



**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



Prepared by

EA Engineering, P.C. and Its Affiliate
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July 2021
Version: FINAL
EA Project No. 16025.13

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A handwritten signature in black ink that reads "Donald Conan".

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

30 July 2021

Date

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

30 July 2021

Date

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TABLE OF CONTENTS

	<u>Page</u>
LIST OF FIGURES	ii
LIST OF TABLES	iii
LIST OF ACRONYMS/ABBREVIATIONS	iv
1. INTRODUCTION	1
1.1 OBJECTIVES	1
1.2 REPORT ORGANIZATION	1
2. TREATMENT SYSTEM OPERATION AND MAINTENANCE ACTIVITIES	3
2.1 SITE OPERATION	3
2.2 MONITORING ACTIVITIES	3
2.2.1 Treatment System Influent Sampling and Analysis	3
2.2.2 Interceptor Trench System Evaluation	4
2.2.3 Shallow Monitoring Well Sampling	4
2.2.4 Bedrock Monitoring Well Sampling	5
2.3 COVID-19 RESPONSE	5
3. CONCLUSIONS AND RECOMMENDATIONS	7
4. REFERENCES	9
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	

LIST OF FIGURES

<u>Number</u>	<u>Title</u>
1	Site Location Map
2	Site Layout
3	Historical Influent and MW-EA-11S Hexavalent Chromium
4	Hexavalent Chromium March 2021 Overburden Isopleth Map
5	Hexavalent Chromium Concentrations March 2021

LIST OF TABLES

<u>Number</u>	<u>Title</u>
1	Treatment System Analytical Results (January – March 2021)
2	Daily Mass Removal Results (January – March 2021)
3	Hexavalent Chromium Groundwater Analytical Results (March 2021)
4	Historical Hexavalent Chromium Groundwater Analytical Results

LIST OF ACRONYMS/ABBREVIATIONS

AWQS	Ambient Water Quality Standard
Aztech	Aztech Technologies, Inc.
COVID-19	Coronavirus Disease 2019
EA	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

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.

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 concentrations have fluctuated in samples collected from MW-ESE-9R and abandoned well MW-ESE-9.

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

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

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

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

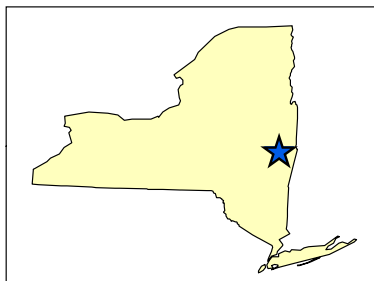
———. 2020b. *Memorandum: Former Perfection Plating Site (Site No. 401037)*. 17 April.

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Figures

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Legend
★ Site Location

0 0.125 0.25 0.5
Miles

N

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

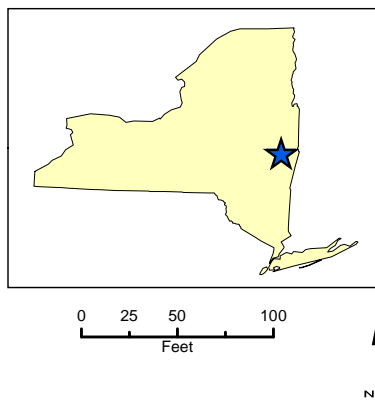
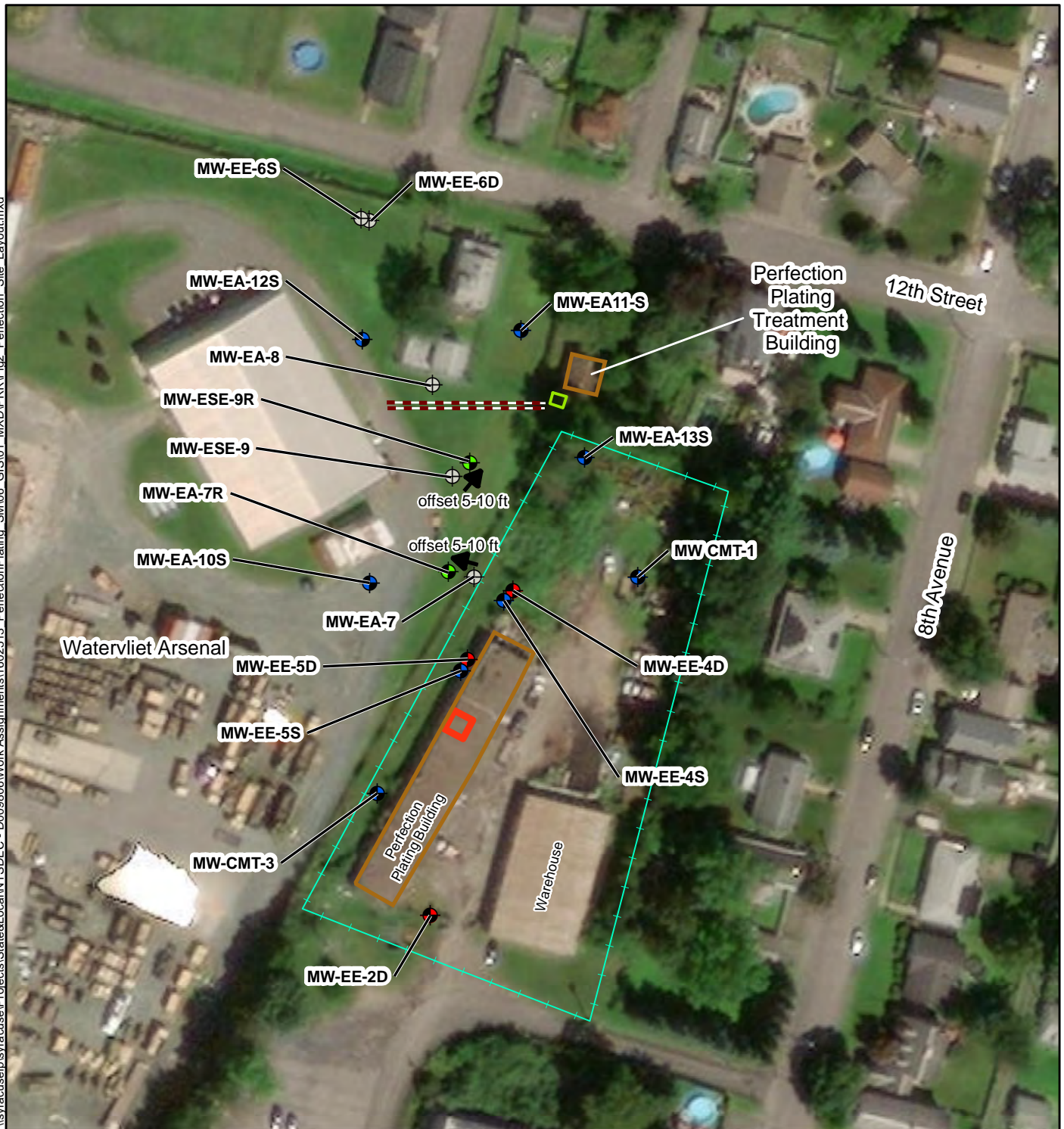
Map Date: 8/17/2017
Projection: State Plane NAD83 New York East (feet)



Department of
Environmental
Conservation



\\syracuse\p\syrcuse\Projects\State&Local\NYSDEC - D009806\Work Assignments\1602513 - Perfection Plating - SM\06 GIS\01 MXD\PRR\Fig2 Perfection Site Layout.mxd



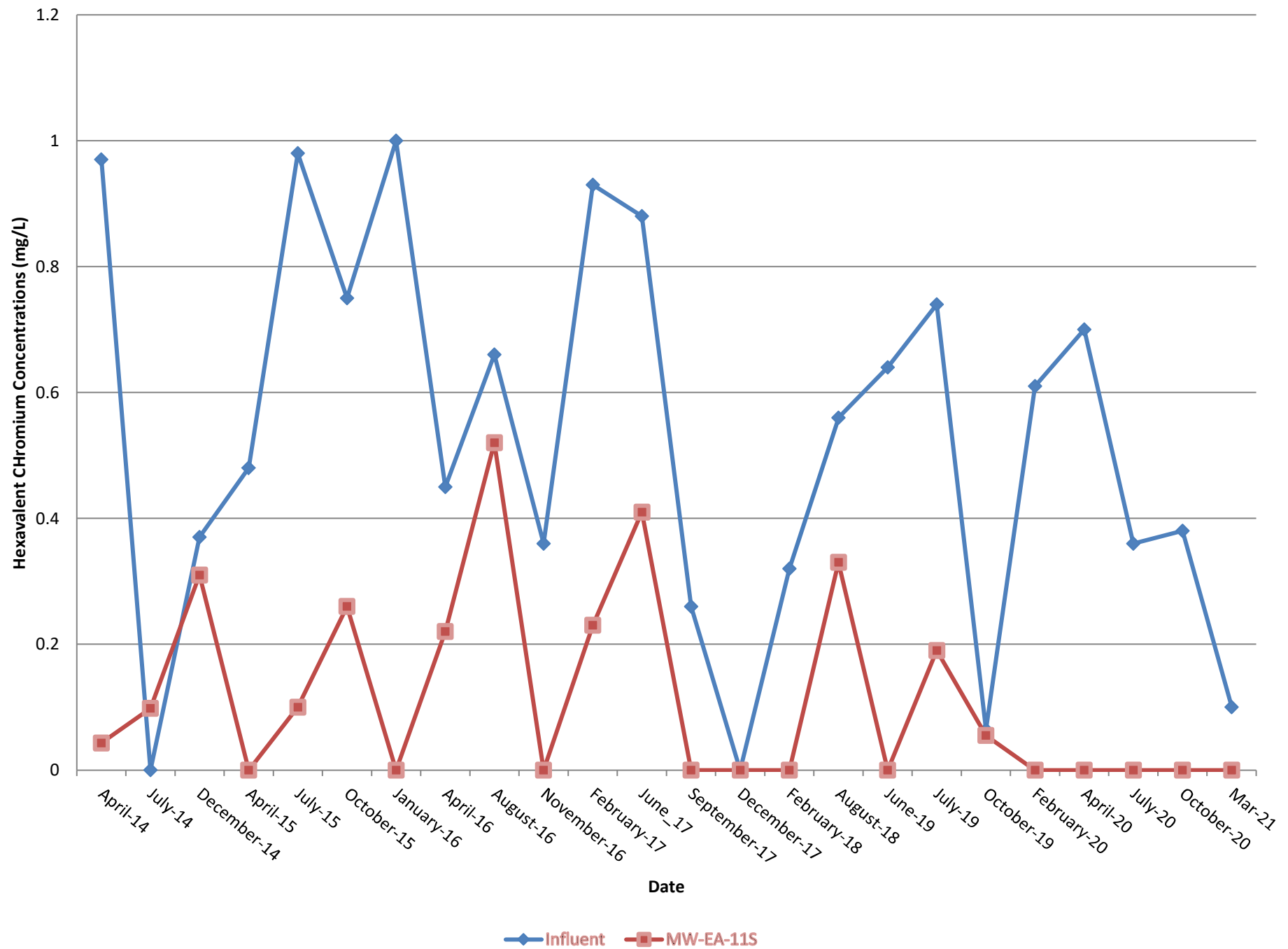
Legend

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

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

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

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



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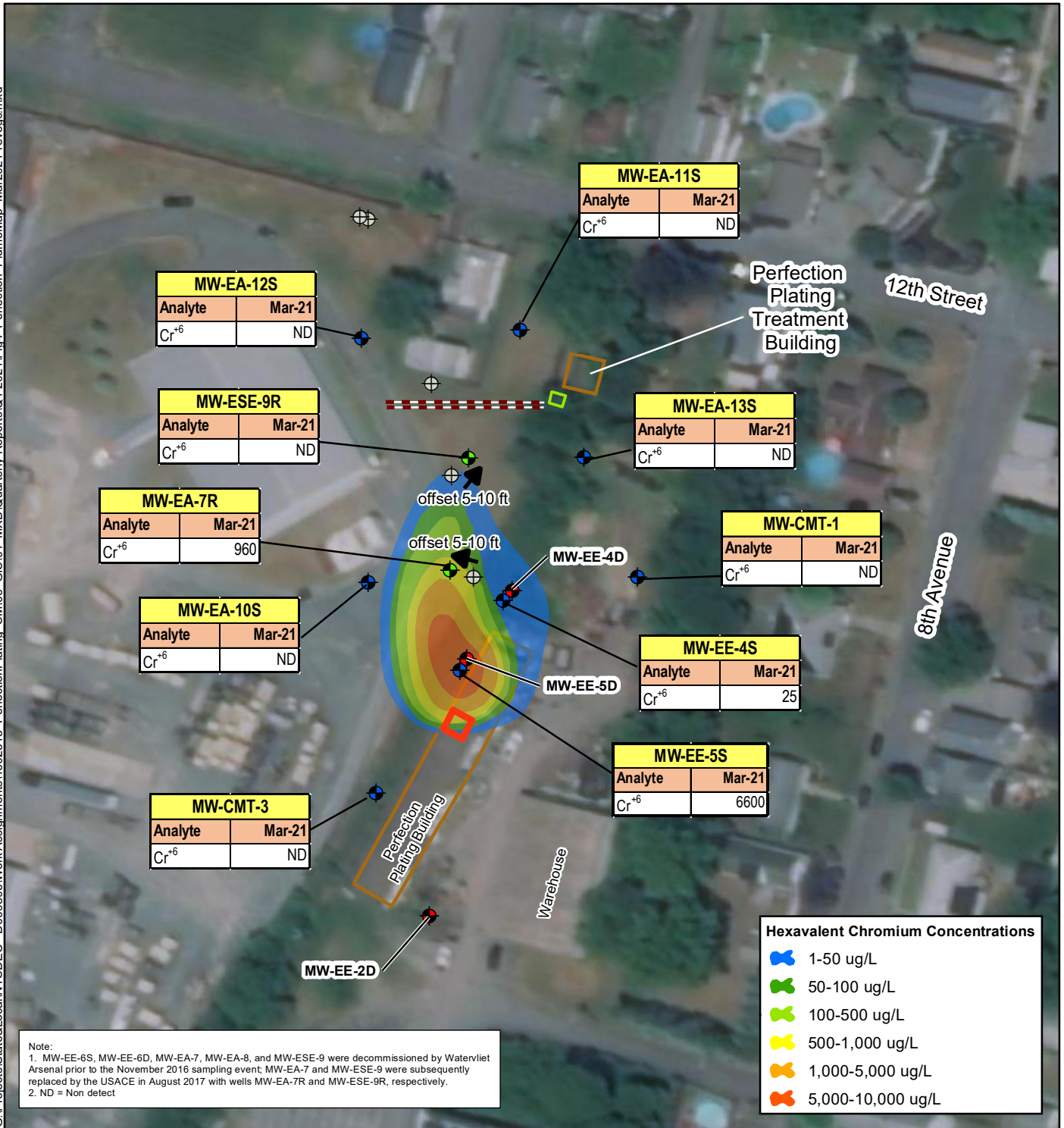
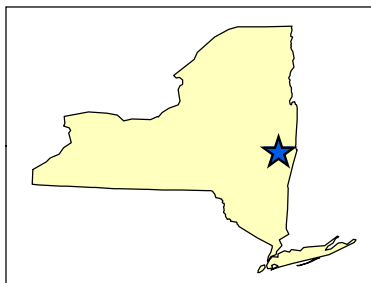
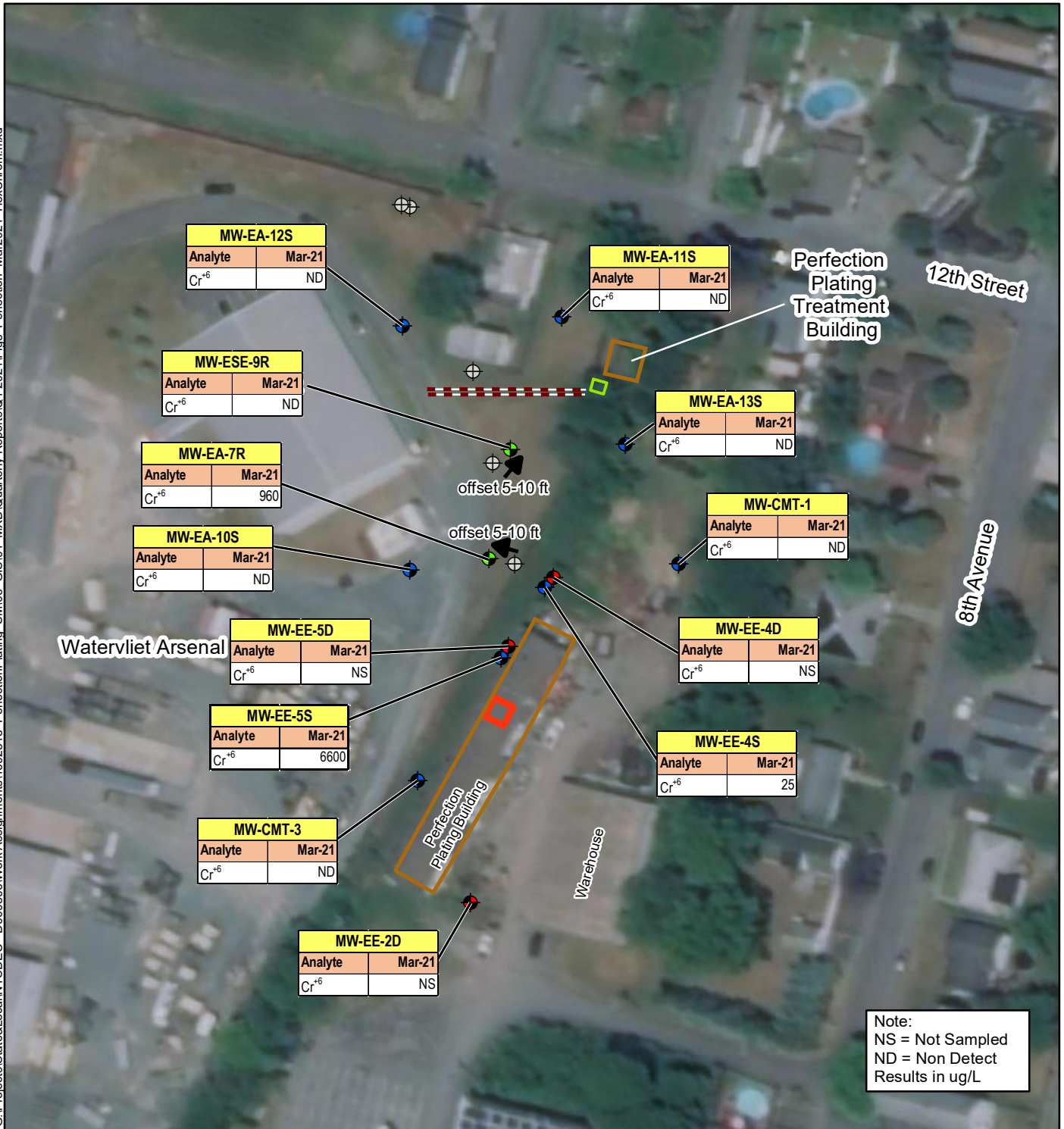


Figure 4
Hexavalent Chromium March 2021
Overburden Isopleth Map
 Perfection Plating Site (401037)
 Watervliet, New York

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



Legend

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

0 25 50 100
Feet

N

Figure 5
Hexavalent Chromium Concentrations
March 2021
 Perfection Plating Site (401037)
 Watervliet, New York

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



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Tables

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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 CHLORINATION SM 4500CN_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 CHLORINATION SM 4500CN_G (mg/L)			
Cyanide Non-Amenable	0.0093 J	<0.0050	1.1
HEXAVALENT CHROMIUM SM3500-CR D (mg/L)			
Hexavalent Chromium	0.20	<0.0050	2.7
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 AMENABLE TO CHLORINATION SM 4500CN_G (mg/L)			
Cyanide Non-Amenable	0.012	0.1100	1.1
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: 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.			

Table 2 Daily Mass Removal Results (January 2021)

Parameter	Discharge Limitations	Influent		Effluent		Amount Removed
	Daily Max ^(a)	January 2021 ^(b)				
	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day
INDUCTIVELY COUPLED PLASMA METALS E200.7						
Arsenic	0.15	ND	<0.0056	ND	<0.0056	ND
Cadmium	0.03	ND	<0.00050	ND	<0.00050	ND
Chromium	0.5	0.0167	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
CYANIDE AMENABLE TO CHLORINATION SM 4500CN_G						
Cyanide Non-Amenable	1.1	0.00046	0.016	ND	<0.0050	0.0005
HEXAVALENT CHROMIUM SM3500-CR D						
Hexavalent Chromium	2.7	0.0164	0.57	0.0002	0.0086	0.0162
TOTAL SUSPENDE SOLIDS 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						

Table 2 Daily Mass Removal Results (February 2021)

Parameter	Discharge Limitations	Influent		Effluent		Amount Removed
	Daily Max ^(a)	February 2021 ^(b)				
	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day
INDUCTIVELY COUPLED PLASMA METALS E200.7						
Arsenic	0.15	ND	<0.0056	ND	<0.0056	ND
Cadmium	0.03	ND	<0.00050	ND	<0.00050	ND
Chromium	0.5	0.0058	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
CYANIDE AMENABLE TO CHLORINATION SM 4500CN_G						
Cyanide Non-Amenable	1.1	0.0003	0.0093	ND	<0.0050	0.0003
HEXAVALENT CHROMIUM SM3500-CR D						
Hexavalent Chromium	2.7	0.0058	0.2	ND	<0.0050	0.0058
TOTAL SUSPENDED SOLIDS 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						

Table 2 Daily Mass Removal Results (March 2021)

Parameter	Discharge Limitations	Influent		Effluent		Amount Removed
	Daily Max ^(a)	March 2021 ^(b)				
	mg/L	lb/day	mg/L	lb/day	mg/L	lb/day
INDUCTIVELY COUPLED PLASMA METALS E200.7						
Arsenic	0.15	ND	<0.0056	ND	<0.0056	ND
Cadmium	0.03	ND	<0.00050	ND	<0.00050	ND
Chromium	0.5	0.0170	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
CYANIDE AMENABLE TO CHLORINATION SM 4500CN_G						
Cyanide Non-Amenable	1.1	0.0003	0.012	0.0032	0.11	-0.0028
HEXAVALENT CHROMIUM SM3500-CR D						
Hexavalent Chromium	2.7	0.0029	0.1	ND	<0.0050	0.0029
TOTAL SUSPENDED SOLIDS 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						

Table 3 Hexavalent Chromium Groundwater Analytical Results (March 2021)

Parameters List	MW-CMT-1	MW-CMT-3	MW-EE-4S	MW-EE-4D	MW-EE-5S	MW-EE-5D	MW-EA-7R*	NYSDEC AWQS Values (mg/L)
Chromium (Total, mg/L)	ND	0.0190	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-10S	MW-EA-11S	MW-EA-12S	MW-EA-13S	MW-EE-2D	DUP-030921	NYSDEC AWQS Values (mg/L)
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. (a) Duplicate Sample collected from MW-EA-13S (b) MS/MSD collected at MW-EA-12S. 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.								

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Table 4 Historical Hexavalent Chromium Groundwater Analytical Results

Date	Overburden Monitoring Wells												Bedrock Monitoring Wells				NYSDEC AWQS Values
	MW-EE-4S	MW-EE-5S	MW-EE-6S	MW-EA-7R(c)	MW-EA-8	MW-CMT-1	MW-ESE-9R(c)	MW-CMT-3	MW-EA-10S	MW-EA-11S	MW-EA-12S	MW-EA-13S	MW-EE-4D	MW-EE-5D	MW-EE-6D	MW-EE-2D	
21-May-03	ND	40.8	ND	0.975	0.099	-	-	-	-	-	-	-	0.008	ND	ND	-	0.05
21-Aug-03	0.06	33.7	0.046	1.08	ND	-	-	-	-	-	-	-	0.129	ND	0.023	-	0.05
4-Dec-03	0.041	48.9	0.018	0.744	0.041	-	-	-	-	-	-	-	ND	0.004	ND	-	0.05
24-Feb-03	0.018	33.4	ND	0.857	ND	-	-	-	-	-	-	-	ND	ND	ND	-	0.05
12-May-04	0.049	37.4	ND	0.881	0.049	-	-	-	-	-	-	-	0.013	ND	ND	-	0.05
2-Sep-04	0.735	32.2	ND	1.04	ND	-	-	-	-	-	-	-	0.016	ND	0.075	-	0.05
2-Dec-04	0.06	11.8	ND	0.348	ND	-	-	-	-	-	-	-	0.007	0.034	ND	-	0.05
3-Feb-05	0.083	61.2	ND	0.83	ND	-	-	-	-	-	-	-	ND	0.021	ND	-	0.05
18-May-05	0.029	35	ND	0.63	ND	-	-	-	-	-	-	-	ND	0.031	ND	-	0.05
3-Aug-05	0.041	28.7	ND	0.62	ND	-	-	-	-	-	-	-	ND	0.037	ND	-	0.05
29-Nov-05	0.052	33.6	ND	0.24	ND	-	-	-	-	-	-	-	ND	ND	ND	-	0.05
9-Feb-06	0.11	24.9	ND	0.35	ND	-	-	-	-	-	-	-	ND	ND	ND	-	0.05
8-Apr-08	0.086	15	ND	0.34	0.049	ND	0.51 ^(a)	ND	-	-	-	-	ND	ND	ND	ND	0.05
21-Jul-09	0.049	19	ND	0.52	ND	ND	1.3	ND	-	-	-	-	ND	ND	ND	ND	0.05
12-Oct-10	0.062	17	ND	1	ND	ND	0.4	ND	-	-	-	-	ND	ND	ND	ND	0.05
1-Mar-12	0.039	17	ND	0.29	ND	ND	3.2	ND	-	-	-	-	ND	ND	ND	ND	0.05
11/12-Jun-13	0.042	13	ND	0.34	0.15	ND	3.7	ND	-	-	-	-	ND	ND	ND	ND	0.05
30-Aug-13	-	-	-	-	3.2 ^(b)	-	-	-	-	-	-	-	-	-	-	-	0.05
29-Oct-13	0.029	16	ND	0.37	ND	ND	-	-	-	-	-	-	-	-	-	-	0.05
15-Jan-14	0.045	13	ND	0.14	ND	ND	2.7	ND	-	-	-	-	-	-	-	-	0.05
29-Apr-14	0.061	24	ND	0.45	ND	ND	2.8	ND	ND	0.043	ND	ND	-	-	-	-	0.05
29-Jul-14	0.045	15	ND	0.43	ND	ND	0.48	ND	ND	0.098	ND	ND	-	-	-	-	0.05
2-Dec-14	0.045	16	ND	0.44	ND	ND	2.6	ND	ND	0.31	ND	ND	ND	ND	ND	ND	0.05
7-Apr-15	0.026	12	ND	0.22	ND	ND	ND	ND	ND	ND	ND	ND	-	-	-	-	0.05
7-Jul-15	0.031	*	ND	0.41	**	ND	1.7	ND	ND	0.1	ND	ND	-	-	-	-	0.05
8-Oct-15	0.052	25	ND	0.42	ND	ND	3.1	ND	ND	0.26	ND	ND	-	-	-	-	0.05
27-Jan-16	0.036	12	ND	ND	ND	ND	2.9	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.05
18-Apr-16	0.035	12	ND	0.33	ND	ND	2.4	ND	ND	0.22	ND	ND	-	-	-	-	0.05
16-Aug-16	ND	12	ND	0.33	ND	ND	2.6	ND	ND	0.52	ND	ND	-	-	-	-	0.05
9-Nov-16	0.043	14	NS	NS	NS	ND	NS	ND	ND	ND	ND	ND	-	-	-	-	0.05
27-Feb-17	0.028	11	NS	NS	NS	ND	NS	ND	ND	0.23	ND	ND	ND	ND	NS	ND	0.05
26-Jun-17	0.045	8.3	NS	NS	NS	ND	NS	ND	ND	0.41	ND	ND	-	-	-	-	0.05
13-Sep-17	0.034	8.2	NS	1.8	NS	ND	ND	ND	ND	ND	ND	ND	-	-	-	-	0.05
19-Dec-17	0.033	9.3	NS	1.3	NS	ND	0.21	ND	ND	ND	ND	ND	-	-	-	-	0.05
12-Feb-18	0.034	**	NS	1.4	NS	ND	ND	ND	ND	ND	ND	ND	ND	ND	NS	ND	0.05
16-Aug-18	0.053	22	NS	1.8	NS	ND	0.22	ND	ND	0.33	ND	ND	-	-	-	-	0.05
4-Jun-19	ND	8.8	NS	0.75	NS	ND	0.14	ND	ND	ND	ND	ND	ND	ND	NS	ND	0.05
15-Jul-19	0.025	4.7	NS	0.78	NS	ND	ND	ND	ND	0.19	ND	ND	NS	NS	NS	NS	0.05
1-Oct-19	0.034	8.5	NS	0.89	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
19-Feb-20	0.031	9.3	NS	0.92	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
23-Apr-20	0.027	7.4	NS	0.75	NS	ND	ND	ND	ND	ND	ND	ND	NS	NS	NS	NS	0.05
13-Jul-20	0.028	6.7	NS	0.79	NS	ND	0.092	ND	ND	ND	ND	ND	0.011	0.011	NS	0.018	0.05
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
All samples reported in (mg/L). * = It is believed that MW-EE-5D was inadvertently sampled instead of MW-EE-5S. ** = Sample container was broken during shipment and no results are available. ***= Sample taken 28-Feb-17 (a) Sample was collected on 14 January 2009. (b) Grab sample collected to confirm June 2013 results. Five gallons of water was removed from the monitoring well prior to collecting the sample. Sample was analyzed by Test America Laboratories. (c) MW-EA-7R and MW-ESE-9R were installed 08/15/2017 to replace two (2) of the five (5) wells decommissioned by the contractor working for the Watervliet property. The decommissioned wells included MW-EE-6S, MW-EE-6D, MW-EA-7, MW-EA-8, and MW-ESE-9. AWQS = Ambient Water Quality Standard (mg/L) ND = Non detect NS = Not sampled NYSDEC = New State Department of Environmental Conservation Bold values indicate that the analyte was detected greater than the NYSDEC AWQS.																	

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Appendix A

Treatment System Monitoring Logs

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PERFECTION PLATING

Treatment System Operational / Inspection Checklist

Month December Year 2020

Item Description	Required Frequency	Unit	Date of Inspection				
			12/22/2020	12/29/20	12/31/20	1/4/21	1/8/21
Effluent sample collected	Weekly	Yes / No	NO	NO	NO	NO	NO
Influent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Flow Rate (gallons per minute)	Weekly	gpm	2.64	2.2	2.4	2.47	2.59
Total Volume Treated (gallons)	Weekly	gal	401521	426103	432868	446195	460053
Effluent pH	Weekly	SI	6.77	7.1	6.6	6.84	6.80
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	NO	Yes
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Inspected collection sump and record condition	Monthly	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

Date 12/22/2020 System running on arrival. Repaired blower exhaust flex pipe. Took system readings. Topped off Acid barrel. System running on departure.

Date 12/29/20 SYSTEM RUNNING ON ARRIVAL TOP OFF ACID BARREL. PERFORM SYSTEM MAINT. SYSTEM RUNNING ON DEPARTURE.

Date 12/31/20 SYSTEM RUNNING ON ARRIVAL PERFORM SYSTEM MAINT. SYSTEM RUNNING ON DEPARTURE.

Date 1/4/21 System Running on Arrival, take System Readings and Perform System Maint. Top off Acid Barrel and Change out Base Barrel. System Running OK on departure.

Date 1/8/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running OK on departure.

PERFECTION PLATING

Treatment System Operational / Inspection Checklist

Month Jan

'Year 21

Item Description	Required Frequency	Unit	Date of Inspection					
			1/12/21	1/15/21	1/20/21	1/22/21	1/26/21	1/29/21
Effluent sample collected	Weekly	Yes / No	Yes	NO	NO	NO	Yes	NO
Influent sample collected	Monthly	Yes / No	Yes		NO	NO	Yes	NO
Flow Rate (gallons per minute)	Weekly	gpm	2.35	2.31	2.04	2.31	1.68	2.56
Total Volume Treated (gallons)	Weekly	gal	473968	484461	500116	505924	516817	524038
Effluent pH	Weekly	SI	6.77	6.68	6.94	6.76	6.69	6.94
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm						
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	Yes	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO	Yes	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	Yes	NO	Yes
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Inspected collection sump and record condition	Monthly	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

Date 1/12/21 System Running on Arrival, take System Readings. Top off Acid Barrel and perform System Maint. Take System Sample and deliver to lab. System Running OK on departure.

Date 1/15/21 System Running on Arrival, take System Readings. Top off Acid Barrel and perform System Maint. System Running OK on departure.

Date 1/20/21 System running on arrival, take system readings. Perform system maintenance. System running OK on departure.

Date 1/22/21 System running on arrival, take system readings. Changed out first piece of filter media. System running OK on departure.

Date 1/26/21 System running on arrival, take system readings collected influent & effluent samples performed system maintenance. System Running on departure.

1/29/21 System Running on Arrival, take System Readings. Top off Acid Barrel and perform System Maint. System Running OK on departure.

Month Feb

PERFECTION PLATING

'Year 21

Treatment System Operational / Inspection Checklist

Item Description	Required Frequency	Unit	Date of Inspection			
			2/2/21	2/6/21	2/9/21	2/12/21
Effluent sample collected	Weekly	Yes / No	NO	NO	NO	NO
Influent sample collected	Monthly	Yes / No	NO	NO	NO	NO
Flow Rate (gallons per minute)	Weekly	gpm	2.53	2.32	1.97	2.73
Total Volume Treated (gallons)	Weekly	gal	555742	546090	558221	576527
Effluent pH	Weekly	SI	6.91	7.00	6.55	6.85
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm				
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	NO	NO	NO	NO
Inspected collection sump and record condition	Monthly	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Tested eye wash station	Semi-annual	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

FZ

FZ

Date 2/2/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running OK on departure

Date 2/5/21 System running on arrival. take system readings. Perform system maintenance. System running OK on departure

Date 2/9/21 System running on Arrival, take system readings. Perform system maintenance. System running OK on departure

Date 2/12/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running OK on departure.

Date _____

Month February

PERFECTION PLATING

'Year 2021

Treatment System Operational / Inspection Checklist

Item Description	Required Frequency	Unit	Date of Inspection				
			2/16/21	2/19/21	2/23/21	2/26/21	3/2/21
Effluent sample collected	Weekly	Yes / No	NO	NO	YES	NO	NO
Influent sample collected	Monthly	Yes / No	NO	NO	YES	NO	NO
Flow Rate (gallons per minute)	Weekly	gpm	2.65	2.42	2.27	2.35	2.66
Total Volume Treated (gallons)	Weekly	gal	581262	572364	605698	614636	627658
Effluent pH	Weekly	SI	8.90	6.72	6.86	6.69	6.64
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	YES	Y	YES	YES	YES
Note spare parts or supplies needed	Weekly	Yes / No	YES	Y	YES	YES	YES
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	N	NO	NO	NO
Empty Sump pump	Weekly	Yes / No	NO	N	NO	NO	NO
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	N	NO	NO	NO
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	N	NO	NO	NO
Inspected catch basin for sediment	As needed	Yes / No	YES/OK	YES/OK	YES/OK	YES/OK	YES/OK
Inspected collection sump and record condition	Monthly	Yes / No	YES/OK	YES/OK	YES/OK	YES/OK	YES/OK
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	NO	NO
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	NO	NO
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	NO	NO
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	NO	NO
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	NO	NO

Comments: Note Treatment System Equipment and Building Conditions.

- Date 2/16/21 System running on arrival. Record system readings and perform maintenance. Top off acid barrel. System running on departure.
- Date 2/19/21 System running on arrival, take system readings. Top off acid barrel. System running on departure.
- Date 2/23/21 System Running on Arrival, take System Readings. Calibrate Bore Probe and take Samples. Top off Acid Barrel and Perform System Maint. System Running ok on departure.
- Date 2/26/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform system Maint. System Running ok on departure.
- Date 3/2/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Month March 'Year 21

PERFECTION PLATING Treatment System Operational / Inspection Checklist

Item Description	Required Frequency	Unit	Date of Inspection				
			3/5/21	3/9/21	3/12/21	3/16/21	3/19/21
Effluent sample collected	Weekly	Yes / No	N/A	Yes	N/A	N/A	N/A
Influent sample collected	Monthly	Yes / No	N/A	Yes	N/A	N/A	N/A
Flow Rate (gallons per minute)	Weekly	gpm	2.28	2.46	2.30	3.49	3.55
Total Volume Treated (gallons)	Weekly	gal	638431	650590	660915	669424	675375
Effluent pH	Weekly	SI	6.89	6.92	6.88	6.89	6.80
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	—	—	—	—	—
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	Yes	Yes
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	Yes	Yes
Second ion exchange drum effluent sample collected	Monthly	Yes / No	N/A	N/A	N/A	N/A	N/A
Empty Sump pump	Weekly	Yes / No	N/A	N/A	N/A	N/A	N/A
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	N/A	N/A	N/A	N/A	N/A
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	N/A	N/A	N/A	N/A	N/A
Inspected catch basin for sediment	As needed	Yes / No	N/A	N/A	N/A	N/A	N/A
Inspected collection sump and record condition	Monthly	Yes / No	Yes/OK	Yes/OK	Yes/OK	Yes/OK	Yes/OK
Tested eye wash station	Semi-annual	Yes / No	N/A	N/A	N/A	N/A	N/A
Tested fire extinguisher	Yearly	Yes / No	N/A	N/A	N/A	N/A	N/A
Replenished first aid kit supplies	After use	Yes / No	N/A	N/A	N/A	N/A	N/A
Tested the backflow preventer	Yearly	Yes / No	N/A	N/A	N/A	N/A	N/A
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	N/A	N/A	N/A	N/A	N/A

Comments: Note Treatment System Equipment and Building Conditions.

Date 3/5/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date 3/9/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. Take System Samples and deliver to lab. System Running ok on departure.

Date 3/12/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date 3/16/21 System Running on Arrival, take System Readings. Perform System Maint and top off Acid Barrel. System Running ok on departure.

Date 3/19/21 System Running on Arrival, take System Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Month March / April Year 21

PERFECTION PLATING Treatment System Operational / Inspection Checklist

Item Description	Required		Date of Inspection			
	Frequency	Unit	3/23/21	3/26/21	3/27/20	
Effluent sample collected	Weekly	Yes / No	NO	NO	NO	
Influent sample collected	Monthly	Yes / No	NO	NO	NO	
Flow Rate (gallons per minute)	Weekly	gpm	3.61	3.40	3.41	
Total Volume Treated (gallons)	Weekly	gal	706480	172016	740788	
Effluent pH	Weekly	SI	6.92	6.80	6.87	
Specific conductivity reading (milliseconds/centimeter)	Weekly	ms/cm	~	-	-	
Performed required equipment maintenance (Note below)	As per Manf.	Yes / No	Yes	Yes	Yes	
Note spare parts or supplies needed	Weekly	Yes / No	Yes	Yes	Yes	
Second ion exchange drum effluent sample collected	Monthly	Yes / No	NO	NO	NO	
Empty Sump pump	Weekly	Yes / No	NO	NO	NO	
Replace ion removal filter fabric and filter sludge	As needed	Yes / No	NO	NO	NO	
Replace ion exchange vessels/ make valve adjustments	As needed	Yes / No	NO	NO	NO	
Inspected catch basin for sediment	As needed	Yes / No	Yes/ok	Yes/ok	Yes/ok	
Inspected collection sump and record condition	Monthly	Yes / No	Yes/ok	Yes/ok	Yes/ok	
Tested eye wash station	Semi-annual	Yes / No	NO	NO	NO	
Tested fire extinguisher	Yearly	Yes / No	NO	NO	NO	
Replenished first aid kit supplies	After use	Yes / No	NO	NO	NO	
Tested the backflow preventer	Yearly	Yes / No	NO	NO	NO	
Reported backflow preventer test results to Latham Water district	Yearly	Yes / No	NO	NO	NO	

Comments: Note Treatment System Equipment and Building Conditions.

Date 3/23/21 System Running on Arrival, take system Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date 3/26/21 System Running on Arrival, take system Readings. Top off Acid Barrel and change from filter. Performed System Maint. System Running ok on departure.

Date 3/30/21 System Running on Arrival, take system Readings. Top off Acid Barrel and Perform System Maint. System Running ok on departure.

Date _____

Date _____

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

Date: 1-20-21

Page 1 of 9

[illegible]

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Page 1 of 9
Date: 1-22-21



NEW YORK STATE
Department of
Environmental
Conservation

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DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 2-5-21



NEW YORK STATE
Department of Environmental Conservation
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DAILY INSPECTION REPORT

Page 8 of 9

Report No. **Perfection Plating - NYSDEC Site No. 401037**Date: **7-5-21****DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Appendix B

Treatment System Laboratory Analytical Data

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ANALYTICAL REPORT

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

Laboratory Job ID: 480-180132-1

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



Authorized for release by:
1/21/2021 3:29:42 PM

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

LINKS

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results through
TotalAccess

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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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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
1/21/2021 3:29:42 PM

Table of Contents

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



Definitions/Glossary

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

Job ID: 480-180132-1

Qualifiers

Metals

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

General Chemistry

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

Glossary

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

Case Narrative

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

Job ID: 480-180132-1

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.

Metals

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

General Chemistry

Methods 7196A, SM 3500 CR B: The following 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.

Client Sample Results

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

Job ID: 480-180132-1

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

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		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 H3	0.050	0.025	mg/L			01/13/21 12:50	5
Cyanide, Non-amenable	0.016		0.010	0.0050	mg/L		01/18/21 22:58	01/19/21 18:48	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

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

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		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.
Project/Site: Perfection Plating #401037

Job ID: 480-180132-1

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

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

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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.
Project/Site: Perfection Plating #401037

Job ID: 480-180132-1

Laboratory: Eurofins TestAmerica, Buffalo

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

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

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

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

Method Summary

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

Job ID: 480-180132-1

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

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	Asset ID
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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Client Information Client Contact: Andrew Talbot Company: Aztech Technologies Inc Address: 5 McCrea Hill Road City: Ballston Spa State, Zip: NY, 12020 Phone: 518-597-1241 (Tel) Email: atalbot@aztechenv.com Project Name: Perfection Plating #401037 Site:		Lab PM: Stone, Judy L E-Mail: Judy.Stone@Eurofinset.com Carrier Tracking No(s): 480-145920-29001.1 State of Origin:		Page: Page 1 of 1 Job #:		COC No: 480-145920-29001.1	
Analysis Requested				Preservation Codes: A - HCL M - Hexane B - NaOH N - None C - Zn Acetate O - AsNaO2 D - Nitric Acid P - Na2OAS E - NaHSO4 Q - Na2SO3 F - MeOH R - Na2SO4 G - Amchlor S - H2SO4 H - Ascorbic Acid T - TSP Dodecahydrate I - Ice U - Acetone J - DI Water V - MCAA K - EDTA W - pH 4.5 L - EDA Z - other (specify) Other:			
Due Date Requested: TAT Requested (days): Compliance Project: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PO #: 136401 Callout ID: 136401 WO #: Project #: 48019790 SSOW#:		Field Filtered Sample (Yes or No) Perform MS/MSD (Yes or No) 200.7 - (MOD) Copy Analyses 2540D - TSS 4500_CN_G - CN Non-amenable 3500_CR_B - Cr+6		Total Number of Containers		Special Instructions/Note:	
Sample Identification Influent Effluent		Sample Date 1/12/21 10:30 1/12/21 16:25		Sample Type (C=Comp, G=grab) G G		Matrix (W=water, S=solid, O=soil, BT=Tissue, A=Air) Water Water	
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological Deliverable Requested: I, II, III, IV, Other (specify)							
Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months							
Special Instructions/QC Requirements:							
Empty Kit Relinquished by: Frank Zabe		Date: 1/12/21 12:00		Company: Labeika		Received by: Tim Kwlinga	
Relinquished by: Tim Kwlinga		Date/Time: 1-12-2021 1700		Company: EETA		Received by: EETA	
Custody Seal No.: Δ Yes Δ No		Custody Seal No.: Δ Yes Δ No		Cooler Temperature(s) °C and Other Remarks: #1 216		Company: EETA	

Login Sample Receipt Checklist

Client: New York State D.E.C.

Job Number: 480-180132-1

Login Number: 180132

List Source: Eurofins TestAmerica, Buffalo

List Number: 1

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	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	N/A	
If necessary, staff have been informed of any short hold time or quick TAT needs	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Sampling Company provided.	True	
Samples received within 48 hours of sampling.	True	
Samples requiring field filtration have been filtered in the field.	N/A	
Chlorine Residual checked.	N/A	

ANALYTICAL REPORT

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

Laboratory Job ID: 480-180562-1

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



Authorized for release by:
1/28/2021 8:42:54 AM

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

LINKS

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results through

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

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

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



Judy Stone
Senior Project Manager
1/28/2021 8:42:54 AM



Table of Contents

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

Definitions/Glossary

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

Job ID: 480-180562-1

Qualifiers

General Chemistry

Qualifier	Qualifier Description
H	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.

Glossary

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

Case Narrative

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

Job ID: 480-180562-1

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.
Project/Site: Perfection Plating #401037

Job ID: 480-180562-1

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

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.57	H	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

Matrix: Water

Date Received: 01/27/21 11:00

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.0086	J H	0.010	0.0050	mg/L			01/27/21 13:30	1

Lab Chronicle

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

Job ID: 480-180562-1

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

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

Client Sample ID: EFFLUENT

Lab Sample ID: 480-180562-2

Date Collected: 01/26/21 11:30

Matrix: Water

Date Received: 01/27/21 11:00

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	SM 3500 CR B		1	567486	01/27/21 13:30	KEB	TAL BUF

Laboratory References:

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

Accreditation/Certification Summary

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

Job ID: 480-180562-1

Laboratory: Eurofins TestAmerica, Buffalo

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

Authority	Program	Identification Number	Expiration Date
New York	NELAP	10026	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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Login Sample Receipt Checklist

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

ANALYTICAL REPORT

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

Laboratory Job ID: 480-181362-1

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



Authorized for release by:
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Judy Stone, Senior Project Manager
(484)685-0868
Judy.Stone@Eurofinset.com

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

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



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

Table of Contents

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



Definitions/Glossary

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

Job ID: 480-181362-1

Qualifiers

Metals

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

General Chemistry

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

Glossary

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

Case Narrative

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

Job ID: 480-181362-1

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 Sample Results

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

Job ID: 480-181362-1

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

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		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	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
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	5.2		4.0	4.0	mg/L			02/24/21 15:20	1

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

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		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	ND		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.
Project/Site: Perfection Plating #401037

Job ID: 480-181362-1

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

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

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

Accreditation/Certification Summary

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

Job ID: 480-181362-1

Laboratory: Eurofins TestAmerica, Buffalo

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

Authority	Program	Identification Number	Expiration Date
New York	NELAP	10026	03-31-21

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

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

Method Summary

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

Job ID: 480-181362-1

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

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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Chain of Custody Record

Client Information Client Contact: Andrew Talbot Company: Aztech Technologies Inc Address: 5 McCrea Hill Road City: Ballston Spa State, Zip: NY, 12020 Phone: 518-597-1241 (Tel) Email: atalbot@aztechenv.com Project Name: Perfection Plating #401037 Site:			Lab PM: Stone, Judy L State of Origin: NY E-Mail: Judy.Stone@Eurofinset.com PWSID:			Carrier Tracking No(s): 480-145919-29001.1 Page: Page 1 of 1 Job #:								
Due Date Requested: TAT Requested (days): Compliance Project: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PO #: 136401 Callout ID: 136401 WO #: Project #: 48019790 SSOW#:			Analysis Requested											
Sample Identification Influent Effluent			Sample Date 2/23/21 2/23/21	Sample Time 11:40 11:30	Sample Type (C=comp, G=grab) G G	Matrix (W=water, S=solid, O=wastewater, BT=tissue, A=air) Water Water	Field Filtered Sample (Yes or No) <input checked="" type="checkbox"/>	Perform MS/MSD (Yes or No) <input checked="" type="checkbox"/>	200.7 - (MOD) Copy Analyses <input checked="" type="checkbox"/>	2540D - TSS <input checked="" type="checkbox"/>	4500_CN_G - CN Non-amenable <input checked="" type="checkbox"/>	3500_CR_B - Cr+6 <input checked="" type="checkbox"/>	Total Number of Containers 1	Special Instructions/Note: 480-181362 Chain of Custody
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological Deliverable Requested: I, II, III, IV, Other (specify)														
Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months														
Special Instructions/QC Requirements:														
Empty Kit Relinquished by: Relinquished by: [Signature] Date/Time: 2-23-2021 1500 Company: EETA Relinquished by: [Signature] Date/Time: 2-23-2021 1500 Company: EETA														
Custody Seals Intact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Cooler Temperature(s) °C and Other Remarks: 2.7 (#1 ICE)														

Login Sample Receipt Checklist

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

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

ANALYTICAL REPORT

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

Laboratory Job ID: 480-181888-1

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:
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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

Table of Contents

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



Definitions/Glossary

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

Job ID: 480-181888-1

Qualifiers

Metals

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

General Chemistry

Qualifier	Qualifier Description
H	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
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Case Narrative

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

Job ID: 480-181888-1

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)

Metals

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

General Chemistry

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

Client Sample Results

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

Job ID: 480-181888-1

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

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		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	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.10	H H3	0.010	0.0050	mg/L			03/11/21 08:20	1
Cyanide, Non-amenable	0.012		0.010	0.0050	mg/L		03/17/21 19:47	03/18/21 16:09	1
Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	6.4		4.0	4.0	mg/L			03/11/21 16:08	1

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

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	ND		0.015	0.0056	mg/L		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.
Project/Site: Perfection Plating #401037

Job ID: 480-181888-1

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

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

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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 21:07	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 16:10	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.
Project/Site: Perfection Plating #401037

Job ID: 480-181888-1

Laboratory: Eurofins TestAmerica, Buffalo

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

Authority	Program	Identification Number	Expiration Date
New York	NELAP	10026	03-31-21

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

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

Method Summary

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

Job ID: 480-181888-1

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

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 ID
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 Information Client Contact: <u>Andrew Talbot</u> Company: <u>Aztech Technologies Inc</u>		Lab PM: <u>Stone, Judy L</u> E-Mail: <u>Judy.Stone@Eurofinet.com</u>		Carner Tracking No(s): <u>480-145921-29001.1</u> Page: <u>Page 1 of 1</u>		COC No: <u>480-145921-29001.1</u> Job #: <u>518-470-0435</u>	
Analysis Requested				Preservation Codes: A - HCL M - Hexane B - NaOH N - None C - Zn Acetate O - AsNaO2 D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3 F - H2O2 R - Na2SO3 G - H2SO4 S - H2SO4 H - TSP Dodecahydrate I - Acetone U - MCAA J - pH 4-5 V - MCAA K - other (specify) W - pH 4-5 L - other (specify) Z - other (specify)			
Due Date Requested: _____ TAT Requested (days): _____ Compliance Project: <input type="checkbox"/> Yes <input type="checkbox"/> No PO #: _____ Callout ID: 136401 WO #: _____ Project #: 48019790 SOW#: _____				Field Filtered Sample (Yes or No) _____ Perform MS/MSD (Yes or No) _____ 200.7 - (MOD) Copy Analytes _____ 2540D - TSS _____ 400.0N.G - CN Non-amenable _____ 3500.CF.B - Cr+5 _____			
Sample Identification		Sample Date: <u>3/9/21</u> <u>11:30</u> <u>G</u> Sample Time: <u>3/9/21</u> <u>11:20</u> <u>G</u> Sample Type (C=Comp, G=grab): _____ Matrix (W=water, S=solid, O=other): _____		Preservation Code: _____ Matrix (W=water, S=solid, O=other): _____		Special Instructions/Note: _____	
Influent		Effluent		Total Number: _____		Special Instructions/Note: _____	
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological Deliverable Requested: I, II, III, IV, Other (specify) _____							
Empty Kit Relinquished by: _____ Relinquished by: <u>Frank Zabe</u> Relinquished by: <u>Karl Schen</u> Relinquished by: _____							
Date: <u>3/9/21</u> <u>12:05</u> Date/Time: <u>3/9/21</u> <u>1700</u>		Date: <u>3/9/21</u> <u>12:05</u> Date/Time: <u>3/9/21</u> <u>1700</u>		Date: <u>3/9/21</u> <u>12:05</u> Date/Time: <u>3/9/21</u> <u>1700</u>		Date: <u>3/9/21</u> <u>12:05</u> Date/Time: <u>3/9/21</u> <u>1700</u>	
Relinquished by: <u>Frank Zabe</u> Relinquished by: <u>Karl Schen</u> Relinquished by: _____		Relinquished by: <u>Frank Zabe</u> Relinquished by: <u>Karl Schen</u> Relinquished by: _____		Relinquished by: <u>Frank Zabe</u> Relinquished by: <u>Karl Schen</u> Relinquished by: _____		Relinquished by: <u>Frank Zabe</u> Relinquished by: <u>Karl Schen</u> Relinquished by: _____	
Custody Seal Intact: <u>A Yes A No</u>		Custody Seal Intact: <u>A Yes A No</u>		Custody Seal Intact: <u>A Yes A No</u>		Custody Seal Intact: <u>A Yes A No</u>	

Login Sample Receipt Checklist

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 background	True	
The cooler's custody seal, if present, is intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the sample IDs on the containers and the COC.	True	
Samples are received within Holding Time (Excluding tests with immediate HTs)..	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	True	
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.	N/A	
Chlorine Residual checked.	N/A	

Appendix C

Effluent Limitations and Monitoring Requirements

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MEMORANDUM

TO: David Harrington, PE, Chief, Remedial Section A, Bureau E
FROM: Percival Miller, DOW, Bureau of Water Permits
SUBJECT: Perfection Plating, Site # 4-01-037
DRAINAGE BASIN: Lower Hudson River
DATE: May 7, 2020

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

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

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

Attachment (Effluent Limitations and Monitoring Requirements)

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

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

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

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

Additional Conditions:

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

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

With a copy sent to:

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

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

Site Description

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

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

Treatment System

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

Term of Remedial Action

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

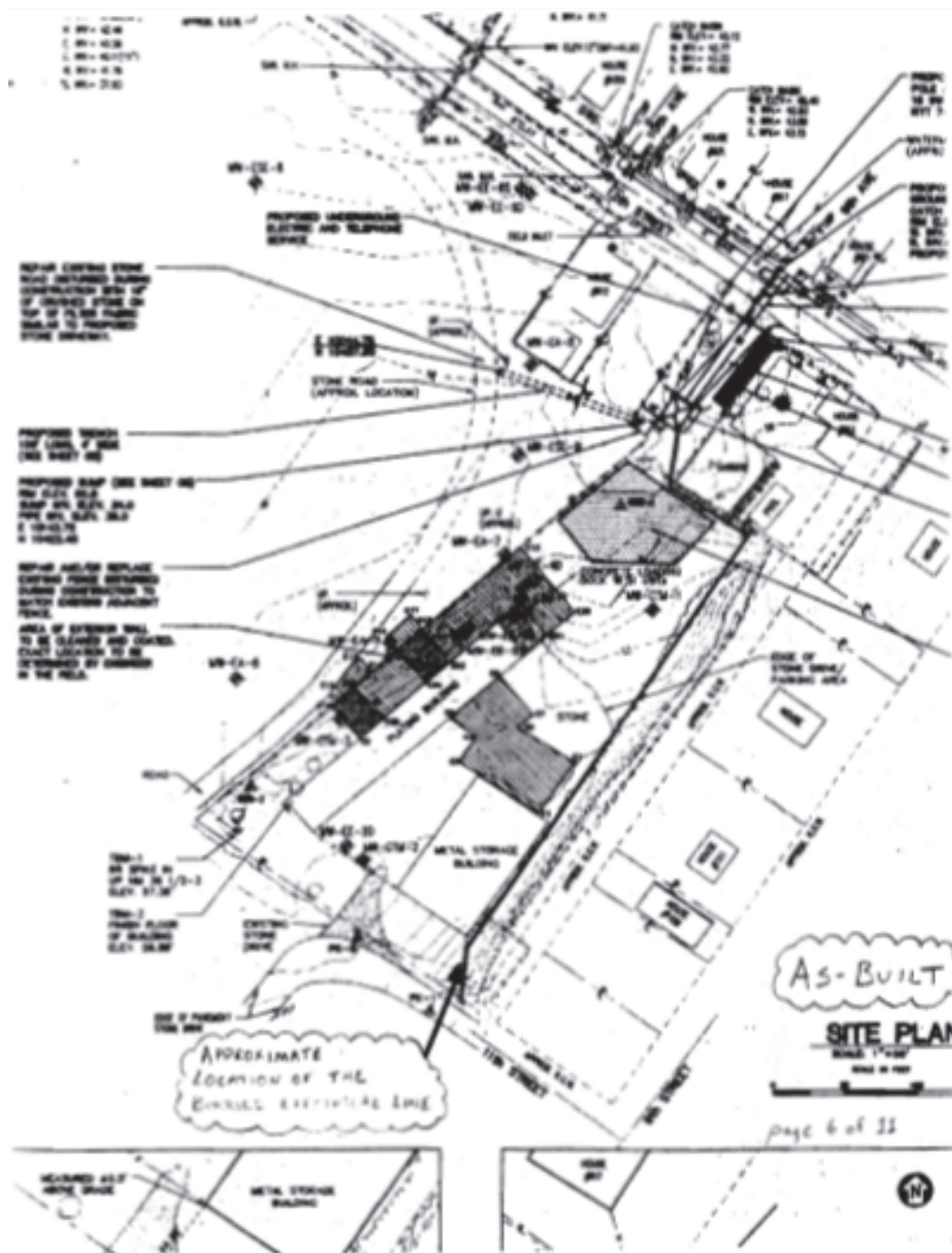
Perfection Plating Site # 4-01-037 – Discharge Location



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



Perfection Plating – Site Plan



Appendix D

Groundwater Laboratory Analytical Data

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ANALYTICAL REPORT

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

Laboratory Job ID: 480-181844-1

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



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
TotalAccess

Have a Question?



Visit us at:

www.eurofinsus.com/Env

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

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

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

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 7:16:39 PM



Table of Contents

Cover Page	1
Table of Contents	3
Definitions/Glossary	4
Case Narrative	5
Detection Summary	6
Client Sample Results	7
QC Sample Results	10
QC Association Summary	12
Lab Chronicle	14
Certification Summary	17
Method Summary	18
Sample Summary	19
Chain of Custody	20
Receipt Checklists	22

Definitions/Glossary

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

Job ID: 480-181844-1

Qualifiers

General Chemistry

Qualifier	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.
α	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Case Narrative

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

Job ID: 480-181844-1

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.

Detection Summary

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

Job ID: 480-181844-1

Client Sample ID: 401037-MW-CMT-3

Lab Sample 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: 401037-MW-EE-5S

Lab Sample ID: 480-181844-2

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	8.8		0.0040	0.0010	mg/L	1		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: 401037-MW-EE-4S

Lab Sample ID: 480-181844-3

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	0.040		0.0040	0.0010	mg/L	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: 401037-MW-CMT-1

Lab Sample ID: 480-181844-4

No Detections.

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

Lab Sample 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	1		200.7 Rev 4.4	Total/NA

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

Lab Sample 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: 401037-MW-EA-11S

Lab Sample 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: 401037-MW-ESE-9R

Lab Sample 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	1		200.7 Rev 4.4	Total/NA

Client Sample ID: 401037-DUP-030921

Lab Sample ID: 480-181844-9

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	0.0074		0.0040	0.0010	mg/L	1		200.7 Rev 4.4	Total/NA

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

Lab Sample 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	1		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: 401037-MW-EA-10S

Lab Sample 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	1		200.7 Rev 4.4	Total/NA

This Detection Summary does not include radiochemical test results.

Eurofins TestAmerica, Buffalo

Client Sample Results

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

Job ID: 480-181844-1

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	Prepared	Analyzed	Dil Fac
Chromium	0.019		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:11	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

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	D	Prepared	Analyzed	Dil Fac
Chromium	8.8		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:14	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	6.6		4.0	2.0	mg/L			03/10/21 08:45	400

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	D	Prepared	Analyzed	Dil Fac
Chromium	0.040		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:29	1

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	1

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
Chromium	ND		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:33	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

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	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.0072		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:37	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

Eurofins TestAmerica, Buffalo

Client Sample Results

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

Job ID: 480-181844-1

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	Prepared	Analyzed	Dil Fac
Chromium	0.045		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:41	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND	F1	0.010	0.0050	mg/L			03/10/21 08:45	1

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	D	Prepared	Analyzed	Dil Fac
Chromium	0.13		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:52	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

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

Method: 200.7 Rev 4.4 - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	0.24		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 21:56	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

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	D	Prepared	Analyzed	Dil Fac
Chromium	0.0074		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 22:00	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND	F1	0.010	0.0050	mg/L			03/10/21 08:45	1

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

Lab Sample ID: 480-181844-10

Date Collected: 03/09/21 13:58

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	0.90		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 22:15	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	0.96		0.050	0.025	mg/L			03/10/21 08:45	5

Eurofins TestAmerica, Buffalo

Client Sample Results

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

Job ID: 480-181844-1

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

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	mg/L		03/15/21 10:40	03/15/21 22:18	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

QC Sample Results

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

Job ID: 480-181844-1

Method: 200.7 Rev 4.4 - Metals (ICP)

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

Matrix: Water

Analysis Batch: 572660

Client Sample ID: Method Blank

Prep Type: Total/NA

Prep Batch: 572119

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0040	0.0010	mg/L		03/15/21 10:40	03/15/21 20:29	1

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

Matrix: Water

Analysis Batch: 572660

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

Prep Batch: 572119

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Chromium	0.200	0.206		mg/L		103	85 - 115

Lab Sample ID: 480-181844-6 MS

Matrix: Water

Analysis Batch: 572660

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

Prep Type: Total/NA

Prep Batch: 572119

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec. Limits
Chromium	0.045		0.200	0.249		mg/L		102	70 - 130

Lab Sample ID: 480-181844-6 MSD

Matrix: Water

Analysis Batch: 572660

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

Prep Type: Total/NA

Prep Batch: 572119

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Chromium	0.045		0.200	0.231		mg/L		93	70 - 130	7	20

Method: SM 3500 CR B - Chromium, Hexavalent

Lab Sample ID: MB 480-572040/27

Matrix: Water

Analysis Batch: 572040

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

Lab Sample ID: MB 480-572040/50

Matrix: Water

Analysis Batch: 572040

Client Sample ID: Method Blank

Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium, hexavalent	ND		0.010	0.0050	mg/L			03/10/21 08:45	1

Lab Sample ID: LCS 480-572040/28

Matrix: Water

Analysis Batch: 572040

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

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

QC Sample Results

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

Job ID: 480-181844-1

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

Lab Sample ID: LCS 480-572040/51

Matrix: Water

Analysis Batch: 572040

Client Sample ID: Lab Control Sample

Prep Type: Total/NA

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

Lab Sample ID: 480-181844-6 MS

Matrix: Water

Analysis Batch: 572040

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

Prep Type: Total/NA

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

Lab Sample ID: 480-181844-6 MSD

Matrix: Water

Analysis Batch: 572040

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

Prep Type: Total/NA

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

Lab Sample ID: 480-181844-9 MS

Matrix: Water

Analysis Batch: 572040

Client Sample ID: 401037-DUP-030921

Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%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

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

Prep Type: Total/NA

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

Lab Sample ID: 480-181844-10 DU

Matrix: Water

Analysis Batch: 572040

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

Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	DU Result	DU Qualifier	Unit	D	RPD	RPD Limit
Chromium, hexavalent	0.96		0.972		mg/L		1	15

QC Association Summary

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

Job ID: 480-181844-1

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	

Eurofins TestAmerica, Buffalo

QC Association Summary

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

Job ID: 480-181844-1

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	

Lab Chronicle

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

Job ID: 480-181844-1

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

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

Lab Sample ID: 480-181844-2

Date Collected: 03/09/21 13:27

Matrix: Water

Date Received: 03/10/21 09:30

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

Lab Sample ID: 480-181844-3

Date Collected: 03/09/21 13:35

Matrix: Water

Date Received: 03/10/21 09:30

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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 21:29	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-CMT-1

Lab Sample ID: 480-181844-4

Date Collected: 03/09/21 13:40

Matrix: Water

Date Received: 03/10/21 09:30

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

Lab Sample ID: 480-181844-5

Date Collected: 03/09/21 13:48

Matrix: Water

Date Received: 03/10/21 09:30

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

Lab Chronicle

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

Job ID: 480-181844-1

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

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

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

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

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

Matrix: Water

Date Received: 03/10/21 09:30

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

Lab Chronicle

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

Job ID: 480-181844-1

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

Prep Type	Batch Type	Batch Method	Run	Dilution Factor	Batch Number	Prepared 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.
Project/Site: Perfection Plating #401037

Job ID: 480-181844-1

Laboratory: Eurofins TestAmerica, Buffalo

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

Authority	Program	Identification Number	Expiration Date
New York	NELAP	10026	03-31-21

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Method Summary

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

Job ID: 480-181844-1

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

Protocol References:

EPA = US Environmental Protection Agency

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

Laboratory References:

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

Sample Summary

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

Job ID: 480-181844-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
480-181844-1	401037-MW-CMT-3	Water	03/09/21 13:21	03/10/21 09:30	
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	
480-181844-11	401037-MW-EA-10S	Water	03/09/21 14:07	03/10/21 09:30	

Chain of Custody Record



Client Information		Sampler: <u>Noah Robinson</u>		Lab PM: <u>Stone, Judy L</u>	Carrier Tracking No(s):	COC No: <u>480-157675-32900.1</u>
Client Contact: <u>Emily Cummings</u>		Phone: <u>207-400-1356</u>		E-Mail: <u>Judy.Stone@Eurofinset.com</u>	State of Origin:	Page: <u>Page 1 of 2</u>
Company: <u>Aztech Technologies Inc</u>		Address: <u>209 W. Jefferson St</u>		Job #:		
City: <u>Buffalo, NY</u>		State: <u>NY</u>		Analysis Requested		
Zip: <u>14202</u>		Phone: <u>(860) 309-3837</u>		Preservation Codes:		
Email: <u>ecummings@aztech.com</u>		PO #: <u>48019790</u>		A - HCL M - Hexane		
Project Name: <u>Perfection Plating</u>		Callout ID: <u>136401</u>		B - NaOH N - None		
Site: <u>Perfection Plating</u>		WO #: <u>48019790</u>		C - Zn Acetate O - AsNaO2		
		Project #: <u>48019790</u>		D - Nitric Acid P - Na2O4S		
		SSOW#: <u>48019790</u>		E - NaHSO4 Q - Na2SO3		
				R - Dodecahydrate		
				S - AA		
				T - 14-5		
				U - er (specify)		

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=water/oli, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	3500 CR B - Cr+6	200.7 - Total Cr	Special Instructions/Note:
<u>401037-MW-CMT-3</u>	<u>3/9/21</u>	<u>1321</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-EE-55</u>		<u>1327</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-EE-45</u>		<u>1335</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-CMT-1</u>		<u>1340</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-EE-135</u>		<u>1348</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-EE-125</u>		<u>1325</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-EE-115</u>		<u>1339</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-FSE-9R</u>		<u>1347</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	
<u>401037-MW-FSE-9R</u>		<u>1348</u>	<u>G</u>	<u>Water</u>	<u>N</u>	<u>X</u>	<u>X</u>	<u>X</u>	

Possible Hazard Identification		Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)	
<input type="checkbox"/> Non-Hazard	<input type="checkbox"/> Flammable	<input type="checkbox"/> Return To Client	<input type="checkbox"/> Disposal By Lab
<input type="checkbox"/> Skin Irritant	<input type="checkbox"/> Poison B	<input checked="" type="checkbox"/> Radiological	<input type="checkbox"/> Archive For
Deliverable Requested: I, II, III, IV, Other (specify)		Months	
Empty Kit Relinquished by:		Special Instructions/QC Requirements:	
Relinquished by: <u>Noah Robinson</u>		Time:	
Relinquished by: <u>Emily Cummings</u>		Date:	
Relinquished by: <u>Emily Cummings</u>		Date:	
Relinquished by: <u>Emily Cummings</u>		Date:	
Custody Seals Intact: <u>Yes</u>		Custody Seal No.:	
Cooler Temperature(s) °C and Other Remarks: <u>#1 8.14</u>			

Chain of Custody Record

[illegible]

Login Sample Receipt Checklist

Client: New York State D.E.C.

Job Number: 480-181844-1

Login Number: 181844

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

Appendix E

Daily Field Reports and Entry/Exit Logs

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Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection Plating

Project #: 401037

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

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

Name	Initials	Affiliation	Date	Time In	Time Out
Stephen Lemieux	SL	Aztec	1/4/21	10:00	1:30
Frank Zabel	FZ	Aztech	1/4/21	10:00	1:30
Frank Zabel	FZ	Aztech	1/8/21	8:00	
John Stutzke	J.S	Aztech	1/8/21	8:00	1:30
Stephen Lemieux	SL	Aztec	1/12/21	8:00	1:30
Frank Zabel	FZ	Aztech	1/12/21	8:00	1:30
Frank Zabel	FZ	Aztech	1/15/21	8:00	1:30
John Stutzke	J.S	Aztec	1/15/21	8:00	11:30
Evan Consolati	EC	Aztech	1/20/21	8:00	11:30
Matthew Ryan	MMR	Aztech	1/20/21	0830	1130
Evan Consolati	EC	Aztech	1/22/21	0830	1130
John Stutzke	J.S.	Aztec	1/26/21	8:00	
Matthew Ryan	MMR	Aztech	1/26/21	0800	
Matthew Ryan	MMR	Aztech	1/28/21	0830	1130



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection Plating

Project #: 401037

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

Name	Initials	Affiliation	Date	Time In	Time Out
Frank Zabel	FZ	Aztech	1/29/21	8:00	11:30
John Stutke	J.S	Azteco	1/29/21	8:00	11:30
Evan Consolati	EC	Aztech	2/2/21	8:00	11:30
Frank Zabel	FZ	Aztech	2/2/21	8:00	11:36
Evan Consolati	EC	Aztech	2/5/21	8:00	11:30
Stephen Lemieux	SL	Aztech	2/5/21	8:00	11:30
Stephen Lemieux	SL	Aztech	2-8-21	8:00	11:30
Evan Consolati	EC	Aztech	2/9/21	8:00	11:30
Frank Zabel	FZ	Aztech	2/12/21	8:00	11:30
Jacob Youmans	JY	Aztech	2/12/21	8:00	11:30
Austin Ambrose	AA	Aztech	2/16/21	8:00	11:30
Ellie Carter	EC	Aztech	2/10/21	8:00	11:30
CALDWELL	CA	LABOR	2/19/21	8:00	11:30
Zachary Condon	ZC	labella	2/19/21	8:00	11:30



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection Plating

Project #: 401037

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

Name	Initials	Affiliation	Date	Time In	Time Out
Frank Zabel	FZ	Labella	2/23/21	8:00	11:30
Elley Carter	EC	Labella	2/23/21	8:00	11:30
Frank Zabel	FZ	Labella	2/26/21	8:00	11:30
Austin Armbruster	AA	Labella	2/26/21	8:00	11:30
Frank Zabel	FZ	Labella	3/2/21	8:00	11:30
John STUTZKE	J.S	Labella	3/2/21	8:00	11:30
Frank Zabel	FZ	Labella	3/5/21	8:00	11:30
Austin Armbruster	AA	Labella	3/5/21	8:00	11:30
Zachary Cordon	ZC	Labella	3/9/21	8:00	11:30
Frank Zabel	FZ	Labella	3/9/21	8:00	11:30
Frank Zabel	FZ	Labella	3/12/21	8:00	11:30
Austin Armbruster	AA	Labella	3/12/21	8:00	11:30
Frank Zabel	FZ	Labella	3/14/21	8:00	11:30
Austin Armbruster	AA	Labella	3/16/21	8:00	11:30



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Perfection Plating

Project #: 401037

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

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

Name	Initials	Affiliation	Date	Time In	Time Out
Elly Carter	EC	Arden	3/19/21	0800	1130
Frank Zabel	FZ	Labella	3/19/21	0800	1130
Elly Carter	EC	Labella	3/23/21	0800	1130
F Zabel	FZ	Labella	3/23/21	0800	1130
Frank Zabel	FZ	Labella	3/26/21	0800	1130
Stephen Lemieux	SL	Labella	3-26-21	0800	1130
Frank Zabel	FZ	Labella	3/30/21	0800	1130
Gerl Burch	GB	Arden	3-30-21	0800	11:30
Frank Zabel	FZ	Labella	4/1/21	0800	11:30
John Strickland	BS	Labella	4/2/21	0800	1130
Frank Zabel	FZ	Labella	4/5/21	0800	1130
John Stutzke	J.S	Labella	4/5/21	0800	11:30
Frank Zabel	FZ	Labella	4/9/21	0800	1130
John Stutzke	J.S	Labella	4/9/21	0800	11:30

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 1/8/21 Page 1 of 9

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 1/8/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 1/12/21 Page 1 of 9

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 1/12/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

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

Date: 1-20-21



NEW YORK STATE Department of Environmental Conservation 50

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. Perfection Plating - NYSDEC Site No. 401037



NEW YORK STATE
Department of
Environmental
Conservation

50

DAILY INSPECTION REPORT

Page 8 of 9

Report No. **Perfection Plating - NYSDEC Site No. 401037**Date: 1-22-21**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 1/29/21 Page 1 of 9

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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 1/29/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 2-2-21

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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 2/2/21

Page 8 of 9

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 2-5-21

NEW YORK STATE
Department of
Environmental
Conservation
50

DAILY INSPECTION REPORT

Page 8 of 9

Report No. **Perfection Plating - NYSDEC Site No. 401037**Date: **3-5-21****DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 2/9/21

NEW YORK STATE
Department of
Environmental
Conservation
50

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: 2/9/21**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 2/12/21 Page 1 of 9

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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 2/12/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 2/16/21

NEW YORK STATE
Department of
Environmental
Conservation
50

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: 2/16/21**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 2/23/21 Page 1 of 9

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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Page 8 of 9
Date: 2/23/21**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 2/26/21 Page 1 of 9



NEW YORK STATE Department of Environmental Conservation 50

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 2/26/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 3/5/21 Page 1 of 9

NEW YORK STATE Department of Environmental Conservation 50

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 5/5/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 3/9/21 Page 1 of 9

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DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 3/1/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 3/12/21 Page 1 of 9

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 3/12/21 Page **8** of **9****DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 3/16/21 Page 1 of 9

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 3/16/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 3/19/21 Page 1 of 9



NEW YORK STATE | Department of Environmental Conservation | 50

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 3/19/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Report No. Perfection Plating - NYSDEC Site No. 401037

Date: 3/23/21 Page 1 of 9

[illegible]

DAILY INSPECTION REPORTReport No. **Perfection Plating - NYSDEC Site No. 401037**Date: 3/23/21 Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 3/26/21

NEW YORK STATE
Department of
Environmental
Conservation

50

DAILY INSPECTION REPORTReport No. _____ (Site Name) - NYSDEC Site No. PerfDate: 3/28/21

Page 8 of 9

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Date: 3/30/21


 NEW YORK STATE
 Department of
 Environmental
 Conservation

DAILY INSPECTION REPORT

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

Date: 3/30/21

Page 8 of 9

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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