Staff	FZg	AA	_ Date:	4/6/2	0		Time:	8icc	)
Check status and compare to	normal cond	itions. See l	Reverse side	for typical o	perating pa	arameters.			
HMI SCREENS Extraction Wells	Market and Assessment			Online (Y/N	) Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	CARL TARGET S. A.		EW-1	Offine (1714)	/ Auto	iviariuai	O. O	13 97	(psi)
Run pumps in "Manual" to cor	ofirm flow if a	habbaan	EW-2	-3-	-	- N		10:47	0.6
Confirm pumps are operating			EW-3		1	- <del>W</del>	(2.12	15102	NA
Confirm pressure with pump of			EW-4	-12-	-	- N.	91 91	-	31.16
If pumps on, is water flowing i			EW-5				NA NA	12.25	NA
Process - (Check if OK or fil			EVV-3	<u> </u>		er (de la graphe para	INA		
Chlorine Alarm status (on/off)	A1	W	A2			Auto rotate o	n/off	Signaturi da Para	
If on - record chlorine concent	50,000		712				ump operating		
Operate exhaust fan manually		2/					ump operating		1/
FT-801 reading (GPM)	·	11 77				Building tem		normai	
Chemical rates normal for flow	0	Ice. 11				Mixers opera			
Catch tank display level=actua	100000 m	<del></del>				Other Alarms			<u> </u>
Filtration (Check if OK)	al ?	in I				Other Alarms	5 (1/14)		_/\
Air compressor pressure in ra	ngo					Solonoid sta	tus correct for	operation	
Data (Check if OK)	nge	1				Soleliolu Sta	ius correct for	operation	
Do Daily & Yesterday Starts m	aaka aanaa	U					1947		
Alarms	iake selise	T							
All Alarms Enabled (Y/N)		V							
List any disabled and indicate	why						8	111111	T. prost:
BUILDING/GROUNDS									
Air Compressor (Check if Ol	K)								
Cycle times normal for load						Check auto	drain operati	on	
Check oil level at least monthl	у	4				Check drye	er - alarms? C	ycling?	
Belt tension		~				HX fan ope	erates with cor	npressor?	
Unit Heaters (Check if OK)									_ 0/
Thermostats set correctly (50-	55 F)					Propane ta	ınk level great	er than 20%	30%
Heaters working	DECAMPAGNA PROPERTY AND			NAME OF TAXABLE PARTY.		CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	DANAGE CARACTERISTICS	*	COLUMN TO THE PROPERTY OF THE
IPC (Y/N)									
IPC discharge clear?		Y				Check slud	lge ports (Sluc		<u>Y</u>
Floatables? (take photos if yes	s) .	N				Indicate %	of sludge	Upper	
Coag visibly dosing?	-	Y					ch port	Mid	50%
Floc visibly dosing?		<u>Y</u>			DEFENDE TO SHEET THE SHEET	Tanak keresah dan kerakatan pengangan dan de		Lower	100%
Chemical Feed (Fill in values									
305 Bleach	Height (in)	15 /8	mA Signal	3,6	Notes				ELICA ISTU
2130 Coagulant	Height (in)	232	Stroke Rate		Notes				
1668 Flocculant	Volume (gal)	425	Stroke Rate	5.8	Notes	1110			
Dosing pumps at normal rate?					Cnemica	Is needed?			100000000000000000000000000000000000000
Floor Sumps (Y/N)						SKOLENSKO.			
Sump levels normal?	-4- 6		/=ll	41-1-3			but not empty		10
High-High level switches opera	ate freely?	112	(check mon	tniy)		Back flowing	ng after pump	cycle?	
Excessive sludge/sediment?	010	Think Food	Davis Fard	El Essa					
Diaphragm pumps (Check if	UK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow									
Regulators working properly	-								
Exhaust mufflers  Filter Press (Check if OK)						STREET,			
Filter Press (Check if OK)						1	Carbont nad-	ronloodd	w )
Hydraulic ram operating norma Hydraulic pressure normal	ally -				1.1.		Sorbent pads		
Significant leaks?	-					ow many total t nany Haz drun			1 diamed
General/Housekeeping		<u> </u>			HOM I	nany naz urun	is illieu & ClOS	eu touay?	- Compre
Wipe down dirty equipment/pip	oina	/	^	ny leaks?	. )		Waste drums	needed2	
vvipe down dirty equipment/pip Sweep and/or wash floors	Jiriy -	1		ny leaks? s working?	<u>-1</u>	_	Drum labels		
Sweep and/or wash hoors Fire extinguisher inspection (m	onthly)	1/		s working?	<u> </u>	_		ed trash?	11.)
Sludge in Clarifier Catch Tank		-	Exit sign:	working!	-	-	Kemov	rou liasii!	
One and the	Construction of the same of	V							CHARLEST CONTRACTOR

Clear woody vegetation from swales and cap

Look for damage fencing/gates Confirm storage container locked

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Mow/trim around building, structures, wells, bollards, control panels and cleanouts

Shovel doorways, apply ice melt Confirm gates and doorways locked

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screer
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

## Discharge Pumps

Typical speed 30-100% Typical pressure 22 psi @ 100%

## Air compressor

operating range regulator setpoint 90-175 psi 90 psi

Auto drain Dryer

On 5 seconds every 5 minutes

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	
Blowdown	90 nei may

Biomaomu	90 psi max
Notes:	

Fort Edward Landfill - Weekly Operation	n and Maintenance (	Checklist	
Staff: FZ & GC	Date: 4/13/	70 Time: 7:00	
Check status and compare to normal conditions. See	e Reverse side for typical o	operating parameters.	
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to confirm flow, if needed. Confirm pumps are operating between setpoints Confirm pressure with pump cycling & not high/low If pumps on, is water flowing into IPC (Y/N)? Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) If on - record chlorine concentration (ppm) Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level=actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms	Online (Y/N EW-1 EW-2 EW-3 EW-4 Y EW-5 A2 Off	10 0.0 14,17 0.0   0.0 3.68 0.0   0 0 15.14 N   14.78 15,49 31.0	IA IA IA
All Alarms Enabled (Y/N) List any disabled and indicate why			BERNOLEI
BUILDING/GROUNDS  Air Compressor (Check if OK)  Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values)		Check auto drain operation Check dryer - alarms? Cycling? HX fan operates with compressor?  Propane tank level greater than 20%  Check sludge ports (Sludge Y/N) Indicate % of sludge Aid At each port Lower	5%
305 Bleach Height (in) 2130 Coagulant Height (in) 1668 Flocculant Volume (gal)	mA Signal 5,3 Stroke Rate 5,6 Stroke Rate 50	Notes Notes Changed out Drum Notes Chemicals needed?	
Floor Sumps (Y/N) Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow Regulators working properly Exhaust mufflers Filter Proper (Check if OK)	(check monthly)  Press Feed Floc Feed	Pump runs but not emptying sump?/\times/\times/\times/\times/\times/\times/\times/\times/\times/\times/\times/\times/\times/\times	
Filter Press (Check if OK)  Hydraulic ram operating normally  Hydraulic pressure normal  Significant leaks?		Sorbent pads replaced? How many total filled Haz drums onsite? How many Haz drums filled & closed today?	
General/Housekeeping Wipe down dirty equipment/piping Sweep and/or wash floors	Any leaks? Lights working?	Waste drums needed?  Drum labels needed?	

Exit signs working?

Mow/trim around building, structures, wells, bollards, control panels and cleanouts Shovel doorways, apply ice melt Confirm gates and doorways locked

Fire extinguisher inspection (monthly)

Sludge in Clarifier Catch Tank?

Clear woody vegetation from swales and cap Look for damage fencing/gates Confirm storage container locked

Removed trash?

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light.

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75
	•			

## Discharge Pumps

Typical speed 30-100%
Typical pressure 22 psi @ 100%

## Air compressor

operating range

90-175 psi 90 psi

regulator setpoint Auto drain

On 5 seconds every 5 minutes

Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	

Blowdown 90 psi max

PIOMODALI	50 psi max					
Notes:						
	`					
<del></del>			<u> </u>		<del></del>	
		- <u></u>	<del></del>		····	
		·	<u>.                                    </u>	<del></del>		

Report No. Fort Edward Landfill - NYSDEC Site No. 558001 Date: 4/13/20

NYSDEC Division of Environmental	Remediati	ion New York STATE Envir	rtment of onmental ervation	50	NYSDEC C D011107	Contract I	Vo.	
		·	1) (		Superintende	nt:		
Site Location: Leavy Ho	- Andrews	• • • • • • • • • • • • • • • • • • • •	NY		NYSDEC PM:	1		
Compand Description		Conditions		LDM	Consultant PN	Л:		
General Description   Temperature	(COEX)OU	AM AM		PM PM	Consultant Site Inspectors:			
Wind	Jes .	AM		PM		.o mopostor		
Health & Safety If any box below is chec	ked "Yes	", provide explan	ation und	der "Health	& Safety Com	ments".		
Were there any changes to the	he Health &	Safety Plan?			*Yes	No -	NA	
Were there any exceedances	of the peri	meter air monitoring	reported o	n this date?	*Yes	No V	NA	
Were there any nuisance issu	ues reported	d/observed on this da	ate?		*Yes	No ✓	NA	
Health & Safety Commer	nts							
Summary of Work Perfor	rmed	Arrived at site:	8:00	D	eparted Site:			
,								
Equipment/Material Trac	kina							
If any box below is check		, provide explana	tion und	er "Material	Tracking Con	nments".		
If any box below is check Were there any vehicles which	ked "Yes". h did not dis	splay proper D.O.T n			*Yes	nments".	NA	
If any box below is check Were there any vehicles whic Were there any vehicles whic	ked "Yes" h did not dis h were not t	splay proper D.O.T n tarped?	umbers ar	nd placards?	*Yes * Yes	No V	NA	
If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic	ked "Yes". In did not dis In were not the	splay proper D.O.T n tarped?	umbers ar	nd placards?	*Yes * Yes	No /		
If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipmer	ked "Yes". In did not dis In were not the	splay proper D.O.T n tarped? decontaminated prior	umbers ar	nd placards?	*Yes * Yes * Yes	No / No /	NA NA	
If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipment Individual	ked "Yes". In did not dis In were not the	splay proper D.O.T n tarped? decontaminated prior Company	umbers ar	nd placards?  I the work site?	*Yes * Yes	No / No /	NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
If any box below is check Were there any vehicles whic Were there any vehicles whic Were there any vehicles whic Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior Company	umbers ar	nd placards?  I the work site?	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	
Were there any vehicles whice Personnel and Equipment Individual	ked "Yes"; h did not dis h were not t h were not c	splay proper D.O.T n tarped? decontaminated prior  Company	umbers ar	nd placards?  I the work site?  Tech	*Yes * Yes * Yes	No / No /	NA NA	

Fort Edward Landfill - NYSDEC Site No. 558001

Page 8 of 9 Date: 4/3/20

## DAILY HEALTH CHECKLIST

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

## REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
If Yes	to any of 1-4 above:		
0	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.	Yes □	No 🗹
0	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.		
Comme	ents:		
<u> </u>			



Fort Edward Landfill - Weekly C	Operation a	and Maintenanc	e Checklist	<b>ARCA</b>	DIS for natural built asset	(1000) N 840) 15
Staff: AT	+AB	Date: <u>4/</u> <	2/20		8:00	<del></del>
Check status and compare to normal con	ditions. See F	Reverse side for typic	al operating pa	rameters.		
HMI SCREENS  Extraction Wells  Pump Status/Flow  Run pumps in "Manual" to confirm flow, i Confirm pumps are operating between se Confirm pressure with pump cycling & no If pumps on, is water flowing into IPC (Y// Process - (Check If OK or fill in values) Chlorine Alarm status (on/off)  Alf on - record chlorine concentration (ppm Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level=actual? Filtration (Check If OK) Air compressor pressure in range Data (Check If OK) Do Daily & Yesterday Starts make sense	f needed. stpoints t high/low N)?	.,				) <b>9</b>   <u>&gt;</u>   A
Alarms All Alarms Enabled (Y/N) List any disabled and indicate why	У		ren de la Alexandra de la Alex	Arterio de Arterio	13 (13 (13 (14 (14 (14 (14 (14 (14 (14 (14 (14 (14	;
BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working				Check auto drain operation Check dryer - alarms? Cy HX fan operates with com Propane tank level greate	/cling? npressor?	) /
IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values)				Check sludge ports (Slud Indicate % of sludge at each port	ge Y/N) Upper Mid Lower	10 <u>5594</u> 1009.
305 Bleach Height (in) 2130 Coagulant Height (in) 1668 Flocculant Volume (gr Dosing pumps at normal rate? Floor Sumps (Y/N)	1/3	mA Signal Stroke Rate Stroke Rate	Notes Notes Notes Chemicals	needed?	HIN THE DESCRIPTION OF THE	
Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow	Thick Feed	(check monthly)  Press Feed Floc Fee	ed	Pump runs but not empty Back flowing after pump (		<u>7</u> <u>7</u>
Regulators working properly Exhaust mufflers Filter Press (Check if OK) Hydraulic ram operating normally Hydraulic pressure normal Significant leaks? General/Housekeeping				Sorbent pads i w many total filled Haz drum any Haz drums filled & close	ns onsite? 70	, 
Wipe down dirty equipment/piping Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank? Grounds	-\frac{\frac{1}{1}}{1}	Any leaks Lights workin Exit signs workin	g?	Waste drums Drum labels Remov		<u>,</u> 

Mow/trim around building, structures, wells, bollards, control panels and cleanouts Shovel doorways, apply ice melt Confirm gates and doorways locked

Clear woody vegetation from swales and cap Look for damage fencing/gates Confirm storage container locked



Extraction Well EW-1	Flow (gpm) 20	Pressure (psi) 4.5	Low-Low 2	Level (off)	Level (on) 10	High-High 20
EW-2 EW-3	14 20	11 NA	1	3	10 10	25 20
EW-4	30	20	Ö	7	10	36
EW-5	NA	NA	1	3	10	20 Lliab Lliab
Clarifier Catch Tank			Low-Low 0.5	Level (off) 1	Level (on) 2	High-High 3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

<b>Chemical Dosing Rates</b>	<b>HMI Setpoint</b>	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 aph	72 - 75

#### **Discharge Pumps**

Typical speed Typical pressure 30-100% 22 psi @ 100%

# Air compressor

operating range

90-175 psi

regulator setpoint

90 psi

Auto drain

Dryer

On 5 seconds every 5 minutes

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators

**PSI** Range

Thickener feed pump

40 psi max

Filter press feed pump

90 psi max

Floc feed pump

40 psi

Filter press hyd pump

Blowdown

90 psi max

Notes:

System Punning on orrive	al. Chemica	1 levels ok,	top At	charine Blea
EV-4 flow rate low, wi	111 contact Ara	adis for moins	lenance in	6. red
drums and kless. System				
		***************************************		

## **DAILY INSPECTION REPORT**

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: Page 1 of 9

			_	_	LIVODEO	~ · · · <b>1</b> · · · .	
NYSDEC Division of Environme	ental Remedia	tion New York	Department of Environmental Conservation	50	NYSDEC D011107 Superintend		t No.
Site Location: Leav	Site Location: Leavy Hollow Rd, Fort Edward, NY						
	<u> </u>	r Conditions			NYSDEC PA		
General Description	SUNNY	AM	SUNNY	PM	Consultant P	M:	
Temperature         505         AM         605         PM           Wind         AM         PM         PM					Consultant S	ite Inspec	tors:
Health & Safety If any box below is	checked "Yes	s", provide ex	planation unde	er "Health	& Safety Con	nments"	
Were there any changes					*Yes	(No)	NA
Were there any exceeda	ances of the per	imeter air monit	oring reported on	this date?	*Yes	No	(A)
Were there any nuisanc	e issues reporte	ed/observed on t	this date?		*Yes	(No)	NA
Health & Safety Com	nments					<u> </u>	——————————————————————————————————————
Summary of Work Po	erformed	Arrived at sit	e: Z	00 D	eparted Site:	<u> </u>	
OtM, Chemic							
Equipment/Material If any box below is c	hecked "Yes"					1	
Equipment/Material	hecked "Yes" which did not di	isplay proper D.			Tracking Co  *Yes  * Yes	mments'	<b>FNA</b>
Equipment/Material If any box below is c	hecked "Yes" which did not di which were not	isplay proper D. tarped?	O.T numbers and	placards?	*Yes	No	
Equipment/Material if any box below is converted there any vehicles were there any vehicles	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped?	O.T numbers and	placards?	*Yes	No No	SVA AVA
Equipment/Material If any box below is converted where any vehicles were there any vehicles were there any vehicles	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped?	O.T numbers and	placards? ie work site?	*Yes	No No No	SVA AVA
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards? e work site?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)
Equipment/Material If any box below is converted where any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	hecked "Yes" which did not di which were not which were not	isplay proper D. tarped? decontaminated Compa	O.T numbers and d prior to exiting the	placards?	*Yes *Yes * Yes	No No No	(MA)

Report No. Fort Edward Landfill - NYSDEC Site No. 558001\_

Pag <u>Date: \$/2080</u>

## DAILY HEALTH CHECKLIST

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

## REMEDIAL ACTIVITIES AT PROPERTIES

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



ort Edward Landfill - Weekly Oper	ration a	nd Main	tenance (	Checklist				
Staff: FZ & H	7B	Date:	4/27/2	0	_	Time:	8i00	)
Check status and compare to normal condition	ns. See Re	everse side	for typical o	perating pa	rameters.			
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to confirm flow, if nee Confirm pumps are operating between setpoin Confirm pressure with pump cycling & not high If pumps on, is water flowing into IPC (Y/N)? Process - (Check if OK or fill in values) Chlorine Alarm status (on/off)  If on - record chlorine concentration (ppm) Operate exhaust fan manually	eded. nts	EW-1 EW-2 EW-3 EW-4 EW-5	Online (Y/N		Manual  W  W  N  Auto rotate of Discharge points.	ump operatir ump pressur p accurate ating? s (Y/N)	14.01 9.87 14.94 30.416 12.91	(psi) O.O O.O NA NA
BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values) 305 Bleach Height (in) 2130 Coagulant Height (in) Height (in) Toosing pumps at normal rate?	6/2	mA Signal Stroke Rate Stroke Rate		Notes Notes Notes Chemicals	Check drye HX fan ope Propane ta  Check sluc Indicate % at eac	o drain opera er - alarms? erates with co ank level grea dge ports (Sla of sludge ch port	Cycling? ompressor? ater than 20%	50% 50% 0 50° 100°
	N	check mon	thly)			but not emp ng after pump	otying sump? o cycle?	N N
Hydraulic ram operating normally Hydraulic pressure normal Significant leaks?  General/Housekeeping					w many total i any Haz drun		ıms onsite?	W
Wipe down dirty equipment/piping Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank?  Grounds	/ N	Light	any leaks? s working? s working?				ns needed? els needed? oved trash?	Y W
Mow/trim around building, structures, wells, bol Shovel doorways, apply ice melt Confirm gates and doorways locked	llards, con	trol panels	and cleanou	its	Look for da	ly vegetation mage fencin orage contair		and cap

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light.

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	<b>7</b> 2 - 75

## Discharge Pumps

Typical speed 30-100%
Typical pressure 22 psi @ 100%

## Air compressor

operating range

90-175 psi 90 psi

regulator setpoint

On 5 seconds every 5 minutes

Auto drain Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	•

Filter press hyd pump Blowdown	90 psi max						
Notes:							
		 					_
		٠,					
		-		<del></del>			
						-	
					<del></del>		
						_	_
<del></del>	····	 					
			<u> </u>				

Report No. Fort Edward Landfill - NYSDEC Site No. 558001 Date: 4/37/80

NYSDEC Division of Environmental Remediation  NEW YORK Environmental Environmental Conservation  Department of Environmental Conservation  NYSDEC Contract No. D011107  Superintendent:					No.		
Site Location: Leav	y Hollow Rd,	Fort Edward, N	1A		NYSDEC PM:		
	Weather	Conditions					
General Description	Rain	AM		PM	Consultant PN		
Temperature	43	AM		PM	Consultant Sit	e Inspector	s:
Wind	None	AM		РМ			
Health & Safety If any box below is	checked "Yes	", provide explan	ation under "Hea	alth 8	& Safety Com	ments".	
Were there any change	s to the Health &	Safety Plan?			*Yes	No V	NA
Were there any exceed	ances of the peri	meter air monitoring	reported on this dat	te?	*Yes	No 🗸	NA
Were there any nuisand	ce issues reporte	d/observed on this da	ate?		*Yes	No V	NA
Health & Safety Cor	nments						
Summary of Work P	Performed	Arrived at site:	8:00	D	eparted Site:		
Equipment/Material If any box below is a Were there any vehicles	checked "Yes"				Tracking Cor	nments".	NA NA
Were there any vehicles					* Yes	No	NA
Were there any vehicles	s which were not	decontaminated prio	r to exiting the work	site?	* Yes	No	NA
Personnel and Equi	pment						
Individual		Company		Tr	ade	Total	Hours
Frank Zabel		Azech	Tecl	7			
Alan Barker		Aztech	Tech	)			

Fort Edward Landfill - NYSDEC Site No. 558001

Date:

Visitors to Site				
Name	Re	presenting	Entered E	xclusion/CRZ Zone
			Yes	No
Site Representatives				_
Name		Representing		
Project Schedule Comments				
•				
Issues Pending				
issues reliaing				
Interaction with Public, Property O	wners, Media, et	c.		



Fort Edward Landfill - NYSDEC Site No. 558001

Date:

Include (insert) figures with markups showing location of work and job progress

Report No. Fort Edward Landfill - NYSDEC Site No. 558001

Date:

		·

Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_

Date:

Site Photographs (Descriptions Below)				
=				
	<u> </u>			

Oort No.	ECTION REPORT  Fort Edward Landfill - NYSDEC Site No. 558001	Date:	Page
Comments			
Site Inspecto	or(s):	Date:	

Fort Edward Landfill - NYSDEC Site No. 558001

Date:

## DAILY HEALTH CHECKLIST

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

## REMEDIAL ACTIVITIES AT PROPERTIES

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	Yes □	No 🗹
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗗
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🗹
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No 🗆
If Yes to any of 1-4 above:		
<ul> <li>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.</li> </ul>	Yes □	No 🖭
<ul> <li>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.</li> </ul>		
Comments:		

			.`
,			

Fort Edward Landfill - NYSDEC Site No. 558001\_

Date:

## **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No 🗹	N/A□
Were there any odors detected on this date?	Yes □	No 🗹	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🗹	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🗹	N/A 🗆
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/A
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No 🗹	N/A 🗆
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A 🗹
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes □	No □	N/A
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

· ·
,