

Payson Long
New York State Department of Environmental Conservation (NYSDEC)
Division of Environmental Remediation
Bureau of Program Management
625 Broadway, 12th Floor
Albany, NY 12233-7012

Arcadis of New York, Inc.
855 Route 146
Suite 210
Clifton Park
New York 12065
Tel 518 250 7300
Fax 518 250 2757
www.arcadis.com

Subject:
February 2021 Monthly Report
Fort Edward Landfill
NYSDEC Site No. 558001
Contract No. D009804-7

Date:
March 15, 2021

Contact:
Andy Vitolins, P.G.

Dear Mr. Long:

Arcadis of New York, Inc. (Arcadis) has prepared this letter report to summarize the leachate collection and treatment system operation, maintenance, and monitoring (OM&M) activities completed during the February 2021 reporting period at the above-referenced site.

Phone:
518.250.7300

Email:
andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

Our ref:
30055713

System Performance

A total of 664,979 gallons of leachate were collected and treated through the system during February 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 approximately 16.5 gallons per minute (gpm).

System Operation Summary

During each site visit, Arcadis personnel completed a NYSDEC Daily Inspection Report (Appendix A) and COVID-19 Entry/Exit log (Appendix B) to summarize site conditions, work performed, and to document that on-site personnel are following NYSDEC's COVID workplace requirements. In addition, an Arcadis

Weekly O&M Log (Appendix C) was completed to record system readings and document system performance.

The following activities were completed during the February 2021 operating period:

- Iron and solids sludge processing was performed throughout the month. Three 55-gallon drums of sludge were generated during February 2021.
- Removed and replaced faulty pump in collection sump EW-5.
- Removed, cleaned, and reinstalled the extraction well EW-3 pump end.
- Completed well installation, development, and surveying of the remaining two monitoring wells as outlined in Work Assignment: Phase 3 – Evaluate Leachate Collection System Functionality and CWTS Status.
- Removed both Site fire extinguishers for annual inspection in accordance with the Office of Fire Prevention Control's report.

Additional details of activities completed in February 2021 are provided in Appendix A

SYSTEM SAMPLING

Water samples were collected by Arcadis on February 23, 2021 from the following treatment system locations:

- Influent (i.e., combined flow from extraction wells EW-1, EW-2, EW-3, and EW-4);
- Clarifier Catch Tank discharge;
- Cell 3 Bypass (i.e., treatment Cell 3 discharge into the Cell 2/3 bypass pipe);
- Cell 2 Effluent (i.e., treatment Cell 2 discharge into the effluent collection chamber); and
- Polishing Pond Effluent (PPE).

No samples were collected from extraction wells EW-1, EW-2, EW-3, leachate collection well EW-4, or Cell 1 Chamber (treatment Cell 1 discharge into the effluent collection chamber). Samples from these locations are collected on a quarterly basis and will be sampled again in March 2021.

The monthly samples were submitted to Eurofins TestAmerica for analysis of Volatile Organic Compounds (VOCs), Polychlorinated Biphenyls (PCBs), metals, total dissolved solids (TDS), and total suspended solids (TSS). Total organic carbon (TOC) and dissolved organic carbon were also analyzed at the Influent and Clarifier Catch Tank.

The analytical results are discussed in the sections below and have been summarized in Table 1. The laboratory analytical data will be submitted to NYSDEC's EIMS Administrator in the required EQulS EDD format.

Analytical Results

VOCs

As shown in Table 1, no VOCs were detected in samples collected during the February 2021 sampling event.

PCBs

PCB Aroclor 1232 was detected in the Influent (2.7 micrograms per liter ($\mu\text{g/L}$)) and Clarifier Catch Tank (3.7 $\mu\text{g/L}$) samples at concentrations that exceed the NYSDEC Class GA Standard of 0.09 $\mu\text{g/L}$. PCBs were not detected in the Cell 2 Effluent, Cell 3 Bypass, or PPE samples during the February 2021 sampling event (Table 1).

Metals

Iron and manganese were detected in one or more of the treatment system samples at concentrations greater than the corresponding NYSDEC Standards of 0.3 milligrams per liter (mg/L) and 0.6 mg/L , respectively. Iron concentrations ranged from a maximum of 20.7 mg/L (Influent) to a minimum of 0.998 mg/L (PPE). Manganese concentrations ranged from a maximum of 2.11 mg/L (Clarifier Catch Tank) to a minimum of 0.450 mg/L (PPE), which are consistent with previous data. Sodium concentrations exceeded the NYSEC Class GA Standard of 20 mg/L at all sample locations and ranged from a maximum of 56.9 mg/L (Cell 3 Bypass) to a minimum of 45.4 mg/L (Influent). Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 410 mg/L (Influent) to 504 mg/L (Cell 2 Effluent); TSS concentrations ranged from 6.8 mg/L (Cell 2 Effluent) to 68.8 mg/L (Influent). These data are consistent with the results from previous sampling events. Since September 2016, TDS and TSS have ranged from 210 to 4,900 mg/L and non-detect to 226 mg/L , respectively.

TOC was detected at the Influent and Clarifier Catch Tank at 4.1 mg/L . Dissolved organic carbon was analyzed at the Clarifier Catch Tank and detected at 3.2 mg/L . These analytes will be added to the monthly sampling program to support the Interim Remedial Measure (IRM) and rapid small scale column test (RSSCT).

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for March 2021:

- Continuation of iron and solids treatment and processing;
- Routine monthly and quarterly system sampling;
- Perform on-site bench-scale testing for various treatment system chemical amendments with ARIES Chemicals;
- Restart extraction well EW-1 and operate all wells for a minimum of two weeks prior to collection of leachate samples for RSSCT; and
- Collect groundwater samples at shallow monitoring wells in accordance with the Work Assignment.

If you have any questions, please do not hesitate to contact me or Jeremy Wyckoff.

Sincerely,

Arcadis of New York, Inc.

NYSDEC Site No. 558001
Payson Long
March 15, 2021



Andy Vitolins, P.G.
Vice President

Copies:

Jeffrey Dyber, NYSDEC
Jeremy Wyckoff, P.G., Arcadis
Jasmine Mullins, E.I.T., Arcadis
Todd Carignan, Arcadis
File

Enclosures:

Attachment A – NYSDEC Daily Inspection Reports
Attachment B – NYSDEC COVID-19 Entry/Exit Logs
Attachment C – Arcadis Weekly O&M Logs
Table 1 – February 2021 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports



Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/02/2021



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Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/02/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

DAILY INSPECTION REPORT

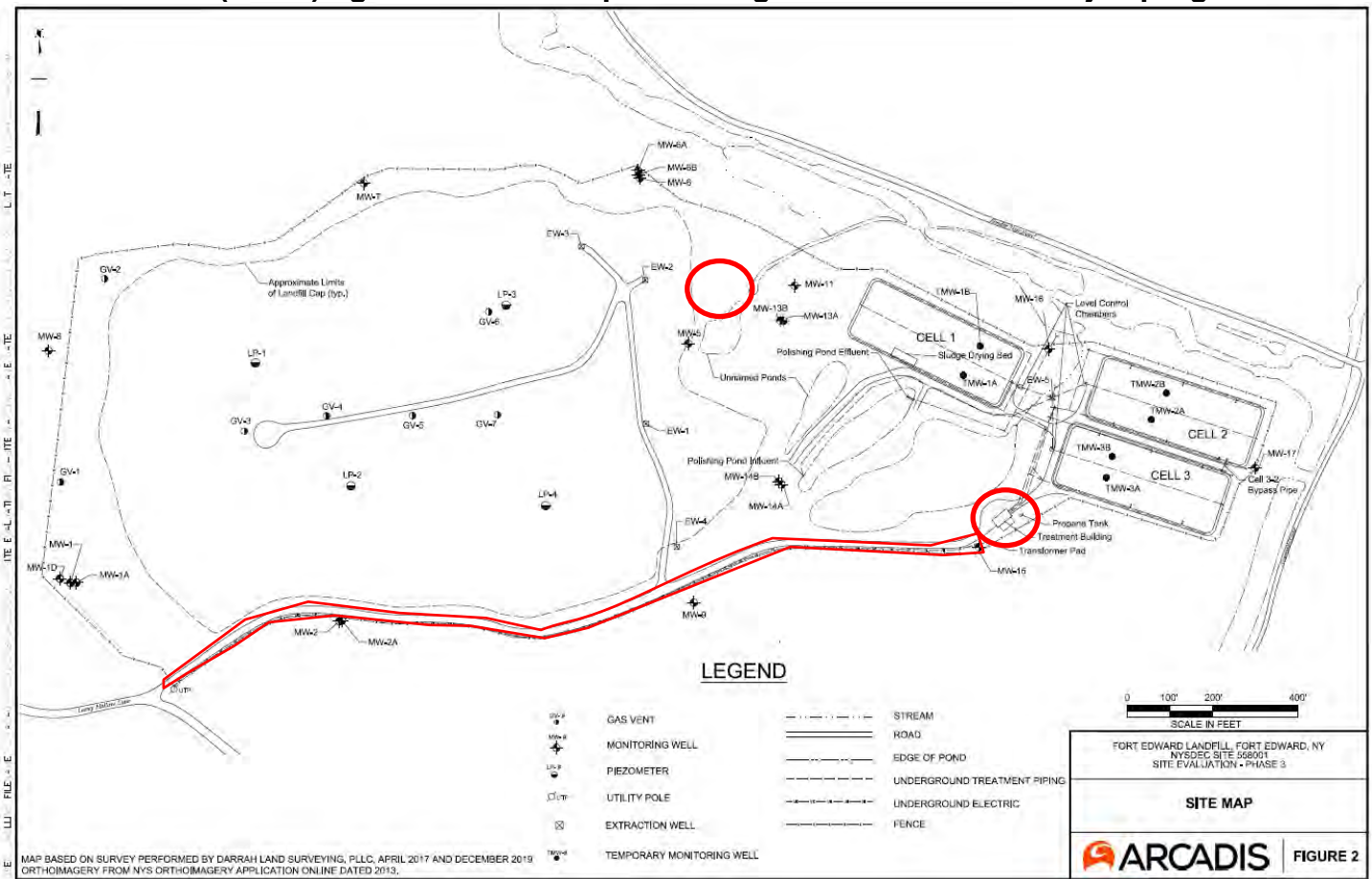
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Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/02/2021

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			
No Changes at this time.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

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



Red outlined area indicates the location of work performed on February 2, 2021.

DAILY INSPECTION REPORT

Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/02/2021

Site Photographs (Descriptions Below)



Partial top view of Inclined Plane Clarifier prior to washdown.



Top view of IPC Flocculant chamber.



Partial top view of IPC pumped down.



View of Filter Press sludge after blowdown.

Comments

None.

Site Inspector(s): Nathan Kloepper

Date: 02/02/2021

DAILY INSPECTION REPORT

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Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/02/2021

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> None at this time.		

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> None at this time.		

DAILY INSPECTION REPORT

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Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/02/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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> None at this time.			

Report No. 6 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/03/2021



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Date: 02/03/2021

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Equipment/Material Tracking Comments:

None.

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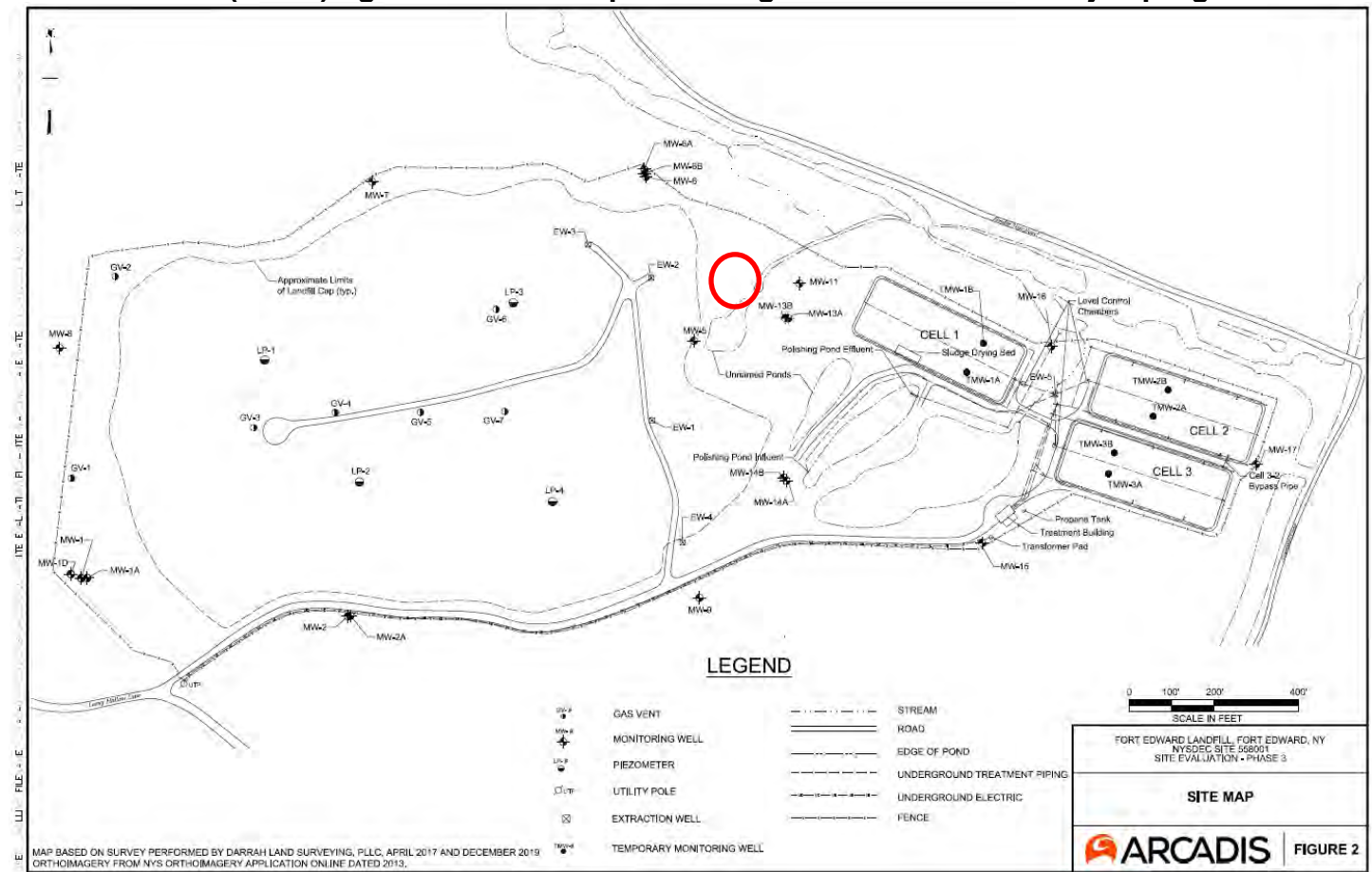
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Date: 02/03/2021

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			
Drilling will be delayed until a drill rig capable of accessing the proposed well installation location can be scheduled.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

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



Red outlined area indicates the location of work performed on February 4, 2021.

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Date: 02/03/2021

Site Photographs (Descriptions Below)



View of current Air Compressor setup.



View of Parratt-Wolff rig.

Comments

None.

Site Inspector(s): Nathan Kloefer

Date: 02/03/2021

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Date: 02/03/2021

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 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 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> None at this time		

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 type="checkbox"/>
<u>Comments:</u> None at this time		

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Date: 02/03/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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"/>
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"/>
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 checked="" type="checkbox"/>	N/A <input 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> None at this time			

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Date: 02/09/2021

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Date: 02/09/2021



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

Equipment/Material Tracking Comments:

None.

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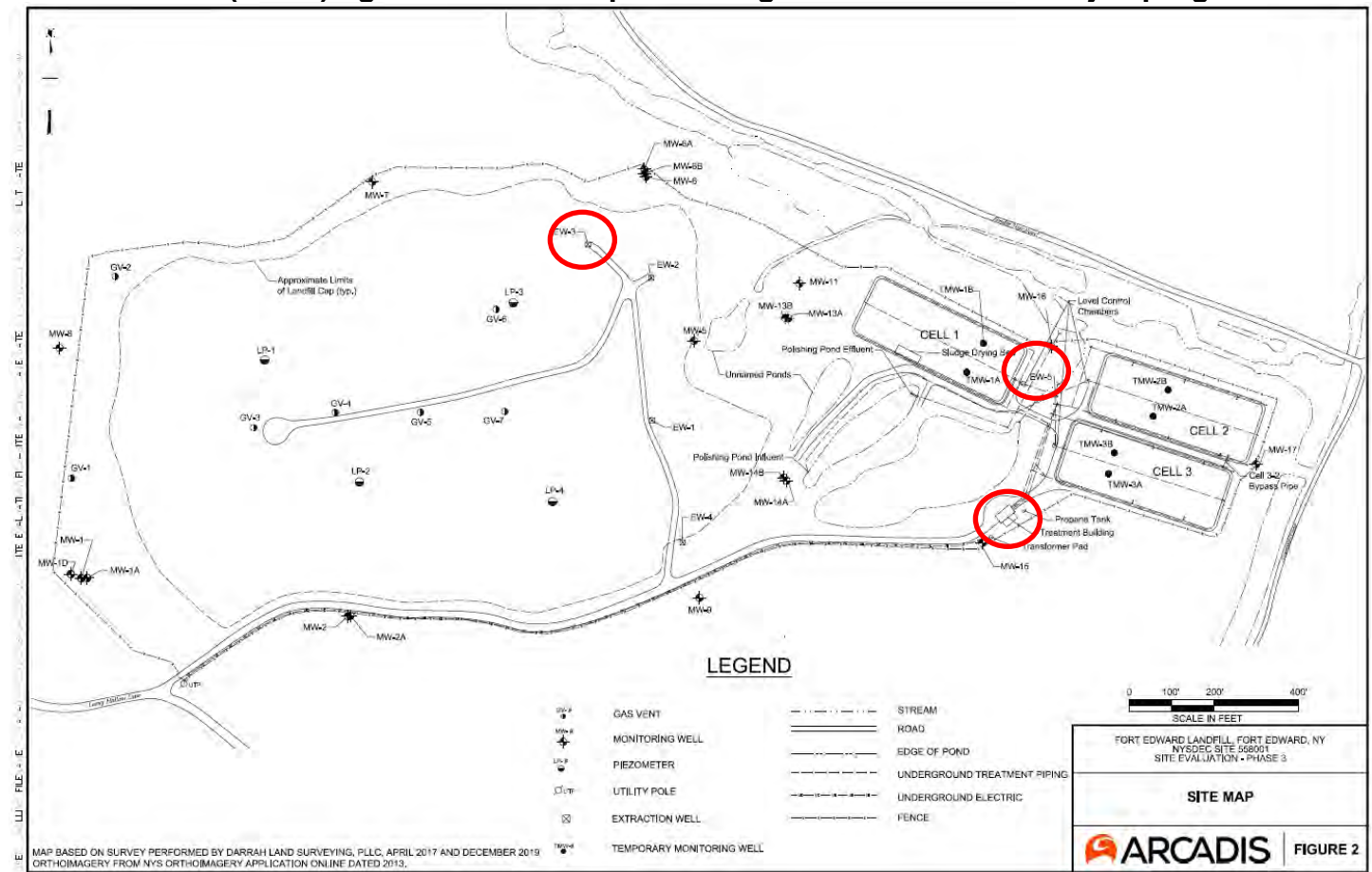
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Date: 02/09/2021

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			
No Changes.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

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



Red outlined areas indicate the locations of work performed on February 9, 2021.

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Date: 02/09/2021

Site Photographs (Descriptions Below)



View of old EW-5 pump prior to replacement.



View of replacement EW-5 pump prior to installation.

Comments

None.

Site Inspector(s): Nathan Kloepper

Date: 02/09/2021

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Report No. 7 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/09/2021

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> None at this time.		

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> None at this time.		

DAILY INSPECTION REPORT

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Report No. 7 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/09/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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> None at this time.			

Report No. 8 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/10/2021



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Report No. 8 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/10/2021

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None.

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Date: 02/10/2021

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			
Well drilling to be completed this week.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

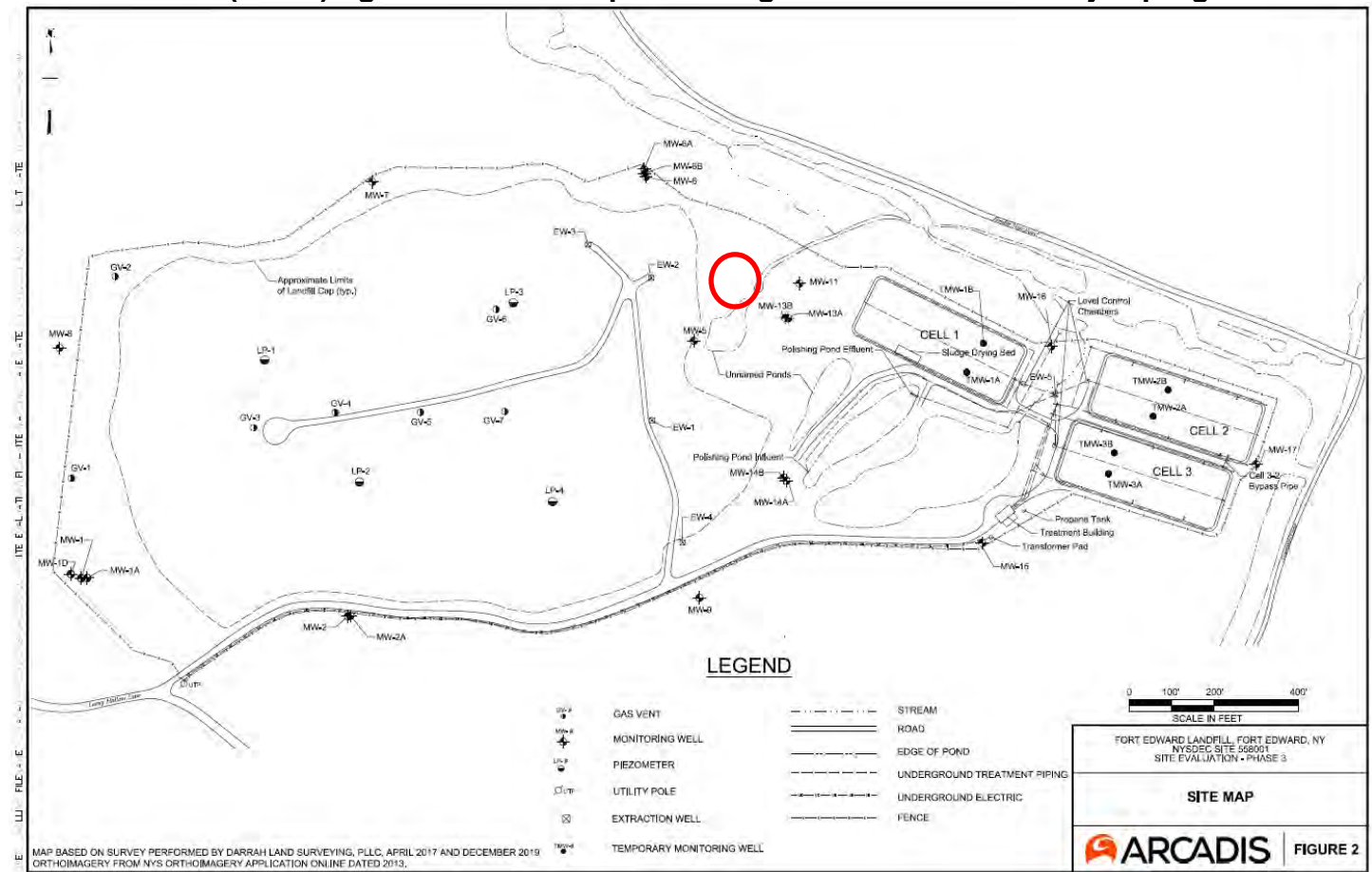
DAILY INSPECTION REPORT

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



Red outlined area indicates the location of work performed on February 10, 2021.

DAILY INSPECTION REPORT

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Date: 02/10/2021

Site Photographs (Descriptions Below)



View of CME 850 Drill Rig.



MW-12 cluster drill area.



View of proposed well locations from EW-2 looking East.



Parratt-Wolff offloading equipment in vicinity of MW-12 area.

Comments

None.

Site Inspector(s): Andrew Gibson

Date: 02/10/2021

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Date: 02/10/2021

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> None at this time.		

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 type="checkbox"/>
<u>Comments:</u> None at this time.		

DAILY INSPECTION REPORTReport No. 8 **Fort Edward Landfill - NYSDEC Site No. 558001**

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Date: 02/10/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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"/>
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"/>
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 checked="" type="checkbox"/>	N/A <input 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> None at this time.			

Report No. 9 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/11/2021



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DAILY INSPECTION REPORT

Report No. 9 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/11/2021

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/11/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

DAILY INSPECTION REPORT

Report No. 9 Fort Edward Landfill - NYSDEC Site No. 558001

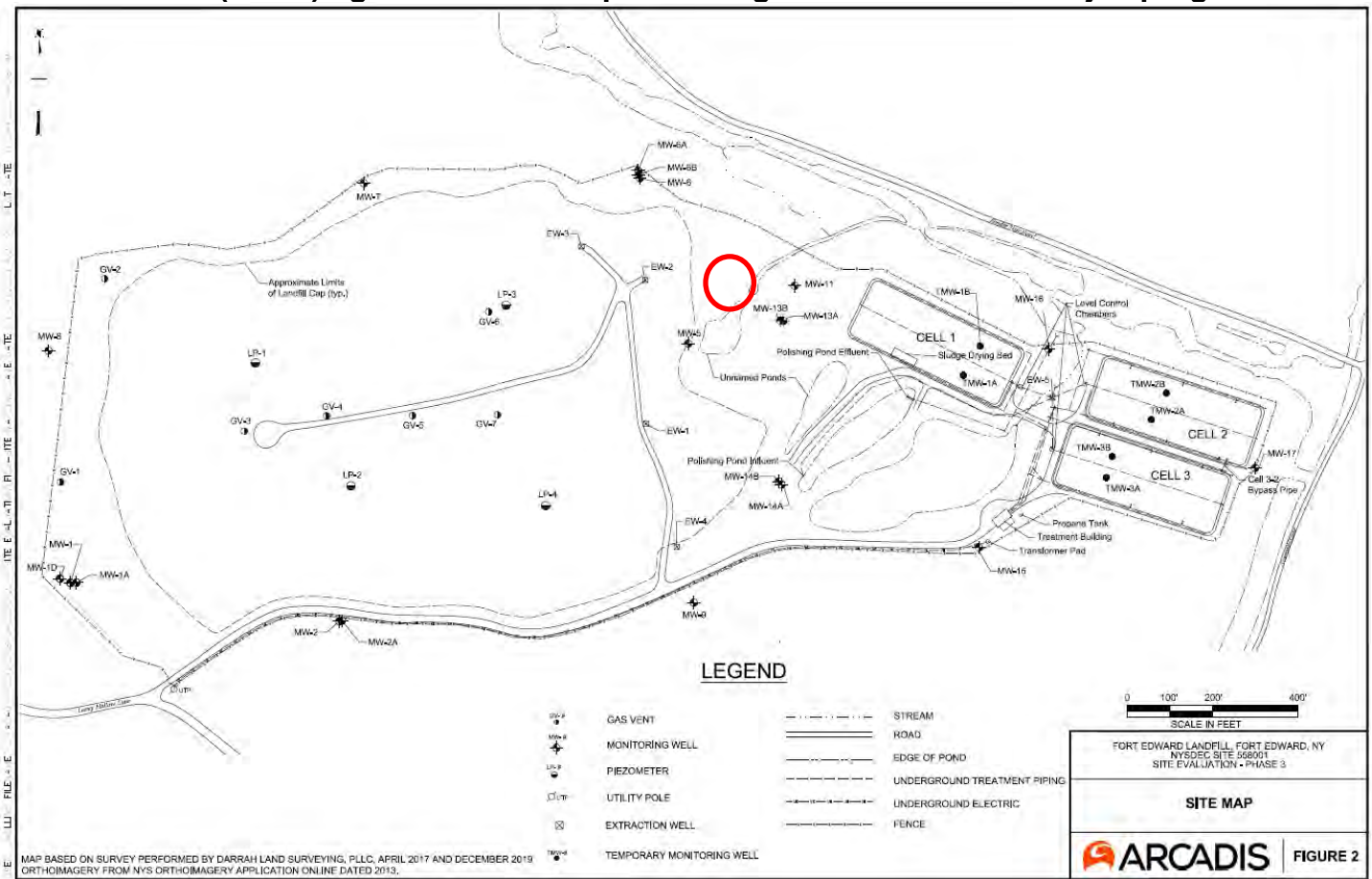
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Date: 02/11/2021

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			
SB-12B/MW-12B will be finished on 2/12/2021 and SB-12A/MW-12A will be installed on 2/12/2021.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

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Conservation

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



Red outlined area indicates the location of work performed on February 11, 2021.

DAILY INSPECTION REPORT

Report No. 9 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/11/2021

Site Photographs (Descriptions Below)



View of MW-12 work area.



Parratt-Wolff abandoning SB-12C with grout/bentonite mix.



Parratt-Wolff begins SB-12B/MW-12B.

Comments

None.

Site Inspector(s): Andrew Gibson

Date: 02/11/2021

DAILY INSPECTION REPORT

Report No. 9 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/11/2021

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> None at this time.		

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 type="checkbox"/>
<u>Comments:</u> None at this time.		

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DAILY INSPECTION REPORT

Report No. 9 Fort Edward Landfill - NYSDEC Site No. 558001

Page 7 of 7

Date: 02/11/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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"/>
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"/>
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 checked="" type="checkbox"/>	N/A <input 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> None at this time.			

Report No. 10 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/12/2021



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Report No. 10 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/12/2021

[illegible]

Equipment/Material Tracking Comments:

None.

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Report No. 10 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/12/2021

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			
Arcadis to develop wells on 2/15/2021.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

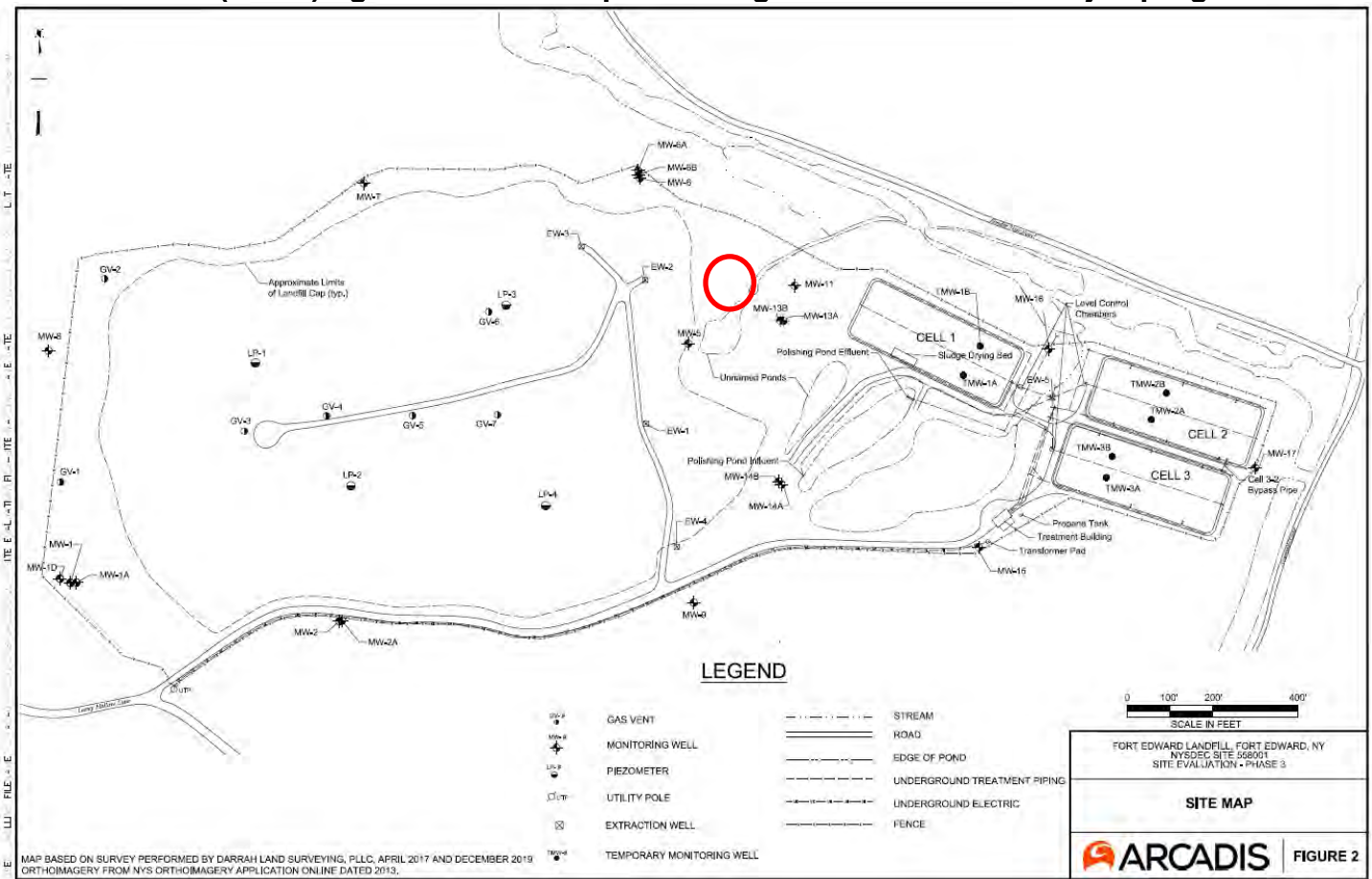
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Report No. 10 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/12/2021

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



Red outlined area indicates the location of work performed on February 12, 2021.

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Report No. 10 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/12/2021

Site Photographs (Descriptions Below)



View of SB-12A/MW-12A 12'-16' boring.



Parratt-Wolff decontaminating augers.



Poured concrete pad for MW-12B.

Comments

None.

Site Inspector(s): Andrew Gibson

Date: 02/12/2021

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Report No. 10 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/12/2021

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> None at this time.		

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 type="checkbox"/>
<u>Comments:</u> None at this time.		

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Report No. 10 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/12/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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"/>
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"/>
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 checked="" type="checkbox"/>	N/A <input 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> None at this time.			

Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001



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Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/15/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

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Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/15/2021

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			
No Changes.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

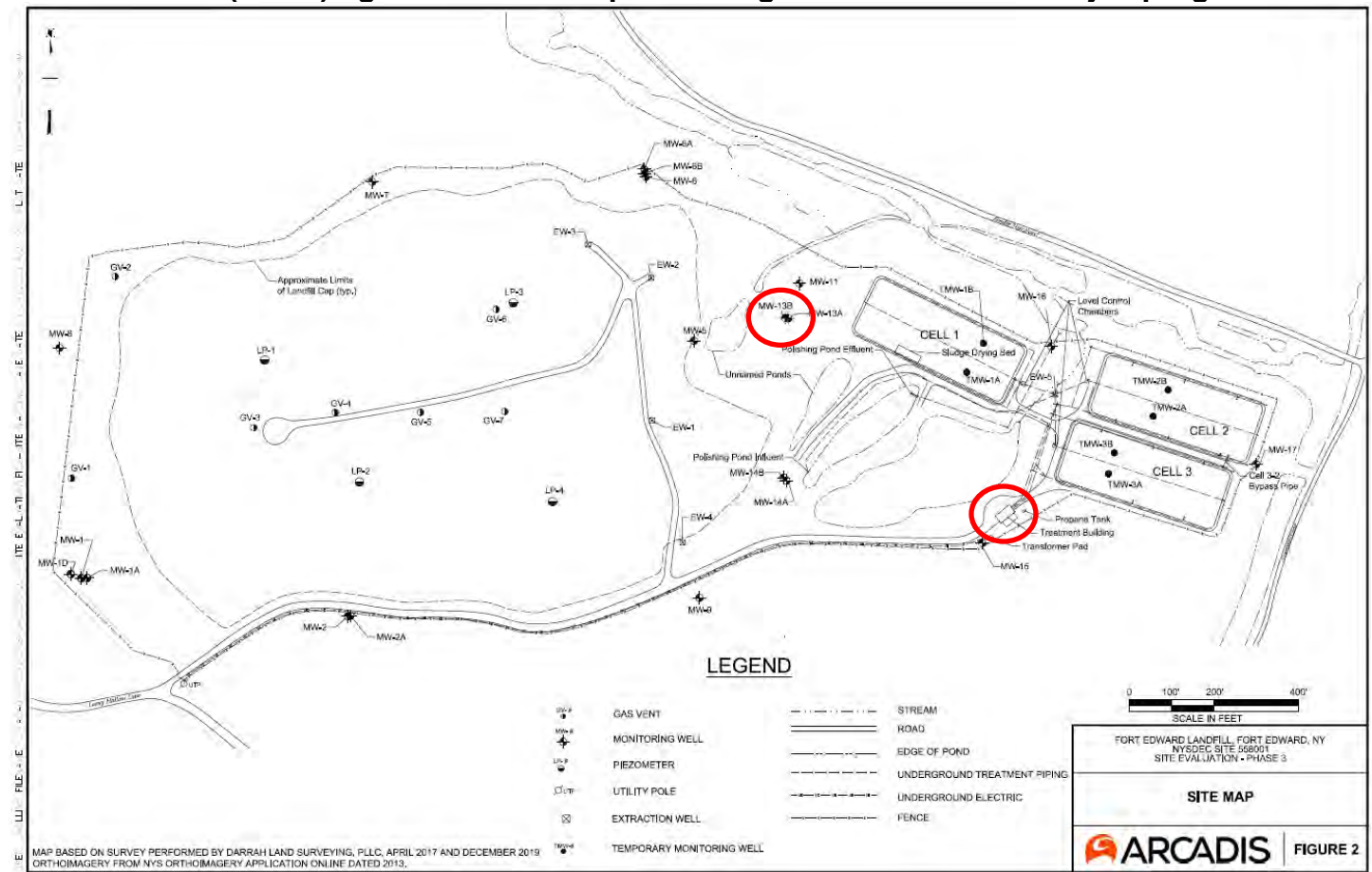
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Conservation

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Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/15/2021

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



Red outlined area indicates the location of work performed on February 15, 2021.

DAILY INSPECTION REPORT

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Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/15/2021

Site Photographs (Descriptions Below)



View of staged soil cutting drums at MW-12A.



View of MW-12B development.

Comments

None.

Site Inspector(s): Andrew Gibson and Kimberly Stilson

Date: 02/15/2021

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Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/15/2021

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> None at this time.		

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> None at this time.		

DAILY INSPECTION REPORT

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Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/15/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> None at this time.			

DAILY INSPECTION REPORT

Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/16/2021

Date: 02/16/2021



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DAILY INSPECTION REPORT

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Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/16/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

DAILY INSPECTION REPORT

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Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/16/2021

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			
No Changes.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

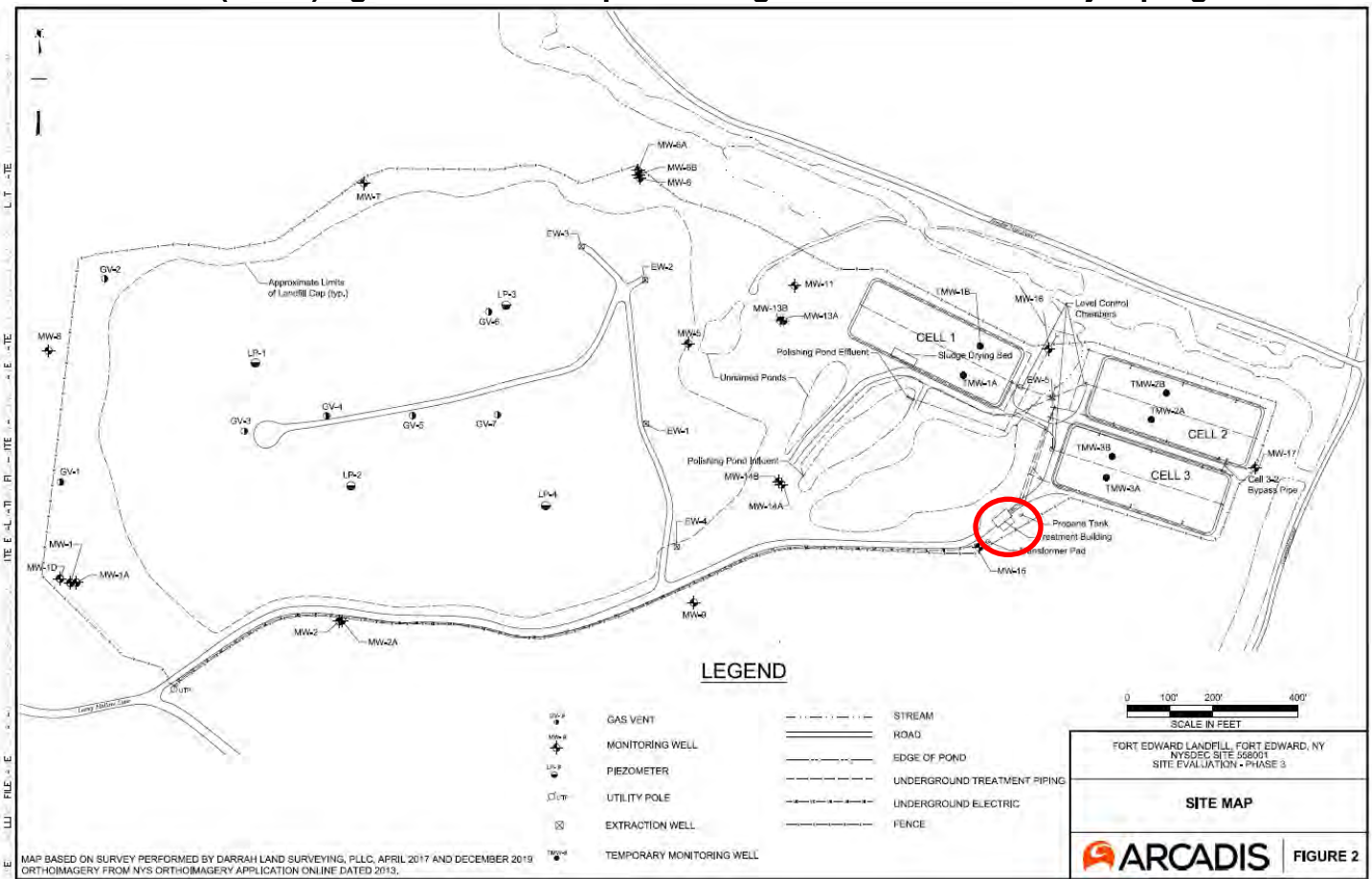
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DAILY INSPECTION REPORT

Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/16/2021

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



Red outlined area indicates the location of work performed on February 16, 2021.

DAILY INSPECTION REPORT

Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001

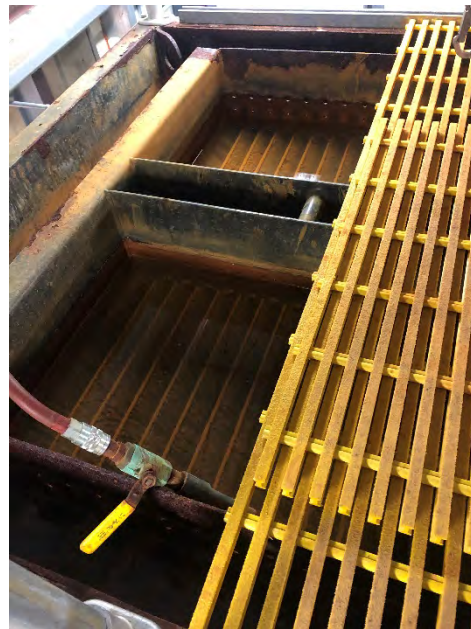
Page 5 of 7

Date: 02/16/2021

Site Photographs (Descriptions Below)



View of Inclined Plate Clarifier transfer pump.



Top view of the Inclined Plate Clarifier prior to washdown.

Comments

None.

Site Inspector(s): Nathan Kloefer

Date: 02/16/2021

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Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/16/2021

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 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 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> None at this time.		

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 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> None at this time.		

DAILY INSPECTION REPORT

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Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/16/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> None at this time.			

Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001



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DAILY INSPECTION REPORT

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Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/17/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

2 Drums of bleach were delivered to the site on a pallet. Drums were unloaded and placed inside building. Deliver ticket is attached in picture section.

DAILY INSPECTION REPORT

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Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/17/2021

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
Chet S.	Teal's Express	Yes	No
		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			
No Changes.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

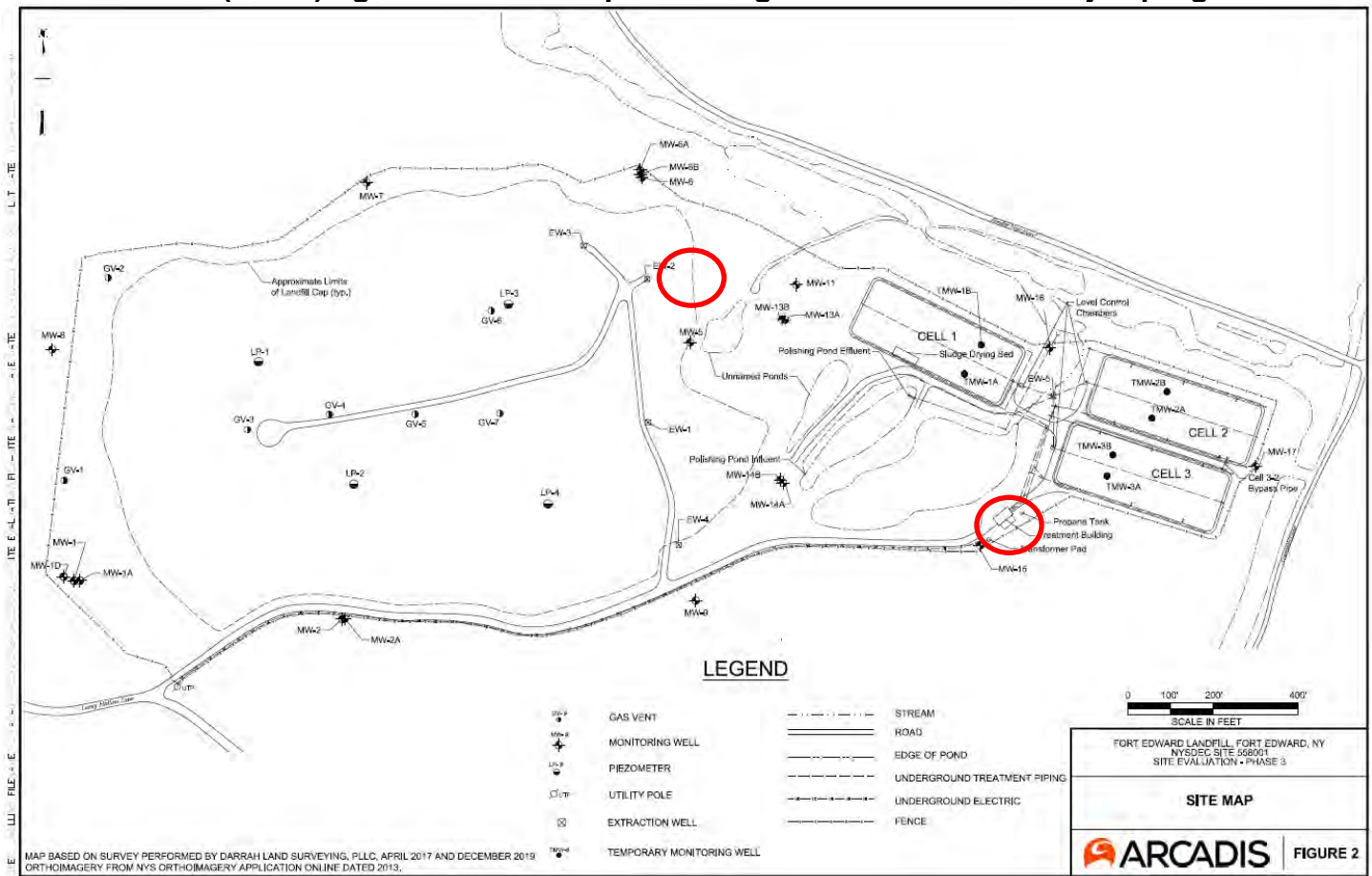
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Conservation

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Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 02/17/2021

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



Red outlined area indicates the location of work performed on February 17, 2021.

DAILY INSPECTION REPORT

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Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/17/2021

Site Photographs (Descriptions Below)



View of ARIES 305 drums received.



View of MW-12A and MW-12B.

Comments

None.

Site Inspector(s): Kimberly Stilson

Date: 02/17/2021

DAILY INSPECTION REPORT

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Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/17/2021

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> None at this time.		

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> None at this time.		

DAILY INSPECTION REPORT

Page 7 of 7

Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/17/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> None at this time.			

DAILY INSPECTION REPORT

Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

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Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/23/2021



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DAILY INSPECTION REPORT

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Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/23/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

DAILY INSPECTION REPORT

Page 3 of 7

Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/23/2021

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			
No Changes.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

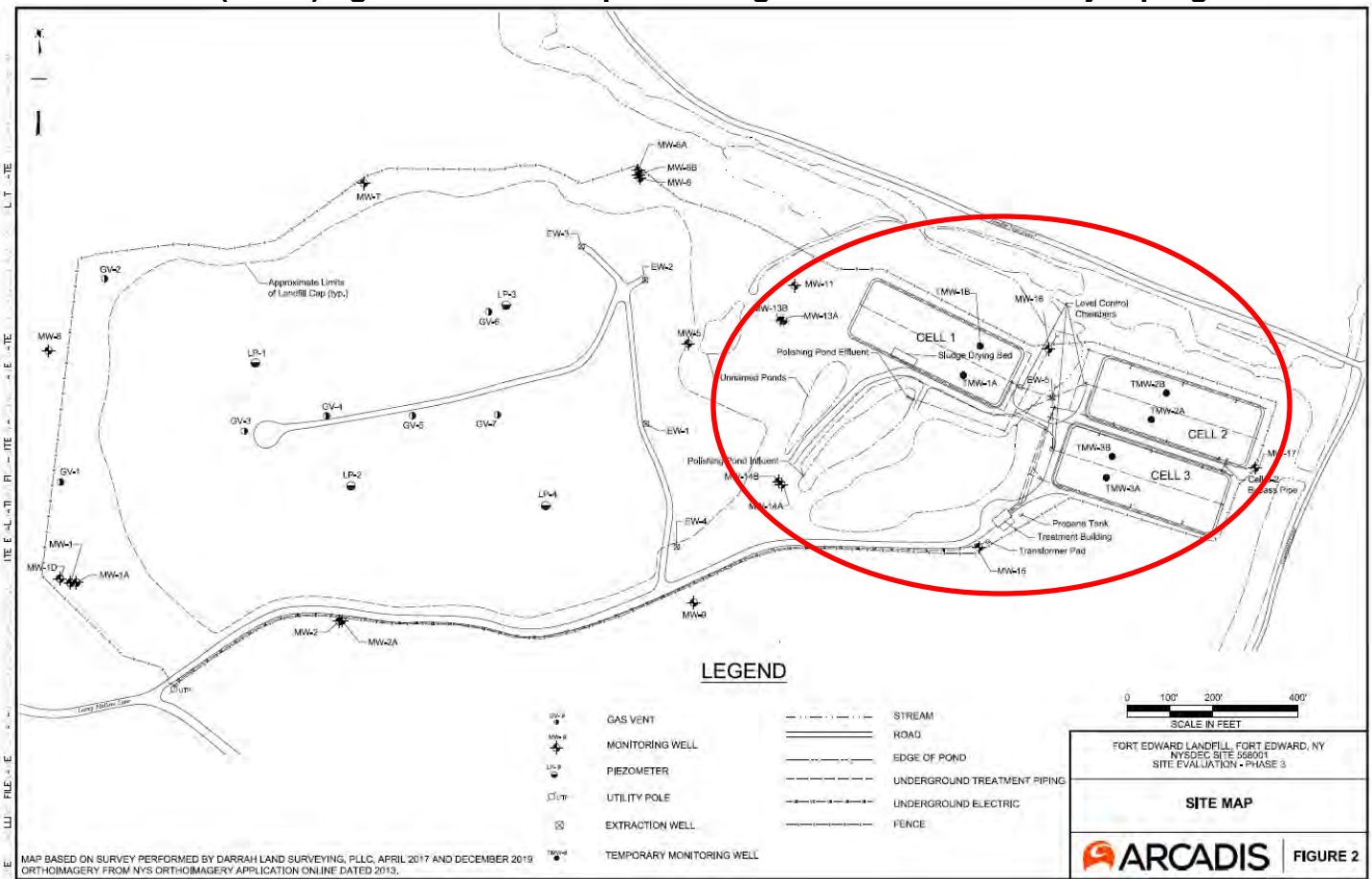
Department of
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Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 7
Date: 02/23/2021

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



Red outlined area indicates the location of work performed on February 23, 2021.

DAILY INSPECTION REPORT

Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

Page 5 of 7

Date: 02/23/2021

Site Photographs (Descriptions Below)



View of Influent leachate.



View of Clarifier Catch Tank leachate following treatment.

Comments

None.

Site Inspector(s): Kimberly Stilson

Date: 02/23/2021

DAILY INSPECTION REPORT

Page 6 of 7

Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/23/2021

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> None at this time.		

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 type="checkbox"/>	No <input checked="" 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> None at this time.		

DAILY INSPECTION REPORT

Page 7 of 7

Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 02/23/2021

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> None at this time.			

ATTACHMENT B

NYSDEC COVID-19 Entry/Exit Logs





Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Fort Edward

Project #: 30055713

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
Nathan Klopfel	NK	Arundis	1/9/2021	0710	1500
Todd Cargnon	TC	Arundis	1/19/2021	1220	1730
Nathan Klopfel	NK	Arundis	1/26/2021	0800	1800
Todd Cargnon	TC	Arundis	1/26/2021	1000	1400
Nathan Klopfel	NK	Arundis	2/2/2021	0810	1950
Jasmine Mullins	JM	Arundis	2/3/2021	0900	0923 / 1314
Steven Jennings	SJ	Air Compressor Eng	2/3/21	0900	0923
Andrew Gibson	AG	Arundis	2/3/21	1025	1403
Brendan (L.NIMS)	BL	NIMS	2/3/21	0952	1815
WAYNE NELSON	WN	Parratt Wolff	2/3/21	11:30	1403
TAN Grassie	TG	Parratt Wolff	2-3-21	11:30	1403



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Fort Edward Landfill

Project #: 39055713

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
Andrew Gibson	AG	Arcadis	2/10/21	0905	1650
Alex Hayes	AH	PW	2/10/21	11:30	1650
Lee Pennrod	LP	PW	2-10-21	11:30	1650
Lee Pennrod	LP	PW	2-11-21	07:15	1715
Alex Hayes	AH	PW	2-11-21	7:15	1715
Andrew Gibson	AG	Arcadis	2/11/21	0715	1715
Sean Pepling	SP	PW	2/11/21	0900	1715
Lee Pennrod	LP	PW	2-12-21	0700	1815
Rick Naratka	RN	PW	2/12/21	0700	1815
Andrew Gibson	AG	Arcadis	2/15/21	0950	1315
Kim Stilson	KS	Arcadis	2/15/21	1000	1439
Andrew Gibson	AG	Arcadis	2/15/21	0950	1315

Project #: 30055713

15-5-53

- 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.

[illegible]

[illegible]

ATTACHMENT C

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: AKL

Date: 2/2/2021

Time: 0810

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 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		14.28	
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.50	
Confirm pumps are operating between setpoints	EW-3 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		13.19	NA
Confirm pressure with pump cycling & not high/low	EW-4 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		9.90	
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	13.06	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <input checked="" type="checkbox"/>	A2 <input checked="" type="checkbox"/>	Auto rotate on/off	<u>on</u>
If on - record chlorine concentration (ppm)			Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually			Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>18.90</u>		Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>		Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>		Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Check if OK)

Air compressor pressure in range	<input checked="" type="checkbox"/>	Solenoid status correct for operation	<input checked="" type="checkbox"/>
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Data (Check if OK)

Do Daily & Yesterday Starts make sense	<input checked="" type="checkbox"/>
--	-------------------------------------

Alarms

All Alarms Enabled (Y/N)	<input checked="" type="checkbox"/>
List any disabled and indicate why	

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load	<input checked="" type="checkbox"/>	Check auto drain operation	<input checked="" type="checkbox"/>
Check oil level at least monthly	<input checked="" type="checkbox"/>	Check dryer - alarms? Cycling?	<input checked="" type="checkbox"/>
Belt tension	<input checked="" type="checkbox"/>	HX fan operates with compressor?	<input checked="" type="checkbox"/>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Propane tank level greater than 20%	<u>45</u>
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Heaters working

<input checked="" type="checkbox"/>	
-------------------------------------	--

IPC (Y/N)

IPC discharge clear?	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<input checked="" type="checkbox"/>	Indicate % of sludge	Upper <u>clear</u>
Coag visibly dosing?	<input checked="" type="checkbox"/>	at each port	Mid <u>90%</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		Lower <u>100%</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>17.2</u>	mA Signal	<u>5.6</u>	Notes	
2130 Coagulant	Height (in)	<u>10.9</u>	Stroke Rate	<u>11.3</u>	Notes	
1668 Flocculant	Volume (gal)	<u>350</u>	Stroke Rate	<u>66</u>	Notes	
Dosing pumps at normal rate?					Chemicals needed?	<u>bkuch</u>

Floor Sumps (Y/N)

Sump levels normal?	<input checked="" type="checkbox"/>	Pump runs but not emptying sump?	<input checked="" type="checkbox"/>
High-High level switches operate freely?	<input checked="" type="checkbox"/>	Back flowing after pump cycle?	<input checked="" type="checkbox"/>
Excessive sludge/sediment?	<input checked="" type="checkbox"/>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Regulators working properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exhaust mufflers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<input checked="" type="checkbox"/>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<u>3</u>
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	<u>0</u>

General/Housekeeping

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

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

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	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:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: N/LDate: 2/9/2021Time: 6745

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>-</u>	<u>-</u>	<u>-</u>	<u>13.24</u>	<u>-</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>-</u>	<u>7.08</u>	<u>1.29</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>13.89</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>24.87</u>	<u>8.46</u>	<u>22.81</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>N</u>	<u>-</u>	<u>-</u>	<u>NA</u>	<u>-</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>OK</u>	A2 <u>OK</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)	<u>0.00</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>18.34</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>30%</u>
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Heaters working	<u>✓</u>
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IPC (Y/N)

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

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>9.8</u>	mA Signal <u>5.6</u>	Notes	
2130 Coagulant	Height (in) <u>7.6</u>	Stroke Rate <u>11.3</u>	Notes	
1668 Flocculant	Volume (gal) <u>12.5</u>	Stroke Rate <u>6.7</u>	Notes	
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>bleach</u>	

Floor Sumps (Y/N)

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

Excessive sludge/sediment?	<u>N</u>
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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>5</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>2</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>Y</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

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

	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:

- replaced EW-5 pump

- cleaned EW-3 pump, pump now online

- replaced Thickener feed pump

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Design & Consultancy
for natural and
built assetsStaff: NLDate: 2/16/2021Time: 8:45

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>✓</u>					1.37
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>✓</u>	<u>✓</u>	<u>N</u>	0	9.27	2.33
Confirm pumps are operating between setpoints	EW-3 <u>✓</u>	<u>✓</u>	<u>N</u>	0	9.67	NA
Confirm pressure with pump cycling & not high/low	EW-4 <u>✓</u>	<u>✓</u>	<u>N</u>	23.20	7.81	30.14
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>✓</u>	<u>✓</u>	<u>N</u>	NA	9.94	NA

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>0.0</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>17.88</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>✓</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>60%</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	<u>✓</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>0%</u>
Coag visibly dosing?	<u>✓</u>	at each port	Mid <u>10%</u>
Floc visibly dosing?	<u>✓</u>		Lower <u>40%</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>1.2</u>	mA Signal <u>5.6</u>	Notes	
2130 Coagulant	Height (in) <u>4.5</u>	Stroke Rate <u>10.5</u>	Notes	
1668 Flocculant	Volume (gal) <u>290</u>	Stroke Rate <u>63</u>	Notes	<u>New Floc made</u>
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>bleach</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>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>6</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>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>✓</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

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

	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:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: K. Stilson

Date: 2/23/2021

Time: 1145

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>Y</u>	<u>N</u>	<u>0.00</u>	<u>13.99</u>	<u>2.22</u>
Run pumps in "Manual" to confirm flow , if needed.	EW-2	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>6.00</u>	<u>9.57</u>	<u>2.99</u>
Confirm pumps are operating between setpoints	EW-3	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>0.38</u>	<u>7.59</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>22.47</u>	<u>7.49</u>	<u>29.01</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>7.16</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>on</u>
If on - record chlorine concentration (ppm)		<u>NA</u>			Discharge pump operating	<u>yes</u>
Operate exhaust fan manually		<u>Auto</u>			Discharge pump pressure normal	<u>yes</u>
FT-801 reading (GPM)		<u>12.22</u>			Building temp accurate	<u>yes</u>
Chemical rates normal for flow?		<u>Y</u>			Mixers operating?	<u>yes</u>
Catch tank display level=actual?		<u>Y</u>			Other Alarms (Y/N)	<u>no</u>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	<u>no</u>
Floatables? (take photos if yes)	<u>no</u>	Indicate % of sludge	Upper <u>no</u>
Coag visibly dosing?	<u>yes</u>	at each port	Mid <u>no</u>
Floc visibly dosing?	<u>yes</u>		Lower <u>no</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>1.5" → 12"</u>	mA Signal	<u>2.506</u>	Notes added ~12" to bleach drum
2130 Coagulant	Height (in)	<u>4" → new drum</u>	Stroke Rate	<u>10.5</u>	Notes ~34" in new drum
1668 Flocculant	Volume (gal)	<u>400</u>	Stroke Rate	<u>63</u>	Notes <u>NA</u>
Dosing pumps at normal rate?	<u>yes</u>				Chemicals needed? <u>no</u>

Floor Sumps (Y/N)

Sump levels normal?	<u>yes</u>	Pump runs but not emptying sump?	<u>no</u>
High-High level switches operate freely?	<u>yes</u>	Back flowing after pump cycle?	<u>no</u>
Excessive sludge/sediment?	<u>no</u>		

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>yes</u>	Sorbent pads replaced?	<u>no</u>
Hydraulic pressure normal	<u>yes</u>	How many total filled Haz drums onsite?	<u>6</u>
Significant leaks?	<u>no</u>	How many Haz drums filled & closed today?	<u>0</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>yes</u>	Any leaks?	<u>no</u>	Waste drums needed?	<u>no</u>
Sweep and/or wash floors	<u>no</u>	Lights working?	<u>yes</u>	Drum labels needed?	<u>no</u>
Fire extinguisher inspection (monthly)	<u>no</u>	Exit signs working?	<u>yes</u>	Removed trash?	<u>no</u>
Sludge in Clarifier Catch Tank?	<u>no</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

TABLES



Table 1. February 2021 Treatment System Analytical Data, Fort Edward Landfill
Fort Edward, New York. NYSDEC Site No. 558001

Location	NYSDEC Class GA GW Standard	NYSDEC Class GA GW Effluent Limitation	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	PPE
Date			2/23/2021	2/23/2021	2/23/2021	2/23/2021	2/23/2021
Volatile Organic Compounds (µg/L)							
ACETONE	50	50	10 U	10 U	10 U	10 U	10 U
BENZENE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMODICHLOROMETHANE	50	50	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMOFORM	50	50	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMOMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-BUTANONE (MEK)	50	50	10 U	10 U	10 U	10 U	10 U
CARBON DISULFIDE	60	60	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CARBON TETRACHLORIDE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLORODIBROMOMETHANE	50	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROFORM	7.0	7.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROMETHANE	5.0	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CYCLOHEXANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMO-3-CHLOROPROPANE	0.04	0.04	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	0.0006	0.0006	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROBENZENE	3.0	3.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,3-DICHLOROBENZENE	3.0	3.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLOROBROMOMETHANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLORODIFLUOROMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,2-DICHLOROETHYLENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,2-DICHLOROETHYLENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROETHANE	0.6	0.6	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHYLENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROPROPANE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
ETHYLBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-HEXANONE	50	50	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U
ISOPROPYLBENZENE (CUMENE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ACETATE	--	--	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U
METHYL TERT-BUTYL ETHER (MTBE)	10	10	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL CYCLOHEXANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYLENE CHLORIDE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	--	--	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U
STYRENE	5.0	930	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1,2-TETRACHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TETRACHLOROETHYLENE (PCE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TOLUENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2,4-TRICHLOROBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1-TRICHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLOROETHANE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROETHYLENE (TCE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROFUOROMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
VINYL CHLORIDE	2.0	2.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
XYLENES, TOTAL	5.0	5.0	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U

Notes:

Constituents detected above the NYSDEC Class GA GW Standard are in **bold**.

Constituents detected above the NYSDEC Class GA GW Effluent Limitation are highlighted in yellow.

NYSDEC Class GA GW Standard - New York State Department of Environmental Conservation Groundwater Standard and Guidance Value.

NYSDEC Class GA GW Effluent Limitation - New York State Department of Environmental Conservation Effluent Limitation.

U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.

J - The concentration is an approximate value.

µg/L - micrograms per liter

Table 1. February 2021 Treatment System Analytical Data, Fort Edward Landfill
Fort Edward, New York. NYSDEC Site No. 558001

Location	NYSDEC Class GA GW Standard	NYSDEC Class GA GW Effluent Limitation	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	PPE
Date			2/23/2021	2/23/2021	2/23/2021	2/23/2021	2/23/2021
Polychlorinated Biphenyls (µg/L)							
PCB-1016 (AROCOLOR 1016)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1221 (AROCOLOR 1221)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1232 (AROCOLOR 1232)	*	*	2.7	3.7	0.5 U	0.5 U	0.5 U
PCB-1242 (AROCOLOR 1242)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1248 (AROCOLOR 1248)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1254 (AROCOLOR 1254)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1260 (AROCOLOR 1260)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1262 (AROCOLOR 1262)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1268 (AROCOLOR 1268)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
Metals (mg/L)							
ALUMINUM	--	2.0	0.2 U	0.2 U	0.2 U	0.0926 J	0.213
ANTIMONY	0.003	0.006	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U
ARSENIC	0.03	0.05	0.015 U	0.015 U	0.015 U	0.015 U	0.015 U
BARIUM	1.0	2.0	0.0451	0.0412	0.0369	0.0591	0.0381
BERYLLIUM	0.003	0.003	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U
CADMIUM	0.005	0.01	0.004 U	0.004 U	0.002 U	0.002 U	0.002 U
CALCIUM	--	--	77.1	74.6	100	101	91.0
CHROMIUM, TOTAL	0.05	0.10	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U
COBALT	--	--	0.0019 J	0.0022 J	0.00071 J	0.0013 J	0.00067 J
COPPER	0.2	1.0	0.01 U	0.0020 J	0.01 U	0.0102	0.0016 J
IRON	0.3	0.6	20.7	11.2	3.11	15.2	0.998
LEAD	0.03	0.05	0.01 U	0.01 U	0.01 U	0.0032 J	0.01 U
MAGNESIUM	35	35	18.7	18.6	18.9	17.8	18.2
MANGANESE	0.3	0.6	1.65 B	2.11 B	0.589 B	0.611 B	0.450 B
MERCURY	0.0007	0.0014	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U
NICKEL	0.1	0.2	0.0022 J	0.0029 J	0.0017 J	0.0037 J	0.0023 J
POTASSIUM	--	--	2.46	2.91	1.80	1.83	2.43
SELENIUM	0.01	0.02	0.025 U	0.025 U	0.025 U	0.025 U	0.025 U
SILVER	0.05	0.1	0.006 U	0.006 U	0.006 U	0.006 U	0.006 U
SODIUM	20	--	45.4 B	46.4 B	56.9	48.5 B	47.1 B
THALLIUM	0.0005	0.0005	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U
VANADIUM	--	--	0.005 U	0.005 U	0.005 U	0.0035 J	0.005 U
ZINC	2.0	5.0	0.0116	0.0111	0.0015 J	0.0345	0.0021 J
Conventional Chemistry (mg/L)							
TOTAL ORGANIC CARBON	--	--	4.1	4.1	NA	NA	NA
DISSOLVED ORGANIC CARBON	--	--	NA	3.2	NA	NA	NA
TOTAL DISSOLVED SOLIDS	--	--	410	428	471	504	471
TOTAL SUSPENDED SOLIDS	--	--	68.8	33.6	21.6	6.8	12

Notes:

Constituents detected above the NYSDEC Class GA GW Standard are in **bold**.

Constituents detected above the NYSDEC Class GA GW Effluent Limitation are highlighted in yellow.

* The NYSDEC Class GA GW Standard and Effluent Limitation for PCBs is 0.09 µg/L.

NYSDEC Class GA GW Standard - New York State Department of Environmental Conservation Groundwater Standard and Guidance Value.

NYSDEC Class GA GW Effluent Limitation - New York State Department of Environmental Conservation Effluent Limitation.

B - Compound was found in the blank and sample.

J - The concentration is an approximate value.

NA - Not analyzed.

U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.

mg/L - milligrams per liter

µg/L - micrograms per liter

Arcadis of New York, Inc.

855 Route 146

Suite 210

Clifton Park, New York 12065

Tel 518 250 7300

Fax 518 250 7301

www.arcadis.com