

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: FZ & GL

Date: 5/4/20

Time: 8:00

Check status and compare to normal conditions. See Reverse side for typical operating parameters.

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0.0</u>	<u>14.07</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0.0</u>	<u>3.34</u>	<u>0.0</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>0.0</u>	<u>15.04</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>25.33</u>	<u>10.05</u>	<u>43.68</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>9.56</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)	<u>—</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>20.35</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

Air compressor pressure in range	<u>✓</u>	Solenoid status correct for operation	<u>✓</u>
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Data (Check if OK)

Do Daily & Yesterday Starts make sense	<u>✓</u>
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Alarms

All Alarms Enabled (Y/N)	<u>Y</u>
List any disabled and indicate why	

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load	<u>✓</u>	Check auto drain operation	<u>✓</u>
Check oil level at least monthly	<u>✓</u>	Check dryer - alarms? Cycling?	<u>✓</u>
Belt tension	<u>✓</u>	HX fan operates with compressor?	<u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>45%</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>50%</u> Lower <u>100%</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>16 1/2</u>	mA Signal <u>5.8</u>	Notes
2130 Coagulant	Height (in) <u>9 3/8</u>	Stroke Rate <u>12.2</u>	Notes
1668 Flocculant	Volume (gal) <u>3.75</u>	Stroke Rate <u>7.2</u>	Notes
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	

Floor Sumps (Y/N)

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>✓</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<u>✓</u>	<u>✓</u>	<u>✓</u>
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>11</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>Yes</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>✓</u>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>✓</u>				

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts	Clear woody vegetation from swales and cap
Shovel doorways, apply ice melt	Look for damage fencing/gates
Confirm gates and doorways locked	Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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
Clarifier Catch Tank			Low-Low	Level (off)	Level (on)	High-High
			0.5	1	2	3.25

Chlorine Alarm
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
regulator setpoint 90 psi
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
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:

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 9
Date: 5/4/20

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DAILY INSPECTION REPORTReport No. **Fort Edward Landfill - NYSDEC Site No. 558001**Page 8 of 9
Date: 5/4/20**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 9/29/20

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[illegible]

DAILY INSPECTION REPORTReport No. **Fort Edward Landfill - NYSDEC Site No. 558001**Date: **4/29/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: AT + AB

Date: 5/11/20

Time: 8:00

Check status and compare to normal conditions. See Reverse side for typical operating parameters.

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>14.05</u>	<u>0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>6.65</u>	<u>1.19</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>flow error</u>	<u>14.89</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>22.10</u>	<u>7.65</u>	<u>40.79</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.29</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off) A1 <u>N</u>	A2 <u>Y</u>	Auto rotate on/off	<u>Y</u>
If on - record chlorine concentration (ppm) <u>-</u>		Discharge pump operating	<u>Y</u>
Operate exhaust fan manually		Discharge pump pressure normal	<u>Y</u>
FT-801 reading (GPM) <u>14.34</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow? <u>Y</u>		Mixers operating?	<u>Y</u>
Catch tank display level=actual? <u>Y</u>		Other Alarms (Y/N) <u>EW-3 flow meter</u>	<u>Y</u>

Filtration (Check if OK)

Air compressor pressure in range <u>Y</u>	Solenoid status correct for operation <u>Y</u>
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Data (Check if OK)

Do Daily & Yesterday Starts make sense <u>Y</u>

Alarms

All Alarms Enabled (Y/N) <u>Y</u>

List any disabled and indicate why

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load <u>Y</u>	Check auto drain operation <u>✓</u>
Check oil level at least monthly <u>✓</u>	Check dryer - alarms? Cycling? <u>OK</u>
Belt tension <u>✓</u>	HX fan operates with compressor? <u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) <u>✓</u>	Propane tank level greater than 20% <u>✓ 35%</u>
Heaters working <u>✓</u>	

IPC (Y/N)

IPC discharge clear? <u>N</u>	Check sludge ports (Sludge Y/N) <u>Y</u>
Floatables? (take photos if yes) <u>N</u>	Indicate % of sludge at each port
Coag visibly dosing? <u>Y</u>	Upper <u>9%</u>
Floc visibly dosing? <u>Y</u>	Mid <u>80%</u>
	Lower <u>100%</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>7"</u>	mA Signal <u>05.7</u>	Notes
2130 Coagulant	Height (in) <u>9"</u>	Stroke Rate <u>11.6</u>	Notes
1668 Flocculant	Volume (gal) <u>380</u>	Stroke Rate <u>60</u>	Notes

Dosing pumps at normal rate? Y Chemicals needed? need 0305 (on last drum) and 2130 (last drum)

Floor Sumps (Y/N)

Sump levels normal? <u>Y</u>	Pump runs but not emptying sump? <u>N</u>
High-High level switches operate freely? <u>Y</u> (check monthly)	Back flowing after pump cycle? <u>N</u>
Excessive sludge/sediment? <u>N</u>	

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<u>✓</u>	<u>✓</u>	<u>✓</u>
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>

Filter Press (Check if OK)

Hydraulic ram operating normally <u>✓</u>	Sorbent pads replaced? <u>N</u>
Hydraulic pressure normal <u>✓</u>	How many total filled Haz drums onsite? <u>15</u>
Significant leaks? <u>N</u>	How many Haz drums filled & closed today? <u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping <u>✓</u>	Any leaks? <u>N</u>	Waste drums needed? <u>yes</u>
Sweep and/or wash floors <u>✓</u>	Lights working? <u>✓</u>	Drum labels needed? <u>yes</u>
Fire extinguisher inspection (monthly) <u>✓</u>	Exit signs working? <u>✓</u>	Removed trash? <u>N</u>
Sludge in Clarifier Catch Tank? <u>N</u>		

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts	Clear woody vegetation from swales and cap
Shovel doorways, apply ice melt	Look for damage fencing/gates
Confirm gates and doorways locked	Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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
0.5	1	2	3.25

Clarifier Catch Tank

Chlorine Alarm

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
regulator setpoint	90 psi
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

Notes:

System running on arrival. Perform routine maintenance. Fill 1 drum w/ filter cakes. Note issue of excess moisture in air supply and investigate issue. System running on departure.

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/11/20 Page 1 of 9



NEW YORK STATE
Department of
Environmental
Conservation

DAILY INSPECTION REPORTReport No. **Fort Edward Landfill - NYSDEC Site No. 558001**Page 8 of 9
Date: **5/11/20****DAILY HEALTH CHECKLIST**

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

Department of
Environmental
Conservation

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: AT+AA

Date: 5/18/20

Time: 8:00

Check status and compare to normal conditions. See Reverse side for typical 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)

A1

off

If on - record chlorine concentration (ppm)

Operate exhaust fan manually

FT-801 reading (GPM)

17.50

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

All Alarms Enabled (Y/N)

List any disabled and indicate why

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
EW-1	<u>N</u>	<u>N</u>	<u>X</u>	<u>-</u>	<u>13.95</u>	<u>0</u>
EW-2	<u>Y</u>	<u>Y</u>	<u>X</u>	<u>0</u>	<u>6.60</u>	<u>1.05</u>
EW-3	<u>N</u>	<u>N</u>	<u>X</u>	<u>-</u>	<u>14.78</u>	<u>NA</u>
EW-4	<u>Y</u>	<u>Y</u>	<u>X</u>	<u>19.99</u>	<u>7.03</u>	<u>37.11</u>
EW-5	<u>Y</u>	<u>Y</u>	<u>X</u>	<u>NA</u>	<u>8.39</u>	<u>NA</u>

A2

off

Auto rotate on/off

Discharge pump operating

Discharge pump pressure normal

Building temp accurate

Mixers operating?

Other Alarms (Y/N) w3 flow sensor

Solenoid status correct for operation

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)

16 1/4

2130 Coagulant

Height (in)

4 1/2

1668 Flocculant

Volume (gal)

385

Dosing pumps at normal rate?

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 Press (Check if OK)

Hydraulic ram operating normally

Hydraulic pressure normal

Significant leaks?

General/Housekeeping

Wipe down dirty equipment/piping

Sweep and/or wash floors

Fire extinguisher inspection (monthly)

Sludge in Clarifier Catch Tank?

Grounds

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

Shovel doorways, apply ice melt

Confirm gates and doorways locked

mA Signal

5.6

Stroke Rate

10.8

Stroke Rate

62

Notes

Notes

Notes

Chemicals needed? BRACH + COAG

Pump runs but not emptying sump?

Back flowing after pump cycle?

Sorbent pads replaced?

How many total filled Haz drums onsite?

How many Haz drums filled & closed today?

Waste drums needed?

Drum labels needed?

Removed trash?

Clear woody vegetation from swales and cap

Look for damage fencing/gates

Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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
Clarifier Catch Tank			Low-Low 0.5	Level (off) 1	Level (on) 2	High-High 3.25

Chlorine Alarm

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
regulator setpoint	90 psi
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

Notes:

System running on arrival. Empty filter press into 1 Drum. Fill filter press. Drain IPC into thickener tank and batch flocculant into tank and aerate. Spray down IPC. Fill Floc tank and restart system pumps. Complete blow down. Get mower started for season and perform grounds maintenance. FT-801 should be cleaned next visit. flow rate varying slightly from wells. system running on departure.

DAILY INSPECTION REPORT Page 1 of 9
Report No. Fort Edward Landfill - NYSDEC Site No. 558001 Date: 5/18/20

Fort Edward Landfill - NYSDEC Site No. 558001

Date: _____

Page 1 of 9

DAILY INSPECTION REPORTReport No. **Fort Edward Landfill - NYSDEC Site No. 558001**Date: 5/18/20 Page 8 of 9**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<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"/>
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5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

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

Date: 5/14/20

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DAILY INSPECTION REPORT Page 2 of 9
 Report No. **Fort Edward Landfill - NYSDEC Site No. 558001** Date: **5/14/20**

Date: 5/12/20

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[illegible][illegible]

*On-Site scale for off-site shipment, delivery ticket for material received

Equipment/Material Tracking Comments:

DAILY INSPECTION REPORT

Page 3 of 9

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date:

Visitors to Site

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives

Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

DAILY INSPECTION REPORT

Page 4 of 9

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date:

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

DAILY INSPECTION REPORT

Page 5 of 9

Report No. Fort Edward Landfill - NYSDEC Site No. 558001 Date: _____

DAILY INSPECTION REPORT
Page 6 of 9

Report No. **Fort Edward Landfill - NYSDEC Site No. 558001**
Date: _____

DAILY INSPECTION REPORT Page 6 of 9
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Page 6 of 9

Report No. **Fort Edward Landfill - NYSDEC Site No. 558001**
Date: _____

[illegible]

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: _____

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Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORTReport No. **Fort Edward Landfill - NYSDEC Site No. 558001**Page **8** of 9
Date: **5/19/20****DAILY HEALTH CHECKLIST**

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<u>Comments:</u> 		

DAILY INSPECTION REPORTReport No. **Fort Edward Landfill - NYSDEC Site No. 558001**

Date:

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: FZ AB

Date: 5/26/20

Time: 8:00

Check status and compare to normal conditions. See Reverse side for typical operating parameters.

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>13.92</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>8.61</u>	<u>0.0</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>-</u>	<u>14.67</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>✓</u>	<u>N</u>	<u>17.43</u>	<u>17.53</u>	<u>34.47</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>✓</u>	<u>N</u>	<u>NA</u>	<u>7.34</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>-</u>	A2 <u>-</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)	<u>-</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>Y</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>14.74</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>Y</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

Air compressor pressure in range	<u>Y</u>	Solenoid status correct for operation	<u>✓</u>
----------------------------------	----------	---------------------------------------	----------

Data (Check if OK)

Do Daily & Yesterday Starts make sense	<u>✓</u>
--	----------

Alarms

All Alarms Enabled (Y/N)	<u>Y</u>
List any disabled and indicate why	

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load	<u>✓</u>	Check auto drain operation	<u>✓</u>
Check oil level at least monthly	<u>✓</u>	Check dryer - alarms? Cycling?	<u>✓</u>
Belt tension	<u>✓</u>	HX fan operates with compressor?	<u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>30%</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u> </u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u> </u>
Floc visibly dosing?	<u>Y</u>		Lower <u> </u>

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>19</u>	mA Signal <u>5.3</u>	Notes <u> </u>
2130 Coagulant	Height (in) <u>33</u>	Stroke Rate <u>88</u>	Notes <u> </u>
1668 Flocculant	Volume (gal) <u>34.0</u>	Stroke Rate <u>51</u>	Notes <u> </u>
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>NO</u>

Floor Sumps (Y/N)

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>✓</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<u>✓</u>	<u>✓</u>	<u>✓</u>
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>NO</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>1</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>✓</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>✓</u>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>N</u>				

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts	Clear woody vegetation from swales and cap
Shovel doorways, apply ice melt	Look for damage fencing/gates
Confirm gates and doorways locked	Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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
Clarifier Catch Tank			Low-Low 0.5	Level (off) 1	Level (on) 2	High-High 3.25

Chlorine Alarm

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

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Typical speed	30-100%
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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:

Clean Influent flow ~~meter~~ Meter and Do Quarterly Sampling

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

Date: 5/26/20



NEW YORK STATE
Department of
Environmental
Conservation

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DAILY INSPECTION REPORTReport No. **Fort Edward Landfill - NYSDEC Site No. 558001**Page 8 of 9
Date: **5/26/20****DAILY HEALTH CHECKLIST**

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Comments: <i>None</i>		

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