

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

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

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

Date:
March 8, 2021

Contact:
Andy Vitolins, P.G.

Dear Mr. Long:

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

Phone:
518.250.7300

Email:
andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

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.

Our ref:
30055713

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.

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.

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 ($\mu\text{g/L}$). PCB Aroclor 1232 was detected in the Influent (1.5 $\mu\text{g/L}$) and Clarifier Catch Tank (2.4 $\mu\text{g/L}$) samples at concentrations that exceed the NYSDEC Class GA Standard of 0.09 $\mu\text{g/L}$. 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 NYSDEC 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



Report No. 1 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/05/2021



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DAILY INSPECTION REPORT

Report No. 1 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/05/2021

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/05/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

DAILY INSPECTION REPORT

Report No. 1 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 01/05/2021

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			
No changes to schedule.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

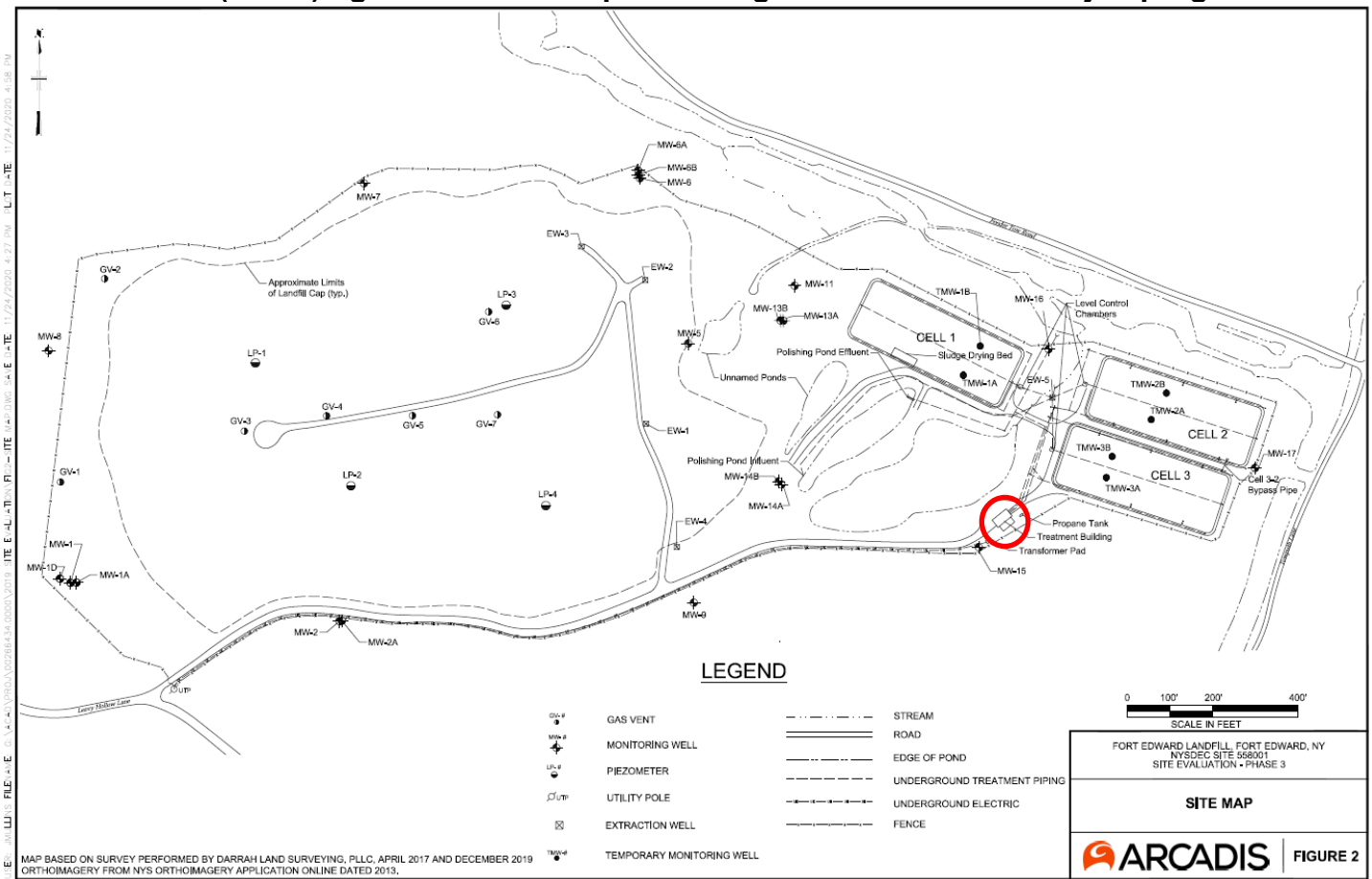
DAILY INSPECTION REPORT

Report No. 1 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 01/05/2021

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.

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Report No. 1 Fort Edward Landfill - NYSDEC Site No. 558001

Page 5 of 8

Date: 01/05/2021

Site Photographs (Descriptions Below)



View of fracture and buildup inside Bleach PVC coupling.



View of damaged Filter Press feed line ball valve.



View of sludge in Sump 2 prior to cleaning.



View of Sump 2 post cleaning.

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Report No. 1 Fort Edward Landfill - NYSDEC Site No. 558001

Page 6 of 8

Date: 01/05/2021



View of cracked Filter Press O-ring.



View of replaced Filter Press O-ring.

Comments

None.

Site Inspector(s): Nathan Kloepfer

Date: 01/05/2021

DAILY INSPECTION REPORTReport No. 1 **Fort Edward Landfill - NYSDEC Site No. 558001**

Page 7 of 8

Date: 01/05/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORTReport No. 1 **Fort Edward Landfill - NYSDEC Site No. 558001**

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Date: 01/05/2021

NUISANCE CHECKLIST

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

Report No. 2 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/12/2021




Report No. 2 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/12/2021

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Equipment/Material Tracking Comments:

None.

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Report No. 2 Fort Edward Landfill - NYSDEC Site No. 558001

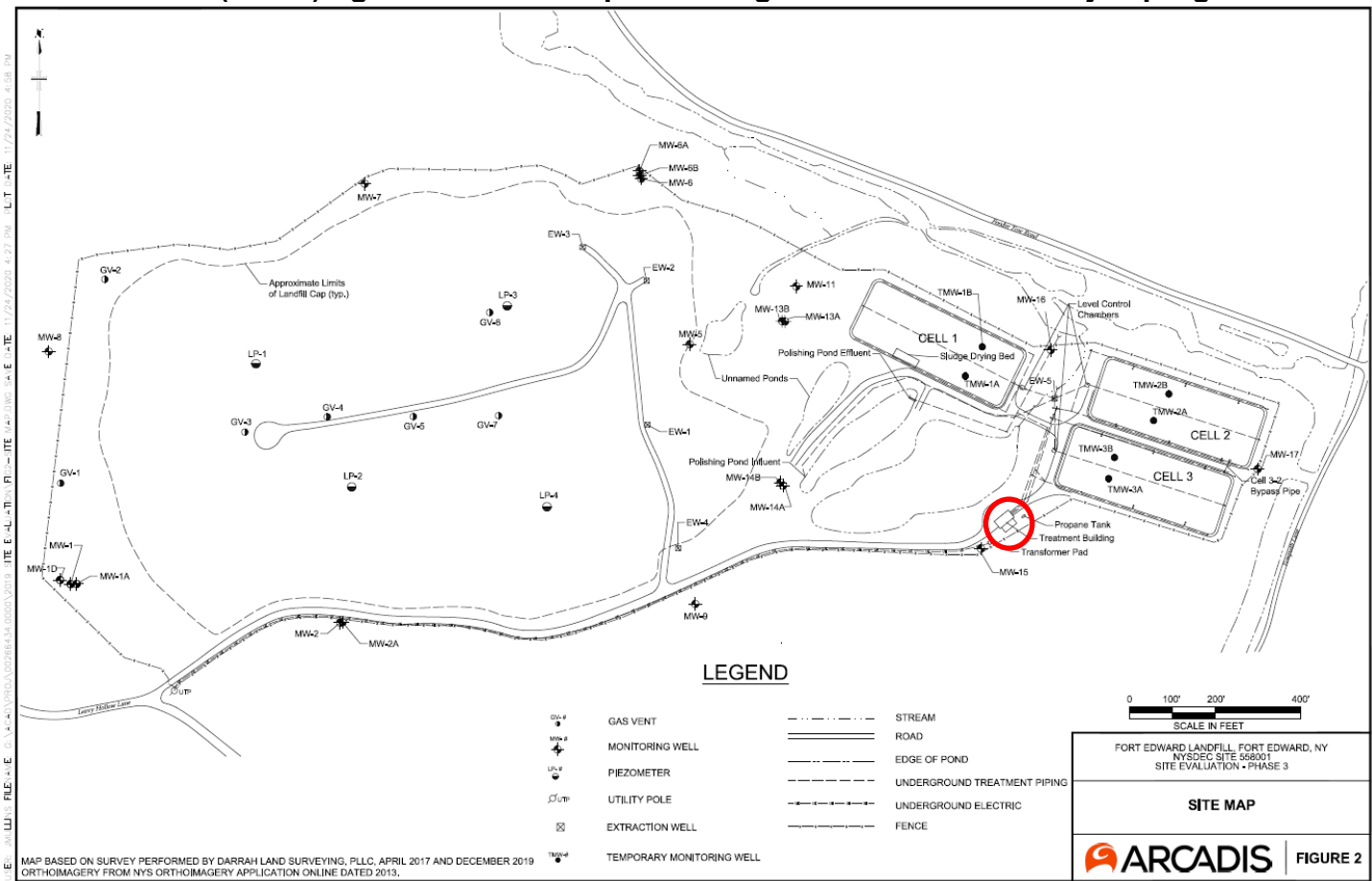
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Date: 01/12/2021

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			
No changes to schedule.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

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



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

DAILY INSPECTION REPORT

Report No. 2 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 01/12/2021

Site Photographs (Descriptions Below)



View of replacement Filter Press feed line ball valve.



Cleaning of IPC plates.

Comments

None.

Site Inspector(s): Nathan Kloepfer

Date: 01/12/2021

DAILY INSPECTION REPORT

Report No. 2 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 01/12/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

Report No. 2 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 01/12/2021

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

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

Date: 01/19/2021

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/19/2021



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

Date: 01/19/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

DAILY INSPECTION REPORT

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

Date: 01/19/2021

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

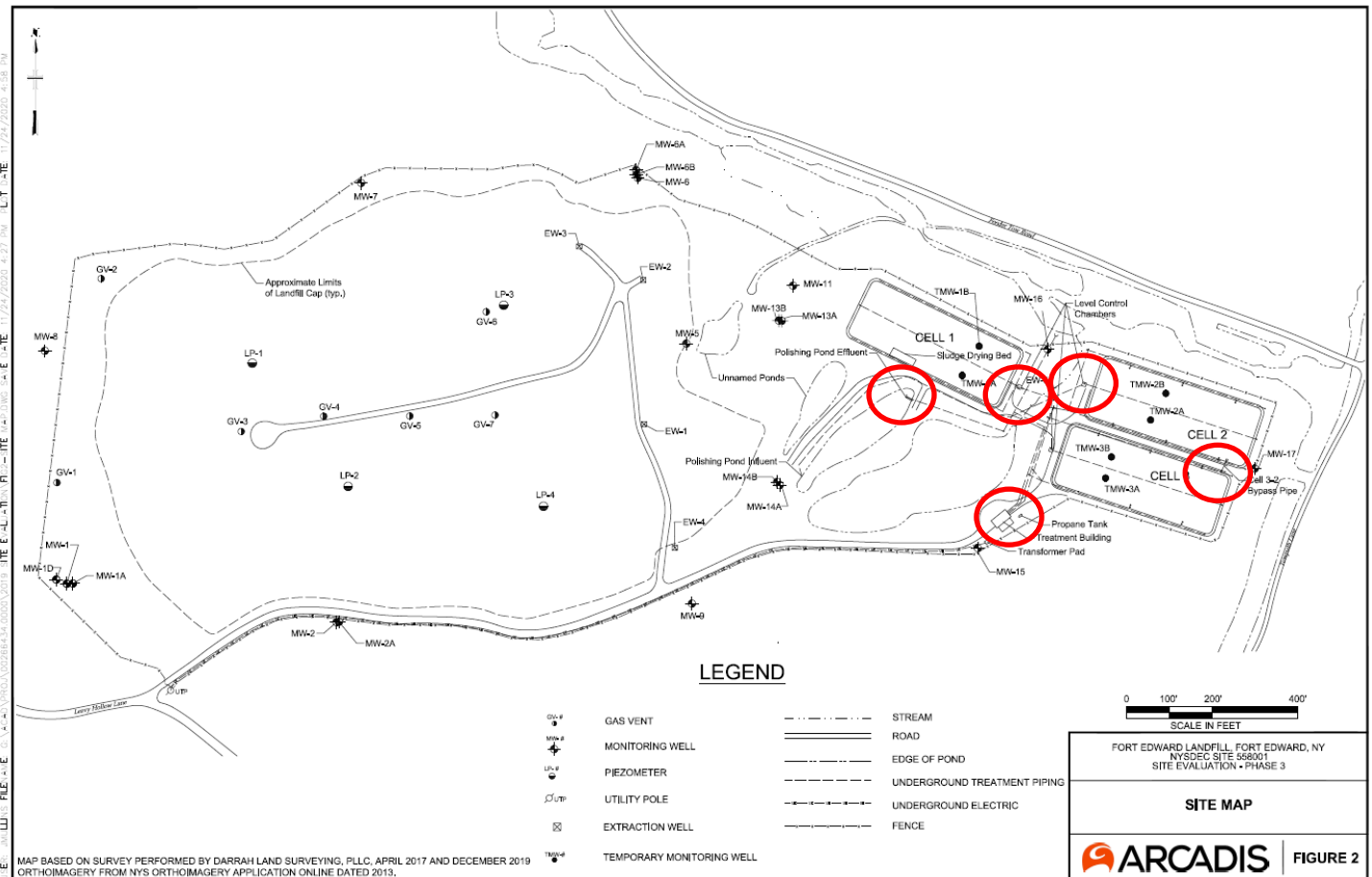
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DAILY INSPECTION REPORT

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

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Date: 01/19/2021

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



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

DAILY INSPECTION REPORT

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

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Date: 01/19/2021

Site Photographs (Descriptions Below)



View of EW-5 amperage reading.



View of a beaver dam that has been constructed over Polishing Pond Influent piping.



View of exposed Polishing Pond Influent piping once beaver dam has been removed.

Comments

None.

Site Inspector(s): Nathan Kloepper

Date: 01/19/2021

DAILY INSPECTION REPORT

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

Date: 01/19/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

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

Date: 01/19/2021

NUISANCE CHECKLIST

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

Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/26/2021



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DAILY INSPECTION REPORT

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Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/26/2021

[illegible][illegible]

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

Equipment/Material Tracking Comments:

None.

DAILY INSPECTION REPORT

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Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/26/2021

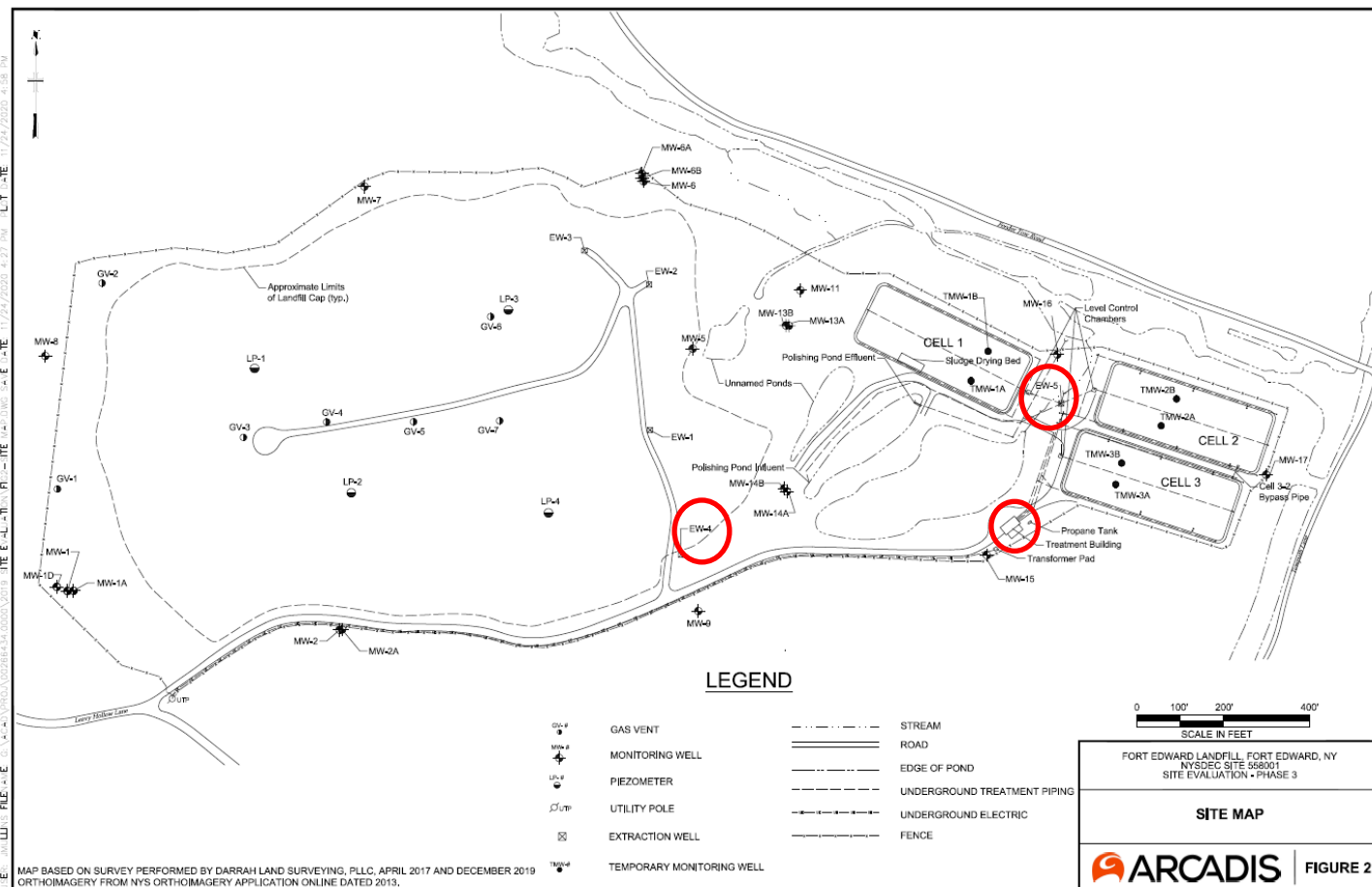
Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			
No Changes.			
Issues Pending			
None.			
Interaction with Public, Property Owners, Media, etc.			
None.			

DAILY INSPECTION REPORT

Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 01/26/2021

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 INSPECTION REPORT

Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001

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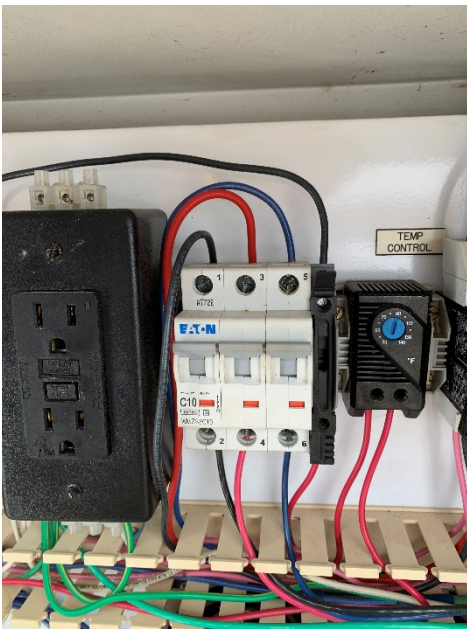
Site Photographs (Descriptions Below)



Thawing out pipe section with pressure gauge; section of pipe was reinstalled after being thawed.



Inside view of frozen pipe section.



Inside view of EW-5 Pump Electrical Enclosure.



View of Inclined Plate Clarifier (IPC) flocculant mixing chamber.

Comments

None.

Site Inspector(s): Nathan Kloepfer

Date: 01/26/2021

DAILY INSPECTION REPORT

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Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/26/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

Page 7 of 7

Report No. 4 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 01/26/2021

NUISANCE CHECKLIST

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

ATTACHMENT B

NYSDEC COVID-19 Entry/Exit Logs





Entry/Exit Log with COVID-19 Acknowledgement

Project Name: Fort Edward Landfill

Project #: 558001

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 Zabel	FZ	Aztech	1/5/21	8:00	0900
Jasmine Mullins	JM	Arcadis	1/5/2021	0800	1115
Nate Klopfer	NK	Arcadis	1/5/2021	0800	1800
Jeremy Wexhoff	JW	ARCADIS	1/5/2021	0800	1100
Matt Ryan	MR	Aztech / Labell	1/5/21	0800	0910



Project Name: Fort Edward

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:

- [illegible]

[illegible]

ATTACHMENT C

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 1/5/2021

Time: 0800

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>Y</u>	<u>Y</u>			<u>14.02</u>	<u>2.25</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>			<u>2.95</u>	<u>3.40</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>				<u>14.08</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>		<u>2360</u>	<u>224</u>	<u>35.17</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>		<u>NA</u>		<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<u>on</u>
If on - record chlorine concentration (ppm)			Discharge pump operating	
Operate exhaust fan manually	<u>Y</u>		Discharge pump pressure normal	
FT-801 reading (GPM)	<u>20.45</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	
Catch tank display level=actual?	<u>1.88</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

	<u>Y</u>		
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IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>clear</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>80</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>90</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>10.5</u>	mA Signal	<u>5.9</u>	Notes	
2130 Coagulant	Height (in)	<u>29 20.25</u>	Stroke Rate	<u>12.5</u>	Notes	
1668 Flocculant	Volume (gal)	<u>325</u>	Stroke Rate	<u>72</u>	Notes	
Dosing pumps at normal rate?					Chemicals needed?	

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<u>Y</u>	<u>N/A</u>	<u>Y</u>
Regulators working properly	<u>Y</u>	<u>N/A</u>	<u>Y</u>
Exhaust mufflers	<u>met</u>	<u>N/A</u>	<u>Y</u>

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>Y</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>Y</u>	How many total filled Haz drums onsite?	<u>2</u>
Significant leaks?	<u>yes, repaired</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- changed pre fitting on bleach pump
- Sump pumps vacced out
- LOTO for filter press, waiting for part for replace leaking feed valve
- changed o-rings on plate #6, 9 on filter press
- cleaned sight glass on filter press

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: NICDate: 1/12/2021Time: 900

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

HMI SCREENS**Extraction Wells**

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>14.07</u>	<u>1.33</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>9.24</u>	<u>1.66</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>		<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.75</u>	<u>8.97</u>	<u>32.88</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>9.17</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off) A1 <u>✓</u>	A2 <u> </u>	Auto rotate on/off <u>✓</u>
If on - record chlorine concentration (ppm) <u>0.2</u>		Discharge pump operating <u>✓</u>
Operate exhaust fan manually <u>✓</u>		Discharge pump pressure normal <u>✓</u>
FT-801 reading (GPM) <u>18.75</u>		Building temp accurate <u>✓</u>
Chemical rates normal for flow? <u>✓</u>		Mixers operating? <u>✓</u>
Catch tank display level=actual? <u>✓</u>		Other Alarms (Y/N) <u>✓</u>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS**Air Compressor (Check if OK)**

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) <u>✓</u>	Propane tank level greater than 20% <u>40%</u>
Heaters working <u>✓</u>	

IPC (Y/N)

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

Chemical Feed (Fill in values)

305 Bleach Height (in) <u>2.1</u>	mA Signal <u>5.7</u>	Notes <u>new drum online @ 31.2 inches</u>
2130 Coagulant Height (in) <u>16.6</u>	Stroke Rate <u>17.6</u>	Notes <u> </u>
1668 Flocculant Volume (gal) <u>380</u>	Stroke Rate <u>67</u>	Notes <u>new batch made</u>
Dosing pumps at normal rate? <u> </u>		Chemicals needed? <u>Y, bleach</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally <u>✓</u>	Sorbent pads replaced? <u>✓</u>
Hydraulic pressure normal <u>✓</u>	How many total filled Haz drums onsite? <u>2</u>
Significant leaks? <u>✓</u>	How many Haz drums filled & closed today? <u>0</u>

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- Replaced ball valve on Filter Press inlet

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: RL

Date: 1/19/2021

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 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>13.89</u>	<u>0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>1.28</u>	<u>0</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>13.95</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>23.20</u>	<u>21.42</u>	<u>36.82</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>			<u>NA</u>		<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off) A1 <u>✓</u>	A2 _____	Auto rotate on/off <u>✓</u>
If on - record chlorine concentration (ppm) <u>20.78</u>		Discharge pump operating <u>✓</u>
Operate exhaust fan manually <u>✓</u>		Discharge pump pressure normal <u>✓</u>
FT-801 reading (GPM) <u>20.48</u>		Building temp accurate <u>✓</u>
Chemical rates normal for flow? <u>✓</u>		Mixers operating? <u>✓</u>
Catch tank display level=actual? <u>✓</u>		Other Alarms (Y/N) <u>N</u>

Filtration (Check if OK)

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

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) <u>✓</u>	Propane tank level greater than 20% <u>25%</u>
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Heaters working

<u>✓</u>	
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IPC (Y/N)

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

Chemical Feed (Fill in values)

305 Bleach Height (in) <u>28.2</u>	mA Signal <u>6.0</u>	Notes _____
2130 Coagulant Height (in) <u>18.0</u>	Stroke Rate <u>12.7</u>	Notes _____
1668 Flocculant Volume (gal) <u>443</u>	Stroke Rate <u>75</u>	Notes _____
Dosing pumps at normal rate? _____	Chemicals needed? _____	

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally <u>✓</u>	Sorbent pads replaced? <u>✓</u>
Hydraulic pressure normal <u>✓</u>	How many total filled Haz drums onsite? <u>3</u>
Significant leaks? <u>N</u>	How many Haz drums filled & closed today? <u>1</u>

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- EW-5 high current alarms, needs more data

- Compressor has faulty pressure switch

- monthly sampling completed today

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



ARCADIS

Design & Consultancy
for natural and
built assetsStaff: NKDate: 1/26/2021Time: 0800

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

HMI SCREENS

Extraction Wells

Pump Status/Flow	EW-1	✓	✓	✓	0	14.11	1.38
Run pumps in "Manual" to confirm flow , if needed.	EW-2	✓	✓	✓	0	7.11	2.28
Confirm pumps are operating between setpoints	EW-3	✓	✓	✓	0	14.03	NA
Confirm pressure with pump cycling & not high/low	EW-4	✓	✓	✓	20.34	21.52	36.46
If pumps on, is water flowing into IPC (Y/N)?	EW-5	✓	✓	✓	NA		NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<input checked="" type="checkbox"/>	A2	<input checked="" type="checkbox"/>	Auto rotate on/off	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)		0.00			Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually		<input checked="" type="checkbox"/>			Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)		21.47			Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?		<input checked="" type="checkbox"/>			Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?		<input checked="" type="checkbox"/>			Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Check if OK)

Air compressor pressure in range	<input checked="" type="checkbox"/>	Solenoid status correct for operation	<input checked="" type="checkbox"/>
----------------------------------	-------------------------------------	---------------------------------------	-------------------------------------

Data (Check if OK)

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Propane tank level greater than 20%	60%
-------------------------------------	-------------------------------------	-------------------------------------	-----

Heaters working

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

IPC (Y/N)

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

Chemical Feed (Fill in values)

305 Bleach	Height (in)	2.8	mA Signal	6.0	Notes	
2130 Coagulant	Height (in)	15.5	Stroke Rate	13.0	Notes	
1668 Flocculant	Volume (gal)	440	Stroke Rate	76	Notes	
Dosing pumps at normal rate?					Chemicals needed?	1/24/21

Floor Sumps (Y/N)

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

Excessive sludge/sediment?

<input checked="" type="checkbox"/>	(check monthly)
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Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

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

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

Notes:

- cleaned check valve for old pump (Alarm on when arrived onsite)
- replaced pressure switch on compressor
- EW-4 flow sensor alarm - I line frozen in well, disconnection, thawed, re installed, system online
- diagnosed EW-5 pump - high amps, faulty pump, needs replacement
↳ T.C getting quote from KW webb

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 Limitation	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	PPE
Date			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

Notes:

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

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

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

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

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

J - The concentration is an approximate value.

µg/L - micrograms per liter

Table 1. 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	CELL 3 EFFLUENT	CELL 2 EFFLUENT	PPE
Date			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)							
TOTAL DISSOLVED SOLIDS	--	--	441	472	509	444	450
TOTAL SUSPENDED SOLIDS	--	--	58.8	6.0	6.4	4.0 U	4.4

Notes:

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

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

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

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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

Arcadis of New York, Inc.

855 Route 146

Suite 210

Clifton Park, New York 12065

Tel 518 250 7300

Fax 518 250 7301

www.arcadis.com