

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:

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

Date:

June 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 May 2021 reporting period at the above-referenced site.

Phone:

518.250.7300

Email:

andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

Our ref:

30055713

System Performance

A total of 715,701 gallons of leachate were collected and treated through the system during May 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-1, EW-2, EW-3, and leachate collection well EW-4 was approximately 16.0 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,

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 May 2021 operating period:

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of sludge were generated during May 2021.
- Performed brush cutting around monitoring wells and swales.
- Installed fire extinguisher and falling snow and ice signs in accordance with Health and Safety Audit recommendation.
- On May 17, 2021, twelve drums of filter sludge and six drums of soil cuttings were transported for off-site disposal by Clean Harbors, Inc. The disposal documents are attached to this report (Attachment D).
- Collected and shipped 55-gallons of treated and filtered leachate from the Clarifier Catch Tank discharge to Engineering Performance Solutions (EPS) in Jacksonville, Florida via FedEx for use in Rapid Small Scale Column Testing (RSSCT) in support of the treatment system IRM design.

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on May 18, 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).

Samples were also collected from extraction wells EW-1, EW-2, EW-3, leachate collection well EW-4, and Cell 1 Effluent (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 third quarter of 2021. The annual groundwater sampling event was conducted the week of May 17, 2021 and included groundwater, surface water, and sediment locations identified in the site management plan (SMP) and as discussed with the NYSDEC.

The monthly, quarterly, and annual samples were submitted to Eurofins TestAmerica for analysis of Volatile Organic Compounds (VOCs), polychlorinated biphenyls (PCBs), Perfluorinated Alkyl Substances (PFAS), metals, total dissolved solids (TDS), and total suspended solids (TSS). The Influent and Clarifier Catch Tank samples were also analyzed for Total Organic Carbon (TOC). PFAS split samples were also collected at select monitoring well and treatment system locations per the New York State Department of Health's (NYSDOH) request.

The analytical results are discussed in the sections below and have been summarized in Table 1. The analytical results will also be presented in the 2021 Groundwater Annual report. The laboratory analytical data will be submitted to NYSDEC's EIMS Administrator in the required EQuIS EDD format.

System Analytical Results

During the May 2021 sampling event, there were no NYSDEC Class GA Groundwater standard exceedances for conventional chemistry at the Polishing Pond Effluent sampling location. However, 1,4-dioxane, PCB Aroclor 1016, iron, sodium, and perfluorooctanoic acid (PFOA) exceeded their respective NYSDEC Class GA Groundwater standards at the Polishing Pond Effluent sampling location. Additional details of the system analytical results are provided below.

VOCs

As shown in Table 1, VOCs were detected in the EW-1, EW-2, EW-3, EW-4, Influent, Clarifier Catch Tank, Cell 3 Bypass, Cell 2 Effluent, Cell 1 Effluent, and Polishing Pond Effluent samples at concentrations that exceeded the corresponding NYSDEC Class GA Standards. The highest concentrations of VOCs were reported in the samples from EW-1.

PCBs

PCB Aroclor 1016 and PCB Aroclor 1232 were detected in the EW-1, EW-2, EW-3, EW-4, Influent, Clarifier Catch Tank, Cell 1 Effluent, and Polishing Pond samples at concentrations greater than the respective NYSDEC GA Standard. PCBs were not detected in the Cell 3 Bypass and Cell 2 Effluent samples during the May 2021 sampling event (Table 1).

Metals

Iron, magnesium, 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), 35 mg/L, and 0.6 mg/L, respectively. Iron exceedances ranged from a maximum of 63.6 mg/L (EW-1) to a minimum of 1.71 mg/L (Cell 2 Effluent). Magnesium exceedances ranged from a maximum of 61.4 mg/L (EW-1) to a minimum of 37.0 mg/L (EW-3). Manganese concentrations which exceeded NYSDEC guidance values ranged from 4.79 mg/L (Cell 1 Effluent) to 0.309 mg/L (Cell 2 Effluent), which are consistent with previous data. Sodium concentrations exceeded the NYSEC Class GA Standard of 20 mg/L at all sample locations and ranged from a maximum of 234 mg/L (EW-1) to a minimum of 34.5 mg/L (Cell 1 Effluent). Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 1,510 mg/L (EW-1) to 381 mg/L (PPE), and TSS concentrations ranged from 274 mg/L (Cell 1 Effluent) to non-detect (Cell 3 Bypass and Cell 2 Effluent). 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 274 mg/L, respectively. TOC was detected at 3.7 mg/L and 4.5 mg/L within the Influent and Clarifier Catch Tank samples, respectively.

Perfluorinated Alkyl Substances

As shown on Table 1, PFAS were detected in one or more of the treatment system samples above the NYSDEC Guidance Value of 10 nanograms per liter (ng/L) for PFOA and perfluorooctanesulfonic acid (PFOS). PFOA exceedances ranged from a maximum of 1,140 ng/L (EW-1) to a minimum of 15.2 ng/L

(Cell 1 Effluent). PFOS exceedances ranged from a maximum of 60.5 ng/L (EW-1) to a minimum of 14.8 ng/L (EW-3). The United States Environmental Protection Agency (USEPA) Lifetime Health Advisory standard of 70 ng/L was exceeded at EW-1 for PFOA and total PFOA and PFOS, and at EW-2 for total PFOA and PFOS.

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for June 2021:

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

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

Sincerely,

Arcadis of New York, Inc.



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
Attachment D – May 2021 Waste Disposal Documents
Table 1 – May 2021 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Page 1 of 4

Report No.25 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/04/2021

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	Cloudy	AM	Cloudy	PM			
Temperature	54°F	AM	63 °F	PM			
Wind	4 MPH ENE	AM	4 MPH NE	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 <input checked="" type="checkbox"/>	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:		2010
<ul style="list-style-type: none"> - Performed routine housekeeping within the treatment building. - Completed onstream, blowdown, and cake discharge of Filter Press. - Pulled, cleaned, and re-installed EW-4 pump. - Replaced EW-4 transfer piping, and increased the setpoint of the high pressure alarm. - Calibrated chlorine sensor within 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		11.5	
Todd Carignan		Arcadis		Engineer		10.25	
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.							

DAILY INSPECTION REPORT

Report No.25 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 05/04/2021

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

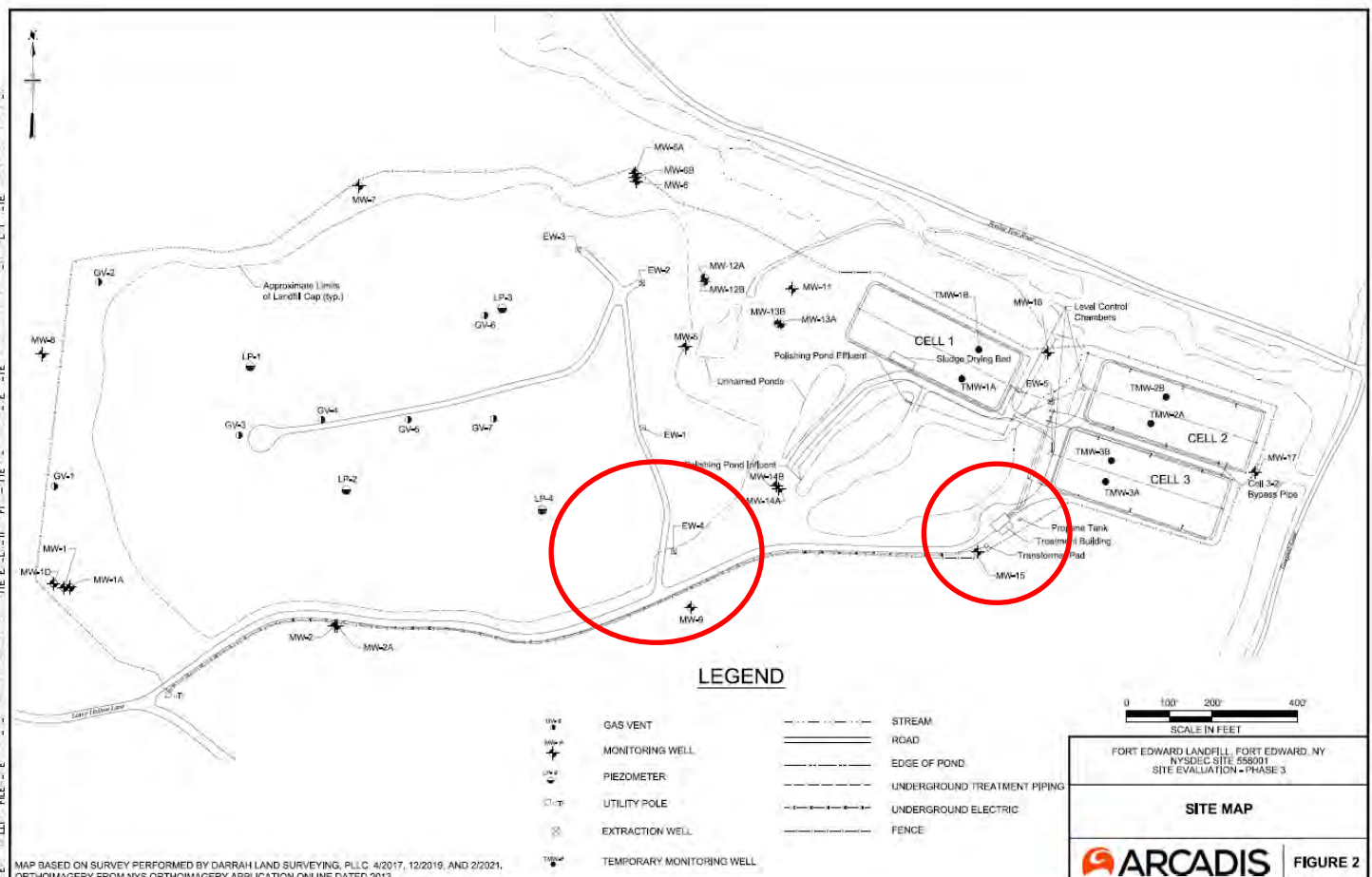
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

Report No.25 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 05/04/2021

Site Photographs (Descriptions Below)



View of IPC plates following cleaning.



View of chlorine sensor calibration.



View of EW-4 transfer piping clogged with sludge.

Comments

None at this time.

Site Inspector(s): Nathan Kloepper

Date: 5/4/2021

DAILY INSPECTION REPORT

Report No.25 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/04/2021

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 4

Report No.26 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/10/2021

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.	
Weather Conditions							
General Description	Clear	AM	Sunny	PM	Consultant Site Inspectors: Nathan Kloefer		
Temperature	55°F	AM	63 °F	PM			
Wind	4 MPH NW	AM	12 MPH WNW	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 X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?					*Yes	No X	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1850		
<ul style="list-style-type: none"> - Performed routine housekeeping within the treatment building. - Replaced drums at base of Polishing Pond dock. - Completed onstream, blowdown, and cake discharge of Filter Press. - Moved soil cutting drums from MW-12 area to interior of treatment building prior to waste pickup. - Mowed around Polishing Pond. - Pulled, cleaned, and re-installed EW-3 pump. 							
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 X	NA
Were there any vehicles which were not tarped?					* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA X
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Filed Tech		10.8	
Jeremy Wyckoff		Arcadis		Geologist		9.25	
Equipment Description		Contractor/Vendor			Quantity	Used	
Mustang 1650RT Track Loader		Bobcat of Saratoga			1	2 hrs	
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.							

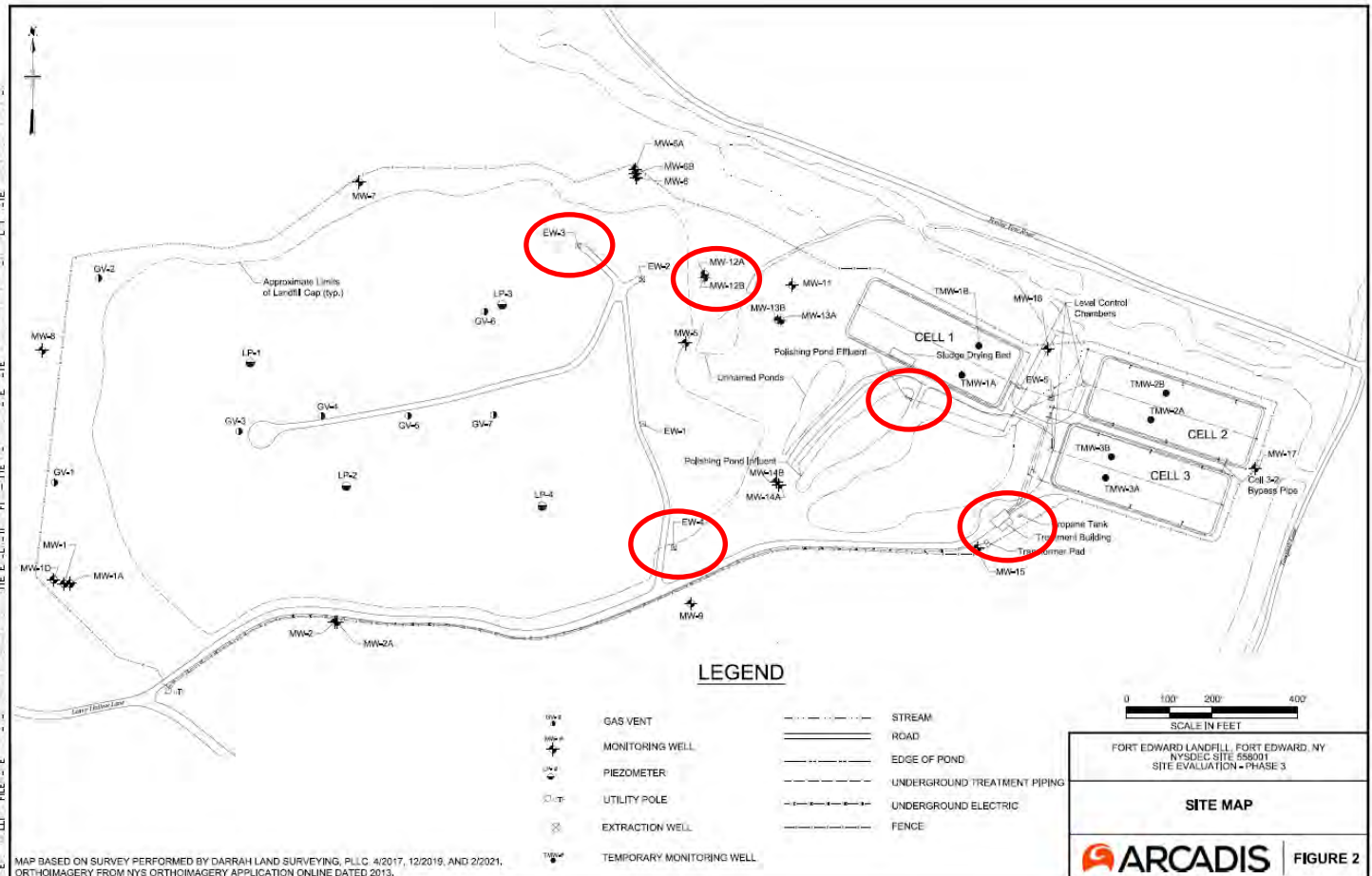
DAILY INSPECTION REPORT

Report No.26 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 05/10/2021

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.			

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



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

DAILY INSPECTION REPORT

Report No.26 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 05/10/2021

Site Photographs (Descriptions Below)



Mustang 1650RT Track Loader delivery.



View of MW-12A area following soil cutting drum removal.



View of Polishing Pond dock following replacement of drums.

Comments

None at this time.

Site Inspector(s): Nathan Kloepper

Date: 5/10/2021

DAILY INSPECTION REPORT

Report No.26 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/10/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input 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 4

Report No. 27 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/11/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long		
Weather Conditions						Consultant PM: Andy Vitolins, P.G.		
General Description	Cloudy	AM	Partly Cloudy	PM	Consultant Site Inspectors: Jasmine Mullins, Jeremy Wyckoff			
Temperature	44°F	AM	53 °F	PM				
Wind	9 MPH WSW	AM	10 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	NA <input checked="" type="checkbox"/>
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	NA <input checked="" type="checkbox"/>
Health & Safety Comments None at this time.								
Summary of Work Performed		Arrived at site: 0800		Departed Site: 1145				
<ul style="list-style-type: none"> Cleaned and placed EW-3 pump into extraction well and resumed operation. Mowed grass around treatment building and along treatment cells. Completed routine housekeeping within treatment building and storage container. Pumped sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. Inspected landfill cap perimeter and mid-cap 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	NA <input checked="" type="checkbox"/>
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		
Jasmine Mullins		Arcadis		Staff Environmental Engineer		3.8		
Jeremy Wyckoff		Arcadis		Project Geologist		3.8		
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

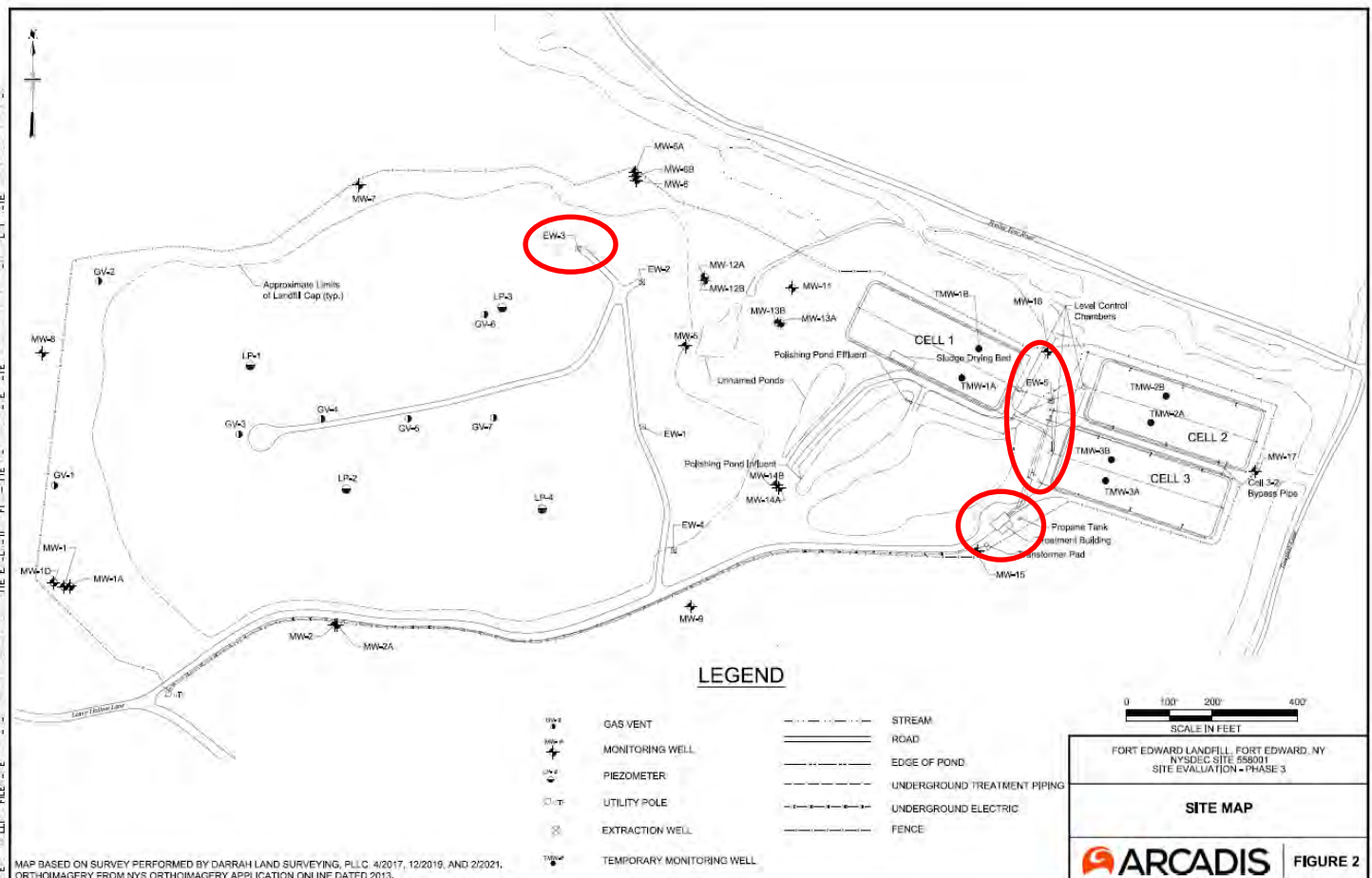
Report No. 27 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 05/11/2021

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.			

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





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

DAILY INSPECTION REPORT

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Report No. 27 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/11/2021

Site Photographs (Descriptions Below)	
	
View of western mid-cap swale.	View of iron loaded/stained mid-cap swale.
Comments None at this time	
Site Inspector(s): Jasmine Mullins, Jeremy Wyckoff	
Date: 5/11/2021	

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 27 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/11/2021

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"/>
Comments: 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"/>
Comments: None at this time.			

DAILY INSPECTION REPORT

Page 1 of 4

Report No. 28 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/17/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long		
Weather Conditions						Consultant PM: Andy Vitolins, P.G.		
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Jasmine Mullins, Colby Churchill, Kim Stilson			
Temperature	65°F	AM	80°F	PM				
Wind	5 MPH SSW	AM	7 MPH NW	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 COVID monitoring and prevention, insects including ticks and wasps.								
Summary of Work Performed		Arrived at site: 0735		Departed Site: 1745				
<ul style="list-style-type: none"> - Began annual groundwater, sediment, and surface water sampling. - Collected PFAS split samples for NYSDOH at monitoring wells MW-8, MW-9, and MW-12A. - Completed routine housekeeping within treatment building and storage container. - Clean Harbors onsite for offsite transportation and disposal of 12 Filter Sludge drums and 6 Soil Cutting drums. 								
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 <input checked="" type="checkbox"/>	NA
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Jasmine Mullins		Arcadis		Staff Environmental Engineer		7.25		
Colby Churchill		Arcadis		Jr. Environmental Engineer		9.5		
Kimberly Stilson		Arcadis		Geologist		10.25		
Jolene Lozewski		NYSDOH		Data Analyst		0.1		
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)*	
Filter Sludge	N/A	Yes	CH2155648	Cincinnati, OH Grassy Mountain, UT	12 55-Gal Drums	N/A		
Soil Cuttings	N/A	Yes	CH2155649	Cincinnati, OH Grassy Mountain, UT	6 55-Gal Drums	N/A		
*On-Site scale for off-site shipment, delivery ticket for material received								
Equipment/Material Tracking Comments: None at this time.								

DAILY INSPECTION REPORT

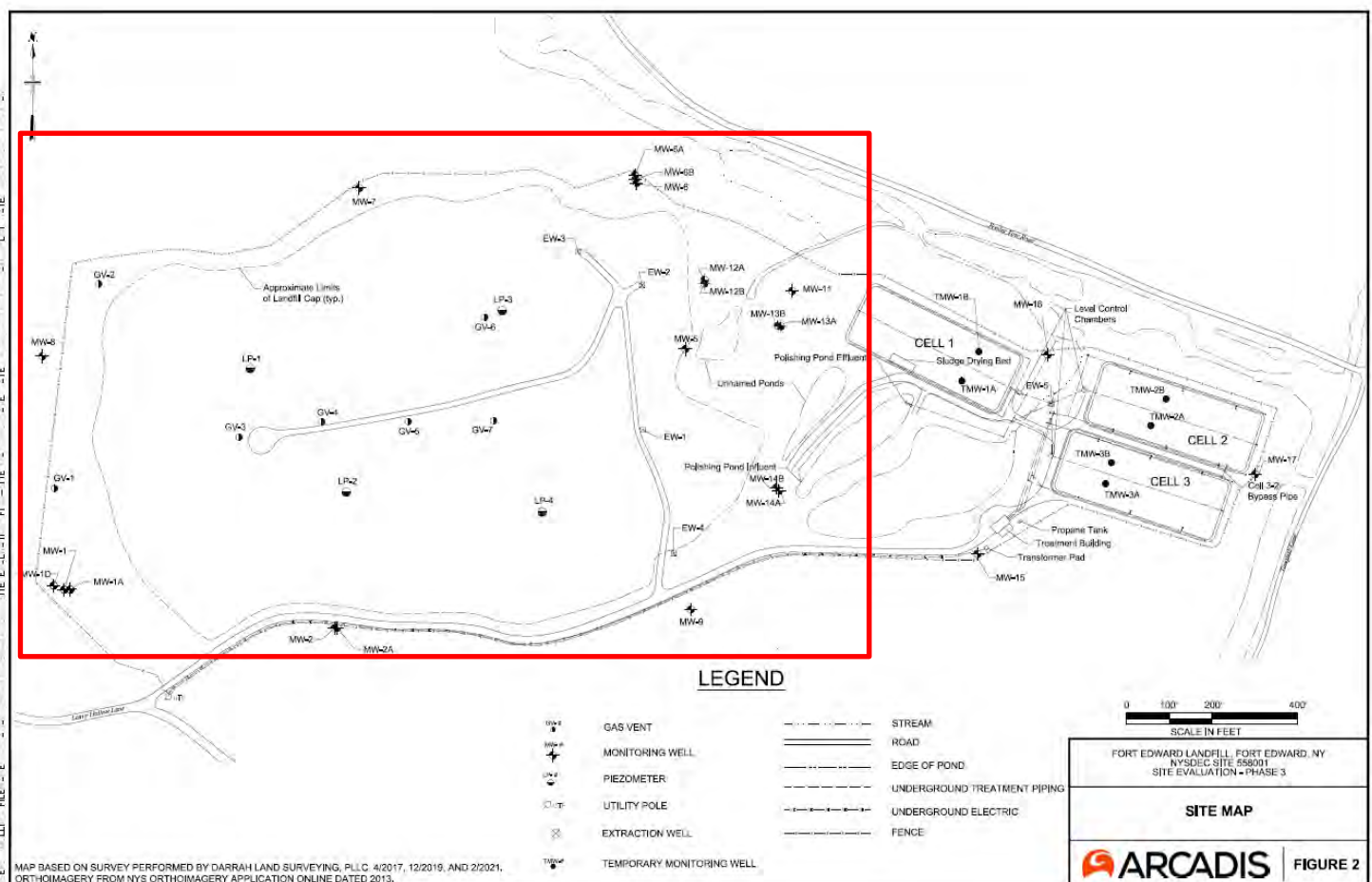
Report No. 28 Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 05/17/2021

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
Jolene Lozewski	NYSDOH	Yes	No X
		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.			

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





Outlined area indicates the location where work was performed on May 17, 2021.

DAILY INSPECTION REPORT

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Report No. 28 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/17/2021

Site Photographs (Descriptions Below)	
	
View of access road from treatment building landfill.	View of IPC plates.
Comments	
None at this time.	
Site Inspector(s): J. Mullins, C. Churchill, K. Stilson Date: 5/17/2021	

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

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Report No. 28 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/17/2021

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.		

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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 type="checkbox"/>	N/A <input checked="" 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 4

Report No. 29 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/18/2021

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.	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Jasmine Mullins, Colby Churchill, Kim Stilson, Nate Kloefer, Jeremy Wyckoff, Todd Carignan		
Temperature	58°F	AM	82 °F	PM			
Wind	3 MPH SW	AM	12 MPH S	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 COVID monitoring and prevention, insects including ticks and wasps.							
Summary of Work Performed		Arrived at site:		0705	Departed Site:		1820
<ul style="list-style-type: none"> - Continued annual groundwater, sediment, and surface water sampling. - Conducted monthly operation and maintenance (O&M), and monthly and quarterly treatment system sampling. - Collected PFAS split samples for NYSDOH at EW-1, EW-2, EW-3, EW-4, and Influent. - Completed onstream, blowdown, and cake discharge of Filter Press. - Mowed around treatment building. - Installed Fire Extinguisher and Falling Snow and Ice signs in accordance with Arcadis Health and Safety (H&S) audit. 							
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	
Jasmine Mullins		Arcadis		Staff Environmental Engineer		10.9	
Colby Churchill		Arcadis		Jr. Environmental Engineer		9.5	
Kimberly Stilson		Arcadis		Geologist		10.25	
Nate Kloefer		Arcadis		Field Tech		11.23	
Jeremy Wyckoff		Arcadis		Geologist		10.5	
Todd Carignan		Arcadis		Engineer		9.0	
Jolene Lozewski		NYSDOH		Data Analyst		0.1	
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

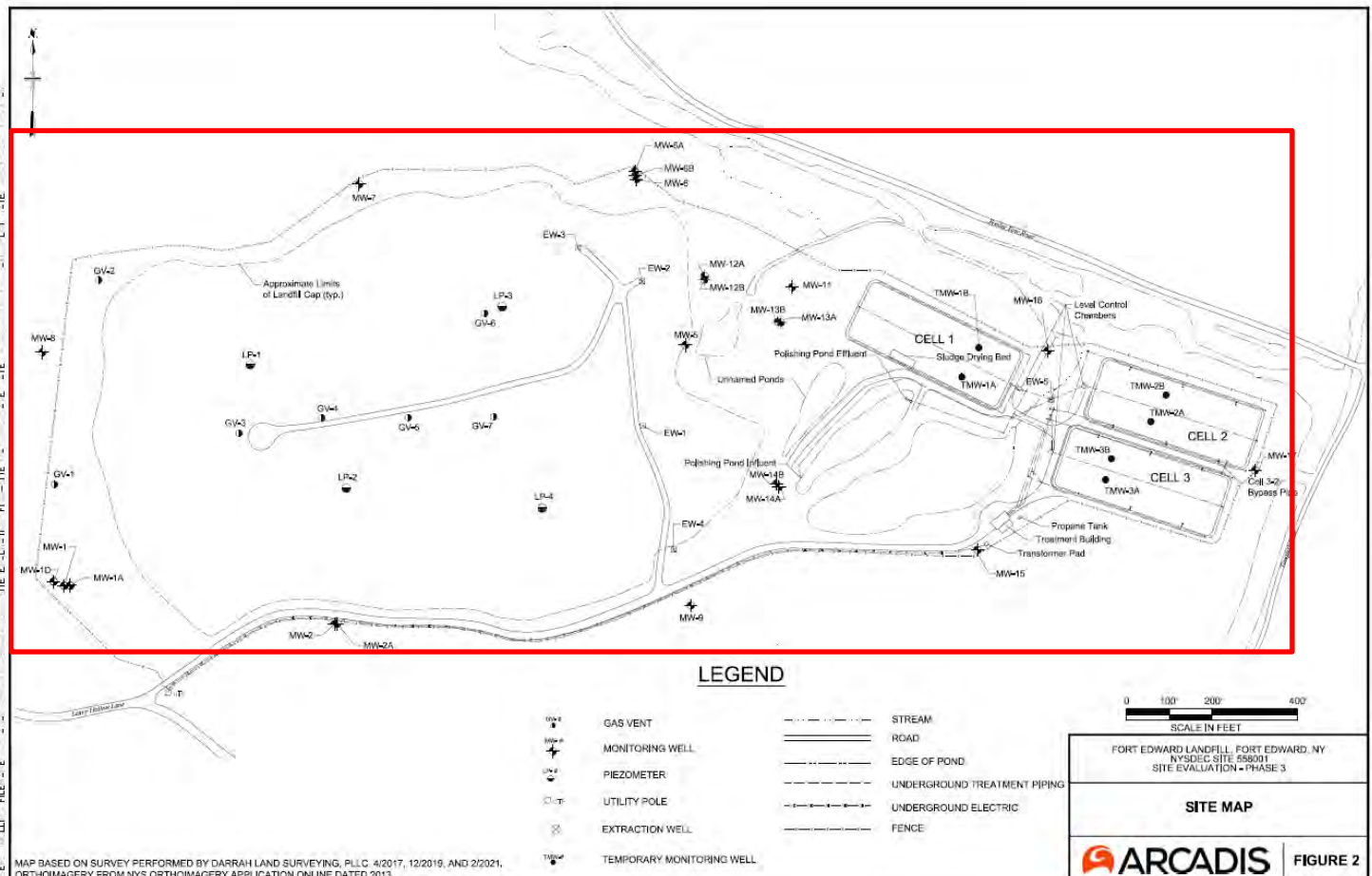
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Report No. 29 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/18/2021

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
Jolene Lozewski	NYSDOH	Yes	No X
		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.			

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



Red outlined area indicates the location of work performed on May 18, 2021.

DAILY INSPECTION REPORT

Report No. 29 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 05/18/2021

Site Photographs (Descriptions Below)



View of Falling Snow and Ice sign.



View of Fire Extinguisher and sign.

NEW YORK STATE DEPARTMENT OF HEALTH
Regist. Laboratory, Regent State Plaza
Albany, New York 12247

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation. Transporting Samples: During transport of the sample from sampling site to the laboratory, the chain of custody must be maintained. Generally, this will require the sample be delivered by the sample collector to a higher designated representative who will sign for the sample, integrity and custody of the sample during its passage. If integrity of the sample is questionable, check the problem on the reverse side of this form.

Sample ID (Lab Use Only)	Field ID	Date	Time	Collection Point	Sample Type
	FTEDLF-1	5/18/2021	1107	FTEDLF-EW-1 DUF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	FTEDLF-2	5/18/2021	1033	FTEDLF-EW-2 DUF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	FTEDLF-3	5/18/2021	1008	FTEDLF-EW-3 DUF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	FTEDLF-4	5/18/2021	1135	FTEDLF-EW-4 DUF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	FTEDLF-INF	5/18/2021	0935	FTEDLF-INF DUF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	FB-2-05-18-2021	5/18/2021	0930	Acc. collected MS/MSD @ EW-2	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	1107	5/18/2021			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Custody of Samples

1. Sample container prepared by	Name: <u>Jeffrey Wink</u>	Affiliation: <u>NYS DOH-WC</u>	Date: <u>5/11/21</u>	Time: <u>14:30</u>
2. Sample container prepared by				
3. Received by	<u>Jelene Lozowski</u>	<u>NYS DOH</u>	<u>5/12/21</u>	<u>10:00</u>
4. Sample Collected by	<u>Jasmine Mullins</u>	<u>Accredited on behalf of NYS DOH</u>	<u>5/18/2021</u>	<u>0930</u>
5. Sample Received by				
6. Sample Received by				

NYSDOH Wadsworth lab chain of custody (COC) for treatment system samples.

Comments

None at this time.

Site Inspector(s): J. Mullins, C. Churchill, K. Stilson N. Kloeffer, J. Wyckoff, T. Carignan

Date: 5/18/2021

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 29 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/18/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 type="checkbox"/>	N/A <input checked="" 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 4

Report No. 30 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/19/2021

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.	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Jasmine Mullins, Colby Churchill, Kimberly Stilson		
Temperature	54°F	AM	87°F	PM			
Wind	7 MPH WSW	AM	10 MPH SW	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 COVID monitoring and prevention, insects including ticks and wasps.							
Summary of Work Performed		Arrived at site: 0712		Departed Site: 1710			
<ul style="list-style-type: none"> - Continued annual groundwater, sediment, and surface water sampling. - Performed routine housekeeping within the treatment building. - Containerized two 55-gallon drums of Filter Press Filter Sludge. - Transported one 55-gallon drum of filtered Clarifier Catch Tank leachate to Engineering Performance Solutions in Jacksonville, Florida via FedEx. 							
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	NA <input checked="" type="checkbox"/>
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	
Jasmine Mullins		Arcadis		Staff Environmental Engineer		9.6	
Colby Churchill		Arcadis		Jr. Environmental Engineer		9.7	
Kimberly Stilson		Arcadis		Geologist		9.8	
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

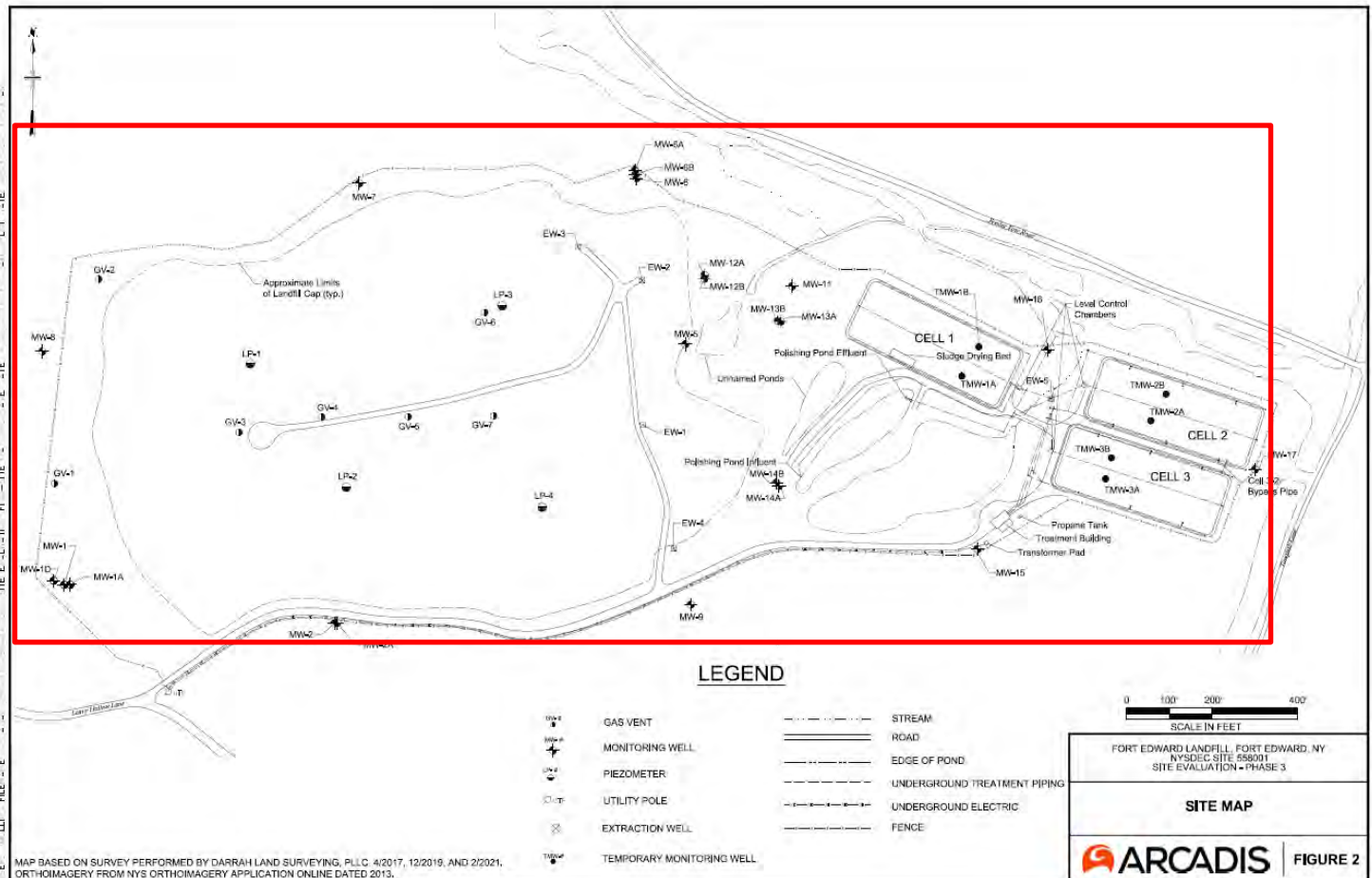
Report No. 30 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 05/19/2021

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.			

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



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

DAILY INSPECTION REPORT

Report No. 30 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 05/19/2021

Site Photographs (Descriptions Below)



View of treatment building interior and Filter Press.

Copy of FedEx bill of lading.

Comments

None at this time.

Site Inspector(s): J. Mullins, C. Churchill, K. Stilson

Date: 5/19/2021

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 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"/>
Comments: None at this time.		

DAILY INSPECTION REPORT

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Report No. 30 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/19/2021

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.		



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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 type="checkbox"/>	N/A <input checked="" 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. 31 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/20/2021

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.	
Weather Conditions									
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Colby Churchill, Kim Stilson				
Temperature	53°F	AM	81°F	PM					
Wind	7 MPH S	AM	16 MPH NW	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	<input type="checkbox"/>	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 COVID monitoring and prevention and insects including ticks and wasps.									
Summary of Work Performed		Arrived at site:	0735	Departed Site:	1430				
Completed annual groundwater, sediment, and surface water sampling.									
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 type="checkbox"/>	NA <input checked="" type="checkbox"/>	
Were there any vehicles which were not tarped?					* Yes	No	<input type="checkbox"/>	NA <input checked="" type="checkbox"/>	
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	<input type="checkbox"/>	NA <input checked="" type="checkbox"/>	
Personnel and Equipment									
Individual		Company		Trade		Total Hours			
Colby Churchill		Arcadis		Jr. Environmental Engineer		7.0			
Kimberly Stilson		Arcadis		Geologist		6.75			
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

Report No. 31 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 05/20/2021

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

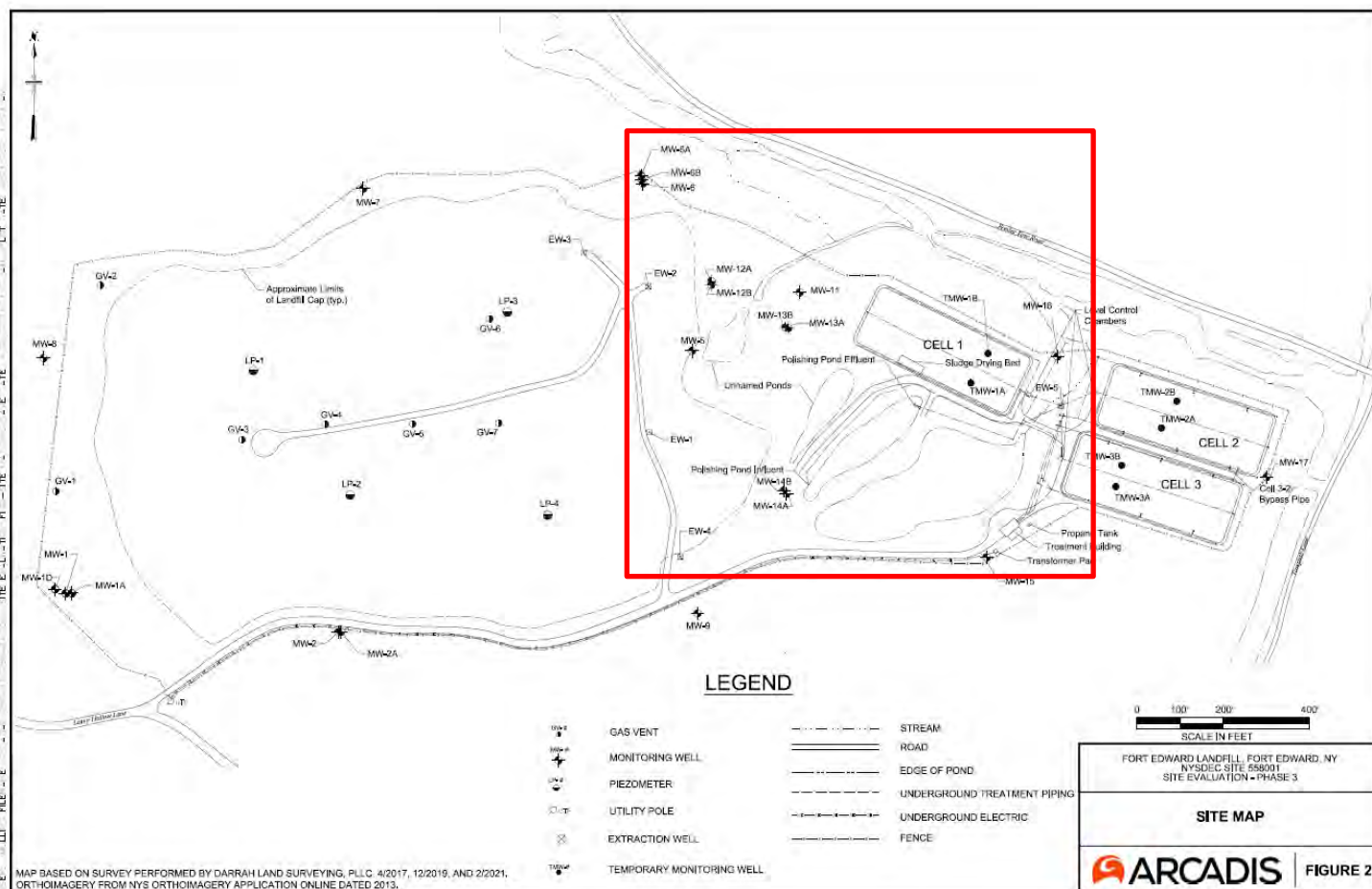
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





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

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 31 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/20/2021

Site Photographs (Descriptions Below)	
	
View of GFFC1 sample location.	View of GFFC2 sample location.
Comments	
None at this time.	
Site Inspector(s): C. Churchill, K. Stilson Date: 5/20/2021	

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"/>
Comments: None at this time.		

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 31 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/20/2021

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.		

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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 type="checkbox"/>	N/A <input checked="" 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 4

Report No. 32

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/25/2021

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	75 °F	AM	85 °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
- Performed routine housekeeping within the treatment building. - Batched sludge from Incline Plate Clarifier (IPC) to Thickener Tank. - Mowed behind EW-1, EW-2, EW-3, and EW-4. - Completed onstream and began blowdown of Filter Press.							
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

Report No. 32 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 05/25/2021

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

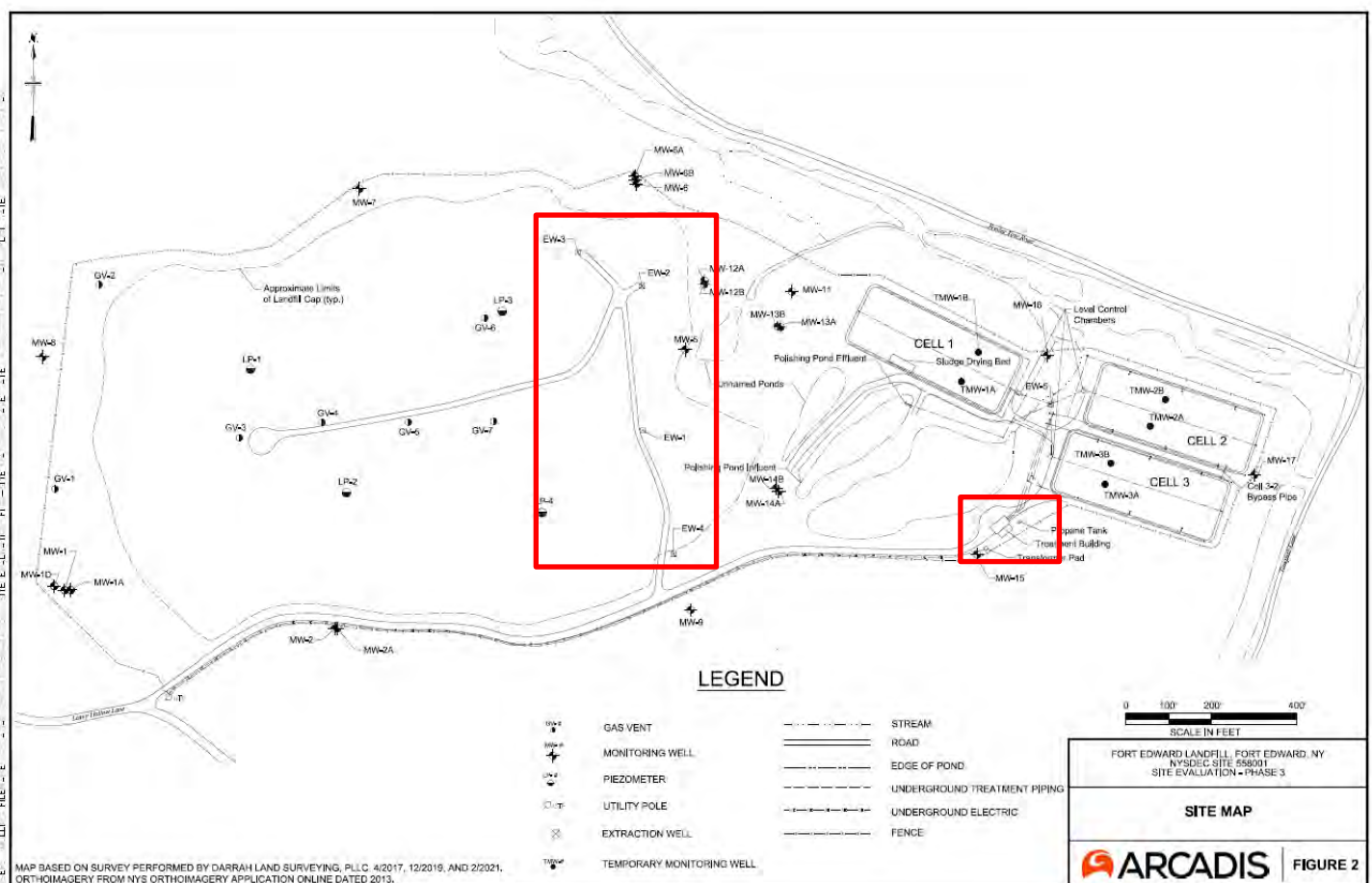
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



Red outlined area indicates the location of work performed on May 25, 2021.

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 32

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/25/2021

Site Photographs (Descriptions Below)	
	
View of IPC plates during sludge batching.	View of Eastern side of landfill.
Comments None at this time.	
Site Inspector(s): Nathan Kloepper Date: 5/25/2021	

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"/>
Comments: None at this time.		


 Department of
Environmental
Conservation


DAILY INSPECTION REPORT

Report No. 32

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 05/25/2021

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"/>
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

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]



Entry/Exit Log with COVID-19 Acknowledgement

Project Name: FORT EDWARD

Project #: 30055713

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

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

Name	Initials	Affiliation	Date	Time In	Time Out
Nathan Kleyton	NK	Arcadis	5/10/2021	0810	1850
Jeremy Wyckoff	JW	Arcadis	5/10/2021	0800	1715
Jasmine Mullins	JM	Arcadis	5/11/2021	0800	1145
Jeremy Wyckoff	JW	Arcadis	5/11/2021	0820	1145
Jasmine Mullins	JM	Arcadis	5/12/2021	1240	1355
K. Stilson	KS	Arcadis	5/17/21	0735	1445
Colby Churchill	CC	Arcadis	5/17/21	0735	1700
Jasmine Mullins	JM	Arcadis	5/17/2021	0735	1445
Jelene Lorenzetti	JL	NYSDEC	5/17/2021	0755 1419	0805 1425
Jasmine Mullins	JM	Arcadis	5/18/2021	0700	1755
Jeremy Wyckoff	JW	Arcadis	5/18/2021	0705	1725
Nathan Kleyton	NK	Arcadis	5/18/2021	0710	1820
Colby Churchill	CC	Arcadis	5/18/2021	0730	1700
K. Stilson	KS	Arcadis	5/18/21	0730	1745

[illegible]



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:

- 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


 Design & Construction
for natural and
built assets
Staff: NKDate: 5/4/2021Time: 0845

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"/>				
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<input checked="" type="checkbox"/>				
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>				
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65	3.46	NA
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	475	19.57	23.0-1
				NA	7.14	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)	<u>0.00</u>		Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually			Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>8.99</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"/>
----------------------------------	-------------------------------------	---------------------------------------	-------------------------------------

Data (Check if OK)

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Propane tank level greater than 20%	<u>70</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>50</u>
Coag visibly dosing?	<input checked="" type="checkbox"/>	at each port	Mid <u>70</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		Lower <u>100</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>11.4</u>	mA Signal	<u>4.8</u>	Notes	
2130 Coagulant	Height (in)	<u>6.0</u>	Stroke Rate	<u>5.5</u>	Notes	
1668 Flocculant	Volume (gal)	<u>370</u>	Stroke Rate	<u>37</u>	Notes	
Dosing pumps at normal rate?					Chemicals needed?	<u>New batch made</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<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>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

Low-Low	Level (off)	Level (on)	High-High
0.5	1	2	3.25

Clarifier Catch Tank**Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- replaced EW-4, replaced EW-4 hose
- EW-3 offline
- changed EW-4 psi high to 80 psi, EW-4 running @ 63 psi
- calibrated chlorine Meter

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 5/10/20

Time: 0800

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

HMI SCREENS

Extraction Wells

Pump Status/Flow

Run pumps in "Manual" to confirm flow, if needed.

Confirm pumps are operating between setpoints

Confirm pressure with pump cycling & not high/low

If pumps on, is water flowing into IPC (Y/N)? Y

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off) A1 ✓

If on - record chlorine concentration (ppm) 0.0

Operate exhaust fan manually ✓

FT-801 reading (GPM) 0.0

Chemical rates normal for flow? ✓

Catch tank display level=actual? ✓

Filtration (Check if OK)

Air compressor pressure in range ✓

Data (Check if OK)

Do Daily & Yesterday Starts make sense Y

Alarms

All Alarms Enabled (Y/N) Y

List any disabled and indicate why

Online (Y/N)

Auto

Manual

Flow (gpm)

Level (ft)

(psi)

EW-1

Y

Y

✓

21.87

4.34

3.89

EW-2

Y

Y

✓

7.63

2.82

2.35

EW-3

Y

Y

✓

—

14.14

NA

EW-4

Y

Y

✓

30.47

6.67

57.50

EW-5

Y

Y

✓

NA

9.81

NA

A2

Auto rotate on/off

Discharge pump operating

Discharge pump pressure normal

Building temp accurate

Mixers operating?

Other Alarms (Y/N)

Solenoid status correct for operation

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load ✓

Check oil level at least monthly ✓

Belt tension ✓

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) ✓

Heaters working ✓

IPC (Y/N)

IPC discharge clear? Y

Floatables? (take photos if yes) Y

Coag visibly dosing? Y

Floc visibly dosing? Y

Chemical Feed (Fill in values)

305 Bleach Height (in) 2.11

mA Signal 4.0

2130 Coagulant Height (in) 3.2

Stroke Rate 0.0

1668 Flocculant Volume (gal) 400

Stroke Rate 0

Dosing pumps at normal rate? Y

Floor Sumps (Y/N)

Sump levels normal? ✓

High-High level switches operate freely? ✓

Excessive sludge/sediment? ✓

Diaphragm pumps (Check if OK)

Proper operation/flow ✓

Regulators working properly ✓

Exhaust mufflers ✓

Filter Press (Check if OK)

Hydraulic ram operating normally ✓

Hydraulic pressure normal ✓

Significant leaks? Y

General/Housekeeping

Wipe down dirty equipment/piping ✓

Sweep and/or wash floors ✓

Fire extinguisher inspection (monthly) ✓

Sludge in Clarifier Catch Tank? Y

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts

Shovel doorways, apply ice melt

Confirm gates and doorways locked

Check auto drain operation ✓

Check dryer - alarms? Cycling? ✓

HX fan operates with compressor? ✓

Propane tank level greater than 20% 70

Check sludge ports (Sludge Y/N)

Indicate % of sludge

at each port

Upper

Mid

Lower

Notes

Notes

Notes

Chemicals needed? Y2 bleach

Pump runs but not emptying sump? Y

Back flowing after pump cycle? Y

Sorbent pads replaced? Y

How many total filled Haz drums onsite? 18

How many Haz drums filled & closed today? 1

Waste drums needed? Y

Drum labels needed? Y

Removed trash? Y

Clear woody vegetation from swales and cap

Look for damage fencing/gates

Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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:

- EW-4, pumped down, too low to get readings
- EW-3 offline, needs more cleaning. being soaked over night
- replaced drums on PPE dock
- moved around PPE
- cleaned CT

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: ML

Date: 5/18/2024

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>N</u>					
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>N</u>					
Confirm pumps are operating between setpoints	EW-3 <u>N</u>					NA
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.72</u>	<u>7.97</u>	<u>56.81</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.82</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>Y</u>
If on - record chlorine concentration (ppm)			Discharge pump operating	<u>Y</u>
Operate exhaust fan manually	<u>Y</u>		Discharge pump pressure normal	<u>Y</u>
FT-801 reading (GPM)	<u>25.94</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>Y</u>
Catch tank display level=actual?	<u>Y</u>		Other Alarms (Y/N)	<u>Y</u>
Filtration (Check if OK)			Solenoid status correct for operation	<u>✓</u>
Air compressor pressure in range	<u>✓</u>			
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>✓</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>70%</u>
-------------------------------------	----------	-------------------------------------	------------

Heaters working

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

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>27.0</u>	mA Signal <u>6.0</u>	Notes
2130 Coagulant	Height (in) <u>12.5</u>	Stroke Rate <u>14.4</u>	Notes
1668 Flocculant	Volume (gal) <u>285</u>	Stroke Rate <u>93</u>	Notes
Dosing pumps at normal rate?		Chemicals needed? <u>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>	Back flowing after pump cycle?	<u>✓</u>
Excessive sludge/sediment?	<u>Y</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>0</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>0</u>

General/Housekeeping

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

Fort Edward Landfill - Typical Operating Parameters

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

Clarifier Catch Tank

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:

- Chlorine Transmitter Failure
- Monthly & Quarterly Sampling completed

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: ML

Date: 5/25/2021

Time: 0930

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

HMI SCREENS

Extraction Wells

Pump Status/Flow

Run pumps in "Manual" to confirm flow, if needed.

Confirm pumps are operating between setpoints

Confirm pressure with pump cycling & not high/low

If pumps on, is water flowing into IPC (Y/N)? Y

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off) A1 off

If on - record chlorine concentration (ppm) 36

Operate exhaust fan manually off

FT-801 reading (GPM) 22.92

Chemical rates normal for flow? Y

Catch tank display level=actual? Y

Filtration (Check if OK)

Air compressor pressure in range ✓

Data (Check if OK)

Do Daily & Yesterday Starts make sense ✓

Alarms

All Alarms Enabled (Y/N) Y

List any disabled and indicate why

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
EW-1	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>20.98</u>	<u>5.62</u>	<u>3.94</u>
EW-2	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>21.65</u>	<u>8.8.17</u>	<u>9.91</u>
EW-3	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>19.87</u>	<u>12.12</u>	<u>NA</u>
EW-4	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>25.11</u>	<u>7.06</u>	<u>54.78</u>
EW-5	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>NA</u>	<u>8.82</u>	<u>NA</u>

A2	<u>off</u>			Auto rotate on/off	<u>✓</u>
				Discharge pump operating	<u>✓</u>
				Discharge pump pressure normal	<u>✓</u>
				Building temp accurate	<u>✓</u>
				Mixers operating?	<u>✓</u>
				Other Alarms (Y/N)	<u>✓</u>
				Solenoid status correct for operation	<u>✓</u>

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load ✓

Check oil level at least monthly ✓

Belt tension ✓

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) ✓

Heaters working ✓

IPC (Y/N)

IPC discharge clear? Y

Floatables? (take photos if yes) Y

Coag visibly dosing? ✓

Floc visibly dosing? ✓

Chemical Feed (Fill in values)

305 Bleach Height (in) 17.2

2130 Coagulant Height (in) 12.4

1668 Flocculant Volume (gal) 360

Dosing pumps at normal rate? ✓

Floor Sumps (Y/N)

Sump levels normal? ✓

High-High level switches operate freely? ✓

Excessive sludge/sediment? ✓

Diaphragm pumps (Check if OK)

Proper operation/flow ✓

Regulators working properly ✓

Exhaust mufflers ✓

Filter Press (Check if OK)

Hydraulic ram operating normally ✓

Hydraulic pressure normal ✓

Significant leaks? ✓

General/Housekeeping

Wipe down dirty equipment/piping ✓

Sweep and/or wash floors ✓

Fire extinguisher inspection (monthly) ✓

Sludge in Clarifier Catch Tank? ✓

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts

Shovel doorways, apply ice melt

Confirm gates and doorways locked

Check auto drain operation ✓

Check dryer - alarms? Cycling? ✓

HX fan operates with compressor? ✓

Propane tank level greater than 20% 70

Check sludge ports (Sludge Y/N) Y

Indicate % of sludge at each port

Upper	<u> </u>
Mid	<u> </u>
Lower	<u> </u>

Notes

Notes

Notes

Chemicals needed? no

Pump runs but not emptying sump? ✓

Back flowing after pump cycle? ✓

Sorbent pads replaced? ✓

How many total filled Haz drums onsite? 2

How many Haz drums filled & closed today? 0

Waste drums needed? ✓

Drum labels needed? ✓

Removed trash? ✓

Clear woody vegetation from swales and cap

Look for damage fencing/gates

Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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:

ATTACHMENT D

Waste Disposal Documents



Please print or type.

Form Approved: OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000235424	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 015866773 FLE		
5. Generator's Name and Mailing Address NYSDEC Fort Edward Landfill 45 Leavy Hollow Lane Hudson Falls, NY 12839 Generator's Phone: (518) 535-1000			Generator's Site Address (if different than mailing address) NAMI				
6. Transporter 1 Company Name Clean Harbors Environmental Services, Inc.			U.S. EPA ID Number MA0019371050				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Spring Grove Resource Recovery Inc. 4879 Spring Grove Avenue Cincinnati, OH 45232 Facility's Phone: (513) 681-5730			U.S. EPA ID Number OH0600015620				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.	RO, UN3472, POLYCHLORINATED BIPHENYLS, SOLID, PG III	012	DRM	2184	IL	800 / L
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. 1212155648							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name Jasmine Robinson		Signature Jasmine Robinson		Month Day Year 05 17 2022			
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Carlton J. Smith		Signature Carlton J. Smith		Month Day Year 05 17 2022		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator)		U.S. EPA ID Number				
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)					Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H1A1		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature		Month Day Year			

NEW YORK STATE GENERATOR RESTRICTED WASTE NOTIFICATION/CERTIFICATION
FOR PCB WASTES

ALL NEW YORK STATE GENERATORS WHO GENERATE PCB WASTE MUST ATTACH THIS
ADDENDUM TO CHI FORM LDR1.

(THIS NOTIFICATION/CERTIFICATION IS ONLY APPLICABLE WITHIN THE STATE OF NEW
YORK)

Generator Name: NYSDEC Fort Edward Landfill

EPA ID No. NYR000235424

Signature: Jasme Williams on behalf of NYSDEC

Date: 05/17/2021

Manifest No.: 015866773FLE

This Addendum to CHI Form LDR1 must be completed for any New York state regulated hazardous waste generated in the State of New York. This form ensures that New York State generators comply with the notification requirements of 6 NYCRR Part 376. All New York State generators shipping PCB waste which is a New York State regulated hazardous waste must check the box and indicate the applicable waste code below.

☐ CHECK HERE. The waste associated with the above manifest includes New York State Regulated PCB Waste which is land restricted in the State of New York and is subject to 6 NYCRR Part 376.4(f). This waste shall be disposed of in accordance with 40 CFR Part 761. Pursuant to 376.4(f)(1)(i), B002 waste from any source other than a spill may not be stabilized or mixed with any other substance to conform with any provision of 40 CFR Part 761 regarding land disposal if the disposal occurs in the State of New York.

Check all which apply: ☐ B001 ☐ B002 ☐ B003 ☐ B004 ☐ B005

☐ B006* (see below)

☒ B007* (see below)

- Generators are required to certify that their B006 and/or B007 waste can be land disposed in accordance with 40 CFR Part 761 without further treatment if:

a. The waste is a B006, and is a transformer which has been drained and flushed pursuant to 40 CFR 761.60(b)(1)(i)(B), or

b. The waste is a B007 and does not contain PCBs which have been deliberately solidified.

☒ CHECK HERE if the B006 and/or B007 waste associated with this manifest conforms to either "a" or "b"

and is intended for land disposal, and sign this form at the top of the page. In accordance with 6 NYCRR Part 376.1(g)(1)(ii) the generator makes the following certification:

"I certify under penalty of law that I personally have examined and am familiar with the waste, through analysis and testing or through knowledge of the waste, to support this certification that the waste complies with the treatment standards specified in Part 376, section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

Site Address SAME

SC PPW 3/1/2021

WORK ORDER NO. 2102480241

DOCUMENT NO. 1425706

STRAIGHT BILL OF LADING

TRANSPORTER 1 Clean Harbors Environmental Services, Inc. VEHICLE ID # _____EPA ID # MAD039322250 TRANS. 1 PHONE (781) 791-5000

TRANSPORTER 2 _____ VEHICLE ID # _____

EPA ID # _____ TRANS. 2 PHONE _____

DESIGNATED FACILITY <u>Spring Grove Resource Recovery Inc.</u>			SHIPPER <u>ATTN: Jasmine Mullins</u> <u>NYSDEC Fort Edward Landfill</u>		
FACILITY EPA ID # <u>OH D000816629</u>			SHIPPER EPA ID # <u>NYR000235424</u>		
ADDRESS <u>4879 Spring Grove Avenue</u>			ADDRESS <u>40 Leavy Hollow Lane</u>		
CITY <u>Cincinnati</u>		STATE <u>OH</u>	ZIP <u>45232</u>	CITY <u>Hudson Falls</u>	
				STATE <u>NY</u>	
				ZIP <u>12839</u>	
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS	TOTAL QUANTITY	UNIT WT/VOL
<u>06 x 22</u>	<u>DM</u>		<u>A. NON D.O.T. REGULATED, NON-HAZARDOUS SOIL CUTTINGS</u>	<u>4,200</u>	<u>P</u>
			B.		
			C.		
			D.		
			E.		
			F.		
			G.		
			H.		
SPECIAL HANDLING INSTRUCTIONS <u>A.CH2155649</u> EMERGENCY PHONE #: (800) 483-3718 GENERATOR: NYSDEC Fort Edward Landfill					

SHIPPERS CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER	PRINT <u>Jasmine Mullins on behalf of NYSDEC</u>	SIGN <u>Jasmine Mullins on behalf of NYSDEC</u>	DATE <u>5/17/2021</u>
TRANSPORTER 1	PRINT <u>[Signature]</u>	SIGN <u>[Signature]</u>	DATE <u>5/17/21</u>
TRANSPORTER 2	PRINT	SIGN	DATE
RECEIVED BY	PRINT	SIGN	DATE

Generator acknowledges that no material change has occurred either in 4 characteristics or in the process generating the material.

TABLES



Table 1. May 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	EW-1	EW-2	EW-3	EW-4	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	CELL 1 EFFLUENT	PPE
Date			5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021
Volatile Organic Compounds (µg/L)												
ACETONE	50	50	100 U	9.6 J	7.9 J	10 U	10 U	5.8 J	10 U	10 U	10 U	10 U
BENZENE	1.0	1.0	9.7 J	3.4	2.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMODICHLOROMETHANE	50	50	10 U	2.0 U	1.0 U	1.0 U	1.0 U	0.96 J	1.0 U	1.0 U	1.0 U	1.0 U
BROMOFORM	50	50	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMOMETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-BUTANONE (MEK)	50	50	100 U	20 U	10 U	10 U	10 U	10 U	10 U	10 U	10 U	10 U
CARBON DISULFIDE	60	60	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CARBON TETRACHLORIDE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROBENZENE	5.0	5.0	12	1.5 J	19	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLORODIBROMOMETHANE	50	--	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROFORM	7.0	7.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	2.6	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROMETHANE	5.0	--	10 U	2.0 U	1.0 U	1.0 U	1.0 U	0.35 J	1.0 U	1.0 U	1.0 U	1.0 U
CYCLOHEXANE	--	--	10 U	2.0 U	1.1	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMO-3-CHLOROPROPANE	0.04	0.04	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	0.0006	0.0006	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROBENZENE	3.0	3.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,3-DICHLOROBENZENE	3.0	3.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,4-DICHLOROBENZENE	3.0	3.0	10 U	2.0 U	5.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLOROBROMOMETHANE	--	--	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLORODIFLUOROMETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,2-DICHLOROETHYLENE	5.0	5.0	390	2.0 U	1.0 U	1.0 U	1.0 U	6.0	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,2-DICHLOROETHYLENE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROETHANE	0.6	0.6	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHYLENE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROPROPANE	1.0	1.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,3-DICHLOROPROPENE	0.4	0.4	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,3-DICHLOROPROPENE	0.4	0.4	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,4-DIOXANE	1.0	--	130 EB	44 EB	68 EB	3.6 EB	3.9 EB	6.5 EB	3.8 EB	2.7 EB	1.9 EB	2.3 EB
ETHYLBENZENE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-HEXANONE	50	50	50 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U
ISOPROPYLBENZENE (CUMENE)	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ACETATE	--	--	25 U	5.0 U	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U
METHYL TERT-BUTYL ETHER (MTBE)	10	10	10 U	0.71 J	0.45 J	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL CYCLOHEXANE	--	--	10 U	2.0 U	0.41 J	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYLENE CHLORIDE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	--	--	45 J	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U
STYRENE	5.0	930	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1,2-TETRACHLOROETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TETRACHLOROETHYLENE (PCE)	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TOLUENE	5.0	5.0	13	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2,4-TRICHLOROBENZENE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1-TRICHLOROETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLOROETHANE	1.0	1.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROETHYLENE (TCE)	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROFLUOROMETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	5.0	5.0	10 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
VINYL CHLORIDE	2.0	2.0	560	2.0 U	1.0 U	1.0 U	1.0 U	3.3	1.0 U	1.0 U	1.0 U	1.0 U
XYLENES, TOTAL	5.0	5.0	25	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U

Notes:

Constitutents detected above the New York State Department of Environmental Conservation Groundwater Standard and Guidance Value (NYSDEC Class GA GW Standard) are in **bold**.

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

B - The analyte was found in the blank and in the sample.

E - The compound concentration exceeds the upper level of the calibration range for the instrument.

J - The concentration is an approximate value.

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

µg/L - micrograms per liter

Table 1. May 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	EW-1	EW-2	EW-3	EW-4	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	CELL 1 EFFLUENT	PPE
Date			5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021
Polychlorinated Biphenyls (µg/L)												
PCB-1016 (AROCLOR 1016)	*	*	8,600	0.3 J	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.23 J	0.5 J
PCB-1221 (AROCLOR 1221)	*	*	500 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1232 (AROCLOR 1232)	*	*	500 U	0.5 U	1.9	1.1	3.1	8.7	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1242 (AROCLOR 1242)	*	*	500 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1248 (AROCLOR 1248)	*	*	500 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1254 (AROCLOR 1254)	*	*	500 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1260 (AROCLOR 1260)	*	*	500 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1262 (AROCLOR 1262)	*	*	500 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1268 (AROCLOR 1268)	*	*	500 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
Metals (mg/L)												
ALUMINUM	--	2.0	0.2 U	0.2 U	0.2 U	0.2 U	0.2 U	0.322	0.2 U	0.2 U	0.903	1.59
ANTIMONY	0.003	0.006	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U
ARSENIC	0.03	0.05	0.015 U	0.0168	0.0097 J	0.015 U	0.015 U	0.015 U	0.015 U	0.015 U	0.0145 J	0.015 U
BARIUM	1.0	2.0	0.498	0.14	0.191	0.0488	0.0469	0.0407	0.0287	0.0386	0.342	0.046
BERYLLIUM	0.003	0.003	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U
CADMIUM	0.005	0.01	0.0006 J	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.0006 J	0.002 U
CALCIUM	--	--	170	120	77.8	92.2	91.4	80.4	98.7	88.9	97.3	76.8
CHROMIUM, TOTAL	0.05	0.10	0.0027 J	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.0019 J
COBALT	--	--	0.0069	0.0038 J	0.0097	0.0019 J	0.0016 J	0.002 J	0.004 U	0.00085 J	0.021	0.00088 J
COPPER	0.2	1.0	0.0112	0.0309	0.0029 J	0.01 U	0.01 U	0.01 U	0.01 U	0.0028 J	0.021	0.0029 J
IRON	0.3	0.6	63.6 B	18.0	31.9 B	18.3 B	15.5 B	2.22 B	0.253 B	1.71 B	60.6 B	2.22 B
LEAD	0.03	0.05	0.0082 J	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.0043 J	0.01 U
MAGNESIUM	35	35	61.4	41.6	37.0	21.5	21.7	19.8	17.4	15.1	15.4	17.7
MANGANESE	0.3	0.6	1.02	0.879	0.254	1.61	1.6	1.18	0.145	0.309	4.79	0.265
MERCURY	0.0007	0.0014	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U
NICKEL	0.1	0.2	0.0272	0.01	0.0086 J	0.0017 J	0.0016 J	0.0017 J	0.0014 J	0.0033 J	0.0344	0.0044 J
POTASSIUM	--	--	42.6	2.7	33.3	2.4	2.4	3.53	3.71	3.03	2.64	2.98
SELENIUM	0.01	0.02	0.025 U	0.025 U	0.025 U	0.025 U	0.025 U	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	0.006 U	0.006 U	0.006 U	0.006 U	0.006 U
SODIUM	20	--	234	105	65.4	48.2	47.4	62.5	55.0	44.5	34.5	45.1
THALLIUM	0.0005	0.0005	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U
VANADIUM	--	--	0.0041 J	0.005 U	0.0048 J	0.005 U	0.005 U	0.005 U	0.005 U	0.005 U	0.0077	0.0029 J
ZINC	2.0	5.0	0.0225	0.0612	0.008 J	0.01 U	0.0119	0.01 U	0.0018 J	0.0016 J	0.17	0.0086 J
Conventional Chemistry (mg/L)												
TOTAL DISSOLVED SOLIDS	--	--	1,510	793	630	489	483	487	484	430	421	381
TOTAL SUSPENDED SOLIDS	--	--	60.8	58.8	64.4	45.6	46.0	6.0	4.0 U	4.0 U	274	40.8
TOTAL ORGANIC CARBON	--	--	NA	NA	NA	NA	3.7	4.5	NA	NA	NA	NA

Notes:
Constituents detected above the New York State Department of Environmental Conservation Groundwater Standard and Guidance Value (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 ug/L.
B - Compound was found in the blank and sample.
J - The concentration is an approximate value.
NA - Not analyzed.
U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.
mg/L - milligrams per liter
µg/L - micrograms per liter

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



Location	NYSDEC Guidance Value	USEPA Lifetime Health Advisory	EW-1	EW-2	EW-3	EW-4	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	CELL 1 EFFLUENT	PPE
Date			5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021	5/18/2021
Perfluorinated Alkyl Substance (ng/L)												
PERFLUOROBUTANOIC ACID (PFBA)	100	--	131 B	17.7 B	10.5 B	8.5 B	7.96 B	8.25 B	8.95 B	9.28 B	7.56 B	9.38 B
PERFLUOROPENTANOIC ACID (PFPeA)	100	--	226	26.3	17.5	17.8	15	16.6	12.6	10.6	9.51	12.7
PERFLUOROBUTANESULFONIC ACID (PFBS)	100	--	9.97 B	2.92 B	2.34 B	1.68 B	1.7 B	1.75 B	2.09 B	1.85 B	1.77 B	1.78 B
PERFLUOROHEXANESULFONIC ACID (PFHxS)	100	--	32.6	9.64	5.65	1.62 J	1.63 J	2.06	2.23	1.77	1.35 J	1.84
PERFLUOROHEXANOIC ACID (PFHxA)	100	--	401	51.2	35.3	25.1	22.2	23.8	18.9	14.4	12.1	15.8
PERFLUOROHEPTANESULFONIC ACID (PFHpS)	100	--	1.83	0.6 J	0.36 J	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
PERFLUOROHEPTANOIC ACID (PFHpA)	100	--	150 B	20.6 B	13.7 B	6.64 B	6.5 B	7.92 B	6.87 B	5.59 B	5.31 B	6.85 B
PERFLUOROOCTANOIC ACID (PFOA)	10	70	1,140	54.9	30.1	18.9	18.6	34.4	26.2	20.5	15.2	24
PERFLUOROOCTANESULFONIC ACID (PFOS)	10	70	60.5 B	18.6 B	14.8 B	4.72 B	4.45 B	6.04 B	3.91 B	3.28 B	2.78 B	4.13 B
PERFLUORONONANOIC ACID (PFNA)	100	--	2.24	0.61 J	0.35 J	1.67 U	1.7 U	1.7 U	0.35 J	0.3 J	0.34 J	0.6 J
PERFLUORODECANOIC ACID (PFDA)	100	--	0.47 JB	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
PERFLUOROUNDECANOIC ACID (PFUnA)	100	--	1.62 U	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
PERFLUORODODECANOIC ACID (PFDoA)	100	--	1.62 U	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
PERFLUOROTRIDECANOIC (PFTriA)	100	--	1.62 U	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
PERFLUOROTETRADECANOIC ACID (PFTeA)	100	--	1.62 U	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
PERFLUORODECANESULFONIC ACID (PFDS)	100	--	1.62 U	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
PERFLUOROOCTANESULFONAMIDE (FOSA)	100	--	1.62 U	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
N-METHYLPERFLUOROOCTANESULFONAMIDOACETIC ACID (NMeFOSAA)	100	--	1.98 J	4.12 U	4.29 U	4.17 U	4.26 U	4.25 U	4.26 U	4.16 U	4.29 U	4.15 U
N-ETHYLPERFLUOROOCTANESULFONAMIDOACETIC ACID (NEtFOSAA)	100	--	51.1	2.12 J	1.67 J	4.17 U	4.26 U	1.17 J	4.26 U	4.16 U	4.29 U	4.15 U
1H,1H,2H,2H-PERFLUOROOCTANESULFONIC ACID (6:2)	100	--	2.12 J	4.12 U	4.29 U	4.17 U	4.26 U	4.25 U	4.26 U	4.16 U	4.29 U	4.15 U
1H,1H,2H,2H-PERFLUORODECANESULFONIC ACID (8:2)	100	--	1.62 U	1.65 U	1.71 U	1.67 U	1.7 U	1.7 U	1.71 U	1.67 U	1.69 U	1.66 U
TOTAL PFOA + PFOS	--	70	1,200.5	73.5	44.9	23.62	23.05	40.44	30.11	23.78	17.98	28.13
TOTAL PFAS	500	--	2,210.81	205.19	132.27	84.96	78.04	100.82	82.1	67.57	55.92	77.08

Notes:
Constitutents detected above the New York State Department of Environmental Conservation Groundwater Standard and Guidance Value (NYSDEC Class GA GW Standard) are in **bold**.
Constitutents detected above the United States Environmental Protection Agency (USEPA) Lifetime Health Advisory are highlighted in orange.
B - Compound was found in the blank and sample.
J - The concentration is an approximate value.
U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.
ng/L - nanograms per liter

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