

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

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

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.

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

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 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

Date: March 15, 2021

Contact: Andy Vitolins, P.G.

Phone: 518.250.7300

Email: andy.vitolins@arcadis.com

Our ref: 30055713

NYSDEC Site No. 558001 Payson Long March 15, 2021

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 EQuIS EDD format.

Analytical Results

VOCs

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

NYSDEC Site No. 558001 Payson Long March 15, 2021

PCBs

PCB Aroclor 1232 was detected in the Influent (2.7 micrograms per liter (μ g/L)) and Clarifier Catch Tank (3.7 μ g/L) samples at concentrations that exceed the NYSDEC Class GA Standard of 0.09 μ 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

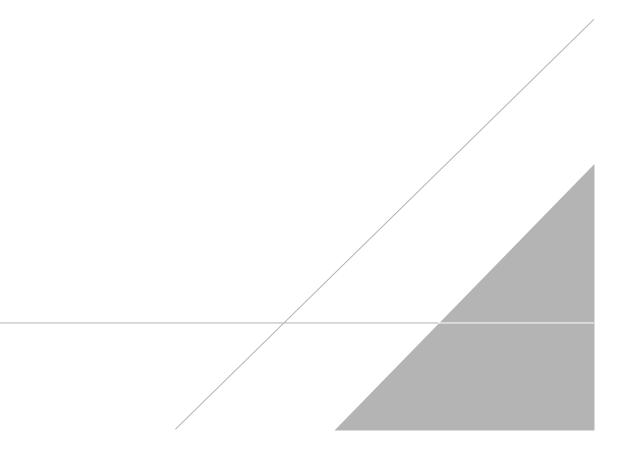
Copies: Jeffrey Dyber, NYSDEC Jeremy Wyckoff, P.G., Arcadis Jasmine Mullins, E.I.T., Arcadis Todd Carignan, Arcadis File

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



DAILY INSPECTION REPORT Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001____

NYSDEC Division of Environme	ental Remediation	5 YC	W Department of RK Environmental Conservation	56		NYSDEC C D009804 Superintender		t Nc	D .
Site Location: Hudso	on Falls, New Y	ork				•		Long	
	Weather	Conditio	าร			NYSDEC PM:	•		-
General Description	Snowing	AM	Snowing	F	РМ	Consultant PN	I: Andy	Vitolir	ns, P.G
Temperature	24°F	AM	30°F	F	РМ	Consultant Site Inspectors: Natha			
Wind	5 MPH SW	AM	13 MPH S	F	PM	Kloepfer			
Health & Safety If any box below is	checked "Yes'	", provide	explanation und	er "Heal	lth 8	Safety Com	ments'		
Were there any changes	s to the Health &	Safety Pla	n?			*Yes	No		NA
Were there any exceeda	ances of the perir	meter air m	onitoring reported or	n this date	?	*Yes	No		NA
Were there any nuisanc	e issues reported	d/observed	on this date?			*Yes	No] [NA
Health & Safety Con	nments								
Summary of Work P	erformed	Arrived a	t site: 08	10	D	eparted Site:		195	50
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DAILY INSPECTION REPORT

|--|

Equipment Description	on		Contractor/Vendor		Quantity	Use	ed
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If <i>J</i>	[.] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If /	[·] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If <i>J</i>	[·] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If A	⁻ Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	[·] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If /	⁻ Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If A	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If /	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
	to Site		(If Applicable)	Source or Facility (If A	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
On-Site scale for off-site shipn	to Site	icket for materi	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Daily Weight (tons)
	to Site	icket for materi	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
On-Site scale for off-site shipn	to Site	icket for materi	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Daily Weight (tons)
On-Site scale for off-site shipn Equipment/Material Track	to Site	icket for materi	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Daily Weight (tons)
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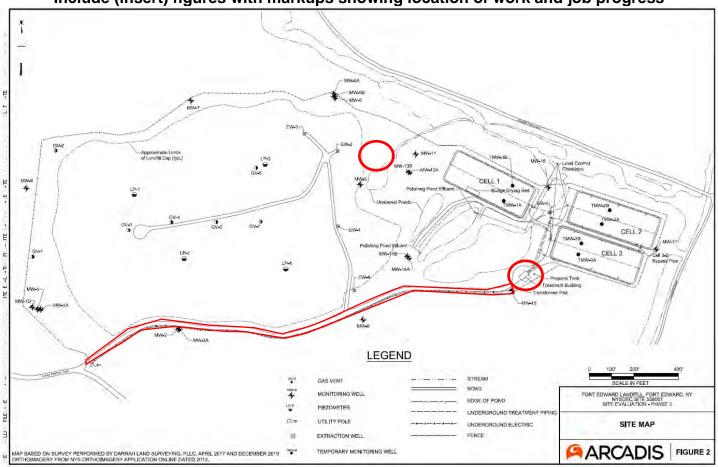


DAILY INSPECTION REPORT

Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001 ___ Date: _02/02/2021 ___

Visitors to Site Name		Representing	Entered	Exclusion/CRZ Zone
Name		Representing	Yes	No
			Yes	No
Site Representatives				
Name		Representing		
Project Schedule Comments				
No Changes at this time.				
No changes at this time.				
Issues Pending				
None.				
None.				
	_			
Interaction with Public, Propert	y Owners, Media	a, 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.



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 Kloepfer	Date: 02/02/2021



DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖂	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖂	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖂	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🖂	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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



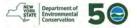
DAILY INSPECTION REPORT Report No. 5 Fort Edward Landfill - NYSDEC Site No. 558001____

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖂	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖂	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖂	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗆	N/A⊠
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖂	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A⊠
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A⊠
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A⊠
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes □	No 🖂	N/A□
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A⊠
<u>Comments:</u> None at this time.			



NYSDEC Division of Environme		on ¥	W Department of ATE Environmental Conservation	5	\bigcirc	NYSDEC C D009804 Superintender		No.	
Site Location: Hudso	on Falls, New Y	ork				NYSDEC PM:	Payson Lo	ong	
Weather Conditions									
General Description	Cloudy	AM	Light snov	N	PM	Consultant PM: Andy Vitolins, P.G			
Temperature	26°F	AM	28°F		PM	Consultant Site Inspectors: Andre			
Wind	NW 9 MPH	AM	NNW 9 MF	'nН	PM	Gibson			
Health & Safety If any box below is	checked "Yes	", provide	explanation ur	nder "He	ealth &	Safety Com	ments".	<u>.</u>	
Were there any change	es to the Health &	Safety Plan	ו?			*Yes	No	NA	
Were there any exceed	lances of the peri	meter air m	onitoring reported	on this d	ate?	*Yes	No	NA	
Were there any nuisand	ce issues reported	d/observed	on this date?			*Yes	No	NA	
Health & Safety Cor	mments								
None. Summary of Work F	Performed	Arrived a	t site (0900		eparted Site:		403	
 Determined that the Drill rig and skid ste Housekeeping perfe Air Compressor En Equipment/Material	eer demobilized. formed within Trea igineering reviewe Tracking	atment Build	ding. ir compressor set	up for O&	<u>M costi</u>	ng.			
If any box below is o								1	
Were there any vehicle			er D.O. I numbers	and place	ards?	*Yes	No	NA	
Were there any vehicles Were there any vehicles			atad prior to avitir	a tha wa	rk aita?	* Yes * Yes	No No	NA NA	
Personnel and Equi		decontanni		ig the wo	IN SILE !	165	INU	11/4	
	Ipment								
Individual	-	C	ompany		Tra	ade	Tota	l Hours	
Andrew Gibso	on	l	Arcadis		Geo	logist		3.7	
Andrew Gibso Jasmine Mulli	on	 	Arcadis Arcadis	Staff I	Geo Environn	logist nental Engineer		3.7 4.2	
Andrew Gibse Jasmine Mulli Wayne Nielse	on ins on	/ / Pai	Arcadis Arcadis rratt-Wolff	Staff I	Geo Environn Drill I	logist nental Engineer Helper		3.7 4.2 2.5	
Andrew Gibso Jasmine Mulli	on ins on	/ / Pai Pai	Arcadis Arcadis		Geo Environn Drill I Dr	logist nental Engineer		3.7 4.2	
Andrew Gibse Jasmine Mulli Wayne Nielse Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibse Jasmine Mulli Wayne Nielse Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibso Jasmine Mulli Wayne Nielso Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibse Jasmine Mulli Wayne Nielse Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibso Jasmine Mulli Wayne Nielso Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibse Jasmine Mulli Wayne Nielse Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibse Jasmine Mulli Wayne Nielse Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibse Jasmine Mulli Wayne Nielse Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	
Andrew Gibse Jasmine Mulli Wayne Nielse Ian Grassie	on ins on	/ / Pai Pai	Arcadis Arcadis ratt-Wolff ratt-Wolff		Geo Environn Drill I Dr	logist nental Engineer Helper iller		3.7 4.2 2.5 2.5	

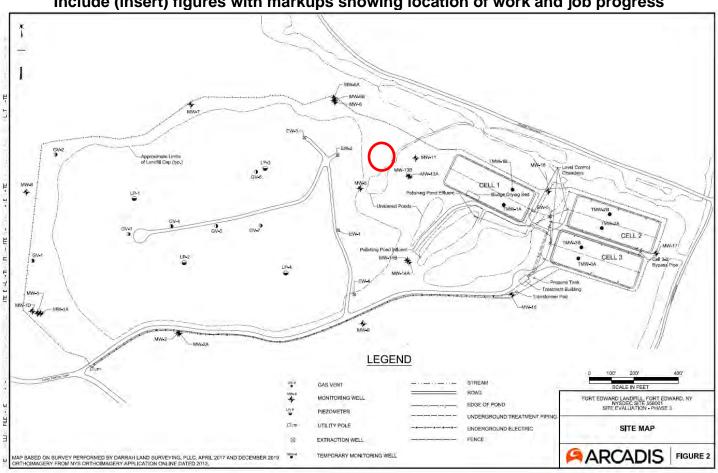


Equipment Description		Contractor/Vendor			Quantity	Use	ed
Skid steer		Bobcat of Sa	aratoga LLC. (Rented by Pa	arratt-Wolff)	1	No)
4WD Back Truck		Debeat of Ot	Parratt-Wolff		1	No	, ,
4WD Rack Truck Drill Rig			Parratt Wolff		1	N	, ,
Dilli Kig			Fallatt Wolli			INC)
					ļļ		
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	nent, delivery t	icket for mater	ial received				
*On-Site scale for off-site shipr Equipment/Material Track			ial received				
			ial received				
Equipment/Material Track			ial received				
			ial received				
Equipment/Material Track			ial received				
Equipment/Material Track			ial received				
Equipment/Material Track			ial received				
Equipment/Material Track			ial received				
Equipment/Material Track			ial received				
Equipment/Material Track			ial received				



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	ŀ		L	I.	
Name		Representing			
Project Schedule Comments					
Froject Schedule Commenta	•				
Drilling will be delayed until a drill	rig capable of acc	essing the proposed well ins	tallation location ca	n be scheduled.	
Issues Pending					
None.					
Interaction with Public, Prop	erty Owners M	ledia etc			
None.					
None.					
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.







DAILY INSPECTION REPORTReport No. 6Fort Edward Landfill - NYSDEC Site No. 558001

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗆	No 🖂
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖂	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖂	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🖂	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes 🗆	No 🖂
Comments: None at this time		

REMEDIAL ACTIVITIES AT PROPERTIES

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



NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖂	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖂	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖂	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗆	N/A⊠
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖂	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A⊠
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes 🗆	No 🖂	N/A□
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A⊠
Comments: None at this time			



DAILY INSPECTION REPORT Report No. 7 Fort Edward Landfill - NYSDEC Site No. 558001 ___ Date: _02/09/2021 ___

Division of Environme		n ¥	EW Department of DRK Environmental Conservation	50		NYSDEC C D009804 Superintender	nt:			
Weather Conditions										
Weather Conditions Consultant PM: Andy Vitolins, P.G General Description Snowing AM Clear PM										G.
Temperature	25°F	AM	23°F		PM	Consultant Sit	te Inspe	ctor	s: Natha	an
Wind	6 MPH SW	AM	0 MPH		PM	Kloepfer	•			
Health & Safety If any box below is	checked "Yes"	, provide	explanation un	der "He	alth &	Safety Com	ments	"-		
Were there any change	es to the Health &	Safety Pla	n?			*Yes	No		NA	
Were there any exceed	ances of the perin	neter air m	onitoring reported	on this da	ate?	*Yes	No		NA	
Were there any nuisand	ce issues reported	/observed	on this date?			*Yes	No		NA	
Health & Safety Con	nments							_		
Summary of Work P	Performed	Arrived a	it site: 0	745	De	eparted Site:		1:	900	_
Equipment/Material If any box below is a		•								
Were there any vehicles	s which did not dis s which were not t	play prope arped?	er D.O.T numbers a	and placa	rds?	*Yes * Yes	mment No No	:s".	NA NA	1
	s which did not dis s which were not t s which were not c	play prope arped?	er D.O.T numbers a	and placa	rds?	*Yes * Yes	No	:s".]
Were there any vehicles Were there any vehicles	s which did not dis s which were not t s which were not c	play prope arped? decontamin	er D.O.T numbers a	and placa	rds? rk site?	*Yes * Yes	No No No		NA	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2]
Were there any vehicles Were there any vehicles Personnel and Equi Individual	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes	No No No	Гоtal 1	NA NA Hours]
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2]
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	
Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	s which did not dis s which were not t s which were not c pment fer	play prope arped? decontamin C	er D.O.T numbers a nated prior to exitin ompany Arcadis	and placa	rk site? rk site? Tr Field	*Yes * Yes * Yes ade	No No No	Гоtal 1	NA NA Hours 1.2	



DAILY INSPECTION REPORT

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

Equipment Description	on		Contractor/Vendor		Quantity	Use	ed
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If <i>I</i>	[.] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipn			ial received				
Equipment/Material Track	ing Comme	nts:					
Nono							
None.							

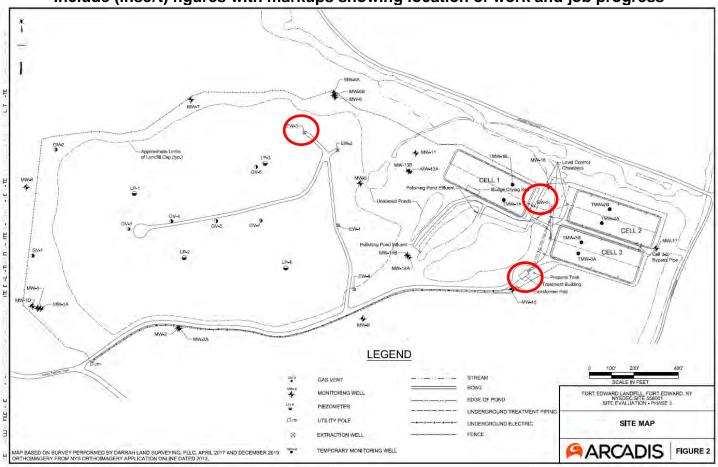
Start Conservation 50

DAILY INSPECTION REPORT

Report No. 7 Fort Edward Landfill - NYSDEC Site No. 558001 ___ Date: _02/09/2021 ___

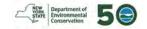
Visitors to Site Name		Representing	Entered	Exclusion/CRZ Zone
Nullio		Reprocenting	Yes	No
			Yes	No
Site Representatives				
Name		Representing		
Project Schedule Comments				
No Changes				
No Changes.				
Issues Pending				
None.				
None.				
Interaction with Public, Proper	ty Owners, Medi	ia, etc.		
None.				
NODE				
None.				
None.				





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.







DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖂	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes ⊠	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes ⊠	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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

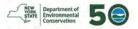


NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖂	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖂	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖂	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗆	N/A⊠
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖂	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A⊠
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A⊠
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A⊠
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes □	No 🖂	N/A□
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A⊠
<u>Comments:</u> None at this time.			



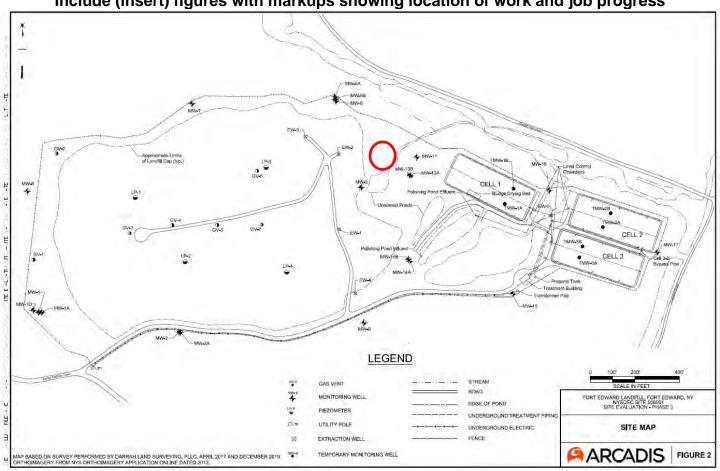
NYSDEC Division of Environme Site Location: Hudse		on	ATE Enviro	tment of nmental rvation	0	NYSDEC Co D009804 Superintendent	::		
	NYSDEC PM: I	•	0						
General Description	Weather Light Snow	Consultant PM	: Andy Vito	lins, P.G.					
Temperature	12°F	AM		Cloudy 26°F	PM PM	Consultant Site	Inspector	s: Andrew	
Wind	SW 3 MPH	AM	N	10 MPH	PM	Gibson	•		
Health & Safety If any box below is	checked "Yes	", provide	explana	ation under "H	lealth	& Safety Comn	nents".		
Were there any change	es to the Health &	Safety Pla	า?			*Yes	No	NA	
Were there any exceed					date?	*Yes	No	NA	
Were there any nuisand	ce issues reporte	d/observed	on this da	te?		*Yes	No	NA	
Health & Safety Cor	nments								
None. Summary of Work F		Arrived a		0905		eparted Site:		650	
 Mobilized equipme Performed hand cle Equipment/Material If any box below is 	earing at MW-12A	A and MW-1	·			Tracking Com	iments"		
			-			*Yes	No	NA	
Were there any vehicle Were there any vehicle			er D.O.T n	umpers and pla	cards?	* Yes No			
Were there any vehicle			nated prior	to exiting the w	ork site		No	NA	
Personnel and Equi		decontainii		to exiting the w	JOIN SILE	: 163	110		
Individual		C	ompany		Т	rade	Total	Hours	
Andrew Gibs			Arcadis			ologist	7.8		
Alex Hayes			ratt-Wolff ratt-Wolff		Drill Helper Driller			5.3 5.3	
		1 ai			L				
							-		
<u> </u>							<u> </u>		
							-		



Equipment Descript	on		Contractor/Vendor		Quantity	Us	ed
Bobcat 3400 4x4		Bobcat of Sa		arratt-Wolff)	1	Ye	es.
1WD Rack Truck		Debeat of Oc	aratoga LLC. (Rented by P Parratt-Wolff Parratt Wolff		1	Ye	20
CME 850 Drill Rig			Parratt Wolff		1	Ye	<u>, , , , , , , , , , , , , , , , , , , </u>
1WD Rack Truck CME 850 Drill Rig Mi-T-M 2400 PSI Steam \	Nachar		Parratt Wolff		1	Ye	55 NG
	Vasilei					Te	5
					↓		
					↓		
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
Material Description	Delivered	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
	Delivered to Site	off Site	(If Applicable)	Source o Facility (lf	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship	Delivered to Site	off Site	(If Applicable)	Source o Facility (lf	r Disposal Applicable)	Daily Loads	Weight
	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship	Delivered to Site	off Site	(If Applicable)	Source o Facility (lf	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship Equipment/Material Track	Delivered to Site	off Site	(If Applicable)	Source o Facility (lf	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship	Delivered to Site	off Site	(If Applicable)	Source o Facility (lf	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship Equipment/Material Track	Delivered to Site	off Site	(If Applicable)	Source o Facility (lf	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship Equipment/Material Track	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship Equipment/Material Track	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship Equipment/Material Track	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship Equipment/Material Track	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight
*On-Site scale for off-site ship Equipment/Material Track	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Weight

Name		Representing	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives	·			
Name		Representing		
Project Schodulo Commonte				
Project Schedule Comments				
Well drilling to be completed this v	veek.			
<u> </u>				
Issues Pending				
None.				
Interaction with Public, Prop	erty Owners, Med	dia, etc.		
Nana				
None.				





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.



Site Photographs (Descriptions Below)	I	
View of CME 850 Drill Rig.	MW-12 cluster drill area.	
View of proposed well locations from EW-2 looking East.	Parratt-Wolff offloading ea	quipment in vicinity of MW-12
Comments		
None.		
Site Inspector(s): Andrew Gibson		Date: 02/10/2021



DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes ⊠	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes ⊠	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes ⊠	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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



NUISANCE CHECKLIST

Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
	Yes Yes Yes Yes Yes Yes Yes Yes	Yes No Yes No



NYSDEC Division of Environmo Site Location: Huds		ion	TATE Enviro	ment of nmental vation	0	NYSDEC Co D009804 Superintendent	::		
	Weather	Conditio				NYSDEC PM: I	Payson Lo	ng	
General Description	Light Snow			Cloudy	PM	Consultant PM	: Andy Vito	olins, P.G.	
Temperature	11°F	AM		18°F	PM	Consultant Site Inspectors: Andrew			
Wind	ESE 5 MPH		Ν	19 MPH	PM	Gibson			
Health & Safety If any box below is	checked "Yes	o", provide			ealth 8	& Safety Comr	nents".		
Were there any change	es to the Health &	Safety Pla	n?			*Yes	No	NA	
Were there any exceed	lances of the peri	imeter air m	onitoring r	eported on this o	late?	*Yes	No	NA	
Were there any nuisand	ce issues reporte	d/observed	on this da	te?		*Yes	No	NA	
Health & Safety Cor	nments								
None.		1							
Summary of Work F	Performed	Arrived a	t site:	0730	D	eparted Site:	1	715	
 Resumed drilling of Equipment/Material If any box below is 	Tracking	", provide	explanat	tion under "M	aterial	Tracking Corr	iments".		
Were there any vehicle	s which did not d	isplay prope	er D.O.T n	umbers and plac	ards?	*Yes	No	NA	
Were there any vehicle				•		* Yes	No	NA	
Were there any vehicle	s which were not	decontamir	nated prior	to exiting the w	ork site	? * Yes	No	NA	
Personnel and Equi	ipment								
Individual	-	C	ompany		т	rade	Total	Hours	
Andrew Gibs	on		Arcadis		Ge	ologist			
Alex Hayes			rratt-Wolff			Helper	0.3		
Lee Perrod Sean Peplin			rratt-Wolff			riller Helper	0.3 8.3		
Sear replin	9	Fa	Tall-WOIII		DIII	Tielpei		3.5	
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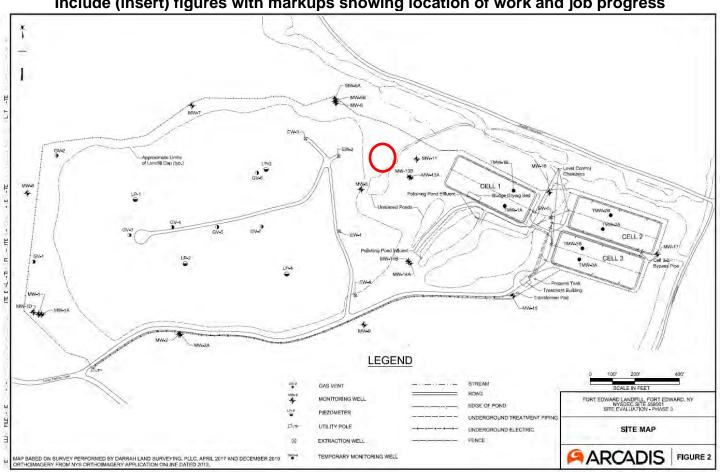
DAILY INSPECTION REPORTReport No. 9Fort Edward Landfill - NYSDEC Site No. 558001

Equipment Description	on		Contractor/Vendor		Quantity	Us	ed
Bobcat 3400 4x4		Bobcat of Sa	aratoga LLC. (Rented by Pa Parratt-Wolff	arratt-Wolff)	1	Ye	s
1WD Rack Truck CME 850 Drill Rig Mi-T-M 2400 PSI Steam Washer			Parratt-Wolff	1	Yes		
CME 850 Drill Rig			Parratt Wolff		1	Ye	S
Mi-T-M 2400 PSI Steam V	lasher		Parratt Wolff		1	Ye	S
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source o Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If)	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If)	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
		off Site	(If Applicable)	Source of Facility (If)	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
On-Site scale for off-site shipr	to Site	off Site	(If Applicable)	Source of Facility (If)	r Disposal Applicable)	Daily Loads	Daily Weight (tons)
	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
On-Site scale for off-site shipr	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)
On-Site scale for off-site shipr	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	off Site	(If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)



Name	R	Representing		Entered Exclusion/CRZ Zon		
			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 S	B-12A/MW-12A will	be installed on 2	/12/2021.		
loouse Dending						
Issues Pending						
None.						
		4 -				
Interaction with Public, Proper	ty Owners, Media, e	etc.				
Nana						
None.						





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.



Site Photographs (Descriptions Below)

View of MW-12 work area.	Parratt-Wolff abandoning mix.	SB-12C with grout/bentonite
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

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖂	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖂	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖂	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🖂	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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



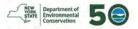
DAILY INSPECTION REPORT Report No. 9 Fort Edward Landfill - NYSDEC Site No. 558001

NUISANCE CHECKLIST

Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🛛	N/A□
Yes 🗆	No 🗆	N/A⊠
	Yes Yes Yes Yes Yes Yes Yes	Yes No Yes No



NYSDEC Division of Environme Site Location: Hudso		ion si	EW Depart FATE P Conser	tment of onmental rvation	\bigcirc	NYSDEC Co D009804 Superintenden	t:	-
		Condition				NYSDEC PM:	Payson Lo	ng
General Description	Light Snow	AM		Cloudy	PM	Consultant PM	: Andy Vito	olins, P.G.
Temperature	-4°F	AM		10°F	PM	Consultant Site	Inspector	s: Andrew
Wind	S 3 MPH	AM	Ν	N 6 MPH	PM	Gibson		
Health & Safety		<u>_</u>	-		-	1		
If any box below is	checked "Yes	", provide	explana	ation under "H	ealth &	& Safety Comr	nents".	
Were there any changes						*Yes	No	NA
Were there any exceeda	ances of the peri	meter air m	onitoring r	reported on this d	late?	*Yes	No	NA
Were there any nuisanc				-		*Yes	No	NA
Health & Safety Con								
None. Summary of Work P	Performed	Arrived a	t site:	0650		eparted Site:	1	815
- Completed installati Equipment/Material If any box below is o	Tracking			tion under "Ma	aterial	Tracking Com	nments".	
		· ·	-			*Yes	No	NA
Were there any vehicles	s which did not di		rd.ch		aros			
Were there any vehicles Were there any vehicles			er D.O.T n		ards?		No	NA NA
Were there any vehicles Were there any vehicles Were there any vehicles	s which were not	tarped?				* Yes		
Were there any vehicles Were there any vehicles	s which were not s which were not	tarped?				* Yes	No	NA
Were there any vehicles Were there any vehicles Personnel and Equi	s which were not s which were not	tarped? decontamir	nated prior		ork site'	* Yes ? * Yes	No No	NA NA
Were there any vehicles Were there any vehicles Personnel and Equi Individual	s which were not s which were not pment	tarped? decontamir	nated prior		ork site' T	* Yes ? * Yes rade	No No Total	NA NA Hours
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes	s which were not s which were not pment	tarped? decontamir Ca / Par	nated prior ompany Arcadis rratt-Wolff		ork site T Ge Drill	* Yes ? * Yes rade ologist Helper	No No Total	NA NA Hours 1.3 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes	s which were not s which were not pment	tarped? decontamir Co Par Par Par	nated prior ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper	No No Total	NA NA Hours 1.3 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Hours 1.3 1.2 1.2
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <
Were there any vehicles Were there any vehicles Personnel and Equi Individual Andrew Gibso Alex Hayes Lee Perrod	s which were not s which were not pment	tarped? decontamir Co Par Par Par	ompany Arcadis rratt-Wolff		ork site' T Ge Drill	* Yes ? * Yes rade ologist Helper rriller	No No Total	NA NA NA Image: NA <

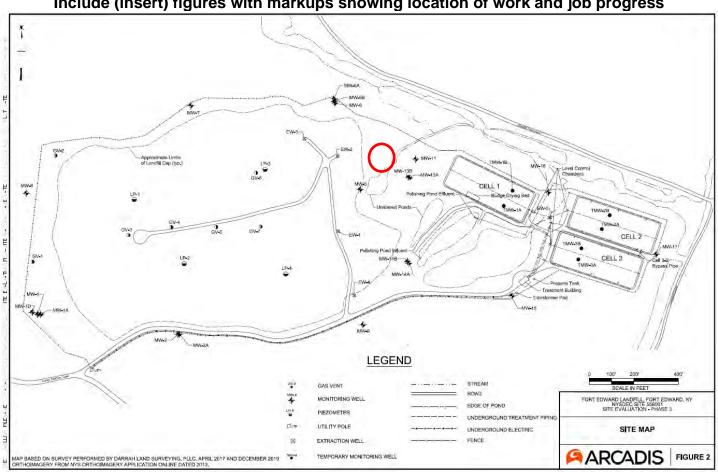


Equipment Description	on		Contractor/Vendor		Quantity	Use	ed
Bobcat 3400 4x4		Bobcat of Sa	aratoga LLC. (Rented by Pa	rratt-Wolff)	1	Ye	S
1WD Rack Truck			Parratt-Wolff		1	Ye	
CME 850 Drill Rig			Parratt Wolff		1	Ye	S
1WD Rack Truck CME 850 Drill Rig Mi-T-M 2400 PSI Steam W	/asher		Parratt Wolff Parratt Wolff		1	Ye	S
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If A	[.] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipn	nent, delivery t	icket for mater	al received				
			al received				
*On-Site scale for off-site shipn Equipment/Material Track			al received				
			al received				
Equipment/Material Track			al received				
			al received				
Equipment/Material Track			al received				
Equipment/Material Track			al received				
Equipment/Material Track			al received				
Equipment/Material Track			al received				
Equipment/Material Track			al received				



Name		Representing	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives	·			·
Name		Representing		
Drainet Cabadula Commente				
Project Schedule Comments				
Arcadis to develop wells on 2/15/2	021.			
·				
Issues Pending				
None.				
Interaction with Public, Prop	erty Owners, M	edia, etc.		
None.				
None.				
None.				





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.



Site Photographs (Descriptions Below)		
View of SB-12A/MW-12A 12'-16' boring.	Parratt-Wolff decontamin	ating augers.
Poured concrete pad for MW-12B. Comments		
None.		
Site Inspector(s): Andrew Gibson		Date: 02/12/2021



DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🖂	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖂	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖂	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖂	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🖂	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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



NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖂	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖂	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖂	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗆	N/A⊠
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖂	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A⊠
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes □	No 🖂	N/A□
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A⊠
<u>Comments:</u> None at this time.			

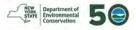


NYSDEC Division of Environme Site Location: Hudso		tion ¥	EW DRK TATE Enviro	tment of inmental rvation) 1	NYSDEC C D009804 Superintende		ct l	No.	
Site Location: Hudso	n Falls, New 1	YOIK				1	NYSDEC PM	Payso	n Lo	ong	
		r Condition	ns				Consultant PN	1. Andv	Vite	olins P	G
General Description	Cloudy	AM		Clear	PM						
Temperature	24°F	AM		27°F	PM	_ ,	Consultant Si			rs: And	ew
Wind	6 MPH N	AM	3	MPH NW	PM		Gibson, Kimb	erly Stil	son		
Health & Safety If any box below is o	checked "Yes	s", provide	explana	ation under "I	Health	&	Safety Com	ments		-	
Were there any changes	to the Health &	& Safety Plai	n?				*Yes	No		NA	
Were there any exceeda	nces of the per	rimeter air m	onitoring	reported on this	date?		*Yes	No		NA	
Were there any nuisance			-				*Yes	No		NA	
Health & Safety Com	· · ·							<u></u>		1	
None. Summary of Work Pe	arformed	Arrived a	t cito:	0845		Dor	parted Site:		1	910	
- Moved empty - Began develo	pment of mon					ne T	reatment B	uilding.			
If any box below is c	hecked "Yes	-	-				_		ts".	-	
Were there any vehicles	hecked "Yes which did not c	display prope	-				*Yes	mment No	ts".	NA	_
Were there any vehicles Were there any vehicles	hecked "Yes which did not c which were not	display prope t tarped?	er D.O.T n	umbers and pla	acards?	1	*Yes * Yes		ts".	NA NA	
Were there any vehicles	hecked "Yes which did not c which were not	display prope t tarped?	er D.O.T n	umbers and pla	acards?	1	*Yes	No	ts".	NA	
Were there any vehicles Were there any vehicles	hecked "Yes which did not of which were not which were not	display prope t tarped?	er D.O.T n	umbers and pla	acards?	1	*Yes * Yes	No No	ts".	NA NA]
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DAILY INSPECTION REPORT Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001____

Equipment Description	on		Contractor/Vendor		Quantity	Use	ed
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	nent. deliverv	ticket for materi	al received				
Equipment/Material Track							
None.							

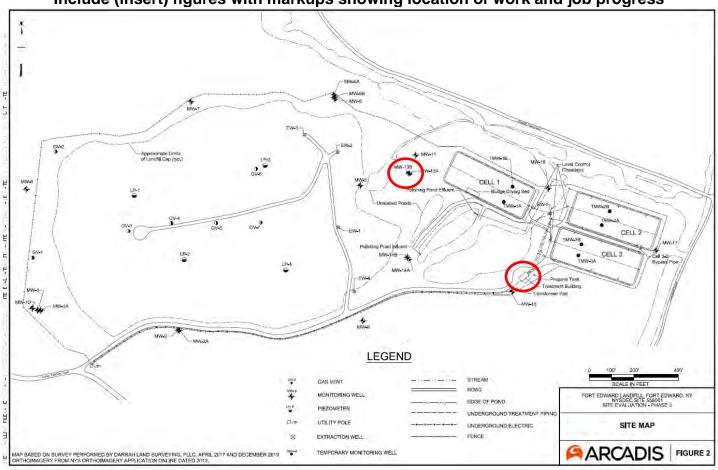


DAILY INSPECTION REPORT

Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001 ___ Date: _02/15/2021 ___

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
			Yes	Νο
			Yes	Νο
			Yes	No
			Yes	Νο
			Yes	No
			Yes	No
Site Representatives	•			•
Name		Representing		
		-		
Project Schedule Comments		<u> </u>		
No Changes.				
Issues Pending				
None.				
	-			
Interaction with Public, Property	Owners, Media, e	tc.		
None.				





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.



Site Photographs (Descriptions Below)		
View of staged soil cutting drums at MW-12A.	View of MW-12B develop	ment.
Comments		
None.		
Site Inspector(s): Andrew Gibson and Kimberly Stilsc	งท	Date: 02/15/2021



DAILY INSPECTION REPORT Report No. 11 Fort Edward Landfill - NYSDEC Site No. 558001____

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes ⊠	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes ⊠	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes ⊠	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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



NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖂	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖂	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖂	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗆	N/A⊠
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖂	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A⊠
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A⊠
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A⊠
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes □	No 🖂	N/A□
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A□
<u>Comments:</u> None at this time.			



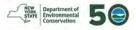
DAILY INSPECTION REPORT Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001_____

NYSDEC Division of Environme Site Location: Hudse		tion ¥	EW ORK TATE Conse	tment of nmental rvation		NYSDEC C D009804 Superintende		t No.	
Sile Location. Huus						NYSDEC PM	: Payson	Long	
		r Conditio	ns		-	- Consultant PI	۷. Andv ۱	/itolins	ΡG
General Description	Clear	AM		Clear	PM		•		
Temperature	33°F	AM		21°F	PM	Consultant Site Inspectors: Nath			
Wind	3 MPH SW	AM	2'	I MPH SE	PM	Kloepfer			
Health & Safety If any box below is	checked "Yes	s", provide	e explana	ation under "H	lealth	& Safety Com	ments"		
Were there any change	s to the Health 8	& Safety Plai	n?			*Yes	No	NA	
Were there any exceed	ances of the per	imeter air m	onitoring	reported on this	date?	*Yes	No	NA	
Were there any nuisand	ce issues reporte	ed/observed	on this da	ate?		*Yes	No	NA	
Health & Safety Cor									
None.							_		_
Summary of Work F	Performed	Arrived a	at site:	0845	C	Departed Site:		1910	
Equipment/Material If any box below is	checked [®] Yes		-			Tracking Co		,77 	
If any box below is Were there any vehicle	checked "Yes s which did not c	display prope	-			*Yes	mments	NA	
If any box below is a Were there any vehicle Were there any vehicle	checked "Yes s which did not c s which were no	display prope t tarped?	er D.O.T r	umbers and place	cards?	*Yes * Yes	No No	NA NA	
If any box below is Were there any vehicle	checked "Yes s which did not c s which were no	display prope t tarped?	er D.O.T r	umbers and place	cards?	*Yes * Yes	No	NA	
If any box below is a Were there any vehicle Were there any vehicle	checked "Yes s which did not c s which were no s which were no	display prope t tarped?	er D.O.T r	umbers and place	cards?	*Yes * Yes	No No	NA NA	
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes s which did not c s which were no s which were no	display prope t tarped? t decontamin	er D.O.T r	umbers and place	cards? vork site	*Yes * Yes	No No No	NA NA	
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If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display prope t tarped? t decontamin	er D.O.T r nated prio ompany	umbers and place	cards? vork site	*Yes *Yes ? *Yes rade	No No No	NA NA NA	'S
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display prope t tarped? t decontamin	er D.O.T r nated prio ompany	umbers and place	cards? vork site	*Yes *Yes ? *Yes rade	No No No	NA NA NA	s s
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If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display prope t tarped? t decontamin	er D.O.T r nated prio ompany	umbers and place	cards? vork site	*Yes *Yes ? *Yes rade	No No No	NA NA NA	S
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display prope t tarped? t decontamin	er D.O.T r nated prio ompany	umbers and place	cards? vork site	*Yes *Yes ? *Yes rade	No No No	NA NA NA	
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display prope t tarped? t decontamin	er D.O.T r nated prio ompany	umbers and place	cards? vork site	*Yes *Yes ? *Yes rade	No No No	NA NA NA	S
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display prope t tarped? t decontamin	er D.O.T r nated prio ompany	umbers and place	cards? vork site	*Yes *Yes ? *Yes rade	No No No	NA NA NA	'S



DAILY INSPECTION REPORT Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001_____

Equipment Description			Contractor/Vendor		Quantity	Use	- d
Equipment Description	on		Contractor/vendor		Quantity	Use	ea
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If J	[.] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*0.0%							
*On-Site scale for off-site ship			al received				
Equipment/Material Track	ang Comme	nts:					

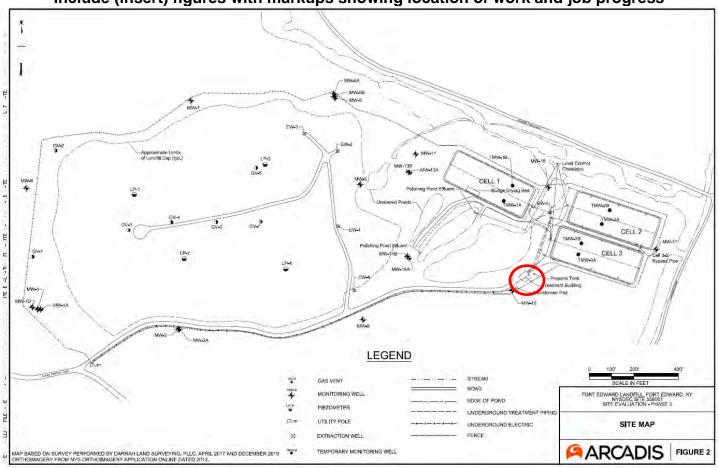


DAILY INSPECTION REPORT

Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001 ___ Date: _02/16/2021 ___

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives			·	
Name		Representing		
Project Schedule Comments		1		
No Changes.				
Issues Pending				
None.				
None.				
Interaction with Public, Property C	Owners, Media, e	tc.		
None.				

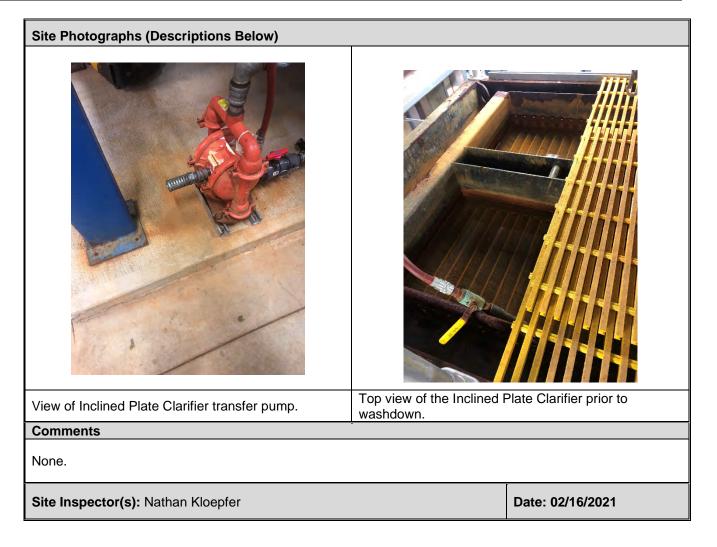




Include (insert) figures with markups showing location of work and job progress

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____

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🗆	No 🖂
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes ⊠	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes ⊠	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

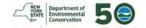
1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖂
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖂
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖂
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖂
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No 🗆
	 If 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 is critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes 🗆	No 🗆
	omments: one at this time.		



DAILY INSPECTION REPORT Report No. 12 Fort Edward Landfill - NYSDEC Site No. 558001_____

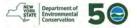
NUISANCE CHECKLIST

Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
$AM\ \Box$	PM 🗆	N/A⊠
Yes □	No 🗆	N/A⊠
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A□
	Yes Yes Yes Yes AM Yes Yes Yes	Yes No Yes No



DAILY INSPECTION REPORT Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001 ___ Date: _02/17/2021 ___

NYSDEC Division of Environme Site Location: Hudso		on y	EW DRK TATE P Conserva	ation		NYSDEC D009804 Superintend	dent:		
	Weather	Condition	ne			NYSDEC P	•	•	
General Description	Sunny	AM		Sunny	PM	Consultant	PM: Andy	Vitolins, P.G	
Temperature	27°F	AM		31°F	PM	Consultant Site Inspectors:			
Wind	SSW 2 MPH	AM	SS	9 MPH	PM	Kimberly Stilson			
Health & Safety If any box below is	checked "Yes	", provide	explanati	ion under "	Health &	& Safety Co	mments'	,	
Were there any changes						*Yes	No	NA	
Were there any exceeda	ances of the perir	meter air m	onitoring rep	ported on this	date?	*Yes	No	NA	
Were there any nuisanc	e issues reported	d/observed	on this date	?		*Yes	No	NA	
Health & Safety Con	nments								
Summary of Work P	erformed	Arrived a	it site: 0	0900	D	eparted Site	e: 151	5	
common carr		ess.							
If any box below is o		· ·	-						
Were there any vehicles	s which did not di	splay prope	-			*Yes	No	NA	
Were there any vehicles Were there any vehicles	which did not di which were not	splay prope tarped?	er D.O.T nur	mbers and pla	acards?	*Yes * Yes	No No	NA NA	
Were there any vehicles Were there any vehicles Were there any vehicles	which did not di which were not which were not	splay prope tarped?	er D.O.T nur	mbers and pla	acards?	*Yes * Yes	No	NA	
Were there any vehicles Were there any vehicles	which did not di which were not which were not	splay prope tarped? decontamir	er D.O.T nur	mbers and pla	acards? work site?	*Yes * Yes	No No No	NA NA	
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Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
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Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	which did not di which were not which were not pment	splay prope tarped? decontamir	er D.O.T nur nated prior to ompany	mbers and pla	acards? work site? Ti	*Yes * Yes ? * Yes	No No No	NA NA NA otal Hours	



DAILY INSPECTION REPORT R

Report No. 13	Fort Edward Landfill - NYSDEC Site No. 558001
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Equipment Description		Contractor/Vendor			Quantity	Use	ed
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If J	[·] Disposal Applicable)	Daily Loads	Daily Weigh (tons)
2 Bleach 55-gallon drums	Delivered	NA	NA	N	A	1	0.45
						-	
							1
							1
	1						
On-Site scale for off-site ship	ment, delivery t	icket for materi	al received				

Equipment/Material Tracking Comments:

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

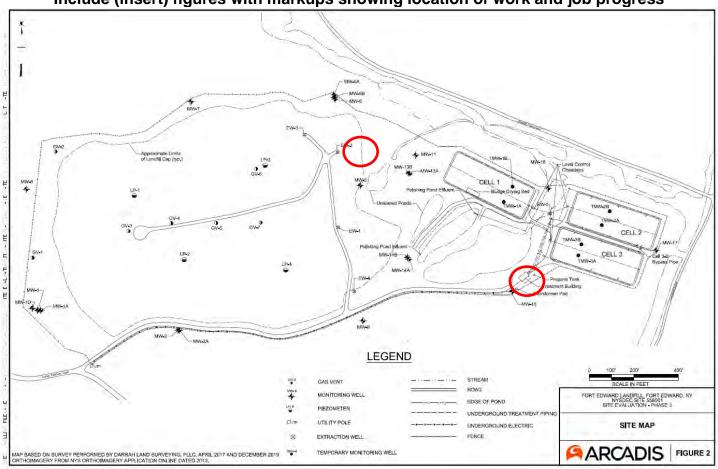


DAILY INSPECTION REPORT

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

Visitors to Site Name		Representing	Entered Exclusion/CRZ Zone		
Chet S.	Toal's Ex	Teal's Express		No	
		press	Yes Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
Site Representatives			100		
Name		Representing			
Project Schedule Comment	S				
No Changes.					
Issues Pending					
None.					
Internetion with Dublic D					
Interaction with Public, Pro	perty Owners, Me	eala, 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 17, 2021.



Site Photographs (Descriptions Below)		
View of ARIES 305 drums received.	View of MW-12A and MV	V-12B.
Comments		
None.		
Site Inspector(s): Kimberly Stilson		Date: 02/17/2021



DAILY INSPECTION REPORT Report No. 13 Fort Edward Landfill - NYSDEC Site No. 558001____

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes ⊠	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes ⊠	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes ⊠	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

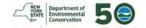
REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖂
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖂
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖂
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖂
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🖂	No 🗆
	 If 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 is critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes 🗆	No 🗆
	omments: one at this time.		



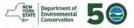
NUISANCE CHECKLIST

Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🖂	N/A□
Yes 🗆	No 🗆	N/A⊠
$AM \square$	PM 🗆	N/A⊠
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🗆	N/A⊠
Yes 🗆	No 🛛	N/A□
Yes 🗆	No 🗆	N/A□
	Yes Yes Yes Yes AM Yes Yes Yes	Yes No Yes No



DAILY INSPECTION REPORT Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001_____

Site Location: Hudson Falls, New York							D009804 Superintendent: NYSDEC PM: Payson Long		
	Weather	Conditio	ns				•	•	
General Description	Partly cloudy			rtly cloudy	PM	Consultant Pl	VI: Andy	Vitolins, P.	
Temperature	30°F	AM		37°F	PM	Consultant Site Inspectors: Nat Kloepfer, Kimberly Stilson			
Wind	N 6 MPH	AM	SS	W 10 MPH	PM				
Health & Safety If any box below is	checked "Yes	", provide	e explana	ation under "	Health	& Safety Com	ments		
Were there any change	s to the Health &	Safety Pla	n?			*Yes	No	NA	
Were there any exceed	ances of the perir	meter air m	onitoring r	eported on this	date?	*Yes	No	NA	
Were there any nuisand	ce issues reported	d/observed	on this da	te?		*Yes	No	NA	
Health & Safety Con	nments								
None. Summary of Work P	Porformed	Arrived a	at sito:	0750		Departed Site:		1930	
- Darrah Land	Surveying onsit	e tor surv	ey of new	viy-installed m	ionitorir	ig wells MVV-12	∠A and	IVIVV-12B.	
		. provide	explanat	tion under "N	<i>l</i> ateria	Tracking Co	mment	s".	
If any box below is a	checked "Yes"		-					7	
If any box below is a Were there any vehicles	checked "Yes" s which did not di	splay prope	-			*Yes	mment No No	NA	
If any box below is a	checked "Yes" s which did not di s which were not	splay prope tarped?	er D.O.T n	umbers and pla	acards?	*Yes * Yes	No	7	
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes" s which did not di s which were not s which were not	splay prope tarped?	er D.O.T n	umbers and pla	acards?	*Yes * Yes	No No	NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes" s which did not di s which were not s which were not	splay prope tarped? decontamin	er D.O.T n	umbers and pla	acards? work site	*Yes * Yes	No No No	NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	checked "Yes" s which did not di s which were not s which were not pment	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis	umbers and pla	acards? work site 1 Fie	*Yes * Yes ? * Yes Trade Id Tech	No No No	NA NA NA NA Solution	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis	umbers and pla	work site	*Yes *Yes *Yes *Yes *Yes rade d Tech eologist	No No No	NA NA NA NA Solution 3.0 8.0	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes *Yes *Yes *Yes *Yes rade d Tech eologist	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual Nathan Kloep Kimberly Stils Gary Bozee	checked "Yes" s which did not di s which were not s which were not pment fer on	splay prope tarped? decontamin C	er D.O.T n nated prior ompany Arcadis Arcadis Land Survey	umbers and pla	work site	*Yes * Yes ? Yes ? Yes Id Tech sologist urveyor	No No No	NA NA NA NA Solution 3.0 8.0 7.5	



DAILY INSPECTION REPORT Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001____

Equipment Description	on		Contractor/Vendor		Quantity	Use	ed
							.
	Imported/ Delivered	Exported	Waste Profile				Daily
Material Description	Delivered to Site	Exported off Site	(If Applicable)	Source or Facility (If A	[.] Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	off Site		Source or Facility (If A	[·] Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Delivered to Site	off Site		Source or Facility (If /	[·] Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	off Site		Source of Facility (If /	[·] Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	off Site		Source of Facility (If /	⁻ Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	off Site		Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	off Site		Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	cff Site		Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	cff Site		Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	CAPORED OFF Site		Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	Delivered to Site	Contraction of the second seco		Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
	to Site		(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
Material Description	to Site	icket for mater	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)*
On-Site scale for off-site shipr	to Site	icket for mater	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	icket for mater	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)
On-Site scale for off-site shipr	to Site	icket for mater	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	icket for mater	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	icket for mater	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)
On-Site scale for off-site shipr Equipment/Material Track	to Site	icket for mater	(If Applicable)	Source of Facility (If /	Disposal Applicable)	Daily Loads	Weight (tons)

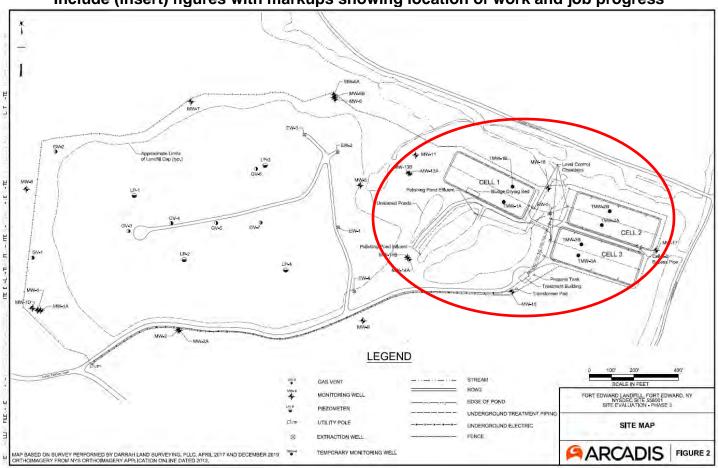


DAILY INSPECTION REPORT

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

Visitors to Site				
Name		Representing		Exclusion/CRZ Zone
			Yes	No
			Yes	Νο
			Yes	Νο
			Yes	No
Site Representatives				
Name		Representing		
Project Schedule Comments				
Froject Schedule Comments				
No Changes.				
Issues Pending				
None.				
		P		
Interaction with Public, Prope	rty Owners, Med	dia, etc.		
None.				



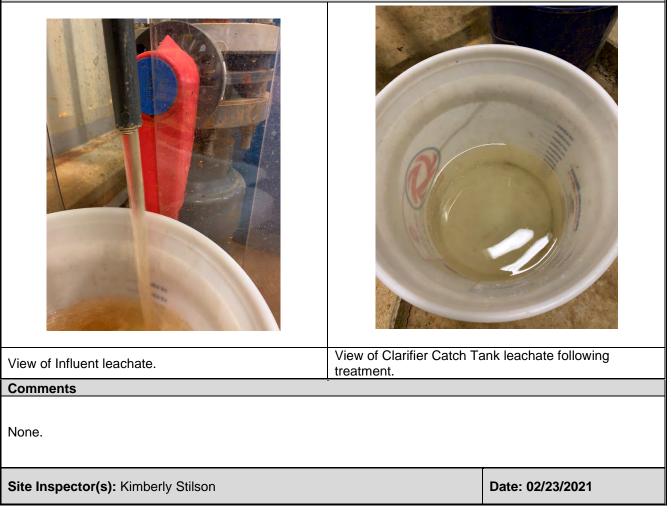


Include (insert) figures with markups showing location of work and job progress

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



Site Photographs (Descriptions Below)





DAILY INSPECTION REPORTReport No. 14Fort Edward Landfill - NYSDEC Site No. 558001____

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖂	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes ⊠	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes ⊠	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes ⊠	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes □	No 🖂
Comments: None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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



DAILY INSPECTION REPORT Report No. 14 Fort Edward Landfill - NYSDEC Site No. 558001_____

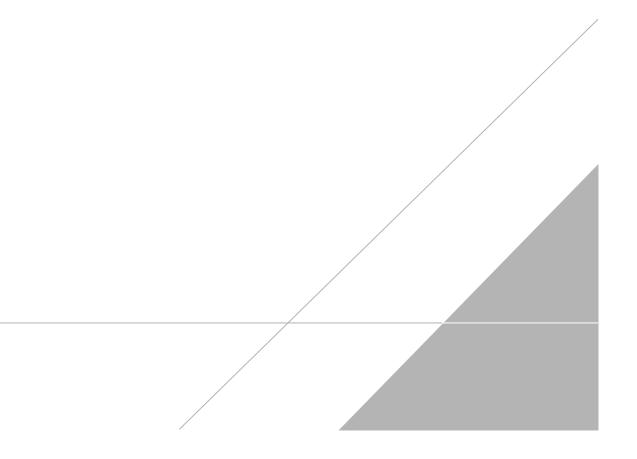
NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖂	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖂	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖂	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗆	N/A⊠
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖂	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A⊠
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A⊠
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A⊠
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes □	No 🖂	N/A□
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A□
<u>Comments:</u> None at this time.			



ATTACHMENT B

NYSDEC COVID-19 Entry/Exit Logs



NEW YORK STATE OF OPPORTUNITY	Department of Environmental Conservation	Entry/Exit Log with COVID-19 Acknowledgement
Project	Name: Fort Edu	rord
Project	#:	2

- 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 Kloupfer	NK	Arcudis	1/19/2021	0710	1500
Tol Carignan	TC	Anades	1/19/2021	1220	1730
Nathan Klappen Todd Carignen	MK	maky	1/26/2021	0800	1800
Toda curighen	56	preading	1/26/2021	1000	1400
Natur Klycpton Jasmine Mullias	ML JM	Arriadis	2/2/2021	0810	1950
Andrew 636500	ST	Air Corpressor Ery	2/3/21	0900	0923/1
And per Grosson Rendan LLNIMS)	AG BL	NIMS	7	lozs	1403
NAYNE NIElson	m TI	Parratt welff		<u>0952</u> 11:30	1015
ENN GRSSie	IG-	Parratt Wolf	2-3-21	11:30	1403

Y	Conservation		0
Project	Name: Furt Ed	nard	
Project	#: 30055713		

- 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 Klueptu	NIL	Arcadis	1/12/2021	0900	2000
Ng Than Klogter	NU	Madis Arrailes	219/2021 219/2021	0745	1900
NRThan Klupplen Deremy Wyckott	NK JW	Arraily	219/2021	0830	1900

NEW YORK STATE OF OPPORTUNITY	Department of Environmental Conservation	Entry/Exit Log with COVID-19 Acknowledgement
Project	Name: Fort E	dward Landfill
Project	#:	3

- 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
Audrew Gibsen	46	Ascadis	2/10/21	09.05	1650
Alex Houges.	AM	PW	2/10/21	11:30	1650
Lee Pennod	LP	PW	2-10-21	11:30	1650
Lie Penrod	LP	Pu	2-11-21	07:15	1715
Alex Hanles	AH	PW	2-11-21	7:15	1715
Andrew Cibion	AG	Arcady 5	2/11/21	1715	1715
SeanPaplin	S	PW	2/11/21	0.900	1715
Lee Penrod	LP	PW	2-12-2	07:00	1815
Rick Nasat/Co	Rn	PUL	2/12/21	9200	1815
Andren 6-Bon	AG	Arcadis	2/15/2/12/2 2/15/2/12/2	AL SO DASOAG	13-13-13
Kim Stilson	KS	Aucado	2/15/21	1000	1439
Andrew Gibson	46	Arcadis	2/15/21	0450	1315

Project Name: Fort Edward Project #: 30055713

- 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	D		
Nathan Klueptu			Date	Time In	Time Out
i of have hegeter	NIL	Arcadis	1/12/2021	0900	2000
				0,00	
Na Than Klugster Deremy Wyckott	NH	Madie	2/9/2021	A745	10.01
Dremy Wyckott	TW	Arcadia Arcada	210/201	0195	1900
) , , ,		many	219/2021	0830	1900
Natur Kluga	NK	Arcadis	2/16/2021	0845	1910
	•				

	Department of Environmental Conservation
--	--

Project Name:	KSKISON	
Project #:	Edució	30055713

- 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
K. Stilson	KA	Arcadis	2)17/2	0900	1600
K. Stilson KSt on behalf of Chet		Arcadis Teal's Express Inc	2/17/2	1030	1100

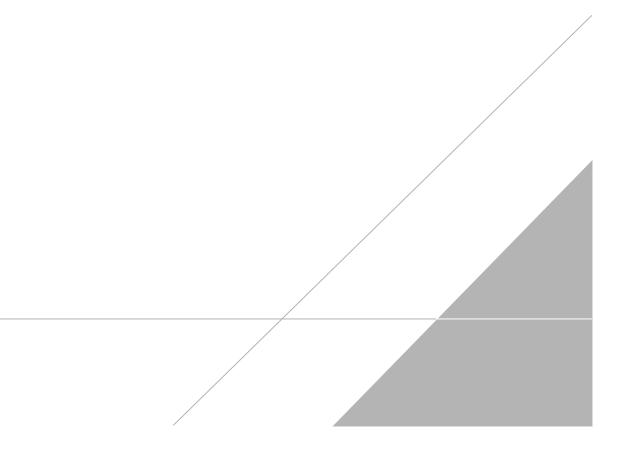
NEW YORK STATE OF OPPORTUNITY	Department of Environmental Conservation	Entry/Exit Log with COVID-19 Acknowledgement
Project	Name: <u>Fort</u>	Eduard
Project	#: 300013	70

- 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
Kstilson	KS	Arcadis	2 23/21	1130	1930
Gary Bozee Ken Batchelder	GB	Darrah Land Survey	2 23 21	0735	0309
Ken Batchelder	KB	Partah Loud Surve	2/23/21	0735	0309
Nate Kloepfer	NK	Darrah Land Survey Darrah Land Surve Arcadis	2/25/21	0750	0151

ATTACHMENT C

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: NIL

Date: 2/2/2021

Time: 2 \$10

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		-/	N		14.28	
Run pumps in "Manual" to confirm flow , if	needed.	EW-2	Y	¥	N		7.00	
Confirm pumps are operating between set		EW-3	N	7	n		13.19	NA
Confirm pressure with pump cycling & not		EW-4	1	Y	N		9.40	
If pumps on, is water flowing into IPC (Y/N)?	EW-5	N	N	r	NA	13.06	NA
Process - (Check if OK or fill in values)	1		. /				2-72	
Chlorine Alarm status (on/off) A1		A2	V		Auto rotate o	on/off		om
If on - record chlorine concentration (ppm)						ump operating		\checkmark
Operate exhaust fan manually					Discharge p	ump pressure	normal	V.
FT-801 reading (GPM)	18.40				Building tem	p accurate		1
Chemical rates normal for flow?	~				Mixers opera			~
Catch tank display level=actual?					Other Alarma	s (Y/N)		N
Filtration (Check if OK)	1							See and see
Air compressor pressure in range	~				Solenoid sta	tus correct for	operation	\checkmark
Data (Check if OK)	1							12-12-1-1
Do Daily & Yesterday Starts make sense								
Alarms	N							
All Alarms Enabled (Y/N)	_/							
List any disabled and indicate why								
BUILDING/GROUNDS								
Air Compressor (Check if OK)	(included)							
Cycle times normal for load	1				Check aut	o drain operati	on	1
Check oil level at least monthly	$\overline{}$					er - alarms? C		1
Belt tension	~					erates with cor		-
Unit Heaters (Check if OK)	(The second			A Designation of the second	CONTRACTOR OF STREET	THE REAL PROPERTY.		The state of the s
Thermostats set correctly (50-55 F)	V				Propane ta	ank level great	er than 20%	45
Heaters working						0		
IPC (Y/N)	12 12 12 2						A States	Strate 1984
IPC discharge clear?	V				Check slue	dge ports (Sluc	ge Y/N)	Y
Floatables? (take photos if yes)	N					% of sludge	Upper	Clear
Coag visibly dosing?	Y					*	Mid	900/0
Floc visibly dosing?	7				alea	ch port	Lower	100%0
Chemical Feed (Fill in values)								Constant Carlo
305 Bleach Height (in)	17.2	mA Signal		Notes				
2130 Coagulant Height (in)		Stroke Rat		Notes				
1668 Flocculant Volume (ga	390	Stroke Rat	e 66	Notes				
Dosing pumps at normal rate?				Chemicals	s needed?	bhul.n		
Floor Sumps (Y/N)	/			1111-2112	1.12 - 1.74			
Sump levels normal?						but not empty		~
High-High level switches operate freely?		(check mo	nthly)		Back flowi	ng after pump	cycle?	N
Excessive sludge/sediment?	Think Frid		EI E I					
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow			<u> </u>					
Regulators working properly Exhaust mufflers		1/						
Filter Press (Check if OK)			-					
Hydraulic ram operating normally	1					Sorbent pade	roplaced?	11
Hydraulic pressure normal				Ho		Sorbent pads filled Haz drun		
Significant leaks?						ns filled & clos		-2
General/Housekeeping				100011			ou loudy :	
Wipe down dirty equipment/piping	And and a second		Any leaks?	N		Waste drums	s needed?	N
Sweep and/or wash floors	./		its working?	V		Drum labels		N
Fire extinguisher inspection (monthly)	V		ns working?	-			/ed trash?	N
Sludge in Clarifier Catch Tank?					•			<u></u>
Grounds								
Mow/trim around building, structures, wells	s, bollards, c	ontrol panel	s and cleanou	uts	Clear woo	dy vegetation f	rom swales	and cap

Shovel doorways, apply ice melt Confirm gates and doorways locked Look for damage fencing/gates Confirm storage container locked



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

	30-100%					
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
Filter press feed pump
Floc feed pump
Filter press hyd pump
Blowdown

90 psi max

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: ML Date: 2/9/2021

S Design & Consultancy for natural and built assets ARCA 6745 Time:

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	N	-	-	-	13.24	
Run pumps in "Manual" to confirm flow , if	needed.	EW-2	Y	V	N		7.08	1.29
Confirm pumps are operating between set	tpoints	EW-3	N				13-89	NA
Confirm pressure with pump cycling & not	high/low	EW-4	7	7	N	24.87	8.46	3281
If pumps on, is water flowing into IPC (Y/N		EW-5	N			NA		NA
Process - (Check if OK or fill in values)		an the second		19 19-21		Sec. 1	Page 123	
Chlorine Alarm status (on/off) A	104	A2	01		Auto rotate	on/off		1
If on - record chlorine concentration (ppm)						ump operating	6	V
Operate exhaust fan manually						ump pressure		
FT-801 reading (GPM)	18.34				Building ten			
Chemical rates normal for flow?					Mixers oper			
Catch tank display level=actual?		NO MARKING	C. C. LOW MILLING	100 De 100 DE	Other Alarm	IS (T/N)		
Filtration (Check if OK)	1				Calanaidat		47.00	
Air compressor pressure in range					Solenoid sta	atus correct for	operation	$\underline{\nu}$
Data (Check if OK)	12	1211 12111	12 10 10 10	100			1.1	an a
Do Daily & Yesterday Starts make sense								
Alarms	Per la constante							
All Alarms Enabled (Y/N)								
List any disabled and indicate why								
BUILDING/GROUNDS								
Air Compressor (Check if OK)	이 있는 것도, 안				-	1		1211.24
Cycle times normal for load	V				Check au	to drain operat	ion	V
Check oil level at least monthly	~					ver - alarms? C		V
Belt tension						erates with co		
Unit Heaters (Check if OK)	_				river arr op			
Thermostats set correctly (50-55 F)	1/				Pronane f	ank level great	er than 20%	3000
Heaters working					i iopane (ank level great		20 10
IPC (Y/N)		Contract Name			THE REAL PROPERTY.	11111111111		X STOR
IPC discharge clear?	V			and provide	Check elu	dge ports (Slu		V
Floatables? (take photos if yes)					OTIECK SIL	idge ports (Sid	Upper	
Coag visibly dosing?					Indicate	% of sludge	Mid	Cleor
Floc visibly dosing?					at ea	ich port		100%0
Chemical Feed (Fill in values)							Lower	100%0
	au	mA Signal	r 6	Mataa				Contract of the second
305 Bleach Height (in)	9.4			Notes				
2130 Coagulant Height (in)	7.6	Stroke Rat		Notes				
1668 Flocculant Volume (ga	125	Stroke Rat	e_67_	Notes		1 1		
Dosing pumps at normal rate?	_			Chemical	s needed?	bruch		
Floor Sumps (Y/N)								1
Sump levels normal?	V					s but not empt		<u></u>
High-High level switches operate freely?		(check mo	nthly)		Back flow	ing after pump	cycle?	$\overline{\mathcal{N}}$
Excessive sludge/sediment?	N							
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow	~	V	V					
Regulators working properly	~	V	~					
Exhaust mufflers	~	V	~					
Filter Press (Check if OK)	1.1							à.
Hydraulic ram operating normally	V					Sorbent pads	replaced?	N
Hydraulic pressure normal	~			Ho	w many tota	l filled Haz drui		5
Significant leaks?	N					ms filled & clos		2
General/Housekeeping							203,000	Up netz
Wipe down dirty equipment/piping	V		Any leaks?	N		Waste drum	s needed?	N
Sweep and/or wash floors	~		ts working?	1	-	Drum label		7
Fire extinguisher inspection (monthly)	~		ns working?	V	5		ved trash?	N
Sludge in Clarifier Catch Tank?	~~	9		_				
Grounds		ويدال ويشتر						
Mow/trim around building, structures, wells	s, bollards	control panel	s and cleanor	uts	Clear wor	dy vegetation	from swales	and cap
All and the second building, builded by work	.,	enabli puno				i i i i i		and oup

Shovel doorways, apply ice melt Confirm gates and doorways locked

Look for damage fencing/gates 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
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			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 regulator setpoint Auto drain	90-175 psi 90 psi 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

14 mp

pinnp,

PSI Range
40 psi max
90 psi max
40 psi
ie pei

90 psi max

Notes:

Em-S replace

Chanced

online pump hou

Thickener fred reall pump

Em-3

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: <u>NL</u> Date: <u>2/16/2021</u>

DIS Design & Consultancy for natural and built assets Time: \$45

ARCA

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

HMI SCREENS		
Extraction Wells	Online (Y/N)	
Pump Status/Flow	EW-1	1.37
Run pumps in "Manual" to confirm flow , if needed.	EW-2	N 0 9.27 2.33
Confirm pumps are operating between setpoints	EW-3	0 NA
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	M 23.20 7.81 30.14
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u> </u>
Process - (Check if OK or fill in values)		
Chlorine Alarm status (on/off) A1	A2	Auto rotate on/off
If on - record chlorine concentration (ppm) 0. 0		Discharge pump operating
Operate exhaust fan manually		Discharge pump pressure normal
FT-801 reading (GPM)	8	Building temp accurate
Chemical rates normal for flow?		Mixers operating?
Catch tank display level=actual?		Building temp accurateVMixers operating?VOther Alarms (Y/N)V
Filtration (Check if OK)		
Air compressor pressure in range		Solenoid status correct for operation
Data (Check if OK)		
Do Daily & Yesterday Starts make sense		
Alarms		
All Alarms Enabled (Y/N)		
List any disabled and indicate why		
BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values) 305 Bleach Height (in) 2130 Coagulant Height (in) 1668 Flocculant Volume (gal) Dosing pumps at normal rate? ✓	mA Signal <u>5.6</u> Stroke Rate <u>10.5</u> Stroke Rate <u>6.3</u>	Check auto drain operation Image: Check dryer - alarms? Cycling? HX fan operates with compressor? Image: Check dryer - alarms? Cycling? Propane tank level greater than 20% 60 % Check sludge ports (Sludge Y/N) Image: Check sludge ports (Sludge Y/N) Indicate % of sludge Upper Mid Image: Comparison Notes Image: Check medic Notes Image: Check medic Notes Image: Check medic Check sludge Image: Check medic
Floor Sumps (Y/N)	2 3 ** 15 GER ***	
Sump levels normal?		Pump runs but not emptying sump?
High-High level switches operate freely?	(check monthly)	Back flowing after pump cycle?
Excessive sludge/sediment?		2
Diaphragm pumps (Check if OK) Thick Feed	Press Feed Floc Feed	
Proper operation/flow	~ V_	
Regulators working properly		
Exhaust mufflers	_/_/_	
Filter Press (Check if OK)		
Hydraulic ram operating normally		Sorbent pads replaced?
Hydraulic pressure normal		How many total filled Haz drums onsite?6
Significant leaks?		How many Haz drums filled & closed today?
General/Housekeeping	- Contraction of the second second	
Wipe down dirty equipment/piping	Any leaks?	N Waste drums needed?
Sweep and/or wash floors	Lights working?	Drum labels needed?
Fire extinguisher inspection (monthly)	Exit signs working?	Removed trash?
Sludge in Clarifier Catch Tank?		
Grounds	control nanole and closes	uts Clear woody vegetation from swales and can

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

Confirm gates and doorways locked

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



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

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 Typical pressure

	30-100%						
22	psi	@	100%				

Air compressor operating range regulator setpoint Auto drain Dryer	90-175 psi 90 psi On 5 seconds every 5 minutes Display shows "ESA/ON" with dew point level shown on bar scale. Auto drain operates 5 seconds every minute Heat exchanger fan should operate with compressor
Regulators	PSI Range

Thickener feed pump Filter press feed pump Floc feed pump Filter press hyd pump Blowdown

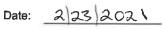
40 psi max 90 psi max 40 psi

90 psi max

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: K.Stilson



Time: 1145

ARCA

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

HMI SCREENS								
Extraction Wells	50 - 1 - 1		Online (Y/N	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow		EW-1	11	J	N	_0.00	13.99	2.22
Run pumps in "Manual" to confirm flow , if	f needed.	EW-2		4	N	6.00	9.51	2.99
Confirm pumps are operating between se		EW-3		Y	N	0.38	7.59	NA
Confirm pressure with pump cycling & not		EW-4		~	N	22.47	7.49	29.01
If pumps on, is water flowing into IPC (Y/N		EW-5	4	-3		NA	716	NA
Process - (Check if OK or fill in values)		211 0						
Chlorine Alarm status (on/off) A	6.0	A2	off		Auto rotate	on/off		
If on - record chlorine concentration (ppm)			041			ump operating		00
Operate exhaust fan manually								<u>485</u>
FT-801 reading (GPM)	ALLTO					ump pressure	normai	Ye9
• • •	12.22				Building tem			Yes
Chemical rates normal for flow?	<u> </u>				Mixers opera			_yes
Catch tank display level=actual?	<u> </u>				Other Alarm	s <u>(</u> Y/N)		NO
Filtration (Check if OK)					para NGLINI I			
Air compressor pressure in range	Yes				Solenoid sta	tus correct for	operation	Yes
Data (Check if OK)	2 - 1 - 7 - 1		1942					ALC: NOT THE
Do Daily & Yesterday Starts make sense	Yes							
Alarms								ALC: NAME OF COLUMN
All Alarms Enabled (Y/N)	Yes							
List any disabled and indicate why	NA							
BUILDING/GROUNDS								
Air Compressor (Check if OK)		10.00			1	and Start of		
Cycle times normal for load	Yes					o drain operat		485
Check oil level at least monthly	Yes					er - alarms? C		Yes
Belt tension	485				HX fan op	erates with con	mpressor?	Yes
Unit Heaters (Check if OK)								and the second se
Thermostats set correctly (50-55 F)					Propane ta	ank level great	er than 20%	N N
Heaters working								
IPC (Y/N)							212 215	a
IPC discharge clear?	V				Check slue	dge ports (Slue	dge Y/N)	00
Floatables? (take photos if yes)	10				Indicato 9	6 of sludge	Upper	NO
Coag visibly dosing?	Ves					-	Mid	10
Floc visibly dosing?	Ve6				atea	ch port	Lower	10
Chemical Feed (Fill in values)	-				STATISTICS.			
305 Bleach Height (in)	1.5* -7 12*	mA Signal	2 5.6	Notesadd	Dria" FA	bleach dri	1.11	
2130 Coagulant Height (in)	4" - New2	n Stroke Rat		Notes	~ 34" 15	new shir		
1668 Flocculant Volume (ga	1) 400	Stroke Rat		Notes	AIR	Here Diole		
Dosing pumps at normal rate?	Yes			Chemicals		50		
Floor Sumps (Y/N)		10 P 10 P 10	Sec. 12. 18	1.000		100		2011202
Sump levels normal?	yes				Pump rups	s but not empt	vina sumo?	NO
High-High level switches operate freely?	yes	(check mo	nthly)			ng after pump		
Excessive sludge/sediment?	NO	(a don nown	and bould	010101	NO
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed		and the second	STREET, STREET, SAL	10000	and the second second
Proper operation/flow	405							
Regulators working properly		405	yes					
Exhaust mufflers	- 485 2105	<u>Yes</u>	yes					
Filter Press (Check if OK)	yes	yes	yes					
Hydraulic ram operating normally	314.0	The State of the second			1.000	Carbontzada		
Hydraulic pressure normal	405			10-3		Sorbent pads		NO
Significant leaks?	425					filled Haz drur		6
				How m	any maz drur	ns filled & clos	sed today?	0
General/Housekeeping		Color States Party	Angela		1000 C			The states
Wipe down dirty equipment/piping	yas_		Any leaks?	no	e	Waste drum		NO
Sweep and/or wash floors	'no		ts working?	Ves		Drum labels		NO
Fire extinguisher inspection (monthly)	<u>no</u>	Exit sigi	ns working?	jes_		Remo	ved trash?	NO
Sludge in Clarifier Catch Tank?				-				
Grounds					173.17-S.10	and a stream		
Mow/trim around building, structures, wells	s, bollards, c	ontrol panels	s and cleanou	Its	Clear wood	dy vegetation	from swales	and cap

Shovel doorways, apply ice melt Confirm gates and doorways locked

es and cap Look for damage fencing/gates Confirm storage container locked

TABLES

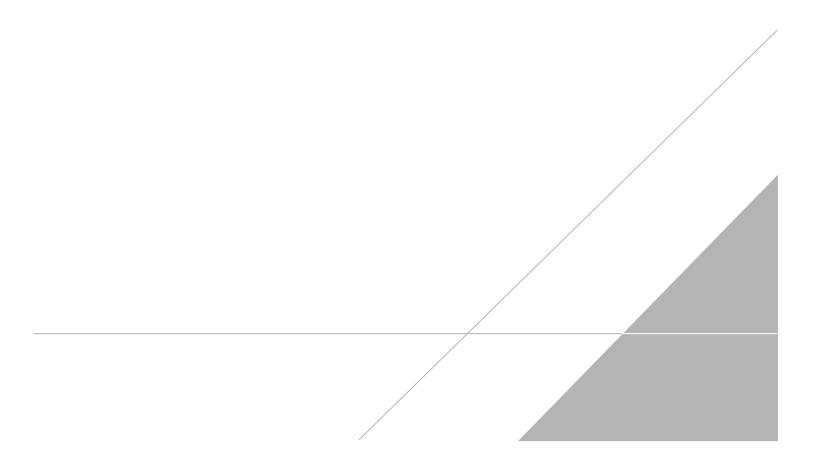


Table 1. February 2021 Treatment System Analytical Data, Fort Edward Landfill Fort Edward, New York. NYSDEC Site No. 558001



Location	NYSDEC Class GA GW Standard	NYSDEC Class GA GW Effluent Limitation	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	PPE
Date		Linitation	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-DICHLOROPROPANE	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	5.0 U 1.0 U	5.0 U 1.0 U	5.0 U 1.0 U	5.0 U 1.0 U	5.0 U 1.0 U
			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
			1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
	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
	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
	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
TRICHLOROFLUOROMETHANE	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:

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

Constitutents 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		Linitation	2/23/2021	2/23/2021	2/23/2021	2/23/2021	2/23/2021
Polychlorinated Biphenyls (μg/L)							
PCB-1016 (AROCLOR 1016)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1221 (AROCLOR 1221)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1232 (AROCLOR 1232)	*	*	2.7	3.7	0.5 U	0.5 U	0.5 U
PCB-1242 (AROCLOR 1242)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1248 (AROCLOR 1248)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1254 (AROCLOR 1254)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1260 (AROCLOR 1260)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1262 (AROCLOR 1262)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1268 (AROCLOR 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:

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

Constitutents 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 ug/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



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