nur not tarped?	mbers and placards?	*Yes * Yes	No No	NA NA
any box below is checked "Y Were there any vehicles which did no Were there any vehicles which were Were there any vehicles which were	ot display proper D.O.T nur not tarped?	mbers and placards?	*Yes	No	NA
f any box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were	ot display proper D.O.T nur not tarped?	mbers and placards?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Personnel and Equipment	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA
f any box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual	ot display proper D.O.T nur not tarped? not decontaminated prior to	mbers and placards? o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Fany box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual Table 1	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Fany box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual Ton Kan Call	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Fany box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual Ton Kan Call	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Vere there any vehicles which did not were there any vehicles which were were there any vehicles which were were there any vehicles which were ersonnel and Equipment Individual	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
dany box below is checked "Y dere there any vehicles which did no dere there any vehicles which were dere there any vehicles which were dere there any vehicles which were ersonnel and Equipment Individual	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
were there any vehicles which did now were there any vehicles which were were there any vehicles which were were there any vehicles which were ersonnel and Equipment Individual	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Fany box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual Ton Kan Call	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Fany box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual Ton Kan Call	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Fany box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual Table 1	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
Fany box below is checked "Y Vere there any vehicles which did no Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual Table 1	ot display proper D.O.T nur not tarped? not decontaminated prior to Company	o exiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA



Page **8** of **9**

DAILY HEALTH CHECKLIST

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

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	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No 🗹
Comm	ents:		

Report No. Perfection Plating - NYSDEC Site No. 401037

MYODEO					
NYSDEC Division of Environmental Remed	diation New York STATE Environm Conservat	nt of ental ion 50	NYSDEC D01110	C Contra 7	ct No.
Site Location: 911 11th Street	t Watervliet NY		Superinter	ndent:	
	her Conditions		NYSDEC	PM:	
General Description Sunn		PM	Consultant	PM:	
remperature 20	/ AM	PM	Consultant	Site Inspe	ctors:
Wind WO	AM	PM			
If any box below is checked "Y	es" provide explanatio	n under Wilselff (300.120	
Were there any changes to the Healt	h & Safety Plan?	ii under "Health &	*Yes		
Vere there any exceedances of the p		rted on this date?	*Yes	No /	NA
Vere there any nuisance issues repo	orted/observed on this date?	ricd on this date?	*Yes	No /	NA
lealth & Safety Comments	and date:		res	No	NA
ummary of Work Performed	Arrived at site: 8	7,00 De	eparted Site	: 1/.	:30
quipment/Material Tracking		0000057005			
any box below is checked "Ye lere there any vehicles which did not	display proper D.O.T number	under "Material T			
any box below is checked "Ye /ere there any vehicles which did not /ere there any vehicles which were no	display proper D.O.T number of tarped?	ers and placards?	racking Co	No	NA
any box below is checked "Ye fere there any vehicles which did not fere there any vehicles which were no fere there any vehicles which were no	display proper D.O.T number of tarped?	ers and placards?	*Yes		
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were new lere there any vehicles which were new lersonnel and Equipment	display proper D.O.T number of tarped?	ers and placards?	*Yes * Yes	No No	NA NA
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were never there any vehicles which were never there any vehicles which were never the lere and Equipment Individual	display proper D.O.T number of tarped?	ers and placards?	*Yes * Yes * Yes	No No No	NA NA
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were new lere there any vehicles which were new lersonnel and Equipment	display proper D.O.T number ot tarped? ot decontaminated prior to e	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were notere there any vehicles which were notere there any vehicles which were notersonnel and Equipment Individual Tank Zabe	display proper D.O.T number ot tarped? ot decontaminated prior to e	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were notere there any vehicles which were notere there any vehicles which were notersonnel and Equipment Individual	display proper D.O.T number ot tarped? ot decontaminated prior to e	ers and placards? xiting the work site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye ere there any vehicles which did not ere there any vehicles which were ne ere there any vehicles which were ne ere there any vehicles which were ne ersonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye ere there any vehicles which did not ere there any vehicles which were ne ere there any vehicles which were ne ere there any vehicles which were ne ersonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye ere there any vehicles which did not ere there any vehicles which were ne ere there any vehicles which were ne ere there any vehicles which were ne ersonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye ere there any vehicles which did not ere there any vehicles which were ne ere there any vehicles which were ne ersonnel and Equipment Individual TONK ZODE	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye ere there any vehicles which did not ere there any vehicles which were ne ere there any vehicles which were ne ersonnel and Equipment Individual TONK ZODE	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye ere there any vehicles which did not ere there any vehicles which were ne ere there any vehicles which were ne ersonnel and Equipment Individual Tank Zabe	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye ere there any vehicles which did not ere there any vehicles which were neere there any vehicles which were neere there any vehicles which were neersonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were notere there any vehicles which were notere there any vehicles which were notersonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were notere there any vehicles which were notere there any vehicles which were notersonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
any box below is checked "Ye lere there any vehicles which did not lere there any vehicles which were notere there any vehicles which were notere there any vehicles which were notersonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
rank zabel	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA
dany box below is checked "Ye Vere there any vehicles which did not Vere there any vehicles which were nover there any vehicles which were nover there any vehicles which were not versonnel and Equipment Individual	ot decontaminated prior to e Company	ers and placards? kiting the work site? Tra	*Yes * Yes * Yes	No No No	NA NA NA

Perfection Plating - NYSDEC Site No. 401037 Report No.

Date: 2/26/21 Page 8 of 9

DAILY HEALTH CHECKLIST

Yes 🗹 Yes 🖸	No □ No □
1	100
Yes 🗆	No □
Yes 🗖	No □
Yes □	No 🗗
	Table 1

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	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No ⊋
Comm	<u>ents:</u>		

Perfection Plating - NYSDEC Site No. 401037

Date: 3/5/2/

Site Location: 911 11th Street, Watervliet, NY Weather Conditions General Description Sunny AM PM Temperature 20 AM PM Wind PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed Arrived at site: DOCONN Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material" Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tracking Individual Company Tracking Frank Cabel Lebella Deltha Technal And Deltha Deltha Technal Lebella Deltha Deltha Technal Lebella Deltha Deltha Technal Lebella Deltha Deltha Technal Lebella Deltha Deltha Deltha Technal Lebella Deltha Del	NYSDEC PM Consultant P Consultant S		
General Description Temperature AM 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 "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tracking		l:	
Temperature Wind Wind AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Were there any changes to the Health & Safety Plan? Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed Arrived at site: Full Picture (Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tracking Tracking Company Trackin	Consultant S	M:	
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		ite Inspec	tors:
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			
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	Safety Con	nments"	• -
Were there any nuisance issues reported/observed on this date? Health & Safety Comments Summary of Work Performed	*Yes	No /	NA
Summary of Work Performed Arrived at site: De Oam Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tr. Frank Zabel Label Technology Material Tracking If any box below is checked "Yes", provide explanation under "Material Technology In the Work Site? Personnel and Equipment Individual Company Tr. Thank Zabel Label Technology Technolog	*Yes	No -	NA
Summary of Work Performed Arrived at site: De Oam Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tr. Frank Zabel Label Technology Material Tracking If any box below is checked "Yes", provide explanation under "Material Technology In the Work Site? Personnel and Equipment Individual Company Tr. Thank Zabel Label Technology Technolog	*Yes	No -	NA
Summary of Work Performed Arrived at site: 8,000 De Ourn Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material" Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tr. Frank Zabel Arrived at site: 8,000 De Company To The Tracking The Company To The Tracking The Company The Tracking The Company The Tracking The Tracking The Tracking The Company The Tracking The T	1.775	1	,
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material" Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tracking Tarking T			
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material" Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tracking Tarking Tark			
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material" Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tracking Tarking Tark	parted Site:		1:30
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material" Were there any vehicles which did not display proper D.O.T numbers and placards? Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tracking Label		//	, 50
Were there any vehicles which were not tarped? Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Trank Tarnk Tar	_	1	
Were there any vehicles which were not decontaminated prior to exiting the work site? Personnel and Equipment Individual Company Tr. Frank Zabel Label Label Technology While there any vehicles which were not decontaminated prior to exiting the work site?	*Yes	No	NA
Personnel and Equipment Individual Company Tr. Frank Zabel Labella Tech U) Anhanger I I I I Tech	* Yes	No	NA
Individual Company Tr. Frank Zabel Labella Tech	* Yes	No	NA
Frank Zabel Labella Tech		_	
M) A hamber 111 11 Tecto		To	
Hustin Armbruster Lobella Feet	de		tal Hours
Hustin Himbruster Labella Tech	de	4	tal Hours
	de	41	ital Hours
	de	4:	tal Hours
	de	4;	tal Hours
	de	4;	tal Hours
	de	44	tal Hours
	de	24 2	tal Hours
	de	44	tal Hours
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	de	24 %	tal Hours
	de	44 3	tal Hours
	de	44	tal Hours
	de	24 2	tal Hours



Date: 5/5/21

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

Report No.

Perfection Plating - NYSDEC Site No. 401037

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

NYSDEC Division of Environmental Reme	ediation New York Env	partment of dispersation 5		NYSDEC D011107 Superintende		t No.
Site Location: 911 11th Stree	et, Watervliet, NY					
	ther Conditions			NYSDEC PA		
General Description Sunni			РМ	Consultant P	M:	
Temperature 35	AM		PM	Consultant S	ite Inspect	ors:
Wind NO	AM		PM			
Health & Safety If any box below is checked "	'Yes", provide explai	nation under "Hea	lth 8	Safety Con	nments".	0.12
Were there any changes to the Hea	alth & Safety Plan?			*Yes	No -	NA
Were there any exceedances of the	e perimeter air monitoring	reported on this date	e?	*Yes	No ~	NA
Were there any nuisance issues rep	oorted/observed on this o	date?		*Yes	No /	NA
Health & Safety Comments	SEPREMENTAL PROPERTY OF	2145.0			1,10	1,46,5
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	Yes", provide explana	ation under "Mate	rial 7			-
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 not tarped?	numbers and placard	s?	*Yes	No	NA
f 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 not tarped?	numbers and placard	s?			-
f 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 not tarped?	numbers and placard	s?	*Yes	No No	NA NA
If any box below is checked "Y Were there any vehicles which did n	ot display proper D.O.T not tarped?	numbers and placard	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	not display proper D.O.T not tarped? not decontaminated price	numbers and placard	s?	*Yes * Yes * Yes	No No No	NA NA
f 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	not display proper D.O.T not tarped? not decontaminated price	numbers and placard	s?	*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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	not display proper D.O.T not tarped? not decontaminated price	numbers and placard	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked "Y Vere there any vehicles which did n Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked "Y Vere there any vehicles which did n Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked "Y Vere there any vehicles which did n Vere there any vehicles which were Vere there any vehicles which were Versonnel and Equipment Individual	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked "Y Nere there any vehicles which did n Nere there any vehicles which were Nere there any vehicles which were Personnel and Equipment Individual	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is checked "Y Nere there any vehicles which did n Nere there any vehicles which were Nere there any vehicles which were Personnel and Equipment Individual	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA
f 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	cont display proper D.O.T enot tarped? In not decontaminated price Company Company	or to exiting the work	s?	*Yes * Yes * Yes	No No No	NA NA NA

Date: 3/1/2/

DAILY HEALTH CHECKLIST

Yes 🖸	No 🗆
	ALAO CI
Yes 🗹	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 🗹
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	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes □	No ₽
Comm	ents:		

Report No.

Perfection Plating - NYSDEC Site No. 401037

Date: 3/12/2/

NYSDEC Division of Environme	ental Remed	diation New York STATE	Department of Environmental Conservation	50	NYSDEC D011107	Contrac	t No.
Site Location: 911 1	11th Street				Superintend		
C.I.O ECOULIOII. O TT		her Conditions			NYSDEC P	M:	
General Description	Sunn			PM	Consultant I	PM:	
Temperature	35	AM		PM	Consultant :	Site Inspec	tors:
Wind	Y	AM		PM	(C.E.) (E.E.)	and the part	
Health & Safety If any box below is o	, checked "Y	es", provide exp	lanation under	"Health &	Safety Co	mments"	
Were there any changes					*Yes	No /	NA
Were there any exceeda	nces of the p	perimeter air monitor	ing reported on th	nis date?	*Yes	No	NA
Were there any nuisance					*Yes	No -	NA
Health & Safety Com	ments				10000	1 23 2	0.004
<u> </u>							
				1			11 2 2 4 A A A A A A A A A A A A A A A A A
Summary of Work Pe	erformed	Arrived at site	5:00	D	eparted Site	: 11	:30
If any box below is cl	hecked "Ye					_	_
If any box below is cl Were there any vehicles	hecked "Ye which did no	t display proper D.O			*Yes	No	NA
If any box below is cl Were there any vehicles Were there any vehicles	hecked "Ye which did no which were r	t display proper D.O not tarped?	.T numbers and բ	lacards?	*Yes * Yes	No No	NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles	hecked "Ye which did no which were r which were r	t display proper D.O not tarped?	.T numbers and բ	lacards?	*Yes	No	NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Ye which did no which were r which were r	t display proper D.O not tarped? not decontaminated	T numbers and porior to exiting the	lacards? work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped?	T numbers and porior to exiting the	lacards? work site?	*Yes * Yes	No No No	NA NA
Personnel and Equip	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated	T numbers and porior to exiting the	lacards? work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated	T numbers and porior to exiting the	lacards? work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated	T numbers and porior to exiting the	lacards? work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	hecked "Ye which did no which were r which were r ment	t display proper D.O not tarped? not decontaminated Compan	T numbers and porior to exiting the	olacards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA



Report No.

Date: 3/12/2/

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 <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 □
	ents:		

Report No.

Weather Conditions General Description AM PM Temperature AM PM Wind N2C AM PM Health & Safety	rintendent: DEC PM: ultant PM: ultant Site Inspe	
Weather Conditions General Description Summary AM PM Temperature I AM PM Wind NO AM PM Health & Safety	ultant PM:	
Temperature 1		
Wind NOCO AM PM Health & Safety	ultant Site Inspe	
Health & Safety		ctors:
[1] 보면 있었다. [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
If any box below is checked "Yes", provide explanation under "Health & Safet	ty Comments	"
Were there any changes to the Health & Safety Plan? *Ye.		NA
Were there any exceedances of the perimeter air monitoring reported on this date?	s No	NA
Were there any nuisance issues reported/observed on this date? *Yes Health & Safety Comments	s No	NA NA
quipment/Material Tracking any box below is checked "Yes", provide explanation under "Material Tracking where there any vehicles which did not display proper D.O.T numbers and placards? *Yes were there any vehicles which were not tarped? *Yes	No No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes		NA NA
Personnel and Equipment	- 110	1171
Individual Company Trade	Tr	otal Hours
Frank Zabel Labella Tech		1/2
7-450/10		172
Austin Armbrusto Labella Tech	1	1/2
Total Market Subcited Techniques	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12



Perfection Plating - NYSDEC Site No. 401037

Date: 3/16/2/

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:		

covid-19? s anyone at this location isolated or quarantined for COVID-19? Has anyone at this locaton had contact with anyone known to have	Yes □	No 🗹
COVID-19 in the past 14 days?	Yes □	No 🗹
Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
Does the Department and its contractors have your permission to enter he property at this time?	Yes 🗹	No □
f 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. f 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 🗹
of to a wife of o	Does the Department and its contractors have your permission to enter the property at this time? The postponed until 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. The postponed until 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)	Noes the Department and its contractors have your permission to enter the property at this time? Yes any of 1-4 above: Tit is not critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. Tit is critical that service/entry be carried out immediately, advise accupants that as a precaution and for our own protection, project bersonnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.

Report No.

Perfection Plating - NYSDEC Site No. 401037

Date: 3/19/2/ Page **1** of **9**

NYSDEC Division of Environmental Remed Site Location: 911 11 th Street		partment of vironmental nservation		NYSDEC D011107 Superintend	dent:	et No.
				NYSDEC P	M:	
General Description 4,60	ner Conditions		T DM	Consultant	PM:	
Temperature 27	AM AM		PM PM	Consultant	Cita Insper	tore:
Wind	AM		PM	Consultant	ole maper	illis.
Health & Safety If any box below is checked "Y		nation under "H		Safety Co	mments"	
Were there any changes to the Health			•	*Yes	No	NA
Were there any exceedances of the p		a reported on this a	late?	*Yes	No -	NA NA
Were there any nuisance issues repo		2	acc.	*Yes	No	NA NA
Health & Safety Comments	ilea/observed on and	uale:		163	INO	INA
Summary of Work Performed	Arrived at site:	7:0C	In	eparted Site		1, 30
Equipment/Material Tracking If any box below is checked "Ye						
If any box below is checked "Ye Were there any vehicles which did no	t display proper D.O.T			*Yes	No	NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were r	t display proper D.O.T not tarped?	numbers and plac	ards?	*Yes * Yes	No No	NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were r Were there any vehicles which were r	t display proper D.O.T not tarped?	numbers and plac	ards?	*Yes * Yes	No	NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	numbers and plac	ards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were r Were there any vehicles which were r	t display proper D.O.T not tarped?	numbers and plac	ards? ork site?	*Yes * Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	numbers and plac	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were reference any vehicles which were reference and Equipment	t display proper D.O.T not tarped? not decontaminated pr	ior to exiting the wo	ards?	*Yes * Yes * Yes	No No No	NA NA NA



Report No.

Date: 3/19/20 Page 8 of 9

DAILY HEALTH CHECKLIST

Yes 🗹	No □
/	No □
/	
Yes 🗵	No □
Yes 🗹	No □
Yes □	No 🗹
	15.244.31

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 3/23/2/

Site Location: 011	11th Stroot	· Motomiliat N	V		Superinter	ndent:	
Site Location: 911			Y		NYSDEC F	PM:	
General Description		ner Conditions		Low	Consultant	PM:	
Temperature	54nny	AM		PM PM	Consultant	Site Inspec	tors:
Wind	N.P.	AM		PM	- Combanant	one mopee	1010.
Health & Safety If any box below is	checked "Y	es", provide exc	lanation unde	er "Health A	& Safety Co	ommente"	
Were there any changes	to the Health	h & Safety Plan?			*Yes	No /	NA
Were there any exceeda	nces of the p	erimeter air monito	ring reported on	this date?	*Yes	No /	NA
Were there any nuisance	e issues repo	rted/observed on th	is date?		*Yes	No -	NA
lealth & Safety Com	ments						730.
ummany of Work De	wfa www.a.d	10-2-11	1		~~~	1	
Summary of Work Pe	епогтеа	Arrived at site	: 8100	D	eparted Site	e: //;	30
any box below is cl	necked "Ye	s", provide expl	anation under	"Material	Tracking C	omments'	
f any box below is cl Vere there any vehicles	necked "Ye which did not	display proper D.C	anation under .T numbers and	"Material '	*Yes	No /	NA
any box below is cl Vere there any vehicles Vere there any vehicles	necked "Ye which did not which were n	display proper D.C ot tarped?	.T numbers and	placards?	*Yes * Yes	No No	NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles	necked "Ye which did not which were no which were no	display proper D.C ot tarped?	.T numbers and	placards?	*Yes	No /	NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles Personnel and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped?	T numbers and	placards? e work site?	*Yes * Yes	No No No	NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles Personnel and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
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any box below is classed where there any vehicles where there any vehicles where there any vehicles where there and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles Personnel and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is classed where there any vehicles where there any vehicles where there any vehicles where there and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is classed where there any vehicles where there any vehicles where there any vehicles there and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is classed where there any vehicles where there any vehicles where there any vehicles there and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
any box below is classed where there any vehicles where there any vehicles where there any vehicles where there and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles Personnel and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles Personnel and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles Personnel and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
f any box below is cl Vere there any vehicles Vere there any vehicles Vere there any vehicles Personnel and Equip	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material T f any box below is cl Vere there any vehicles Vere there any vehicles Versonnel and Equip Individual	necked "Ye which did not which were no which were no	display proper D.C ot tarped? ot decontaminated	T numbers and	placards? e work site?	*Yes * Yes * Yes	No No No	NA NA NA



Report No.

Date: 3/23/2/ Page 8 of 9

DAILY HEALTH CHECKLIST

es 🗆 es 🖸 es 🗆	No I
es 🗹	No 🗹
-	
es 🗆	No 🗹
es 🗆	No 🗹

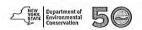
1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No □
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No ⊡
4.	Does anyone at this locaton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



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

Page 1 of 9

NYSDEC Division of Environmental			epartment of vironmental inservation		NYSDEC D011107 Superintend		et No.
Site Location: Perfect,	ion Pl	ating, water	Viet MY		NYSDEC PI	M:	
Conevel Description	^	r Conditions		Low	Consultant I	PM:	
General Description 5	inny	AM AM		PM PM	Consultant S	Site Inspec	tors:
	20	AM		PM	Consultant	ono mopoc	itoro.
Health & Safety If any box below is chec		s", provide expla	nation under '	'Health &	& Safety Co	mments"	
Were there any changes to th					*Yes	No	NA
Were there any exceedances	of the per	rimeter air monitorir	g reported on thi	s date?	*Yes	No	NA
Were there any nuisance issu	es reporte	ed/observed on this	date?		*Yes	No	NA
Health & Safety Commen	ts						
Summary of Work Perform	med	Arrived at site:	8:00	D	eparted Site:	1)	(3)
Equipment/Material Track If any box below is check Were there any vehicles which Were there any vehicles which	ed "Yes' n did not d	lisplay proper D.O.7			*Yes	No	NA
If any box below is check	ed "Yes' did not d were not	lisplay proper D.O.1 tarped?	numbers and pl	acards?	*Yes		
If any box below is check Were there any vehicles which Were there any vehicles which Were there any vehicles which	ed "Yes' n did not d n were not n were not	lisplay proper D.O.1 tarped?	numbers and pl	acards?	*Yes	No No	NA NA
If any box below is check Were there any vehicles which Were there any vehicles which	ed "Yes' n did not d n were not n were not	lisplay proper D.O.1 tarped?	numbers and plain ior to exiting the	acards? work site?	*Yes	No No No	NA NA
If any box below is check Were there any vehicles which Personnel and Equipmen Individual	ed "Yes" n did not d n were not t	isplay proper D.O.7 tarped? decontaminated processors Company	numbers and plain ior to exiting the	acards? work site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is check Were there any vehicles which Were there any vehicles which Were there any vehicles which Personnel and Equipmen	ed "Yes" n did not d n were not t	isplay proper D.O.7 tarped? decontaminated processors Company	numbers and place ior to exiting the	acards? work site?	*Yes * Yes * Yes	No No No	NA NA NA stal Hours
If any box below is check Were there any vehicles which Personnel and Equipmen Individual	ed "Yes" n did not d n were not t	isplay proper D.O.7 tarped? decontaminated processors Company	numbers and place ior to exiting the	acards? work site? Tr	*Yes * Yes * Yes	No No No	NA NA NA stal Hours



Date: 3/28/2/

DAILY HEALTH CHECKLIST

Is social distancing being practiced?		T. =
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 along their 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:	-L	

1 Have anyong at this leasting land in the		
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 ⊡
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. (Site Name) - NYSDEC Site No.

Date: 3/30/2/

NVODEO							
NYSDEC Division of Environm	ental Remedia	new York Env	partment of dronmental aservation		NYSDEC D011107	_	t No.
Sita Lanation, Park	C- 11- 10	10/1	J. 1 1/12		Superintend	ent:	
Site Location: Pers	extion Pi	ating, water	Vliet MY		NYSDEC PA	Λ:	
General Description	Weathe	r Conditions / AM		PM	Consultant P	PM:	
Temperature	76 /	AM		PM	Consultant S	lite Inspect	ors:
Wind	700	AM		PM		•	
Health & Safety If any box below is	checked "Ye	s", provide expla	nation under "He	ealth 8	Safety Con	nments".	
Were there any change					*Yes	No /	NA
Were there any exceed	ances of the pe	rimeter air monitorin	g reported on this da	ate?	*Yes	No /	NA
Were there any nuisano	ce issues reporte	ed/observed on this	date?		*Yes	No	NA
Health & Safety Con	nments			*****			
	<u>,</u>					•	
Summary of Work D	avfarmad	Arrived at site:			annud Citar	111-	2 <i>/</i>)
Summary of Work P	eriormea	Arrived at site:	8800	De	eparted Site:		30
Equipment/Material If any box below is o	hecked "Yes	· ·					,
Were there any vehicles Were there any vehicles			numbers and placa	rds?	*Yes	No	
Were there any vehicles			ar to oriting the mo-				NA NA
Personnel and Equip		accontaminated pin		rk site?	* Yes	No No	NA
	amont		or to exiting the wor	rk site?	* Yes	No	
Individual	oment	Company	or to exiting the wor			No	NA NA
Individual	- 2()	Company	or to exiting the wor		*Yes	No	NA
Frank Zak	- 2()	Company Lcbell9	Te			No	NA NA
Frank Zak	>e}	Lobella	Tec	Tra		No	NA NA
Frank Zek	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA
-12 - 1	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA
Frank Zak	>e}	Lobella	Te	Tra		No	NA NA

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

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No □
Is the tail gate safety meeting held outdoors?	Yes 🗷	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗸	No □
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	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 🗗
Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖸
Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗆
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🗹
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🖸	No □
 If Yes to <u>any</u> of 1-4 above: If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 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 🗆