

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

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Subject:

April 2021 Monthly Report
Fort Edward Landfill
NYSDEC Site No. 558001
Contract No. D009804-7

Date:

May 24, 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 April 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

System Performance

A total of 553,143 gallons of leachate were collected and treated through the system during April 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-1, EW-2, EW-3, and leachate collection well EW-4 approximately 12.8 gallons per minute (gpm).

System Operation Summary

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

Our ref:

30055713

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

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

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of sludge were generated during April 2021.
- Performed brush cutting around monitoring wells and swales.
- Installed new fire extinguisher by double personnel doors in accordance with Health and Safety Audit recommendation.

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on April 27, 2021 from the following treatment system locations:

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

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

System Analytical Results

During the April 2021 sampling event, there were no NYSDEC Class GA Groundwater standard exceedances for VOCs, PCBs, metals, and conventional chemistry at the Polishing Pond Effluent sampling location. Additional details of the system analytical results are provided below.

VOCs

The April Influent sample contained concentrations of vinyl chloride and cis-1,2-dichloroethene at 34 micrograms per liter ($\mu\text{g/L}$) and 27 $\mu\text{g/L}$, respectively. The Clarifier Catch Tank sample also had concentrations of vinyl chloride and cis-1,2-dichloroethene at 18 $\mu\text{g/L}$ and 15 $\mu\text{g/L}$, respectively. There were no other VOC concentration exceedances during the April 2021 sampling event (Table 1).

PCBs

PCB Aroclor 1232 was detected in the Influent (100 µg/L), Clarifier Catch Tank (31 µg/L), and Cell 3 Bypass (0.35 estimated µg/L) samples at concentrations that exceed the NYSDEC Class GA Standard of 0.09 µg/L. PCBs were not detected in the Cell 2 Effluent or PPE samples during the April 2021 sampling event (Table 1).

Metals

Iron and manganese were detected in one or more of the treatment system samples at concentrations greater than the corresponding NYSDEC Standards of 0.3 milligrams per liter (mg/L) and 0.6 mg/L, respectively. Iron concentrations ranged from a maximum of 55.3 mg/L (Influent) to a minimum of 0.859 mg/L (Cell 3 Bypass). Manganese concentrations which exceeded NYSDEC guidance values ranged from 2.08 mg/L (Clarifier Catch Tank) to 0.532 mg/L (Cell 2 Effluent), which are consistent with previous data. The April PPE sample had a manganese concentration of 0.0393 mg/L, which does not exceed the NYSDEC Class GA GW Standard or Effluent Limitations. Sodium concentrations exceeded the NYSEC Class GA Standard of 20 mg/L at all sample locations and ranged from a maximum of 71.1 mg/L (Clarifier Catch Tank) to a minimum of 32.8 mg/L (PPE). Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 321 mg/L (PPE) to 870 mg/L (Cell 3 Bypass); TSS concentrations were only detected in the Influent sample (70 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 April 2021:

- Continuation of iron and solids treatment and processing,
- Continuation of IRM RSSCT with Engineering Performance Solutions, and
- Routine monthly system and annual sampling.

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

Sincerely,

Arcadis of New York, Inc.



Andy Vitols, P.G.
Vice President

Copies:
Jeffrey Dyber, NYSDEC

NYSDEC Site No. 558001

Payson Long

May 24, 2021

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 – April 2021 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Report No. 21

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 5

Date: 04/06/2021

NYSDEC Division of Environmental Remediation						NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer		
Weather Conditions								
General Description	Sunny	AM	Sunny	PM				
Temperature	55 °F	AM	65 °F	PM				
Wind	7 MPH N	AM	6 MPH N	PM				
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA	
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:		0845	Departed Site:		1800	
<ul style="list-style-type: none">- Completed onstream, blowdown, and cake discharge of Filter Press.- Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank.- Repaired diaphragm transfer pump.- Performed routine housekeeping within treatment building.- Began brush cutting around monitoring wells and landfill gas vents.								
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>	
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>	
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Nathan Kloefer		Arcadis		Field Tech		9.25		
Equipment Description		Contractor/Vendor			Quantity	Used		
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received								
Equipment/Material Tracking Comments:								
None at this time.								

Department of
Environmental
Conservation

DAILY INSPECTION REPORT

Page 2 of 5

Report No. 21

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/06/2021

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

DAILY INSPECTION REPORT

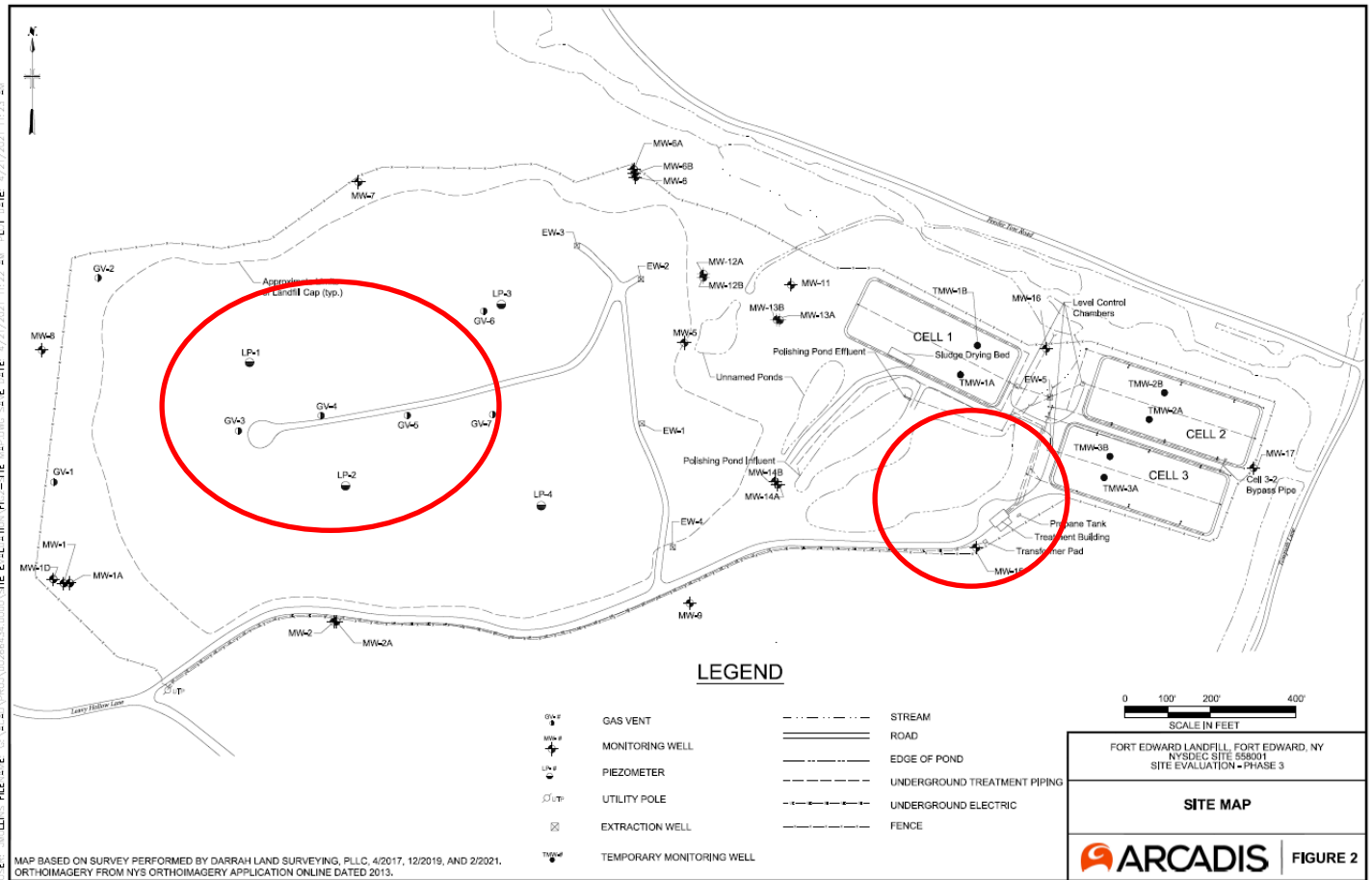
Report No. 21

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 5

Date: 04/06/2021

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



Red outlined area indicates the location of work performed on April 6, 2021.

DAILY INSPECTION REPORT

Report No. 21

Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 5

Date: 04/06/2021

Site Photographs (Descriptions Below)



View of Filter Press Filter Sludge.



Replaced diaphragm on spare feed pump.

Comments

None at this time.

Site Inspector(s): Nathan Kloepper

Date: 4/6/2021

DAILY INSPECTION REPORT

Report No. 21

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/06/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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

Page 1 of 5

Report No. 22 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/13/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	55 °F	AM	65 °F	PM			
Wind	1 MPH N	AM	2 MPH SSE	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0930		Departed Site:	
						1910	
<ul style="list-style-type: none"> - Completed onstream, blowdown, and cake discharge of Filter Press. - Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Performed routine housekeeping within treatment building. - Produced 1 drum of filter sludge. - Continued brush cutting around monitoring wells and swales. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		10	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Page 2 of 5

Report No. 22 **Fort Edward Landfill - NYSDEC Site No. 558001** Date: 04/13/2021

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

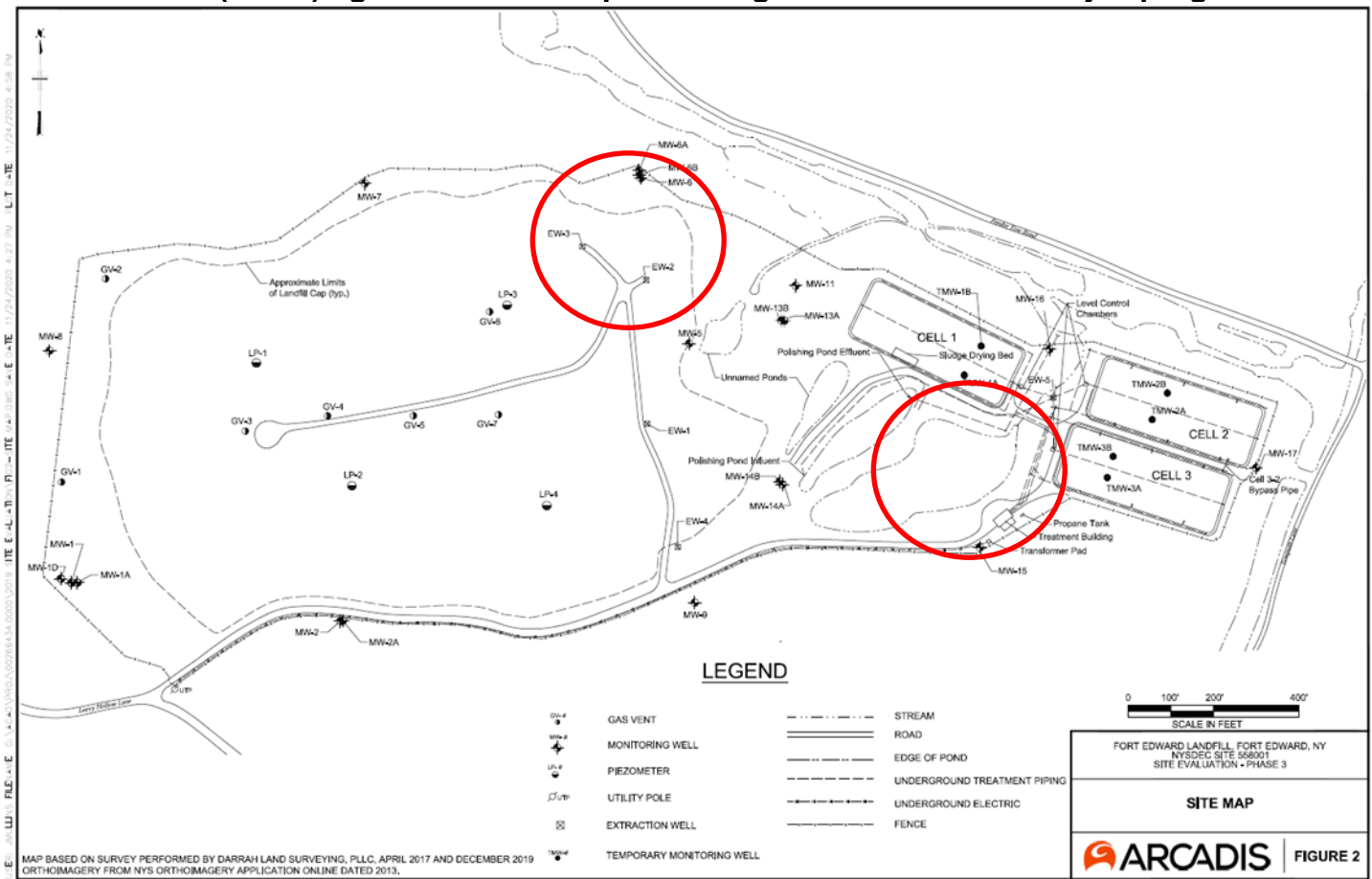
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Conservation

DAILY INSPECTION REPORT

Report No. 22 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 5
Date: 04/13/2021

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



Red outlined area indicates the location of work performed on April 13, 2021

DAILY INSPECTION REPORT

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Report No. 22 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/13/2021

Site Photographs (Descriptions Below)



View of filter cake discharge.



View of Cell-3 Piping.

Comments

None at this time.

Site Inspector(s): Nathan Kloepper

Date: 4/13/2021

DAILY INSPECTION REPORT

Report No. 22 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/13/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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"/>
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

Page 1 of 5

Report No. 23 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/20/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Clear	AM	Cloudy	PM			
Temperature	45 °F	AM	43 °F	PM			
Wind	8 MPH SSW	AM	2 MPH W	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site: 0910		Departed Site: 1930			
<ul style="list-style-type: none"> - Completed onstream, blowdown, and cake discharge of Filter Press. - Installed a new fire extinguisher near the rear exit of the treatment building. - Performed routine housekeeping within the treatment building. - Finished cutting around monitoring wells and landfill gas vents. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		10.3	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Page 2 of 5

Report No. 23 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/20/2021

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

Interaction with Public, Property Owners, Media, etc.
None at this time.

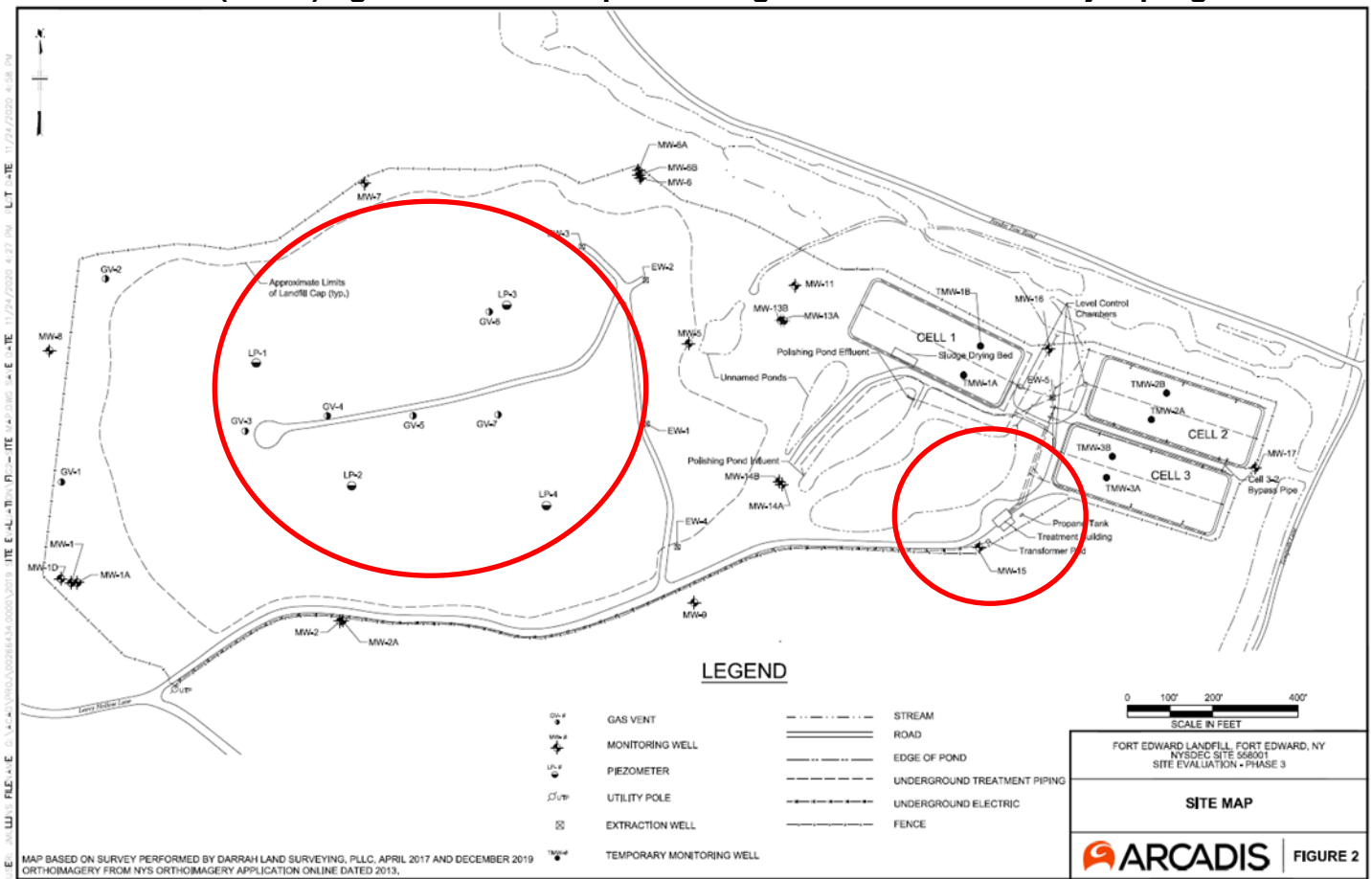
Department of
Environmental
Conservation

DAILY INSPECTION REPORT

Report No. 23 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 5
Date: 04/20/2021

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



Red outlined area indicates the location of work performed on April 20, 2021.

DAILY INSPECTION REPORT

Page 4 of 5

Report No. 23 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/20/2021

Site Photographs (Descriptions Below)



Fire extinguisher installed in treatment building.



View of cut brush around monitoring wells.

Comments

None at this time.

Site Inspector(s): Nathan Kloepper

Date: 4/20/2021

DAILY INSPECTION REPORT

Report No. 23 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/20/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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"/>
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

Page 1 of 5

Report No. 24 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/27/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Weather Conditions							
General Description	Clear	AM	Clear	PM			
Temperature	50 °F	AM	55 °F	PM			
Wind	6 MPH S	AM	3 MPH SSE	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0900	Departed Site:		1815
<ul style="list-style-type: none"> - Completed onstream, blowdown, and cake discharge of Filter Press. - Reset the treatment system. It was offline due to a power outage. - Noted that there was a failure in the transmitter of the chlorine detector. - Completed Monthly Sampling, the Influent Sample was collected last. - Performed routine housekeeping within the treatment building. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		9	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Page 2 of 5

Report No. 24 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/27/2021

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

Department of
Environmental
Conservation

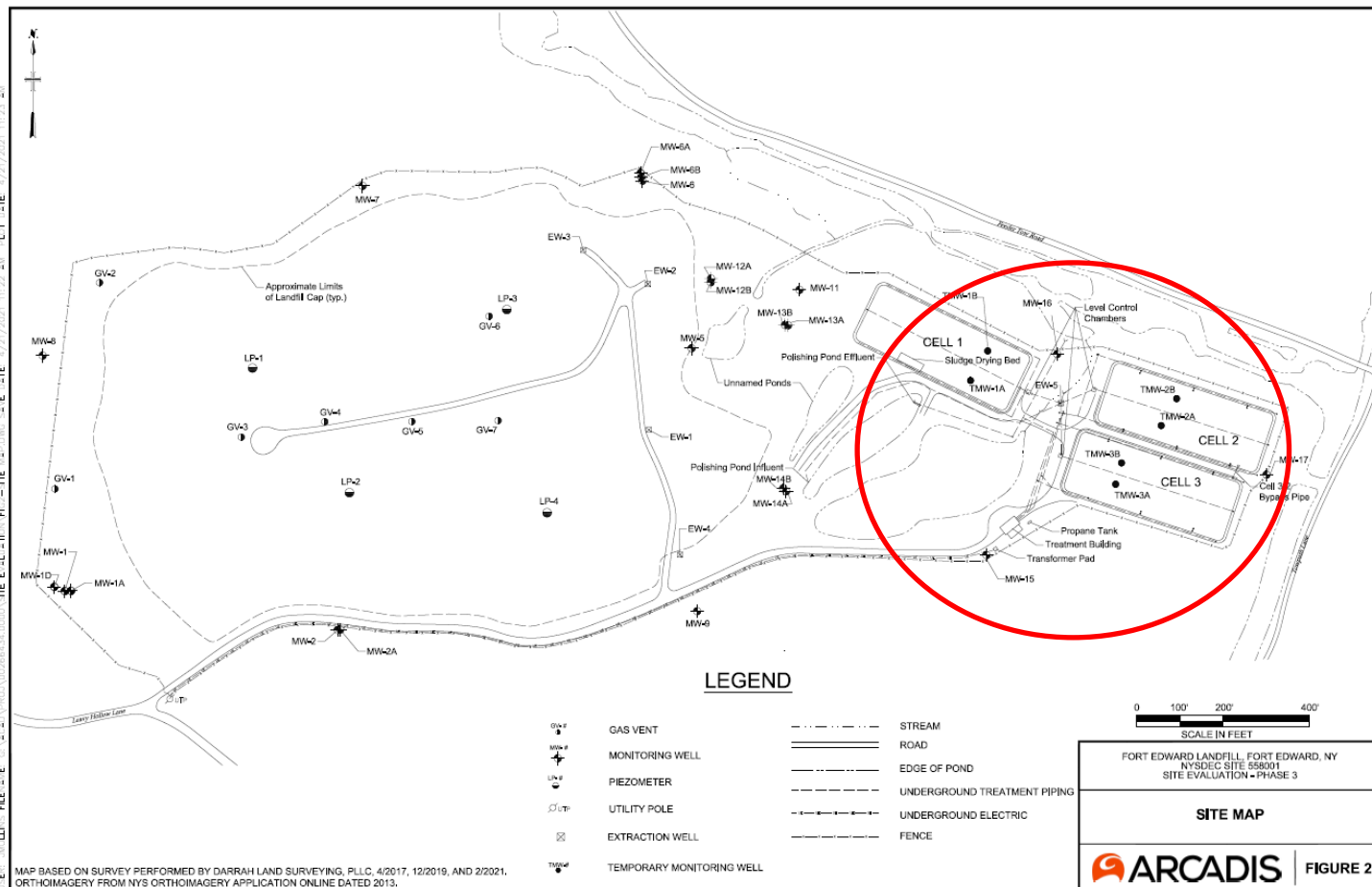
DAILY INSPECTION REPORT

Report No. 24 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 5

Date: 04/27/2021

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



Red outlined area indicates the location of work performed on April 27, 2021.

DAILY INSPECTION REPORT

Report No. 24 Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 5

Date: 04/27/2021

Site Photographs (Descriptions Below)



Spray down plates of IPC.



View of PPE Sample.

Comments

None at this time.

Site Inspector(s): Nathan Kloepper

Date: 4/27/2021

DAILY INSPECTION REPORT

Report No. 24 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 04/27/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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"/>
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





Project Name: Fort Edward Landfill

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.

[illegible]

ATTACHMENT C

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 4/6/2021

Time: 845

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

HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	<u>Y</u>	<u>✓</u>	<u>14.91</u>	<u>2.82</u>	<u>4.17</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>✓</u>	<u>21.79</u>	<u>9.44</u>	<u>6.95</u>
Confirm pumps are operating between setpoints	EW-3	<u>Y</u>	<u>✓</u>	<u>2.75</u>	<u>3.32</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>✓</u>	<u>17.19</u>	<u>8.89</u>	<u>21.92</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u>Y</u>	<u>✓</u>	<u>NA</u>	<u>8.23</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)			Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>11.30</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>Y</u>	Solenoid status correct for operation	<u>✓</u>
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Data (Check if OK)

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load	<u>✓</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>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>Clear</u> Mid <u>50%</u> Lower <u>75%</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

	Height (in)	mA Signal	Notes
305 Bleach	<u>4.6</u>	<u>3.0</u>	
2130 Coagulant	<u>14</u>	<u>6.6</u>	
1668 Flocculant	<u>420</u>	<u>39</u>	
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed? <u>N</u>

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>✓</u>	<u>✓</u>	<u>✓</u>
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NJ2

Date: 7/13/2021

Time: 0930

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>19.67</u>	<u>6.45</u>	<u>4.24</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>16.82</u>	<u>7.64</u>	<u>7.34</u>
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0.00</u>	<u>7.77</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>16.04</u>	<u>11.99</u>	<u>22.26</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>	<u>9.88</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>Off</u>	A2 <u> </u>	Auto rotate on/off	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)	<u> </u>		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)	<u>9.22</u>		Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>		Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>		Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Propane tank level greater than 20%	<u>35%</u>
Heaters working	<input checked="" type="checkbox"/>		

IPC (Y/N)

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

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>2.4</u>	mA Signal	<u>4.8</u>	Notes	<u>new drum @ 25.4 inch</u>
2130 Coagulant	Height (in)	<u>11.5</u>	Stroke Rate	<u>61</u>	Notes	
1668 Flocculant	Volume (gal)	<u>465</u>	Stroke Rate	<u>32</u>	Notes	<u>new batch each</u>
Dosing pumps at normal rate?					Chemicals needed?	<u> </u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<u>12</u>
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<input checked="" type="checkbox"/>	Any leaks?	<input checked="" type="checkbox"/>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<input checked="" type="checkbox"/>	Lights working?	<input checked="" type="checkbox"/>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<input checked="" type="checkbox"/>	Exit signs working?	<input checked="" type="checkbox"/>	Removed trash?	<u>N</u>
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 0.5	Level (off) 1	Level (on) 2	High-High 3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: ML

Date: 4/20/2021

Time: 0916

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

HMI SCREENS

Extraction Wells

Pump Status/Flow	EW-1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>20.59</u>	<u>8.75</u>	<u>4.22</u>
Run pumps in "Manual" to confirm flow , if needed.	EW-2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>19.98</u>	<u>7.98</u>	<u>9.98</u>
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>7.9</u>	<u>7.80</u>	NA
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>15.15</u>	<u>15.25</u>	<u>22.49</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	<u>6.74</u>	NA

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	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)					Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually					Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)		<u>9.66</u>			Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?		<input checked="" type="checkbox"/>			Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?		<input checked="" type="checkbox"/>			Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Propane tank level greater than 20%	<u>30</u>
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 <u>clear</u>
Coag visibly dosing?	<input checked="" type="checkbox"/>	at each port	Mid <u>10%</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		Lower <u>30%</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>11</u>	mA Signal	<u>4.8</u>	Notes	
2130 Coagulant	Height (in)	<u>8.6</u>	Stroke Rate	<u>5.2</u>	Notes	
1668 Flocculant	Volume (gal)	<u>420</u>	Stroke Rate	<u>31</u>	Notes	<u>new floc made</u>
Dosing pumps at normal rate?					Chemicals needed?	

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<input checked="" type="checkbox"/>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<u>12</u>
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	<u>0</u>

General/Housekeeping

Wipe down dirty equipment/piping	<input checked="" type="checkbox"/>	Any leaks?	<input checked="" type="checkbox"/>	Waste drums needed?	<input checked="" type="checkbox"/>
Sweep and/or wash floors	<input checked="" type="checkbox"/>	Lights working?	<input checked="" type="checkbox"/>	Drum labels needed?	<input checked="" type="checkbox"/>
Fire extinguisher inspection (monthly)	<input checked="" type="checkbox"/>	Exit signs working?	<input checked="" type="checkbox"/>	Removed trash?	<input checked="" type="checkbox"/>
Sludge in Clarifier Catch Tank?	<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 0.5	Level (off) 1	Level (on) 2	High-High 3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- installed new fire extinguisher by double doors

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: NKDate: 4/27/2021Time: 900

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

HMI SCREENS**Extraction Wells**

Pump Status/Flow	EW-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.50	6.35	2.31
Run pumps in "Manual" to confirm flow , if needed.	EW-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.91	4.31	6.04
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.71	4.37	NA
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.21	22.2	24.38
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	11.68	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	A2	Auto rotate on/off	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)	22		Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually			Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	10.24		Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>		Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>		Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense	<input checked="" type="checkbox"/>
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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%	75
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Heaters working

<input checked="" type="checkbox"/>	
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IPC (Y/N)

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

305 Bleach	Height (in)	58	mA Signal	5.6	Notes	
2130 Coagulant	Height (in)	8.5	Stroke Rate	7.5	Notes	
1668 Flocculant	Volume (gal)	465	Stroke Rate	51	Notes	
Dosing pumps at normal rate?					Chemicals needed?	

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"/> (check monthly)	Back flowing after pump cycle?	<input checked="" type="checkbox"/>

Excessive sludge/sediment?

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

	Thick Feed	Press Feed	Floc Feed
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Proper operation/flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Regulators working properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Exhaust mufflers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<input checked="" type="checkbox"/>
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Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	0
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Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	12
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General/Housekeeping

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

Mow/trim around building, structures, wells, bollards, control panels and cleanouts		Clear woody vegetation from swales and cap	
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Shovel doorways, apply ice melt		Look for damage fencing/gates	
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Confirm gates and doorways locked		Confirm storage container locked	
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Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
Clarifier Catch Tank			Low-Low 0.5	Level (off) 1	Level (on) 2	High-High 3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
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Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- System offline @ arrival from power loss storm
- System reset, turned on line

TABLES



Table 1. April 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			4/27/2021	4/27/2021	4/27/2021	4/27/2021	4/27/2021
Volatile Organic Compounds (µg/L)							
ACETONE	50	50	10 U	3.0 J	10 U	10 U	10 U
BENZENE	1.0	1.0	1.1	0.48 J	1.0 U	1.0 U	1.0 U
BROMODICHLOROMETHANE	50	50	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMOFORM	50	50	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMOMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-BUTANONE (MEK)	50	50	10 U	10 U	10 U	10 U	10 U
CARBON DISULFIDE	60	60	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CARBON TETRACHLORIDE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROBENZENE	5.0	5.0	1.4	1.0 U	1.0 U	1.0 U	1.0 U
CHLORODIBROMOMETHANE	50	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROFORM	7.0	7.0	1.0 U	5.3	0.61 J	1.0 U	1.0 U
CHLOROMETHANE	5.0	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CYCLOHEXANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMO-3-CHLOROPROPANE	0.04	0.04	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	0.0006	0.0006	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROBENZENE	3.0	3.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,3-DICHLOROBENZENE	3.0	3.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLOROBROMOMETHANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLORODIFLUOROMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,2-DICHLOROETHYLENE	5.0	5.0	27	15	1.3	1.0 U	1.0 U
TRANS-1,2-DICHLOROETHYLENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROETHANE	0.6	0.6	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHYLENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROPROPANE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
ETHYLBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-HEXANONE	50	50	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U
ISOPROPYLBENZENE (CUMENE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ACETATE	--	--	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U
METHYL TERT-BUTYL ETHER (MTBE)	10	10	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL CYCLOHEXANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYLENE CHLORIDE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	--	--	4.2 J	5.0 U	5.0 U	5.0 U	5.0 U
STYRENE	5.0	930	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1,2-TETRACHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TETRACHLOROETHYLENE (PCE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TOLUENE	5.0	5.0	1.3	0.53 J	1.0 U	1.0 U	1.0 U
1,2,4-TRICHLOROBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1-TRICHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLOROETHANE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROETHYLENE (TCE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROFLUOROMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
VINYL CHLORIDE	2.0	2.0	34	18	1.0 U	1.0 U	1.0 U
XYLENES, TOTAL	5.0	5.0	2.2	0.75 J	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. April 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			4/27/2021	4/27/2021	4/27/2021	4/27/2021	4/27/2021
Polychlorinated Biphenyls (µg/L)							
PCB-1016 (AROCOR 1016)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
PCB-1221 (AROCOR 1221)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
PCB-1232 (AROCOR 1232)	*	*	100	31	0.35 J	0.5 U	0.5 U
PCB-1242 (AROCOR 1242)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
PCB-1248 (AROCOR 1248)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
PCB-1254 (AROCOR 1254)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
PCB-1260 (AROCOR 1260)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
PCB-1262 (AROCOR 1262)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
PCB-1268 (AROCOR 1268)	*	*	10 U	5.0 U	0.5 U	0.5 U	0.5 U
Metals (mg/L)							
ALUMINUM	--	2.0	0.2 U	0.678	0.2 U	0.2 U	0.2 U
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	0.0076 J	0.015 U	0.015 U	0.015 U	0.015 U
BARIUM	1.0	2.0	0.0871	0.0399	0.0377	0.0401	0.0208
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	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U
CALCIUM	--	--	88.0 B	73.4 B	89.2 B	90.1 B	64.1 B
CHROMIUM, TOTAL	0.05	0.10	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U
COBALT	--	--	0.0032 J	0.0022 J	0.00099 J	0.001 J	0.004 U
COPPER	0.2	1.0	0.01 U	0.01 U	0.01 U	0.01 U	0.0016 J
IRON	0.3	0.6	55.3	4.25	0.859	2.15	0.256
LEAD	0.03	0.05	0.0044 J	0.01 U	0.01 U	0.01 U	0.01 U
MAGNESIUM	35	35	22.2 B	17.4 B	16.9 B	16.2 B	15.5 B
MANGANESE	0.3	0.6	1.54 B	2.08 B	0.836 B	0.532 B	0.0393 B
MERCURY	0.0007	0.0014	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U
NICKEL	0.1	0.2	0.0055 J	0.0039 J	0.0025 J	0.0032 J	0.0024 J
POTASSIUM	--	--	7.41 B	3.98 B	3.64 B	2.56 B	2.4
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	--	71.1	64.8	50.4	43.7	32.8
THALLIUM	0.0005	0.0005	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U
VANADIUM	--	--	0.005 U	0.005 U	0.005 U	0.005 U	0.005 U
ZINC	2.0	5.0	0.0141 B	0.0093 JB	0.0051 JB	0.0022 JB	0.01 U
Conventional Chemistry (mg/L)							
TOTAL DISSOLVED SOLIDS	--	--	488	485	870	421	321
TOTAL SUSPENDED SOLIDS	--	--	70.0	4.0 U	4.0 U	4.0 U	4.0 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.

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

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

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

J - The concentration is an approximate value.

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mg/L - milligrams per liter

µg/L - micrograms per liter

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A decorative graphic consisting of three thin orange lines. One line is horizontal, extending from the left edge of the page towards the right. Two other lines are diagonal, starting from the bottom left and extending towards the top right, intersecting the horizontal line.