

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: January 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 January 2021 reporting period at the above-referenced site.

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

On behalf of the NYSDEC, Aztech Environmental Technologies (Aztech) performed routine OM&M of the leachate collection and treatment system from March 1, 2020 until December 31, 2020. On January 5, 2021, Arcadis met with Aztech to discuss previous operation and maintenance (O&M) events, review daily processes, and resume O&M.

System Performance

The leachate collection system was intermittently shut down in January 2021 due to high amperage reported by variable frequency drive (VFD) for leachate collection sump EW-5. The high amperage condition was determined to be caused by the EW-5 pump. A new pump was ordered, and it will be replaced in February 2021. In addition, no flow was reported from extraction well EW-3. The pump will be removed and inspected in February 2021.

Arcadis CE, Inc. 855 Route 146 Suite 210 Clifton Park New York 12065 Tel 518 250 7300 Fax 518 250 73012757 www.arcadis.com

Date: March 8, 2021

Contact: Andy Vitolins, P.G.

Phone: 518.250.7300

Email: andy.vitolins@arcadis.com

Our ref: 30055713

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A total of 545,897 gallons of leachate were collected and treated through the system during January 2021. The average total leachate recovery rate for the month was approximately 12.2 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 in compliance with NYSDEC's COVID workplace requirements. In addition, an Arcadis Weekly O&M Log (Appendix C) was completed to record system readings and document system performance.

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

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of sludge were generated during January 2021.
- Replaced a leaking Polyvinyl Chloride (PVC) coupling for the bleach injection nozzle and cleaned the injection nozzle to remove normal internal residue.
- Replaced a leaking ball valve and two O-rings on the Filter Press.
- Replaced a faulty pressure switch on the air compressor.
- Removed sludge from treatment system floor Sump 2.

Additional details of activities completed in January 2021 are provided in Appendix A.

SYSTEM SAMPLING

Water samples were collected by Arcadis on January 19, 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 Chamber (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 the first quarter of 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).

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.

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Analytical Results

VOCs

As shown in Table 1, VOCs were detected in the Clarifier Catch Tank and Cell 3 Bypass samples but did not exceed the corresponding NYSDEC Class GA Standards.

PCBs

PCB Aroclor 1016 was detected in the Cell 3 Bypass sample at an estimated concentration of 0.26 micrograms per liter (μ g/L). PCB Aroclor 1232 was detected in the Influent (1.5 ug/L) and Clarifier Catch Tank (2.4 (μ g /L) samples at concentrations that exceed the NYSDEC Class GA Standard of 0.09 ug/L. No PCBs were detected in the Cell 2 Effluent or PPE samples during the January 2021 sampling event (Table 1).

Metals

Iron and manganese were detected at 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 31.7 mg/L (Influent) to a minimum of 0.705 mg/L (PPE). Manganese concentrations ranged from a maximum of 1.57 mg/L (Influent) to a minimum of 0.545 mg/L (Cell 2 Bypass), 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 57.9 mg/L (Clarifier Catch Tank) to a minimum of 37.6 mg/L (PPE).

TDS and TSS

The concentrations of TDS and TSS continue to fluctuate between sampling events. During the January 2021 sampling event, TDS concentrations ranged between 441 mg/L and 509 mg/L; TSS concentrations ranged from non-detect to 58.8 mg/L. 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.

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for February 2021:

- Continuation of iron and solids treatment and processing;
- Install, develop, and survey remaining two monitoring wells of Phase 3;
- Receive treatment system chemical drums;
- Repair EW-3 and EW-5 pumps; and
- Routine monthly system sampling.

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 8, 2021

Andy Vitolins, P.G. Vice President

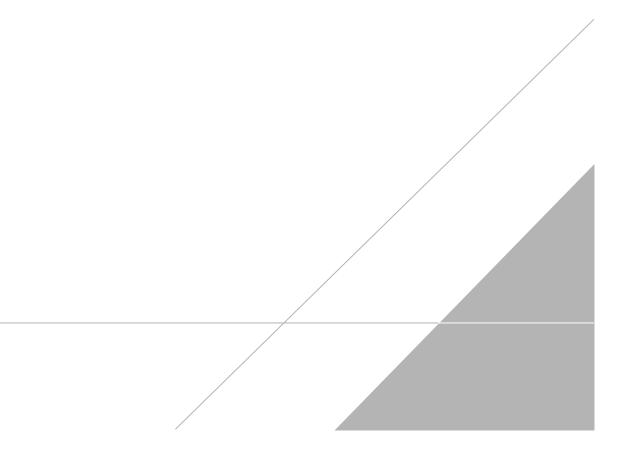
Copies: Jeffrey Dyber, NYSDEC Jeremy Wyckoff, P.G., Arcadis Jasmine Mullins, E.I.T., Arcadis Todd Carignan, Arcadis File

Enclosures:

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

ATTACHMENT A

NYSDEC Daily Inspection Reports



NYSDEC Division of Environme	ental Remedia	tion	ew ORK TATE Conse	rtment of onmental ervation	50		NYSDEC C D009804		No.
Site Location: Hudso	on Falls, New	York					Superintenden		
	Weathe	r Conditio	ne				NYSDEC PM:		
General Description	Sunny	AM		Clear	PN	1	Consultant PM	1: Andy Vit	olins, P.G
Temperature	32°F	AM		30°F	PN		Consultant Site	e Inspecto	rs: Natha
Wind	NE 6 MPF			N 8 MPH	PN		Kloepfer		
Health & Safety If any box below is	<u>.</u>	-	e explan	ation under	r "Healtl	h & :	Safety Com	ments".	
Were there any change							*Yes	No	NA
Were there any exceed	ances of the pe	rimeter air m	onitoring	reported on t	his date?		*Yes	No	NA
Were there any nuisand	ce issues report	ed/observed	on this da	ate?			*Yes	No	NA
Health & Safety Con	•								1
None.									
Summary of Work P	Performed	Arrived a	at site:	0800		Dep	parted Site:	1800	
 Removed and conta Pumped sludge from Completed Blowdow Cleaned sight glass Removed damaged 	wn of Filter Pres s and replaced t	ss Filter Slud wo O-rings o	ge. on Filter p	ress.					ık.
 Pumped sludge from Completed Blowdow Cleaned sight glass Removed damaged Equipment/Material If any box below is a second statement of the second statement o	wn of Filter Pres s and replaced t d Ball valve on F Tracking checked "Yes	ss Filter Slud wo O-rings o ilter Press fe s", provide	ge. on Filter pl eed line al explana	ress. nd ordered re ation under	eplacemei " Materi	nt pa al T	arts to complet	e repair. nments".	-
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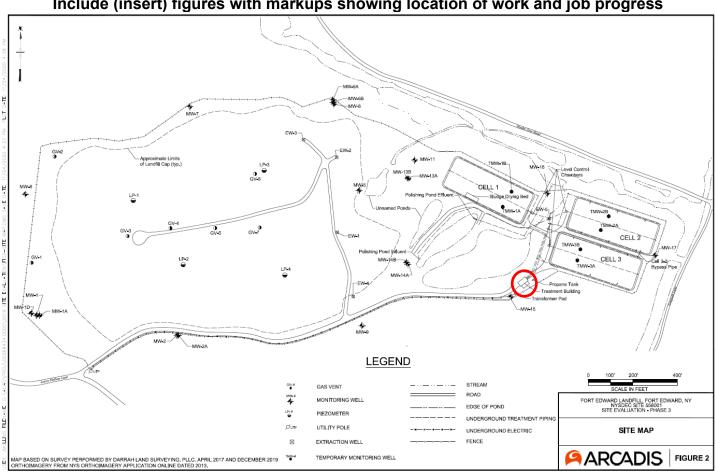
DAILY INSPECTION REPORTReport No. 1Fort Edward Landfill - NYSDEC Site No. 558001

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



Name		Representing	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives				
Name		Representing		
Project Schedule Comments				
Project Schedule Comments				
No changes to schedule.				
Issues Pending				
None.				
Interaction with Dublic Drenew	. Oursers Medi			
Interaction with Public, Propert	y Owners, wed	ia, etc.		
Nono				
None.				
None.				



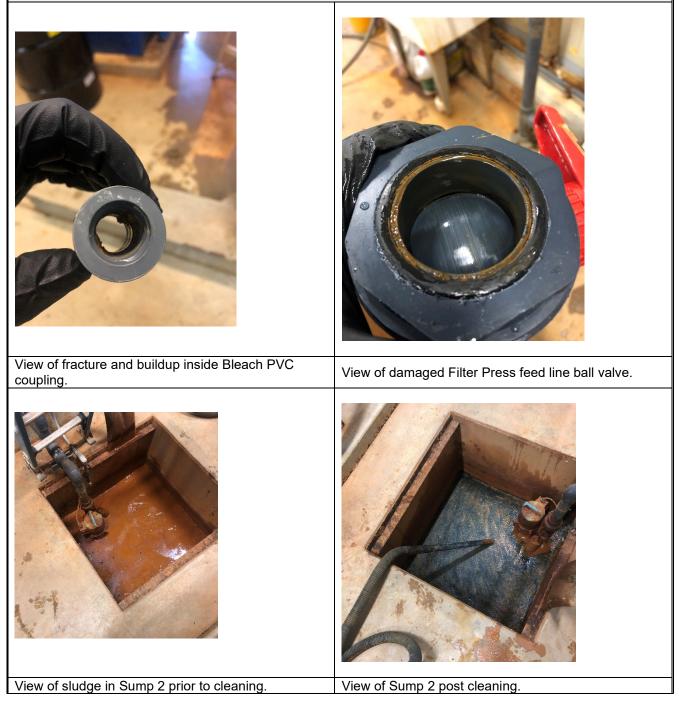


Include (insert) figures with markups showing location of work and job progress

Red outlined area indicates the location of work performed on January 5, 2021.



Site Photographs (Descriptions Below)





DAILY INSPECTION REPORTReport No. 1Fort 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 🗆
	 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

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



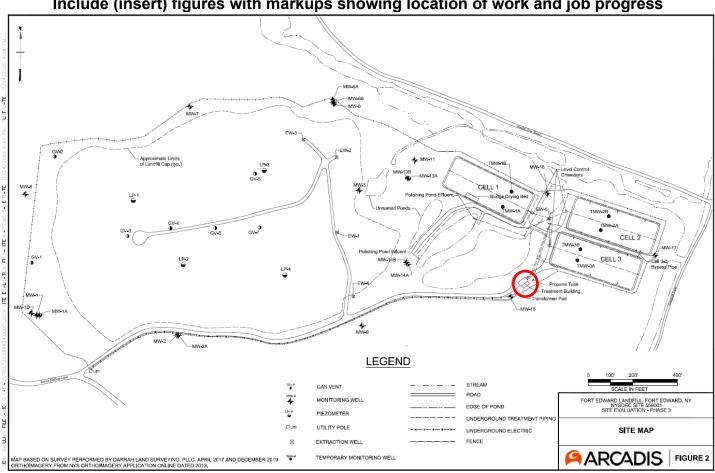
NYSDEC Division of Environme Site Location: Hudse		on ¥	W Department of RK Environmental Conservation	50		NYSDEC Co D009804 Superintendent).
Site Location: Huds	on Falls, New Yo	Ork				NYSDEC PM:	Payson Long	1
	Weather	Conditior	ns			Consultant PM	· Andy Vitolir	ns P.G
General Description	Sunny	AM	Clear		PM		•	
Temperature	30°F	AM	28°F		PM	Consultant Site	Inspectors:	Nathan
Wind	NNE 3 MPH	AM	SSW 7 M	PH	PM	Kloepfer		
Health & Safety If any box below is	checked "Yes"	', provide	explanation u	inder "He	alth &	& Safety Comr	nents".	
Were there any change	es to the Health &	Safety Plar	ו?			*Yes	No	NA
Were there any exceed	lances of the perin	neter air m	onitoring reported	d on this da	ate?	*Yes	No	NA
Were there any nuisand	ce issues reported	l/observed	on this date?			*Yes	No	NA
Health & Safety Cor	•					1		
Thealth & Salety CO	linents							
None.								
Summary of Work F	Performed	Arrived a	t site:	0900	D	eparted Site:	200	00
Equipment/Material If any box below is Were there any vehicle Were there any vehicle	checked "Yes", s which did not dis	splay prope	-			Tracking Com *Yes * Yes	ments".	NA NA
Were there any vehicle			ated prior to exit	ing the wo	rk site	? * Yes	No	NA
Personnel and Equi	ipment						<u>·</u>	
Individual	-	C	ompany		т	rade	Total H	ours
Nathan Kloep			Arcadis			d Tech	11	
	1						1	



Equipment Description	on		Contractor/Vendor		Quantity	Use	əd
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If <i>J</i>	^r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipn	nent, delivery t	icket for mater	ial received				
Equipment/Material Track	ing Comme	nts:					
None.							
		. کې	Provide the partment of Control Contro				

Visitors to Site				
Name		Representing	Entered	Exclusion/CRZ Zone
			Yes	Νο
			Yes	Νο
			Yes	Νο
			Yes	No
Site Representatives	•			
Name		Representing		
Project Schedule Comme	nts			
No changes to schedule.				
Issues Pending				
isouco i chang				
None.				
Interaction with Public, Pr	operty Owners. M	edia, etc.		
,				
None.				



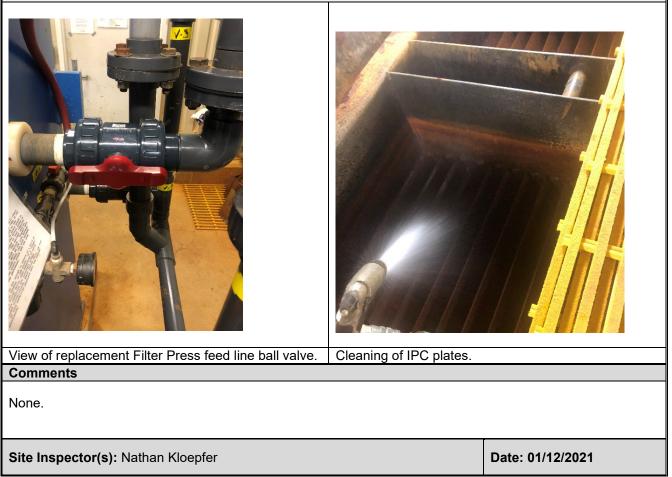


Include (insert) figures with markups showing location of work and job progress

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



Site Photographs (Descriptions Below)





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 <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 🗆
	o <u>mments:</u> 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 No Yes No



DAILY INSPECTION REPORT Report No. 3 Fort Edward Landfill - NYSDEC Site No. 558001 ___ Date: 01/19/2021

NYSDEC Division of Environme Site Location: Hudso		- YI	EW Departm DRK Environr P Conserva	ment of mental ation 5		NYSDEC C D009804 Superintender	nt:			
	Weather C	onditio	ne			NTSDEC PIVI.	Paysor	n Lor	ig	
General Description	Cloudy	AM		nowing	PM	Consultant PN	/I: Andy	Vitol	ins, P.(G.
Temperature	22°F	AM		24°F	PM	Consultant Sit	e Inspe	ctors	: Natha	an
Wind	3 MPH N	AM		IPH NE	PM	Kloepfer	•			
Health & Safety If any box below is	checked "Yes",	provide	explanat	ion under "H	lealth &	& Safety Com	ments	"-		
Were there any change	s to the Health & Sa	afety Pla	n?			*Yes	No		NA	
Were there any exceed	ances of the perime	ter air m	onitoring re	ported on this	date?	*Yes	No		NA	
Were there any nuisand	ce issues reported/o	bserved	on this date	e?		*Yes	No		NA	
Health & Safety Con	nments									
Summary of Work P	erformed A o EW-5 alarm for	rrived a		0710		eparted Site:	180	0		
Equipment/Material										
If any box below is a	checked "Yes", p		-					ts".	ΝΔ	
If any box below is a Were there any vehicles	checked "Yes", p s which did not disp	ay prope	-			*Yes	No	ts".	NA	
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes", p s which did not disp s which were not tai	ay prope ped?	er D.O.T nui	mbers and plac	cards?	*Yes * Yes	No No	ts".	NA	
If any box below is a Were there any vehicles	checked "Yes", p s which did not disp s which were not tan s which were not de	ay prope ped?	er D.O.T nui	mbers and plac	cards?	*Yes * Yes	No	ts".		
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes", p s which did not disp s which were not tan s which were not de	ay prope ped? contamii	er D.O.T nui	mbers and plac	cards? ork site'	*Yes * Yes	No No No		NA	
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", p s which did not disp s which were not tai s which were not de pment	ay prope ped? contamii	ated prior t	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade	No No No	Fotal	NA NA Hours]
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours]
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	
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", p s which did not disp s which were not tai s which were not de pment	lay prope ped? contamin C	er D.O.T nur nated prior t ompany Arcadis	mbers and place	cards? ork site' T Fiel	*Yes *Yes ? *Yes rade d Tech	No No No	Fotal	NA NA Hours	



DAILY INSPECTION REPORT

	Report No. 3	Fort Edward Landfill - NYSDEC Site No. 558001
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Equipment Description	on		Contractor/Vendor		Quantity	Use	əd
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	ents:					
None.							

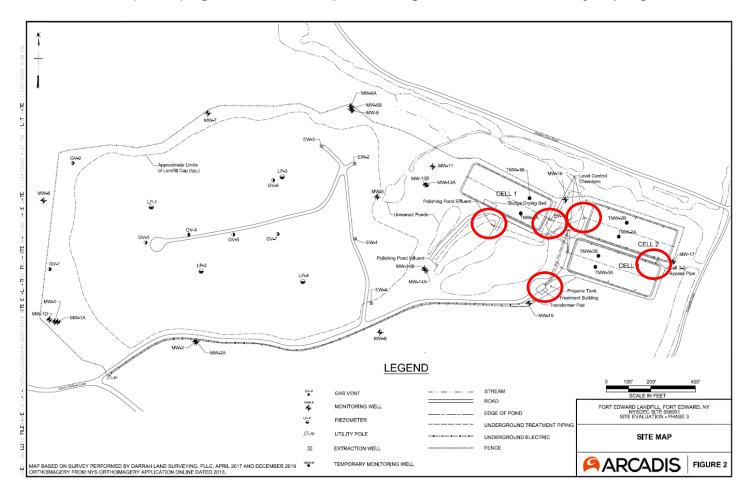
VORKE Department of Environmental Conservation

DAILY INSPECTION REPORT

Report No. 3 Fort Edward Landfill - NYSDEC Site No. 558001____

Visitors to Site Name		Representing	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives				
Name		Representing		
Project Schedule Comments				
No changes.				
Issues Pending				
None.				
Interaction with Public, Prope	rty Owners, M	edia, etc.		
None				
None.				
None.				
None.				





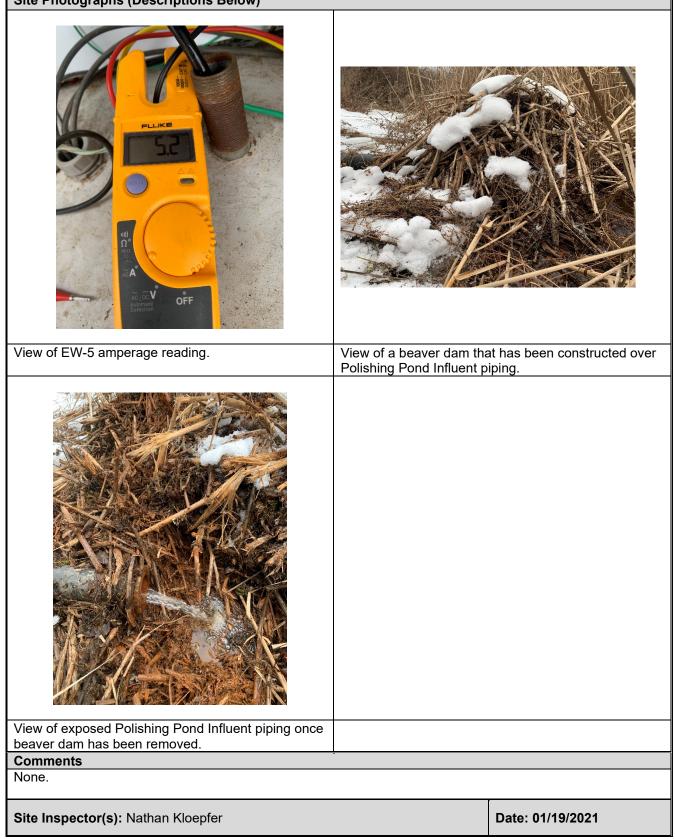
Include (insert) figures with markups showing location of work and job progress

Page 4 of 7

Red outlined area indicates the location of work performed on January 19, 2021.



Site Photographs (Descriptions Below)





DAILY INSPECTION REPORT Report No. 3 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.	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 🗆
	o <u>mments:</u> ne at this time.		



DAILY INSPECTION REPORT Report No. 3 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⊠
$AM \square$	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



NYSDEC Division of Environme			EW DRK FATE P Conserv	ment of imental vation	\bigcirc	NYSDEC C D009804 Superintender		ct N	lo.
Site Location: Hudso	on Falls, New Y	ork				NYSDEC PM:	Paysor	n Loi	ng
	Weather	Condition	าร			Consultant PN	Λ· Δndv	Vito	line P(
General Description	Clear, sunny	/ AM		nowing	PM		-		
Temperature	21°F	AM		26°F	PM	Consultant Sit	e Inspe	ctors	s: Natha
Wind	0 MPH	AM	6 N	MPH SW	PM	Kloepfer			
Health & Safety If any box below is	checked "Yes	", provide	explanat	tion under "H	lealth a	& Safety Com	ments	".	
Were there any change	s to the Health &	Safety Plai	n?			*Yes	No		NA
Were there any exceed	ances of the peri	meter air m	onitoring re	eported on this	date?	*Yes	No		NA
Were there any nuisand	e issues reporte	d/observed	on this dat	te?		*Yes	No	٦	NA
Health & Safety Con	· ·						1.		
None at this time.		1					_		
Summary of Work P	erformed	Arrived a	t site:	0800	D	eparted Site:	180	0	
 Pumped sludg twice. 	ent System alarm e from the Incline	ed Plate Cla			ık and p	umped Floccula	nt to Th	nicke	ner Tar
 Reset Treatme Pumped sludg twice. Completed pre 	ent System alarm e from the Incline filling of the Filte Tracking	ed Plate Cla r Press.	arifier to the	e Thickener Tar					ner Tar
 Reset Treatme Pumped sludg twice. Completed pre Equipment/Material If any box below is one of the set	ent System alarm e from the Incline ofilling of the Filte Tracking checked "Yes"	ed Plate Cla r Press. ', provide	explanat	e Thickener Tar ion under "M	aterial	Tracking Cor			ner Tar
 Reset Treatme Pumped sludg twice. Completed pre Equipment/Material If any box below is of Were there any vehicles	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di	ed Plate Cla r Press. ', provide isplay prope	explanat	e Thickener Tar ion under "M	aterial		nment		NA
 Reset Treatme Pumped sludg twice. Completed pre Equipment/Material If any box below is one of the set	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not	ed Plate Cla r Press. ', provide isplay prope tarped?	explanation	e Thickener Tar ion under "M umbers and pla	aterial	Tracking Cor *Yes * Yes	nment No		
 Reset Treatme Pumped sludg twice. Completed pre Equipment/Material If any box below is of Were there any vehicles Were there any vehicles	ent System alarm e from the Incline offiling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not	ed Plate Cla r Press. ', provide isplay prope tarped?	explanation	e Thickener Tar ion under "M umbers and pla	aterial	Tracking Cor *Yes * Yes	nment No No		NA
 Reset Treatme Pumped sludg twice. Completed pre Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	ent System alarm e from the Incline offiling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir	explanation explanation er D.O.T nu nated prior	e Thickener Tar ion under "M umbers and pla	aterial cards? rork site	Tracking Cor *Yes * Yes ? * Yes	No No No	s".	NA NA NA
 Reset Treatme Pumped sludg twice. Completed pre Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Individual	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not pment	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir Co	explanation explanation er D.O.T nut mated prior	e Thickener Tar ion under "M umbers and pla	aterial cards? Pork site	Tracking Cor *Yes * Yes ? * Yes rade	No No No	s".	NA NA NA Hours
 Reset Treatme Pumped sludg twice. Completed pre Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not pment	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir co	explanation explanation er D.O.T nu nated prior	e Thickener Tar ion under "M umbers and pla to exiting the w	aterial cards? rork site T Fiel	Tracking Cor *Yes * Yes ? * Yes	No No No	s".	NA NA NA
 Reset Treatmet Pumped sludg twice. Completed prediment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Individual Nathan Kloep 	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not pment	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir co	explanation explanation er D.O.T nu nated prior ompany Arcadis	e Thickener Tar ion under "M umbers and pla to exiting the w	aterial cards? rork site T Fiel	Tracking Cor *Yes * Yes ? * Yes rade d Tech	No No No	s".	NA NA NA Hours
 Reset Treatment Pumped sludg twice. Completed preside Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not pment	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir co	explanation explanation er D.O.T nu nated prior ompany Arcadis	e Thickener Tar ion under "M umbers and pla to exiting the w	aterial cards? rork site T Fiel	Tracking Cor *Yes * Yes ? * Yes rade d Tech	No No No	s".	NA NA NA Hours
 Reset Treatment Pumped sludg twice. Completed preside Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not pment	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir co	explanation explanation er D.O.T nu nated prior ompany Arcadis	e Thickener Tar ion under "M umbers and pla to exiting the w	aterial cards? rork site T Fiel	Tracking Cor *Yes * Yes ? * Yes rade d Tech	No No No	s".	NA NA NA Hours
 Reset Treatment Pumped sludg twice. Completed preside Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not pment	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir co	explanation explanation er D.O.T nu nated prior ompany Arcadis	e Thickener Tar ion under "M umbers and pla to exiting the w	aterial cards? rork site T Fiel	Tracking Cor *Yes * Yes ? * Yes rade d Tech	No No No	s".	NA NA NA Hours
 Reset Treatmet Pumped sludg twice. Completed prediment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Were there any the vehicles 	ent System alarm e from the Incline efilling of the Filte Tracking checked "Yes" s which did not di s which were not s which were not pment	ed Plate Cla r Press. ', provide isplay prope tarped? decontamir co	explanation explanation er D.O.T nu nated prior ompany Arcadis	e Thickener Tar ion under "M umbers and pla to exiting the w	aterial cards? rork site T Fiel	Tracking Cor *Yes * Yes ? * Yes rade d Tech	No No No	s".	NA NA NA Hours



DAILY INSPECTION REPORT

Equipment Description	on		Contractor/Vendor		Quantity	Use	əd
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)*
*On-Site scale for off-site shipn	nent, delivery	ticket for materi	al received	I		1	
Equipment/Material Track	ing Comme	ents:					
None.							

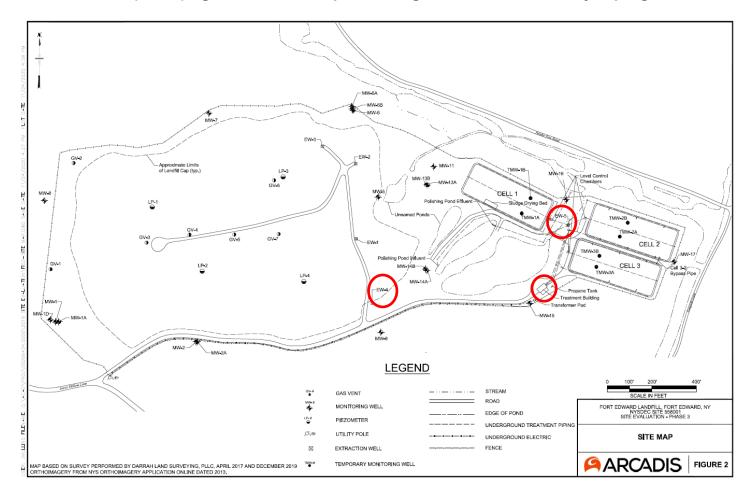


DAILY INSPECTION REPORT

Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001 ____ Date: 01/26/2021

Visitors to Site				
Name		Representing		Exclusion/CRZ Zone
			Yes	Νο
Site Representatives				
Name		Representing		
Drois of Cohodula Common				
Project Schedule Comment	S			
No Changes.				
Issues Pending				
News				
None.				
Interaction with Public, Pro	perty Owners, I	Nedia, etc.		
None.				

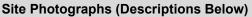




Include (insert) figures with markups showing location of work and job progress

Red outlined areas indicate the locations of work performed on January 26, 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.		
None at uns une.		

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 🗆
	 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.		



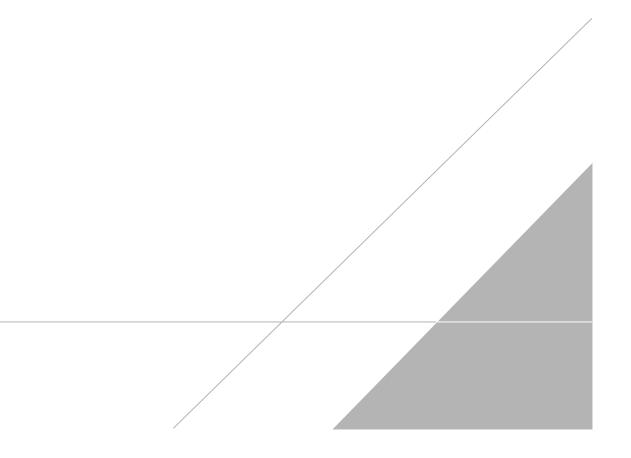
NUISANCE CHECKLIST

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	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



ATTACHMENT B

NYSDEC COVID-19 Entry/Exit Logs



Department of Environmental Conservation

NEW YORK

STATE OF DPPORTUNITY

Entry/Exit Log with COVID-19 Acknowledgement

Project Name: FORT Edward Landfill 558001 Project #:

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

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

Name	Initials	Affiliation	Date	Time In	Time Out
Evan Consolati	EC	Aztech	11/8/20	8:00	0910
Frank Zaberly	FZ	Aztech	1/5/21	8:00	0900
Jasmine Mullins	JM	Aecadis	1/5/2021	0800	1115
Nik Klupto	MIL	Arcydin	1/5/2021	0800	1800
JEREMY WACKoff	JRW	ARCADIS	1/5/221	0800	1100
Matt Ryan	MR	Aztah / Lbul	1/5/21	0800	0910
			• /		

STATE OF OPPORTUNITY	Department of Environmental Conservation	Entry/Exit Log with COVID-19 Acknowledgement	t
		Edward	
Projec	t#: <u>3005571</u>	3	

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

- You are experiencing flu-like symptoms including but not limited to fever, chills, cough, sore throat, diarrhea, vomiting, runny/stuffy nose, muscle or body aches, headaches, fatigue.
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- You had direct contact with a person diagnosed with COVID-19 or suspected of having COVID-19 during the last 2 weeks.

	Initials	Affiliation	Date	Time In	Time Out
Name	witz	Arcadis	1/12/202	1 0700	2000
Nathan Klueptu	NI-	Tround			
		-			
40					

OPPORTUNITY	Department of Environmental Conservation
-------------	--

Project Nan	ne: Fort Edward	
Project #:	30055713	

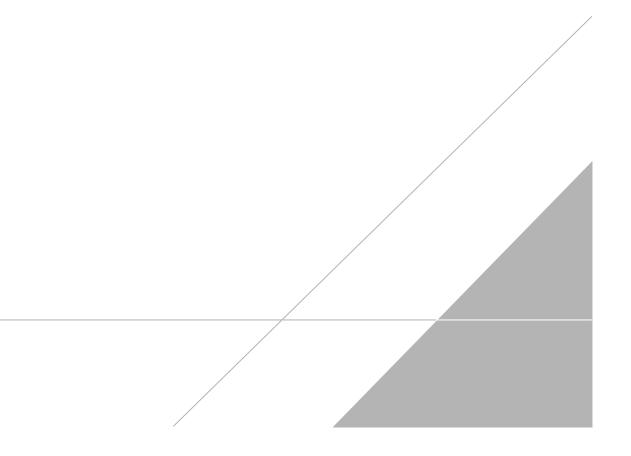
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- You are experiencing flu-like symptoms including but not limited to fever, chills, cough, sore throat, diarrhea, vomiting, runny/stuffy nose, muscle or body aches, headaches, fatigue.
- You have traveled to CDC-restricted destinations in the last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

Name	Initials	Affiliation	Date	Time In	Time Out
Mathan Klowpfer	NK	Arcudio	1/19/2021	0710	1800
Nathan Kloupfer Tol Carignan	TL	Anadis	1/19/2021	1220	1730
Mathan Klouphy	NK	making	1/26/2021	0800	1800
Nathan Kloupher Todd arignon	TC	Arcadis	1/26/2021		1400
///					
s.					

ATTACHMENT C

Arcadis Weekly O&M Logs





Time: 0900

ARCADIS Design & Consultancy for nitioaral and built assets

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

HMI SCREENS								
Extraction Wells	and the second second	1.1.1.1.2	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow		EW-1	1	./				2.25
Run pumps in "Manual" to confirm flow , if	needed.	EW-2	ý	1			2,95	3.40
Confirm pumps are operating between set	tpoints	EW-3	N			-	14.08	NA
Confirm pressure with pump cycling & not	high/low	EW-4	1	1		2360	724	35.17
If pumps on, is water flowing into IPC (Y/N		EW-5	7	1		NA		NA
Process - (Check if OK or fill in values)	1. State 1	1.111			10000		CONTRACTOR OF	COLUMN THE R
	10#	A2	off		Auto rotate o	on/off		ah
If on - record chlorine concentration (ppm)					Discharge p	ump operating	3	
Operate exhaust fan manually						ump pressure		
FT-801 reading (GPM)	20,45				Building tem			~
Chemical rates normal for flow?	- dece				Mixers opera			
Catch tank display level=actual?	1.88				Other Alarm			1/
Filtration (Check if OK)	<u></u>			LE IN UN	ourior / durin	0 (1/11)	11.5 Parts	
Air compressor pressure in range	1				Solenoid sta	tus correct for	operation	./
Data (Check if OK)					Obientidia Sta		operation	~
Do Daily & Yesterday Starts make sense	1				1.1.24. #			
Alarms								
	1							
All Alarms Enabled (Y/N)	1							
List any disabled and indicate why								
BUILDING/GROUNDS								
Air Compressor (Check if OK)			1. 115 . 31.					S
Cycle times normal for load	/				Check aut	o drain operat	tion	1
Check oil level at least monthly						er - alarms? C		
Belt tension						erates with co		
Unit Heaters (Check if OK)					rix ian op	oratoo with oo	11000011	<u></u>
Thermostats set correctly (50-55 F)	/				Propage ta	ank level grea	ter than 20%	DY.
Heaters working					r toparie u	ank level grea		- 20
IPC (Y/N)						City-Column 1		550 D D T
IPC discharge clear?	Y		and the second second		Check slu	dge ports (Slu		Y
Floatables? (take photos if yes)	N						Upper	deur
Coag visibly dosing?						% of sludge	Mid	80
Floc visibly dosing?	<u> </u>				at ea	ch port	Lower	10
Chemical Feed (Fill in values)							LOWEI	10
305 Bleach Height (in)	10.5	mA Signal	50	Notes		E TITE AL M		
2130 Coagulant Height (in)	79 20.25	Stroke Rai		Notes				
1668 Flocculant Volume (ga		Stroke Ra		Notes				
Dosing pumps at normal rate?	2/2	Stroke Na			s needed?			
Floor Sumps (Y/N)				onennical	S needed !		A. 1. 2. 1. 1. 1. 1. 1.	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sump levels normal?	V				Dump rup	s but not empt	ving sump?	N
High-High level switches operate freely?		(check mo	nthiv		Back flowi	ng after pump	avele2	N
Excessive sludge/sediment?	N	(CHECK IIIO	iiiiiy)		Dack HOW	ng alter pump	cycle ?	
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed				-	
Proper operation/flow	THICK Feed	NIA	FILCFEEd					
Regulators working properly		NIA						
Exhaust mufflers	Wet	NIA						
Filter Press (Check if OK)	VVET					the local division of the local division of	-	
	1/	1				Carbont node	namla sa dO	1
Hydraulic ram operating normally						Sorbent pads		
Hydraulic pressure normal	Net - 41	· A			ow many total			
Significant leaks?	Tes, reput	[e]		now n	nany Haz drur		seu louay?	
General/Housekeeping	1		Anylocket	A.1		Monte da	o people dO	1
Wipe down dirty equipment/piping			Any leaks?	N	.	Waste drum		
Sweep and/or wash floors			nts working?	¥	<u></u>		Is needed?	1
Fire extinguisher inspection (monthly)	1	⊨xit sig	ns working?	γ	<u>_</u>	Kemo	ved trash?	10
Sludge in Clarifier Catch Tank?	11							
Grounds Mow/frim around building structures wells	n hollordo a	antrol nanal	and cloans	ute	Clearwas	dv vegetation	from ouroles	and can
Wow/frim around building structures weig	s pollards c	ontroi panei	s and cleano	LIIS	Clear woo	ov vegetation	trom swales	and cap

es, wells, bollards, control panels and cleanouts Mow/trim around buildin g, s Shovel doorways, apply ice melt

Confirm gates and doorways locked

lear 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

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	0%
2	22	psi	@	100%

Air compressor	
operating range	

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

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

blench hange on 1Ump OU Sump value feel nort LOTO martin her legking. trn ORSS onlitter hana 1159 nais 9/455 on Claned 514 Mt



Staff: NIC Date: 1/12/2021

Time: 900

ARCA

S Design & Consultancy for natural and built assets

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	1	1	N	_6	14.07	1.33
Run pumps in "Manual" to confirm flow , if neede		<u>Y</u>	<u> </u>	<u></u>		9.24	1.66
Confirm pumps are operating between setpoints	EW-3		N		X	6.07	NA
Confirm pressure with pump cycling & not high/lc	W EW-4	<u>↓</u>		<u> </u>	21-75 NA	8-97	32.88 NA
If pumps on, is water flowing into IPC (Y/N)?	EW-5	1		~~		- 1.11	
Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) A1	A2			Auto rotate o	op/off		. /
					ump operating	1	
If on - record chlorine concentration (ppm)					ump pressure		
FT-801 reading (GPM)	-75			Building tem		3	
Chemical rates normal for flow?	10			Mixers opera			
Catch tank display level=actual?	7			Other Alarm			
Filtration (Check if OK)		1-1-1-1-1-1	100	an 1997 248	\$ 1	the Townson	
Air compressor pressure in range				Solenoid sta	atus correct for	operation	
Data (Check if OK)	and the second second						
Do Daily & Yesterday Starts make sense	1						
Alarms	a din says.						
All Alarms Enabled (Y/N)							
List any disabled and indicate why							
BUILDING/GROUNDS				-		100 m 100 m	
Air Compressor (Check if OK)				Chock out	to drain operat	lion	-
Cycle times normal for load					er - alarms? (<u></u>
Check oil level at least monthly					erates with co		-
Unit Heaters (Check if OK)	CONTRACTOR OF		State of the local division of	Therear	oracoo mar oo	inger be be ben in	1000
Thermostats set correctly (50-55 F)				Propane t	ank level grea	ter than 20%	40%
Heaters working				·	•		
IPC (Y/N)				6 at parts w			19-15-15-1
IPC discharge clear?				Check slu	dge ports (Slu		1
Floatables? (take photos if yes)				Indicate ⁴	% of sludge	Upper	50
Coag visibly dosing?					ich port	Mid	100
Floc visibly dosing?						Lower	100
Chemical Feed (Fill in values)	m A Ciano	5.7	Notes	100: 10	m outrice	212	e las
305 BleachHeight (in)2:12130 CoagulantHeight (in)16.6	mA Signa Stroke Ra		Notes	VICW ATG	M ONTINC E	51.4 19	cres
2130 Coagulant Height (in) 16.6 1668 Flocculant Volume (gal) 3 gal			Notes	New be	ytch ma	de	
Dosing pumps at normal rate?			Chemicals		Vi bbre	164	
Floor Sumps (Y/N)			8.33.112			0-1	= <=
Sump levels normal?				Pump run	s but not emp	tying sump?	N
High-High level switches operate freely?	(check mo	onthly)			ing after pump		N
Excessive sludge/sediment?	~						
	Feed Press Feed	d Floc Feed					
Proper operation/flow		_/					
Regulators working properly							
Exhaust mufflers							
Filter Press (Check if OK)				1944 at 17	Sarboat and	roplood2	N
Hydraulic ram operating normally	-		Ha	w many tota	Sorbent pade I filled Haz dru		->
Hydraulic pressure normal	/				ms filled & clo		0
General/Housekeeping			i içwi ili	any naz ara			-
Wipe down dirty equipment/piping		Any leaks?	N		Waste drun	ns needed?	N
Sweep and/or wash floors	Lia	hts working?	~			Is needed?	1
Fire extinguisher inspection (monthly)		gns working?	V			oved trash?	N
Sludge in Clarifier Catch Tank?							
Grounds				Ö.			1000

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

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

ball value on Filter Press intet

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-	10	0%
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

-Keplaced

eat exchanger fan	
PSI Range 40 psi max 90 psi max 40 psi	

90 psi max

Staff: _____ Date: ____/19/2021

ARCADIS Design & Consultancy for natural and suffic assets Time: 0710

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	V	1	N	0	13.89	5.
Run pumps in "Manual" to confirm flow , if	needed.	EW-2	1	- y	N	0	1.28	0
Confirm pumps are operating between set	points	EW-3	N	N	N	0	13.95	NA
Confirm pressure with pump cycling & not		EW-4	1	- <u>y</u>	N	23.20	21.42	36.82
If pumps on, is water flowing into IPC (Y/N		EW-5	N			NA	01.10	NA
Process - (Check if OK or fill in values)			Concernance of		1000			
Chlorine Alarm status (on/off) A1		A2			Auto rotate o	on/off		V
If on - record chlorine concentration (ppm)		712						
Operate exhaust fan manually	10.10					ump operating		
	2000					ump pressure	normai	<u></u>
FT-801 reading (GPM)	20.48				Building tem			V
Chemical rates normal for flow?	~				Mixers opera			
Catch tank display level=actual?	~				Other Alarma	s <u>(</u> Y/N)		N
Filtration (Check if OK)								
Air compressor pressure in range	V				Solenoid sta	tus correct for	operation	y
Data (Check if OK)							COLUMN STREET	A DIANA DA ST
Do Daily & Yesterday Starts make sense	V							
Alarms								
All Alarms Enabled (Y/N)	7							and the second second
List any disabled and indicate why								
List any disabled and indicate may							_	
BUILDING/GROUNDS								
Air Compressor (Check if OK)								
	41 M.L	7 H.			Oheely and			1
Cycle times normal for load	Switch	healty				o drain operat		~
Check oil level at least monthly		,				er - alarms? C		~
Belt tension	<u> </u>			_	HX fan ope	erates with co	mpressor?	V
Unit Heaters (Check if OK)	7			H. S. Links				
Thermostats set correctly (50-55 F)	~				Propane ta	ank level grea	ter than 20%	25 10
Heaters working								
IPC (Y/N)								1.
IPC discharge clear?					Check sluc	dge ports (Slu	dge Y/N)	Y
Floatables? (take photos if yes)	N				Indicate %	6 of sludge	Upper	100 %
Coag visibly dosing?	~					ch port	Mid	10010
Floc visibly dosing?					atea	chipon	Lower	50%0
Chemical Feed (Fill in values)	and the second		new yar					1000000
305 Bleach Height (in)	28.2	mA Signal	6.0	Notes				
2130 Coagulant Height (in)	16.0	Stroke Rat	e 127	Notes				
1668 Flocculant Volume (ga	1)443	Stroke Rate		Notes				
Dosing pumps at normal rate?	<u> </u>			Chemicals	needed?			
Floor Sumps (Y/N)		SALE AND INC.			the There is		Contraction of the second	GARS NO.
Sump levels normal?	4				Pump rups	s but not empt	ving sump?	11
High-High level switches operate freely?	Y	(check mo	nthly)		Back flowi	ng after pump	ovele?	~
Excessive sludge/sediment?	N	(oncorrino)	iidiiy)		Dack nown	ng alter pullip	Cycle?	~
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow	N/4	M4						
Regulators working properly			NA					
	NIA	MA	NA					
Exhaust mufflers	NIA	~1A	MA					
Filter Press (Check if OK)		10.000						A PARA
Hydraulic ram operating normally						Sorbent pads		~
Hydraulic pressure normal						filled Haz dru		3
Significant leaks?	N			How ma	any Haz drur	ns filled & clos	sed today?	_/
General/Housekeeping		and the second second	- Series A.	2.5	and the second second	- Ne Lina	All and a state	
Wipe down dirty equipment/piping			Any leaks?	N		Waste drum	s needed?	N
Sweep and/or wash floors			ts working?	Y		Drum label	s needed?	N
Fire extinguisher inspection (monthly)	~	Exit sigr	ns working?	N.		Remo	ved trash?	N
Sludge in Clarifier Catch Tank?	N							
Grounds								
Mow/trim around building structures wells	s hollards cr	ontrol nanels	and cleanor	Its	Clear wood	dy vegetation	from ewoloe	and een

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)	Levei (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

Chemical Dosing Rates	HMI Setpoint	Stroke SP		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 op

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

Regulators

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

PSI Range
40 psi max
90 psi max
40 psi

90 psi max

- Ew-5	high	curent	/	forms.	necks	hore	dieg	

ful onnaron hic are

lon mon Ø

Staff: _____

Date: 1/26/2021

Time: 0800

ARCADIS Design & Consultancy for natural and built assets

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	1	4	N	0	14.11	1.38
Run pumps in "Manual" to confirm flow , if	needed.	EW-2	T	1	N	0	7.11	2.28
Confirm pumps are operating between set	points	EW-3	N	7	N	-0	14.03	NA
Confirm pressure with pump cycling & not		EW-4	7	7	N	\$0.34	2152	36.46
If pumps on, is water flowing into IPC (Y/N		EW-5	N	N	N	NA		NA
Process - (Check if OK or fill in values)								(- 10) (- 1)
Chlorine Alarm status (on/off) A1		A2	./		Auto rotate	on/off		- 11
If on - record chlorine concentration (ppm)						oump operating		
Operate exhaust fan manually	000					ump pressure		
							nonnai	
FT-801 reading (GPM)	21,47				Building ten			<u></u>
Chemical rates normal for flow?	-7				Mixers oper			
Catch tank display level=actual?	_7				Other Alarm	ns <u>(Y/N)</u>		N
Filtration (Check if OK)			and the second second	5000				1
Air compressor pressure in range					Solenoid sta	atus correct for	operation	-
Data (Check if OK)	/						-	
Do Daily & Yesterday Starts make sense	1							
Alarms								
All Alarms Enabled (Y/N)	~							
List any disabled and indicate why								
List any alcabled and indicate why								
BUILDING/GROUNDS								
Air Compressor (Check if OK)								
	/				Chock out	to drain oporati	ion	/
Cycle times normal for load						to drain operati		~
Check oil level at least monthly						/er - alarms? C		~
Belt tension					HX fan op	erates with cor	mpressor?	
Unit Heaters (Check if OK)				D. 3 0. A				12.0
Thermostats set correctly (50-55 F)					Propane t	ank level great	er than 20%	<u>60 %0</u>
Heaters working	V							
IPC (Y/N)				1.1.1.1.1.1.1.1	k yakat tat			
IPC discharge clear?	1				Check slu	idge ports (Slud	dge Y/N)	1
Floatables? (take photos if yes)	N				Indicate	% of sludge	Upper	der
Coag visibly dosing?	Y					ach port	Mid	10000
Floc visibly dosing?	1				area	ion pon	Lower	100%0
Chemical Feed (Fill in values)								100 10
305 Bleach Height (in)	28	mA Signal	6.6	Notes				
2130 Coagulant Height (in)	15.5	Stroke Rat	e 13-6	Notes				
1668 Flocculant Volume (ga	1)-40	Stroke Rat		Notes	Nuprt	n made atta	- 7. helles	\$ T.T.
Dosing pumps at normal rate?	<u> </u>			Chemicals	needed?	blzych		
Floor Sumps (Y/N)	Salar Pala	Summerica				<u></u>		
Sump levels normal?	N				Pump run	s but not empty	ving sump?	X
High-High level switches operate freely?	-4	(check mo	nthly)			ing after pump		N
Excessive sludge/sediment?	N	(check me	inany)		Daok now	ing aller pump	Cycic :	
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
	THICK FEEd	Fless Feed	FIOC Feed					
Proper operation/flow								
Regulators working properly								
Exhaust mufflers								
Filter Press (Check if OK)		THE STATE		AS 7 INCOMES	0.1 C - 1 C			N
Hydraulic ram operating normally	V					Sorbent pads		10
Hydraulic pressure normal						I filled Haz drur		3 1
Significant leaks?				How m	any Haz dru	ms filled & clos	sed today?	0
General/Housekeeping	.1	and the second second	Sale Balant	- Same	Sugar Same	1.1.2.2.1	151151	
Wipe down dirty equipment/piping	V		Any leaks?	N		Waste drum		N
Sweep and/or wash floors	~,		nts working?	V		Drum labels	s needed?	Y
Fire extinguisher inspection (monthly)	10	Exit sig	ns working?		छ ह	Remo	ved trash?	N
Sludge in Clarifier Catch Tank?	IV	•	а. —					
Grounds	1.00							
Mow/trim around building, structures, well	s, bollards, c	ontrol panel	s and cleanou	uts	Clear woo	dy vegetation	from swales	and cap

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
EVV-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

Typical speed Typical pressure

	30-100%							
22	psi	@	100%					

Air compressor

operating range regulator setpoint	90-175 psi 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 40 psi max 90 psi max 40 psi

90 psi max

TABLES

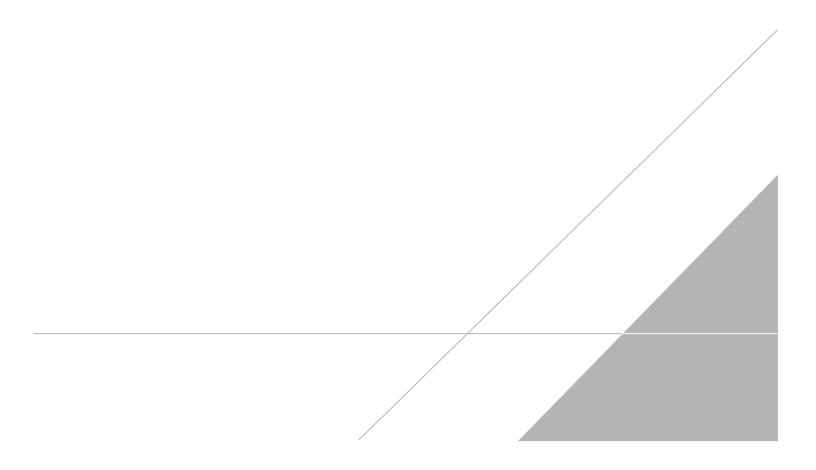


Table 1. January 2021 Treatment System Analytical Data, Fort Edward Landfill Fort Edward, New York. NYSDEC Site No. 558001



Location	NYSDEC Class GA GW Standard	NYSDEC Class GA GW Effluent	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	PPE
Date		Limitation	1/19/2021	1/19/2021	1/19/2021	1/19/2021	1/19/2021
Volatile Organic Compounds (μg/L)							
ACETONE	50	50	10 U	10 U	10 U	10 U	10 U
BENZENE	1	1	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMODICHLOROMETHANE	50	50	1.0 U	0.55 J	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	5	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	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROBENZENE	5	5	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	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROFORM	7	7	1.0 U	4.0	0.35 J	1.0 U	1.0 U
CHLOROMETHANE	5		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	3	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,3-DICHLOROBENZENE	3	3	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,4-DICHLOROBENZENE	3	3	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	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHANE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,2-DICHLOROETHYLENE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,2-DICHLOROETHYLENE	5	5	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	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROPROPANE	1	1	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
ETHYLBENZENE	5	5	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	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ACETATE			2.5 U	2.5 U	2.5 U	2.5 U	2.5 U
METHYL TERT-BUTYL ETHER (MTBE)	10	10	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL CYCLOHEXANE			1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYLENE CHLORIDE	5	5	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	930	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1,2-TETRACHLOROETHANE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TETRACHLOROETHYLENE (PCE)	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TOLUENE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2,4-TRICHLOROBENZENE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1-TRICHLOROETHANE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLOROETHANE	1	1	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROETHYLENE (TCE)	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROFLUOROMETHANE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	5	5	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
VINYL CHLORIDE	2	2	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
XYLENES, TOTAL	5	5	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U
,	-	-	=:• •	=	=:: 0		=

Notes:

Constitutents detected above the NYSDEC Class GA GW Standard are in ${\rm \textit{bold}}.$

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. January 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	EFFLUENT	CELL 2 EFFLUENT	PPE
Date		Linitation	1/19/2021	1/19/2021	1/19/2021	1/19/2021	1/19/2021
Polychlorinated Biphenyls (μg/L)							
PCB-1016 (AROCLOR 1016)	*	*	0.5 U	0.5 U	0.26 J	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)	*	*	1.5	2.4	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	0.217	0.2 U	0.2 U	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	0.0074 J	0.015 U	0.015 U	0.015 U	0.015 U
BARIUM	1.0	2.0	0.047 ^	0.0321 ^	0.0337 ^	0.0375 ^	0.0329 ^
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			72.4	70.3	95.3	92.2	81.8
CHROMIUM, TOTAL	0.05	0.10	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U
COBALT			0.0024 J	0.0016 J	0.0017 J	0.0013 J	0.00074 J
COPPER	0.2	1.0	0.01 U	0.0021 J	0.01 U	0.01 U	0.01 U
IRON	0.3	0.6	31.7	1.2	0.77	3.31	0.705
LEAD	0.03	0.05	0.0064 J	0.01 U	0.01 U	0.01 U	0.01 U
MAGNESIUM	35	35	16.1	16.2	18.2	16.8	17.2
MANGANESE	0.3	0.6	1.57	1.17	0.672	0.545	0.593
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	0.01 U	0.0032 J	0.0018 J	0.0027 J	0.0023 J
POTASSIUM			2.03	2.15	2.04	1.46	2.29
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		43.9	57.9	48.8	42.4	37.6
THALLIUM	0.0005	0.0005	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U
VANADIUM			0.0015 J	0.005 U	0.005 U	0.005 U	0.005 U
ZINC	2	5	0.0071 J	0.0166	0.003 J	0.0074 J	0.003 J
Conventional Chemistry (mg/L)						L	
TOTAL DISSOLVED SOLIDS			441	472	509	444	450
TOTAL SUSPENDED SOLIDS			58.8	6.0	6.4	4.0 U	4.4
	1						

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.

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

J - The concentration is an approximate value.

^ - Instrument related QC is outside of acceptance limits.

mg/L - milligrams per liter

μg/L - micrograms per liter



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