

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

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

Dear Mr. Long:

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

#### LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

#### **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, Arcadis CE, Inc. 855 Route 146 Suite 210 Clifton Park New York 12065 Tel 518 250 7300 Fax 518 250 7301 www.arcadis.com

Date: June 24, 2021

Contact: Andy Vitolins, P.G.

Phone: 518.250.7300

Email: andy.vitolins@arcadis.com

Our ref: 30055713

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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 offsite 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.

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#### **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

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(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

<sup>Copies:</sup> 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

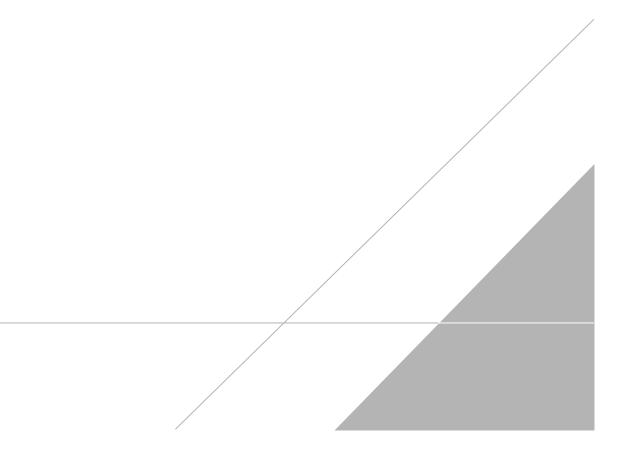
Attachment C – Arcadis Weekly O&M Logs

Attachment D - May 2021 Waste Disposal Documents

Table 1 - May 2021 Treatment System Analytical Data

# **ATTACHMENT A**

NYSDEC Daily Inspection Reports



#### DAILY INSPECTION REPORT Report No.25 Fort Edward Landfill - NYSDEC Site No. 558001 \_\_\_\_ Date: \_05/04/2021 \_\_\_

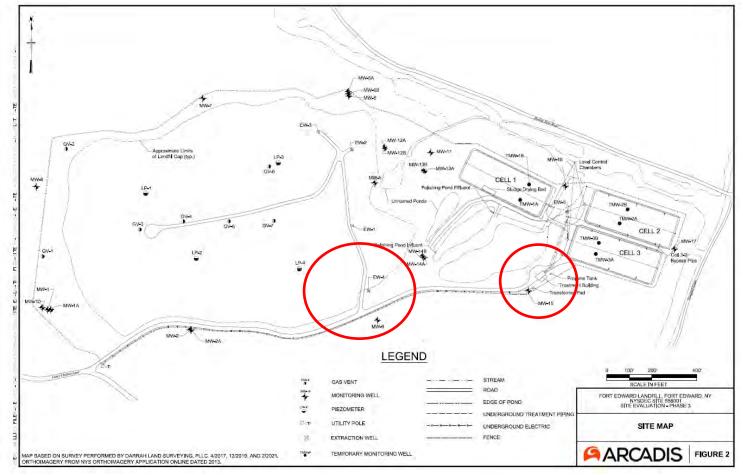
Site Location: Hudso	ental Remediat	ion y	Environmental Conservation		D009804 Superintendent:				
					NYSDEC PM:	Pays	son Lo	ng	
General Description	Cloudy	Condition	Cloudy	PM	<ul> <li>Consultant PM: Andy Vitolins, P.C</li> </ul>				P.G.
Temperature	54°F	AM	63 °F	PM	Consultant Site Inspectors: Nath				han
Wind	4 MPH ENE	AM	4 MPH NE	PM	Kloepfer				
Health & Safety	abaakad "Vaa	" provido	ovalonation under	"Lloolth 9	Sofaty Com		<b>1</b> 0"		
If any box below is Were there any change				Health d	*Yes	No	τs. Χ	NA	
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Were there any nuisand	· · · ·		•		*Yes	No	Х	NA	
Health & Safety Con	•							1	
None at this time. Summary of Work P	erformed	Arrived at	site: 0845	D	eparted Site:		2	010	
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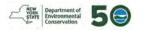
Report No.25 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_

Visitors to Site				
Name	Re	presenting	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 O	wners, Media, et	с.		
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.







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

# DAILY HEALTH CHECKLIST

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

# REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🖂
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🖂
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖂
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖂
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗆	No 🖂
<ul> <li>If Yes to <u>any</u> of 1-4 above: <ul> <li>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.</li> <li>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.</li> </ul> </li> <li>Comments: <ul> <li>None at this time.</li> </ul> </li> </ul>	Yes 🗆	No 🗆

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



#### DAILY INSPECTION REPORT Report No.26 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_\_

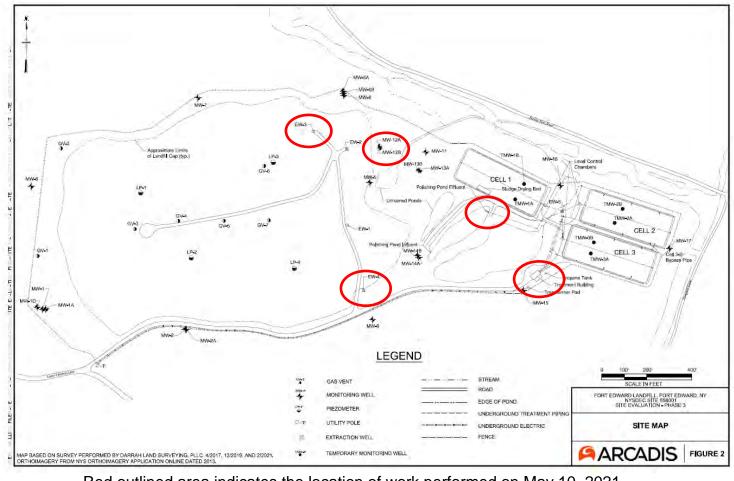
Site Location: Hudso	n Falls, New Y	York				uperintender				
					N	YSDEC PM:	Pays	son Lo	ng	
General Description	Clear	r Condition	s Sunny		PM C	onsultant PM	1: An	dy Vito	lins, F	P.G.
Temperature	55°F	AM	63 °F			onsultant Sit	e Ins	pectors	s: Nat	han
Wind	4 MPH NW		12 MPH WN							
Health & Safety If any box below is o	checked "Yes	s", provide	explanation un	der "Hea	lth & S	afety Com	men	ts".		
Were there any changes						*Yes	No		NA	
Were there any exceeda	inces of the per	rimeter air mo	nitoring reported	on this date	e?	*Yes	No		NA	Х
Were there any nuisance	-					*Yes	No	Х	NA	
Health & Safety Com	-					100		~		
Summary of Work Po	erformed	Arrived at	site: 0	800	Dep	arted Site:		18	350	
<ul> <li>Completed onstream</li> <li>Moved soil cutting d</li> <li>Mowed around Polis</li> <li>Pulled, cleaned, and</li> </ul>	rums from MW- hing Pond. I re-installed EV	-12 area to int		building p	rior to w	aste pickup.				
<ul><li>Moved soil cutting d</li><li>Mowed around Polis</li></ul>	rums from MW- shing Pond. I re-installed EV Fracking hecked "Yes	-12 area to ini V-3 pump. <b>", provide e</b>	terior of treatment	der "Mate	erial Tr		nme No		NA	
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<ul> <li>Moved soil cutting d</li> <li>Mowed around Polis</li> <li>Pulled, cleaned, and</li> <li>Equipment/Material</li> <li>If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Personnel and Equip</li> <li>Individual</li> <li>Nathan Kloepfo</li> <li>Jeremy Wycko</li> </ul>	rums from MW- shing Pond. I re-installed EV Fracking hecked "Yes which did not c which were no which were no which were no oment	-12 area to int N-3 pump. ", provide e display proper t tarped? t decontamina Co A	explanation und r D.O.T numbers a ated prior to exitin mpany rcadis	der "Mate and placard g the work	erial Tr ds? site? Trad	acking Cor *Yes * Yes * Yes ech jist	No No No	X Total 11 9	NA NA Hour 0.8 .25	X
<ul> <li>Moved soil cutting d</li> <li>Mowed around Polis</li> <li>Pulled, cleaned, and</li> </ul> Equipment/Material If any box below is c Were there any vehicles Dersonnel and Equip Individual Nathan Kloepfe Jeremy Wycke Equipment Description	rums from MW- shing Pond. I re-installed EV Fracking hecked "Yes which did not c which were no which were no which were no oment	-12 area to int N-3 pump. ", provide e display proper t tarped? t decontamina Co A	explanation und r D.O.T numbers a ated prior to exitin mpany rcadis rcadis Contractor/Ven	der "Mate and placaro g the work dor oga	erial Tr ds? site? Trad Filed Tr Geolog	acking Cor *Yes * Yes * Yes ech jist	No No No	X Total 11 9	NA NA Hour 0.8 .25 sed hrs	X
<ul> <li>Moved soil cutting d</li> <li>Mowed around Polis</li> <li>Pulled, cleaned, and</li> <li>Equipment/Material</li> <li>If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Personnel and Equip</li> <li>Individual</li> <li>Nathan Kloepfe</li> <li>Jeremy Wycko</li> </ul>	rums from MW- shing Pond. I re-installed EV Fracking hecked "Yes which did not c which were no which were no which were no oment prion k Loader Imported/ Delivered	-12 area to ini N-3 pump. ", provide e display proper t tarped? t decontamina Co A A A	explanation und r D.O.T numbers a ated prior to exitin mpany rcadis contractor/Ven Bobcat of Sarate	der "Mate and placaro g the work dor oga	erial Tr ds? site? Trad Filed Tr Geolog	acking Cor *Yes * Yes * Yes e ech jist Quantity 1 e or Disposal	No No No	X Total 11 9 Us 2 2 Daily	NA NA Hour 0.8 .25 sed hrs	X s aily
<ul> <li>Moved soil cutting d</li> <li>Mowed around Polis</li> <li>Pulled, cleaned, and</li> <li>Equipment/Material</li> <li>If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Personnel and Equip</li> <li>Individual</li> <li>Nathan Kloepfe</li> <li>Jeremy Wycko</li> </ul>	rums from MW- shing Pond. I re-installed EV Fracking hecked "Yes which did not c which were no which were no oment er ff ption k Loader Imported/ Delivered to Site	-12 area to ini N-3 pump. ", provide e display proper t tarped? t decontamina Co A A Exported off Site	explanation und r D.O.T numbers a ated prior to exitin mpany rcadis rcadis Contractor/Ven Bobcat of Sarato Waste Profil (If Applicable	der "Mate and placaro g the work dor oga	erial Tr ds? site? Trad Filed Tr Geolog	acking Cor *Yes * Yes * Yes e ech jist Quantity 1 e or Disposal	No No No	X Total 11 9 Us 2 2 Daily	NA NA Hour 0.8 .25 sed hrs	X s aily



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

Visitors to Site				
Name	Re	presenting	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 O	wners, Media, et	с.		
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.





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

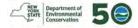
# DAILY HEALTH CHECKLIST

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

# REMEDIAL ACTIVITIES AT PROPERTIES

No 🖂
No 🖂
No 🖂
No 🖂
No 🖂
No 🗆

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



#### DAILY INSPECTION REPORT Report No. 27 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_

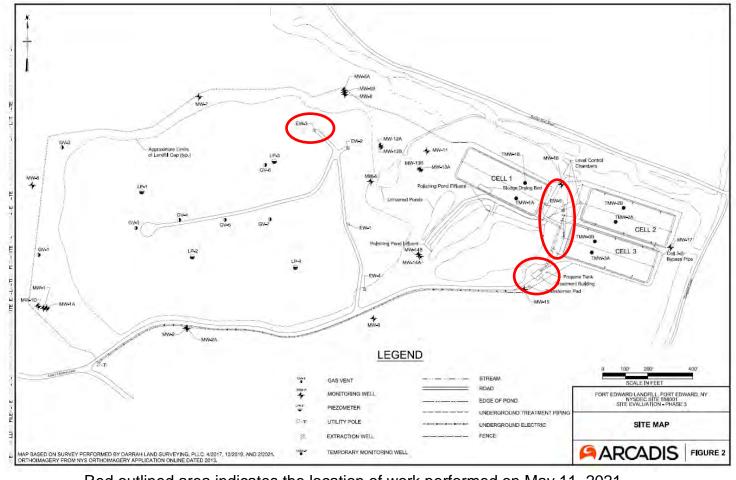
NYSDEC Division of Environme	ntal Remediati	on Ver	W Department of Environmental Conservation	5	$ \mathbf{ > } $	NYSDEC Co D009804		0.	
Site Location: Hudso	n Falls, New Y	′ork				_ Superintendent: NYSDEC PM: Payson Long			
	Weather	Condition	s				•	•	
General Description	Cloudy	AM	Partly Cloud	ly	PM	<ul> <li>Consultant PM: Andy Vitolins, P.G</li> </ul>			
Temperature	44°F	AM	53 °F	,	PM	Consultant Site Inspectors:			
Wind	9 MPH WSW	/ AM	10 MPH W	'	PM	Jasmine Mullins, Jeremy Wyckol			
Health & Safety If any box below is o	checked "Yes	", provide	explanation un	der "Hea	alth &	Safety Comn	nents".		
Were there any changes	s to the Health &	Safety Plan	?			*Yes No NA			
Were there any exceeda	ances of the peri	meter air mo	nitoring reported o	on this dat	te?	*Yes	No	NA X	
Were there any nuisance	e issues reporte	d/observed o	on this date?			*Yes	No	NA X	
Health & Safety Com									
None at this time.	orformed	Arrived at		800		partad Sita:	11	45	
Summary of Work Po	enormed	Arrived at	site. 0	000	De	parted Site:	11	40	
Equipment/Material If any box below is c Were there any vehicles	checked <sup>—</sup> "Yes"		•			*Yes	ments". No	NA X	
Were there any vehicles	which were not	tarped?				* Yes	No	NA X	
Were there any vehicles	which were not	decontamin	ated prior to exiting	g the work	k site?	* Yes	No	NA X	
Personnel and Equip	oment								
		<u> </u>							
Individual					Tra	ade	Total	Hours	
Jasmine Mullin		А	<b>mpany</b> rcadis		nvironm	ental Engineer	3.	8	
		А			nvironm			8	
Jasmine Mullin		А	rcadis		nvironm	ental Engineer	3.	8	
Jasmine Mullin	off	А	rcadis	P	nvironm	ental Engineer	3.	8	
Jasmine Mullir Jeremy Wycko	off	А	rcadis	P	nvironm	ental Engineer Geologist	3.	8	
Jasmine Mullir Jeremy Wycko	off	А	rcadis	dor	Project (	ental Engineer Geologist	3.	8 ed Daily Weight	
Jasmine Mullir Jeremy Wycko Equipment Descri	iption	A A Exported	Contractor/Ven Waste Profil	dor	Project (	Quantity	3. 3. Us Daily	8 ed Daily	
Jasmine Mullir Jeremy Wycko Equipment Descri	iption	A A Exported off Site	Contractor/Ven Waste Profil (If Applicable	dor	Project (	Quantity	3. 3. Us Daily	8 ed Daily Weight	
Jasmine Mullin Jeremy Wycko Equipment Descri Material Description	iption	A A Exported off Site icket for mate	Contractor/Ven Waste Profil (If Applicable	dor	Project (	Quantity	3. 3. Us Daily	8 ed Daily Weight	



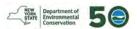
Report No. 27 Fort Edward Landfill - NYSDEC Site No. 558001

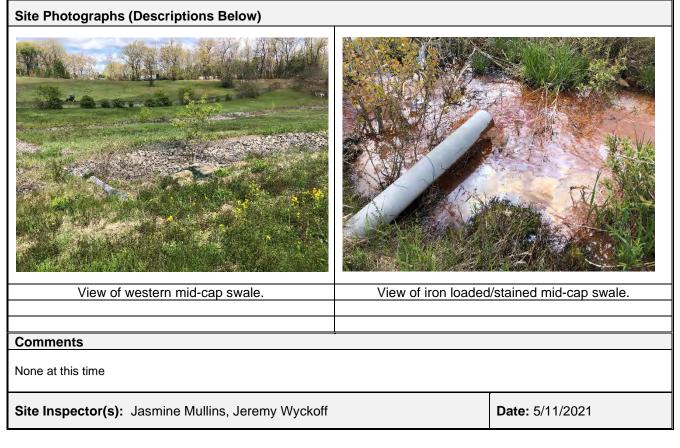
Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
			Yes	No
			Yes	Νο
			Yes	Νο
Site Representatives				
Name		Representing		
Project Schedule Comments				
None at this time.				
Issues Pending				
None at this time.				
Interaction with Public, Property O	wners, Media, et	С.		
None 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 HEALTH CHECKLIST

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



#### DAILY INSPECTION REPORT Report No. 27 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_

# REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🖂
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🖂
3.	Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes 🗆	No 🖂
4.	Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🖂
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗆	No 🖂
If ۱	/es to <u>any</u> of 1-4 above:		
•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or		
	conduct service without entry.	Yes □	No 🗆
•	If it is critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE*		
	(including respiratory protection) - and do so prior to entry.		
Co	mments:		
No	ne at this time.		

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



# DAILY INSPECTION REPORT Report No. 28 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_\_

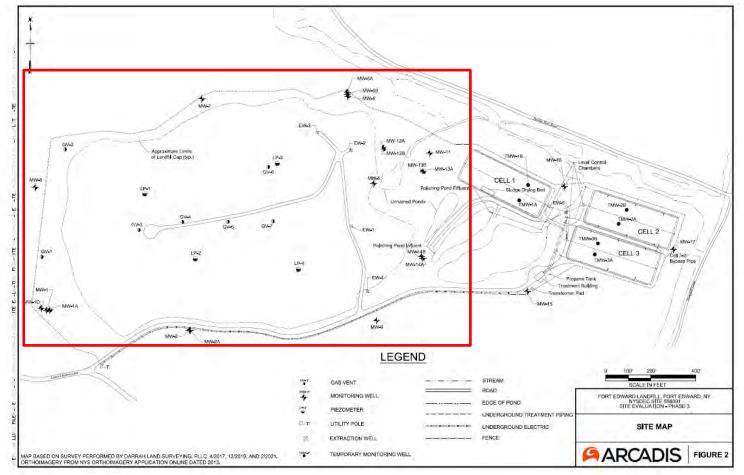
ety Plan? er air mor served or ncluding ti rived at s nd surfac OH at mo treatment tation and rovide e: ay proper	Sunny 80°F 7 MPH NW explanation und nitoring reported of n this date? icks and wasps. site: 07 ce water sampling ponitoring wells MW t building and stor d disposal of 12 F xplanation unc D.O.T numbers a	der "Hea on this data 735	PM C PM C PM K Ith & S e? Dep , and M ainer. je drum	*Yes *Yes *Yes arted Site: W-12A. s and 6 Soil C <b>acking Con</b>	Payson Lo : Andy Vito a Inspector s, Colby C ments". No X No X No X 1 Cutting drur	NA NA NA NA 745		
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rovide e ety Plan? er air mor served or ncluding ti rived at s nd surfac OH at mo treatment tation and rovide e	explanation understand         initoring reported of n this date?         icks and wasps.         site:       0°         ce water sampling ponitoring wells MW to building and stored disposal of 12 F         xplanation uncertainty         xplanation uncertainty	der "Hea on this date 735 /-8, MW-9 rage conta ilter Sludg	PM k	Arred Site: W-12A. s and 6 Soil C arking Con	nents". No X No X	NA NA X NA 745		
ety Plan? er air mor served or ncluding ti rived at s nd surfac OH at mo treatment tation and rovide e: ay proper	nitoring reported on this date? icks and wasps. site: 0 <sup>-</sup> ce water sampling ponitoring wells MW t building and stord d disposal of 12 F <b>xplanation unc</b> D.O.T numbers a	on this date 735 /-8, MW-9 rage conta ilter Sludg	e? Dep , and M ainer. je drum	*Yes *Yes *Yes arted Site: W-12A. s and 6 Soil C <b>acking Con</b>	No X No X	NA X NA 745		
er air mor served or ncluding ti rived at s nd surfac OH at mo treatment tation and rovide e: ay proper	nitoring reported on this date? icks and wasps. site: 0 <sup></sup>	735 /-8, MW-9 rage conta ilter Sludg	Dep , and M ainer. je drum	*Yes *Yes arted Site: IW-12A. s and 6 Soil C	No X	NA X NA 745		
ncluding ti ncluding ti rived at s nd surfac OH at mo treatment tation and rovide e: ay proper	n this date? icks and wasps. site: 0 ce water sampling onitoring wells MV t building and sto d disposal of 12 F xplanation unc D.O.T numbers a	735 /-8, MW-9 rage conta ilter Sludg	Dep , and M ainer. je drum	*Yes arted Site: IW-12A. s and 6 Soil C racking Con	No X	NA 745		
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nd surfac OH at mo treatment tation and <b>rovide e</b> ay proper	ce water sampling onitoring wells MV t building and sto d disposal of 12 F xplanation unc D.O.T numbers a	/-8, MW-9 rage conta ilter Sludg	, and M ainer. Je drum	W-12A. s and 6 Soil C <b>acking Con</b>	Cutting drur			
OH at mo treatment tation and rovide ex ay proper	nitoring wells MV t building and sto d disposal of 12 F <b>xplanation unc</b> D.O.T numbers a	/-8, MW-9 rage conta ilter Sludg	ainer. je drum erial Tr	s and 6 Soil C acking Con		ns.		
	tied prior to exiting	g the work		I not display proper D.O.T numbers and placards?*YesNoXNAre not tarped?* YesNoNAre not decontaminated prior to exiting the work site?* YesNoX				
	•	~				4		
Con	npany		Trad	e	Tota	l Hours		
	cadis	Staff En	vironme	ntal Engineer	7	.25		
	cadis	Jr. Env		tal Engineer		9.5		
Arcadis NYSDOH			Geolo Data An		<u>10.25</u> 0.1			
	Contractor/Ven	dor		Quantity	U	sed		
ported ff Site	Waste Profile (If Applicable	_		or Disposal f Applicable)	Daily Loads	Daily Weight (tons)*		
Yes	CH2155648			nnati, OH Iountain, UT	12 55-Gal Drums	N/A		
Yes	(14)1666/10			,	6 55-Gal Drums	N/A		
						+		
	Yes	Yes CH2155649	Vec CH2155649	Ves CH2155649 Cincir	Yes     CH2155649     Grassy Mountain, UT       Yes     CH2155649     Cincinnati, OH       Grassy Mountain, UT     Grassy Mountain, UT	Ves CH2155649 Cincinnati, OH 6 55-Gal		



#### DAILY INSPECTION REPORT Report No. 28 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_\_

Visitors to Site							
Name	Re	presenting	Entered Exclusion/CRZ Zo				
Jolene Lozewski	1	NYSDOH	Yes	No X			
			Yes	No			
			Yes	No			
Site Representatives			<u>.</u>				
Name Representing							
Project Schedule Comments		-					
None at this time.							
Issues Pending							
None at this time.							
Interaction with Public, Property C	wners, Media, et	C.					
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.



# Site Photographs (Descriptions Below) Image: Site Inspector(s): J. Mullins, C. Churchill, K. Stilson Image: Site Inspector(s): J. Mullins, C. Churchill, K. Stilson

# DAILY HEALTH CHECKLIST

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



# DAILY INSPECTION REPORT Report No. 28 Fort Edward Landfill - NYSDEC Site No. 558001

# REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🖂
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🖂
3.	Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖂
4.	Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🖂
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🛛	No 🗆
lf \	Yes to <u>any</u> of 1-4 above:		
٠	If it is not 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.	Yes 🗆	No 🗆
٠	If it is critical that service/entry be carried out immediately, advise occupants that as a		
	precaution and for our own protection, project personnel will be donning appropriate PPE*		
	(including respiratory protection) - and do so prior to entry.		
Co	omments:		
No	ne at this time.		

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



# DAILY INSPECTION REPORT Report No. 29 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_

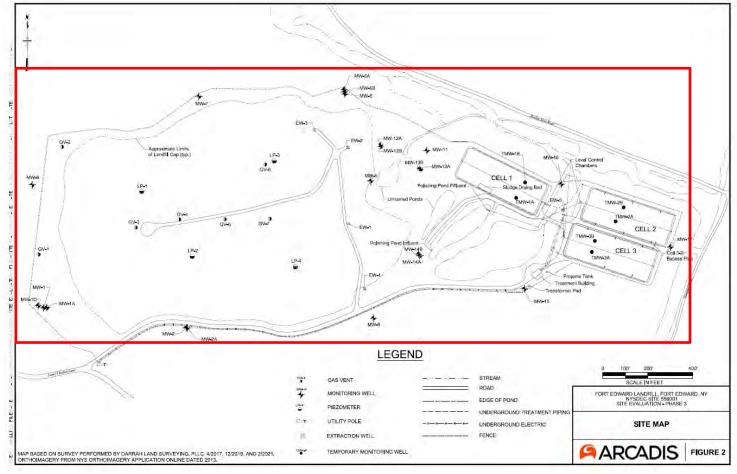
NYSDEC Division of Environme Site Location: Hudso		1011 1	W Department of RK Environmental Conservation	50		NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long				
	Weather	<sup>·</sup> Condition	S				•	•	~	
General Description	Sunny	AM	Sunny		PM	Consultant PN	i: Anay vito	lins, P.C	J.	
Temperature	58°F	AM	82 °F		PM	Consultant Sit				
Wind	3 MPH SW	AM	12 MPH S		PM	Jasmine Mullins, Colby Churchill, Kim Stilson, Nate Kloepfer, Jerem Wyckoff, Todd Carignan				
Health & Safety If any box below is	checked "Yes	s", provide	explanation un	der "He	ealth &	Safety Com	ments".			
Were there any change	s to the Health 8	Safety Plan	1?			*Yes	No X	NA		
Were there any exceed	ances of the peri	imeter air mo	onitoring reported a	on this da	ate?	*Yes	No	NA 🕽	Х	
Were there any nuisand						*Yes	No X	NA		
-						163				
Health & Safety Con	nments									
COVID monitoring and	prevention, inse	cts including	ticks and wasps.							
Summary of Work P	erformed	Arrived at	t site: 0	705	De	parted Site:	1820			
If any box below is of Were there any vehicles Were there any vehicles	Impment/Material Tracking         ny box below is checked "Yes", provide explanation under "Material Tracking Comments"         e there any vehicles which did not display proper D.O.T numbers and placards?       *Yes       No       X         e there any vehicles which were not tarped?       *Yes       No       X         e there any vehicles which were not tarped?       *Yes       No         e there any vehicles which were not decontaminated prior to exiting the work site?       *Yes       No			No X	NA NA X					
Personnel and Equi		decontainin				100	110		<u>`</u>	
	pinent									
Individual			ompany			ade		Hours		
Jasmine Mulli Colby Church		Arcadis Arcadis		Staff Environmental Engineer Jr. Environmental Engineer		<u> </u>				
Kimberly Stils	on	A	rcadis		Geo	logist	10	10.25		
Nate Kloepfe		Arcadis		Field Tech		11.23				
Jeremy Wycko Todd Carigna		Arcadis Arcadis		Geologist Engineer		<u>u</u>	<u> </u>			
Jolene Lozews			YSDOH			Analyst		).1		
						T				
Equipment Descr	ription		Contractor/Ven	dor		Quantity	U	sed		
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profil (If Applicable			ce or Disposal y (If Applicable	) Daily Loads	Dail Weig (tons	ght	
*On-Site scale for off-site s	hipment, delivery	L ticket for mate	I rial received					1		
Equipment/Material Tr None at this time.										



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

Visitors to Site					
Name	Re	presenting	Entered Exclusion/CRZ Zon		
Jolene Lozewski	٦	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 Ov	vners, Media, et	С.			
None at this time.					

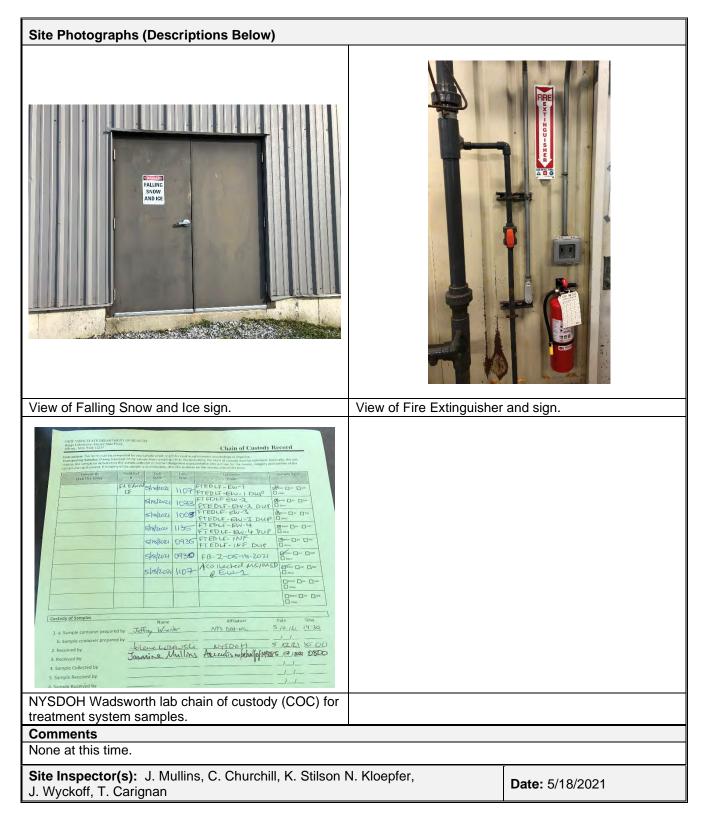
#### Include (insert) figures with markups showing location of work and job progress



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



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



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

# DAILY HEALTH CHECKLIST

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

# REMEDIAL ACTIVITIES AT PROPERTIES

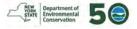
1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🖂
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🖂
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖂
4.	Does anyone at this locaton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

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



# DAILY INSPECTION REPORT Report No. 30 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_\_

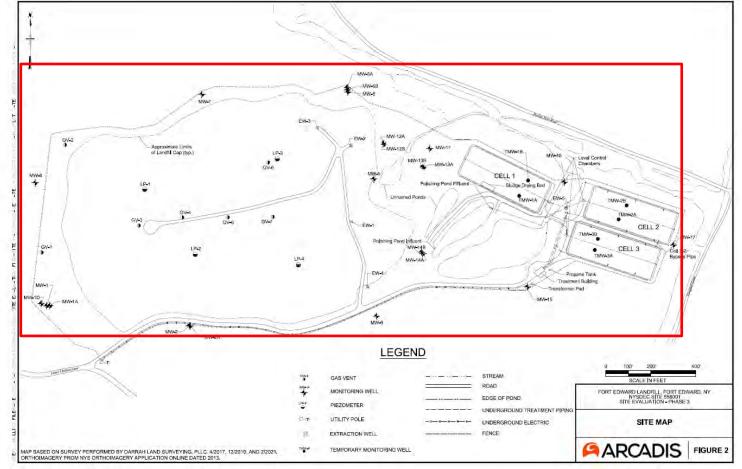
Site Location: Hudso	n Falls, New Y	Superintendent:           Site Location: Hudson Falls, New York         NVSDEC DM: Device								
	Weather	Condition	)s			NYSDEC PM:			•	
General Description	Sunny	Lonsultant PM Andy Vitolins P					P.G.			
Temperature	54°F	AM	87°F			Consultant Site	e Insp	ector	s:	
Wind	7 MPH WSW	V AM	10 MPH SW	1		Jasmine Mullir Kimberly Stilso		olby C	hurch	ill,
Health & Safety If any box below is	checked "Yes	", provide	explanation un	der "He	<u> </u>			s".		
Were there any changes						*Yes	No	Х	NA	
Were there any exceeda		•		on this da	ate?	*Yes	No		NA	Х
Were there any nuisanc			- ·			*Yes	No	х	NA	
Health & Safety Con	•									
COVID monitoring and p		cts including	ticks and wasps.							
Summary of Work P	erformed	Arrived a	t site: 07	712	De	parted Site:		1	710	
Containerized two 5     Transported one 55     Jacksonville, Florida	5-gallon drums of f gallon drum of f via FedEx. <b>Tracking</b>	of Filter Pres filtered Clarit	ss Filter Sludge. fier Catch Tank lea						ns in	
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material</li> <li>If any box below is content</li> </ul>	5-gallon drums of f gallon drum of f via FedEx. <b>Tracking</b> hecked "Yes' which did not d	of Filter Pres filtered Clarif <b>', provide</b> isplay prope	ss Filter Sludge. fier Catch Tank lea explanation und	ler "Ma	iterial T				ns in NA NA	
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material</li> <li>If any box below is of</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> </ul>	5-gallon drums of f gallon drum of f via FedEx. <b>Tracking</b> hecked "Yes' which did not d which were not which were not	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped?	ss Filter Sludge. fier Catch Tank lea <b>explanation und</b> r D.O.T numbers a	ler "Ma nd placa	i <b>terial T</b> ards?	racking Con	nmei No		NA	Х
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material</li> <li>If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> </ul>	5-gallon drums of f gallon drum of f via FedEx. <b>Tracking</b> hecked "Yes' which did not d which were not which were not	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped?	ss Filter Sludge. fier Catch Tank lea <b>explanation und</b> r D.O.T numbers a	ler "Ma nd placa	i <b>terial T</b> ards?	racking Con *Yes * Yes	n <b>mei</b> No No	nts".	NA NA NA	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material If any box below is of Were there any vehicles</li> <li>Were there and Equip</li> <li>Individual</li> </ul>	5-gallon drums of gallon drum of f via FedEx. Tracking hecked "Yes' which did not d which were not which were not oment	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped? decontamin	explanation und explanation und er D.O.T numbers a nated prior to exiting	ler "Ma nd placa g the wo	ards? rk site? Tra	racking Con *Yes * Yes * Yes de	n <b>mei</b> No No	nts". Total	NA NA NA Hour	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material</li> <li>If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any methicles</li> </ul>	5-gallon drums of gallon drums of gallon drum of for via FedEx.	of Filter Pres filtered Clarif ', provide isplay prope tarped? decontamin Cco A	explanation und explanation und r D.O.T numbers a nated prior to exiting ompany arcadis	ler "Ma nd placa g the wo Staff E	rk site? Tra	Tracking Con *Yes *Yes *Yes de ental Engineer	n <b>mei</b> No No	nts". Total	NA NA NA Hour	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material If any box below is of Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Mere there and Equip</li> <li>Individual</li> </ul>	5-gallon drums of gallon drums of gallon drum of for via FedEx.  Tracking hecked "Yes' which did not d which were not which were not which were not ment	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped? decontamin <u>Cco</u> A	explanation und explanation und er D.O.T numbers a nated prior to exiting	ler "Ma nd placa g the wo Staff E	rk site? Tra	*Yes         *Yes         *Yes         *Yes         *Yes         *Yes         *Yes         *Yes         *Interpretation         table         ental Engineer         ntal Engineer	n <b>mei</b> No No	nts". Total	NA NA NA Hour	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any the construction</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any the construction</li> <li>Were there any vehicles</li> </ul>	5-gallon drums of gallon drums of gallon drum of for via FedEx.  Tracking hecked "Yes' which did not d which were not which were not ment	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped? decontamin <u>Cco</u> A	explanation und explanation und r D.O.T numbers a mated prior to exiting ompany arcadis arcadis	ler "Ma nd placa g the wo Staff E Jr. Er	rk site? Tra Environme	*Yes         *Yes         *Yes         *Yes         *Yes         *Yes         ode         ental Engineer         ogist	No No No	Total	NA NA NA Hour 9.6 9.7 9.8	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material If any box below is c</li> <li>Were there any vehicles</li> <li>Dersonnel and Equip Individual</li> <li>Jasmine Mullir Colby Church</li> </ul>	5-gallon drums of gallon drums of gallon drum of for via FedEx.  Tracking hecked "Yes' which did not d which were not which were not ment	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped? decontamin <u>Cco</u> A	explanation und explanation und or D.O.T numbers a nated prior to exiting ompany arcadis arcadis	ler "Ma nd placa g the wo Staff E Jr. Er	rk site? Tra Environme	*Yes         *Yes         *Yes         *Yes         *Yes         *Yes         *Yes         *Yes         *Interpretation         table         ental Engineer         ntal Engineer	No No No	Total	NA NA NA Hour 0.6	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any the construction</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any the construction</li> <li>Were there any vehicles</li> </ul>	5-gallon drums of gallon drums of gallon drum of for via FedEx.  Tracking hecked "Yes' which did not d which were not which were not ment	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped? decontamin <u>Cco</u> A	explanation und explanation und r D.O.T numbers a mated prior to exiting ompany arcadis arcadis	ler "Ma nd placa g the wo Staff E Jr. Er	rk site? Tra Environme	*Yes         *Yes         *Yes         *Yes         *Yes         *Yes         ode         ental Engineer         ogist	No No No	Total	NA NA NA Hour 9.6 9.7 9.8	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material</li> <li>If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any end to be the second second</li></ul>	5-gallon drums of gallon drums of gallon drum of for via FedEx.  Tracking hecked "Yes' which did not d which were not which were not ment	of Filter Pres filtered Clarif <b>', provide</b> isplay prope tarped? decontamin <u>Cco</u> A	explanation und explanation und r D.O.T numbers a mated prior to exiting ompany arcadis arcadis	ler "Ma nd placa g the wo Staff E Jr. Er	terial T ards? rk site? Tra Environme Geole	*Yes         *Yes         *Yes         *Yes         *Yes         *Yes         ode         ental Engineer         ogist		Total	NA NA NA Hour 9.6 9.7 9.8 sed	X X
<ul> <li>Performed routine h</li> <li>Containerized two 5</li> <li>Transported one 55 Jacksonville, Florida</li> <li>Equipment/Material If any box below is c</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Were there any vehicles</li> <li>Personnel and Equip</li> <li>Individual</li> <li>Jasmine Mullir</li> <li>Colby Church</li> <li>Kimberly Stilsc</li> </ul>	5-gallon drums of gallon drum of f via FedEx. Tracking hecked "Yes' which did not d which were not which were not which were not oment s II n ption	of Filter Pres filtered Clarif ', provide isplay prope tarped? decontamin Ccc A A A A A A A A A A A A A A A A A A	explanation und explanation und er D.O.T numbers a nated prior to exiting ompany Arcadis Arcadis Contractor/Vend Waste Profile	ler "Ma nd placa g the wo Staff E Jr. Er	terial T ards? rk site? Tra Environme Geole	racking Con *Yes *Yes *Yes de ental Engineer ogist Quantity Construction Constructi		Total	NA NA NA Hour 9.6 9.7 9.8 sed	X X s



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

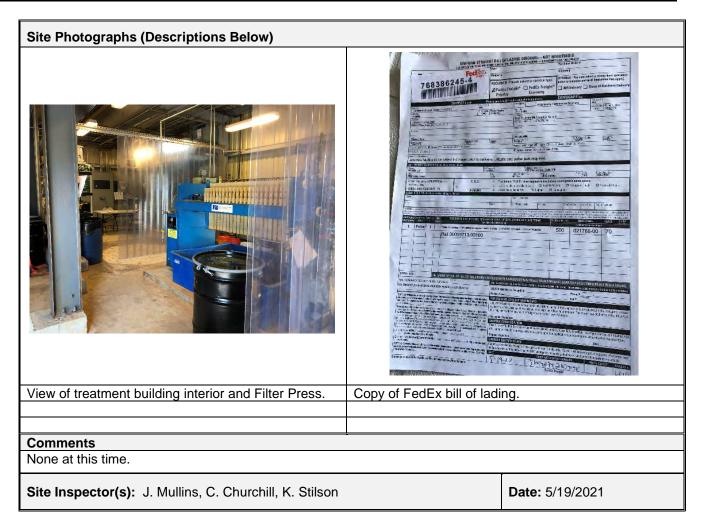
Visitors to Site						
Name	Re	presenting	Entered Exclusion/CRZ			
			Yes	No		
			Yes	No		
			Yes	No		
Site Representatives						
Name		Representing				
Project Schedule Comments						
None at this time.						
Issues Pending						
None at this time.						
Interaction with Public, Property Owners, Media,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

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



#### DAILY INSPECTION REPORT Report No. 30 Fort Edward Landfill - NYSDEC Site No. 558001

Page **4** of **4** \_Date: \_05/19/2021\_\_

# REMEDIAL ACTIVITIES AT PROPERTIES

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

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



#### DAILY INSPECTION REPORT Report No. 31 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_\_

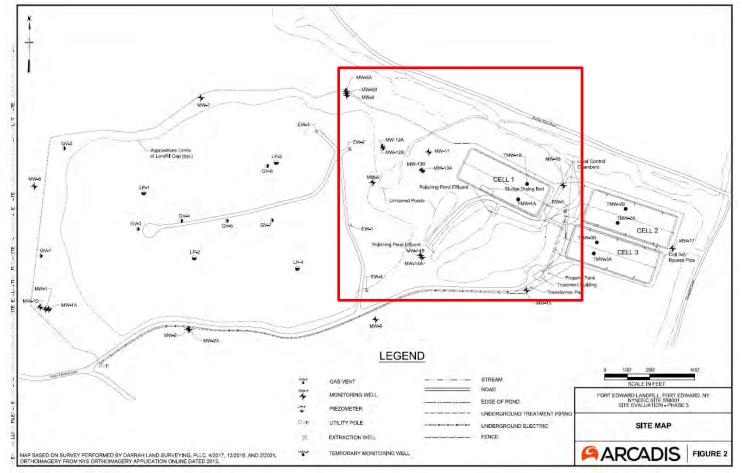
NYSDEC Division of Environme Site Location: Hudso		lion y	ATE Enviro	tment of onmental rvation	5		NYSDE D00980 Superint	04 endent	:		-	
	Weather	r Condition	s						, ,			
General Description	Sunny	AM	<u> </u>	Sunny		PM	Consultant PM: Andy Vitolins, P				'.G.	
Temperature	53°F	AM		81ºF		PM	Consultant Site Inspectors: Co				: Coll	by
Wind	7 MPH S	AM	16	MPH NW	1	PM	Churchil	, Kim S	stilsoi	n		
Health & Safety If any box below is	checked "Yes	s", provide	explan	ation und	ler "He	ealth 8	& Safety	Comn	nents	s".		
Were there any change	s to the Health &	& Safety Plan	ı?				*Yes		No	X	NA	
Were there any exceed	ances of the per	imeter air mo	onitoring	reported o	n this da	ate?	*Yes		No		NA	Х
Were there any nuisand	•			•			*Yes		No	x	NA	
Health & Safety Con	· ·						100		110	~	147.	
Health & Salety Con	linents											
COVID monitoring and	prevention and i	nsects incluc	ling ticks	and wasp	S.	1						
Summary of Work P	erformed	Arrived at	t site:	07	'35	D	eparted S	Site:		14	30	
Completed annual grou Equipment/Material If any box below is o	Tracking					iterial	Tracking		men	its"		
Were there any vehicles			-				*Yes	-	No		NA	Y
Were there any vehicles			10.0.11		iu piace	105?	* Yes		No		NA	
Were there any vehicles			ated pric	r to exiting	the wo	rk site?			No		NA	
Personnel and Equi				<u></u>	1			<u> </u>				
Individual	-	Co	mpany			Tr	ade			Total	Hours	5
Colby Church			rcadis		Jr. E	nvironm	ental Engir	neer		7.	.0	
Kimberly Stils	on	A	rcadis			Geo	ologist			6.	75	
Equipment Dece	intion		Contr	actor/Vand				ontitu			a d	
Equipment Desci	iption		Contr	actor/Vend	lor		Qu	antity		Us	ea	
Material Description	Imported/ Delivered to Site	Exported off Site		aste Profile Applicable				Daily .oads	We	aily eight ns)*		
			<u> </u>									
			+						+			
*0.0%			<u> </u>									
*On-Site scale for off-site s			rial receiv	ed								
Equipment/Material Tr	acking Comme	entS:										



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

Visitors to Site						
Name	Re	presenting	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.



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	<b>Date:</b> 5/20/2021

# DAILY HEALTH CHECKLIST

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



# DAILY INSPECTION REPORT Report No. 31 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_\_

## REMEDIAL ACTIVITIES AT PROPERTIES

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

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



# DAILY INSPECTION REPORT Report No. 32 Fort Edward Landfill - NYSDEC Site No. 558001\_\_\_\_

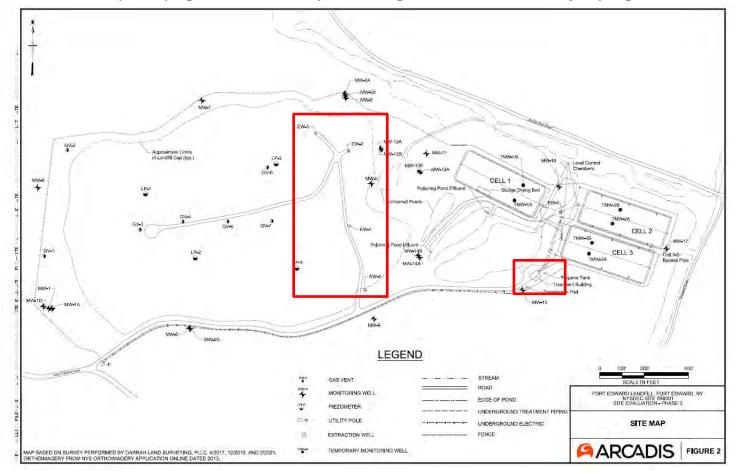
	ntal Remediat	ion Voi	W Department of Environmental Conservation	50	NYSDEC ( D009804			0.	
Site Location: Hudson Falls, New York					Superintendent:				
Weather Conditions				NYSDEC PM: Payson Long					
General Description	Sunny	AM	Sunny	PM	<ul> <li>Consultant PM: Andy Vitolins</li> </ul>			lins, I	'.G.
Temperature	75 °F	AM	85 °F	PM	Consultant Site Inspectors: Nati			han	
Wind	7 MPH N	AM	6 MPH N	PM	Kloepfer				
Health & Safety If any box below is c	bockod "Vos	" provide	explanation un	dor "Hoalth :	& Safety Con	nmor	ate"		
Were there any changes					*Yes	No		NA	
Were there any exceeda				on this date?					х
•	•		• •		*Yes			NA	^
Were there any nuisance Health & Safety Com	•		on this date?		res	No	• •	INA	
None at this time. Summary of Work Pe	rformod	Arrived at	oito: 0	345 D	eparted Site:		1	800	
Sammary OF WORK FE	nonneu	Anneu al	0.00		oparted Oile.			000	
If any box below is cl Were there any vehicles Were there any vehicles	which did not d which were not	lisplay proper tarped?	r D.O.T numbers a	nd placards?	*Yes * Yes	No No No	) <b>X</b>	NA NA	>
Were there any vehicles		decontamina	ated prior to exiting	g the work site			)	NA	X
	mem				: 163	INC			
				т			Total	Haur	
Individual			mpany rcadis		rade			Hour	5
Personnel and Equip Individual Nathan Kloepfe			mpany rcadis					Hour:	6
Individual					rade				\$
Individual	r			Fiel	rade				S
Individual Nathan Kloepfe	r		rcadis	Fiel	rade d Tech			10	8
Individual Nathan Kloepfe	ption		rcadis	Fiel	rade d Tech			sed	
Individual Nathan Kloepfe	r		rcadis	Fiel	rade d Tech	y		sed D We	aily
Individual Nathan Kloepfe Equipment Descri	otion	A Exported	Contractor/Vend	Fiel	rade d Tech Quantit	y	Us	sed D We	aily eigh
Individual Nathan Kloepfe Equipment Descrip Material Description	r otion Imported/ Delivered to Site	A Exported off Site	Contractor/Vend Waste Profile (If Applicable	Fiel	rade d Tech Quantit	y	Us	sed D We	aily
Individual Nathan Kloepfe Equipment Descri	r otion Imported/ Delivered to Site ipment, delivery	A Exported off Site	Contractor/Vend Waste Profile (If Applicable	Fiel	rade d Tech Quantit	y	Us	sed D We	aily



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

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



Site Photographs (Descriptions Below)	1
View of IPC plates during sludge batching.	View of Eastern side of landfill.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 5/25/2021

# DAILY HEALTH CHECKLIST

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



# DAILY INSPECTION REPORT

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

Page **4** of **4** \_Date: \_05/25/2021\_\_

## REMEDIAL ACTIVITIES AT PROPERTIES

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

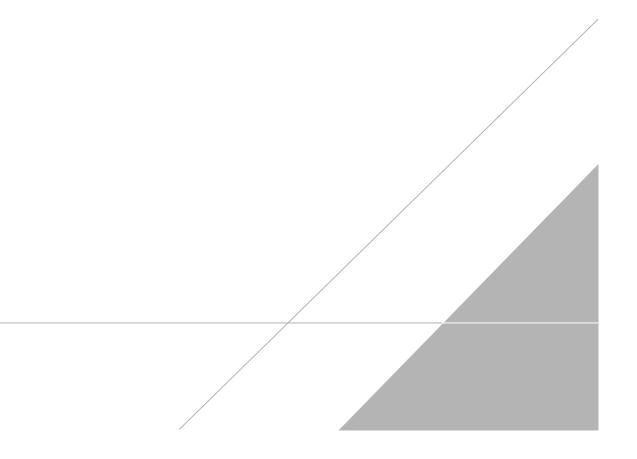
## NUISANCE CHECKLIST

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



# **ATTACHMENT B**

NYSDEC COVID-19 Entry/Exit Logs





Project Name: Fort Edward

**Project #:** 30055713

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

Initials	Affiliation	Date	Time In	Time Out
NK	Arcadis	5/4/2021	0845	2010
тс	Arcadis	5/4/2021	0930	1900
	NK	NK Arcadis	NK Arcadis 5/4/2021	NK Arcadis 5/4/2021 0845

STATE OF OPPORTUNITY	Department of Environmental Conservation	Entry/Exit Log with COVID-19 Acknowledgement
Project	Name: FOLT	EDWARD
Project	#: 30055	713

- 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
Wathen Kleyton	ML	malis	5/10/202	0810	1850
Jerung Wickon	Sa	Arcadis	5/ 10/2021	0800	1715
Jasnine Mullins	M	Arceidis	5/11/2021	0800	1145
Jeremybyrykaft	150	Arcadis	spinn	0820	1145
Jasmine Millins	AN	Accedis	5/12/2021	1240	1355
K. Stilson	Not	Avcadis	5/17/21	0795	19 45
Colby Churchill	R	Arcadis	5/17/51	0795	1700
Jaspine Mulling	an	Ancadis	5/17/2021	0735	1445
Tolene Lozenista	5L	MysDert	SINCOL	0755	0805
Jasmine Multins	M	Accordis	5/18/2021	0700	1755
Jeremy Wick, ft	TAW	Arcadis	5/18/2021	6705	1725
Nathen Klogte	NK	Acculi	5/18/2021	0760	1820
Colly Church 11	cl	Arcadis	5119/2021	0730	1700
K Stilson	ks	Arcadis	5/18/21	0730	1745



<b>Project Name:</b>	Fort Edward
	30055713
Project #:	

- 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
Tald Cheijnan	TC	Ancodis	5/18/2021	0825	1735
Jolene Lozenski	JL	NYSDON	5 18/2021	1253	1257
Jasmine M Con	GM	Angadis	5/19/2021	0712	1640
K.Stikan	KA	Arcedis	5 19 2021	0720	1210
Colby Chorchill	CC	Alcadis	5/19/2001	0735	12(0
Colby Churchell	CC	Accodis	5/20/2081	0735	1430
KinStilson	KS	Ascadis	520/21	0745	1450
				_	



Project Name: Fort Edward

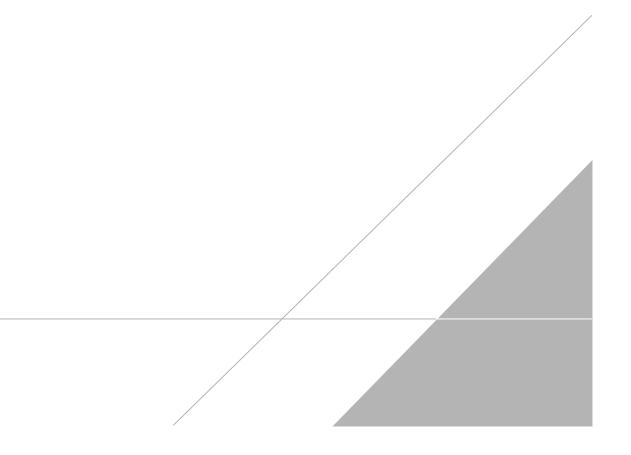
**Project #:** 30055713

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

Name	Initials	Affiliation	Date	Time In	Time Out
Nathan Kloepfer	NK	Arcadis	5/25/2021	0930	1910

# **ATTACHMENT C**

Arcadis Weekly O&M Logs



## Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: NK

Date: 5/4/2021



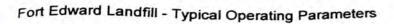
Time: 0845

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

Extraction Wells			Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow		EW-1	1			(01-11)		Stores.
Run pumps in "Manual" to confirm flow , i	if needed.	EW-2	Y					
Confirm pumps are operating between se	etpoints	EW-3	<u>Y</u> .	-		.68	3.46	NA
Confirm pressure with pump cycling & no	t high/low	EW-4	<u> </u>	/		4.75	11.57 2	3.0-1
If pumps on, is water flowing into IPC (Y/I Process - (Check if OK or fill in values)	N)7 7	EW-5	1			NA	7.14	NA
and the second	1 off	A2	.I.		Auto rotate			1
If on - record chlorine concentration (ppm			ott		Auto rotate		1	
Operate exhaust fan manually	10.00				Discharge p	ump operatin	ig _	~
FT-801 reading (GPM)	8.11				Discharge p	ump pressure	e normal	V
Chemical rates normal for flow?					Building ten		<u></u>	V_
Catch tank display level=actual?	1				Mixers oper		-	V.
Filtration (Check if OK)					Other Alarn	IS (T/N)		N
Air compressor pressure in range	V	and the second second			Solenoid st	atus correct f	or operation	1
Data (Check if OK)	-	the set of	and the second second	And Designation	Solenoid St	atus conect i	or operation -	V
Do Daily & Yesterday Starts make sense	/			Stor	and the same of	100 C	in an in some	
Alarms	1-5	1-1-1-1-	and	Carrows	ALC: NOT THE OWNER	-	Concernance of the second	
All Alarms Enabled (Y/N)	V		State of the state	and the second	a starting of	- 1 - C	And Annual An	
List any disabled and indicate why								
BUILDING/GROUNDS	1							
Air Compressor (Check if OK)	0.21	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and in case				-
Cycle times normal for load	./	1111-12	and the second	1 11 11	Ohart	An dealer	and and	1
Check oil level at least monthly						uto drain ope		4
Belt tension						ryer - alarms		V
Init Heaters (Check if OK)	_ <u>v</u>	- Praint	and the second second	-	HX fan c	perates with	compressor?	~
hermostats set correctly (50-55 F)	1	agend and	The state of the second	and the second second	Des	Analita		-
eaters working					Propane	tank level g	reater than 20%	0_10
C (Y/N)	Second and			S	a subscription of the	the second	the second second second	
C discharge clear?	1/	La	and a local designed	1 Albert	Ohad	and the second		
oatables? (take photos if yes)	N				Check s	ludge ports (	(Sludge Y/N)	<u> </u>
bag visibly dosing?	V				Indicat	e % of sludg	e Upper	50
c visibly dosing?						each port	Mid	70
emical Feed (Fill in values)		the second second	Contract on the local diversion of			ouon por	Lower	60
and the second se		St. Martin		Children -	1 miles	and the second		-
	11.9	mA Signal		Notes				
30 Coagulant Height (in)	6.0	Stroke Rat		Notes				
58 Flocculant Volume (gal	) 370	Stroke Rat	te_37	Notes	New	both no	de	
sing pumps at normal rate?				Chemic	als needed?	SALL NO	in	
or Sumps (Y/N)	Television .		A COLORADO	112-18	Water Barris	The state of the		Charles of
np levels normal?	V		and a state of the	CONTRACTOR OF	Pump	uns but not	emptying sump	2 N
h-High level switches operate freely?	-	(check mo	nthly)		Back f	wing offer -	emptying sump	_
essive sludge/sediment?	N				DACK	owing alter p	oump cycle?	N
The second se	Thick Feed	Press Feed	Floc Feed		Sectores and			-
per operation/flow	Mick reeu	10001000	Contraction of the second s	-1-1-1		1		
ulators working properly		7	5					
aust mufflers	~		×					
er Press (Check if OK)	-	V	1		1200000			
raulic ram operating normally	1	S. WEIGH	and the second		La state		in the second	0 1
				-			pads replaced	
							z drums onsite	
aulic pressure normal	./			Llaw	and a second state of the			-
aulic pressure normal ificant leaks?	N			HOW	many Haz	drums filled	& closed today	? 0
aulic pressure normal ificant leaks? eral/Housekeeping	N	- mining	- Company and a set	HOW	many Haz	drums filled	& closed today	10
aulic pressure normal ificant leaks? eral/Housekeeping e down dirty equipment/piping	N	- mar	Any leaks?	N	many Haz	- distant	& closed today drums needed	and a
raulic pressure normal ificant leaks? eral/Housekeeping e down dirty equipment/piping ep and/or wash floors	N 			N Y	many Haz	Waste	drums needed	? N
raulic pressure normal ificant leaks? eral/Housekeeping e down dirty equipment/piping ep and/or wash floors	241	Ligh	nts working?	NY	many Haz	Waste Drum	drums needed labels needed	? N ? N
aulic pressure normal ificant leaks? eral/Housekeeping e down dirty equipment/piping	1515	Ligh		MY T		Waste Drum	drums needed	? N ? N

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	Ó	7	10	36
EW-5	NA	NA	1	3	10	20
EVV-5	IN/A		Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25
Carnier Galch Lank						

#### **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 305 Bleach 2130 Coagulant	0.10% 0.10%	Stroke SP 100 96 100	Hand SP 0.16 gph 0.16 gph 2.47 gph	Pump Screen 5.4 - 6.5 12.5 - 12.7 72 - 75
1668 Flocculant	0.20%	100	2.47 gph	12 10

#### **Discharge Pumps**

Typical speed Typical pressure

30-100% 22 psi @ 100%

#### Air compressor

operating range regulator setpoint Auto drain Dryer

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

#### Regulators

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

**PSI Range** 40 psi max 90 psi max 40 psi

90 psi max

Notes:

replaced 64-4 hos n places - Vunning @ 63 ps; high to 80 pgi, En

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: MK

Date: 5/10/20

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

HMI SCREENS				
Extraction Wells		Online (Y/N	l) Auto Manual Flow (gpm) Level (ft)	(psi)
Pump Status/Flow		EW-1 V	1 1 21.81 4.34	3.84
Run pumps in "Manual" to confi	rm flow , if needed.	EW-2	V 7.63 2.82	2.35
Confirm pumps are operating be		EW-3	14.14 - TU.14	NA
Confirm pressure with pump cyc		EW-4	30.47 6.67	57-50
If pumps on, is water flowing inte		EW-5 <u>γ</u>	NA 9.81	NA
Process - (Check if OK or fill i				1
Chlorine Alarm status (on/off)	A1 /	A2	Auto rotate on/off	V
If on - record chlorine concentra	ition (ppm)		Discharge pump operating	1
Operate exhaust fan manually	Arr 1		Discharge pump pressure normal	V
FT-801 reading (GPM)	0.0		Building temp accurate	V,
Chemical rates normal for flow?			Mixers operating?	$\checkmark$
Catch tank display level=actual?	2		Other Alarms (Y/N)	N
Filtration (Check if OK)				(
Air compressor pressure in rang	je v		Solenoid status correct for operation	V
Data (Check if OK)				
Do Daily & Yesterday Starts mal	ke sense			
Alarms	1			
All Alarms Enabled (Y/N)	_1			
List any disabled and indicate w	ny			
BUILDING/GROUNDS				
Air Compressor (Check if OK)				
Cycle times normal for load	1		Check auto drain operation	~
Check oil level at least monthly			Check dryer - alarms? Cycling?	
Belt tension			HX fan operates with compressor?	
Unit Heaters (Check if OK)	- (1		in the operates with compressor	
Thermostats set correctly (50-55	5F) V		Propane tank level greater than 209	6 70
Heaters working			riopano tanti otor groator than 20	10
IPC (Y/N)				
IPC discharge clear?	Y		Check sludge ports (Sludge Y/N)	Y
Floatables? (take photos if yes)	N		llonor	Cler
Coag visibly dosing?	~		Mid	50000
Floc visibly dosing?	-		at each port Lower	1000/0
Chemical Feed (Fill in values)				
	leight (in) 211	mA Signal 4.0	Notes	
	leight (in) 3.2	Stroke Rate 0.0	Notes not dog ing pring 24	44
	olume (gal) 400	Stroke Rate	Notes hot doging, primar orth	Ŷ
Dosing pumps at normal rate?			Chemicals needed? 12 black	
Floor Sumps (Y/N)				
Sump levels normal?			Pump runs but not emptying sump?	N
High-High level switches operate		(check monthly)	Back flowing after pump cycle?	N
Excessive sludge/sediment?				
Diaphragm pumps (Check if O	K) Thick Feed	Press Feed Floc Feed		
Proper operation/flow				
Regulators working properly Exhaust mufflers				
Filter Press (Check if OK)				
Hydraulic ram operating normally			Corbont node realized	A /
Hydraulic pressure normal			Sorbent pads replaced? How many total filled Haz drums onsite?	N
Significant leaks?	~~~~		How many Haz drums filled & closed today?	
General/Housekeeping			now many haz drums mieu a closed today?	
Wipe down dirty equipment/pipin	na ./	Any leaks?	Waste drums needed?	~
Sweep and/or wash floors	· · · · · · · · · · · · · · · · · · ·	Lights working?	Drum labels needed?	1
Fire extinguisher inspection (mor	nthly)	Exit signs working?	Removed trash?	N
Sludge in Clarifier Catch Tank?	N			
Grounds				

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

Confirm gates and doorways locked

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

ARCADIS Designed to the second second

Time: 6800



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Extraction Well EW-1 EW-2 EW-3 EW-4 EW-5 Clarifier Catch Tank	Flow (gpm) 20 14 20 30 NA	Pressure (psi) 4.5 11 NA 20 NA	Low-Low 2 1 0 1 Low-Low 0.5	Level (off) 3 3 7 3 Level (off) 1	Level (on) 10 10 10 10 10 Level (on) 2	High-High 20 25 20 36 20 High-High 3.25	
Chlorine Alarm							
A1 means chlorine cond A1 and A2 means cond If both on, the following	entration greater tha	n 1.0 ppm	ke louver, turr	n on exhaust fai	n and outside	e warning light	
Chemical Dosing Rate		Stroke SP	Hand SP	Pump Screen			
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5			
2130 Coagulant 1668 Flocculant	0.10% 0.20%	96 100	0.16 gph 2.47 gph	12.5 - 12.7 72 - 75			
<b>Discharge Pumps</b> Typical speed Typical pressure	30-100% 22 psi @ 100%						
Air compressor operating range regulator setpoint Auto drain Dryer	Auto drain operate	y 5 minutes A/ON'' with dew poi s 5 seconds every r n should operate wi	ninute				
Regulators	PSI Range						
Thickener feed pump	40 psi max						
Filter press feed pump Floc feed pump	90 psi max 40 psi						
Filter press hyd pump	40 p31						
Blowdown	90 psi max						
Notes:			a.				
-6m.4. 10	med dor	ry, 100	1000-1	o Get	1000	1745	
· Ehrig off	elie neut	h In co C &	dering	fr và	Souke	1 averne	lat
	di d	PRO La	000119	<u> </u>	1- 1.1	on my	
-replaced	orenal PPI	<u>FPE dec</u>	2				
- deand	(CT						
*							

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: ML

Date: 5/18/2021

Time: 07(0

Design & Consultancy for natural and built assets

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

HMI SCREENS								
Extraction Wells			Online (Y/N)	) Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow		EW-1	N			(0)		(001)
Run pumps in "Manual" to confirm flow,	if needed.	EW-2	N					
Confirm pumps are operating between se	etpoints	EW-3	N					NA
Confirm pressure with pump cycling & no		EW-4	T	4	~	30.72	7.97	56.81
If pumps on, is water flowing into IPC (Y/		EW-5	Y	4	- <u>_</u>	NA	8.82	NA
Process - (Check if OK or fill in values				< <b></b>				
Chlorine Alarm status (on/off) A	1 off	A2	aff		Auto rotate o	on/off		Y
If on - record chlorine concentration (ppm	ı)				Discharge p	ump operating		V
Operate exhaust fan manually	Y				Discharge p	ump pressure	normal	4
FT-801 reading (GPM)	25.94				Building tem			- <u>y</u>
Chemical rates normal for flow?	T.				Mixers opera			ý –
Catch tank display level=actual?	7				Other Alarm			V
Filtration (Check if OK)								
Air compressor pressure in range					Solenoid sta	tus correct for	operation	V
Data (Check if OK)								_
Do Daily & Yesterday Starts make sense	V							
Alarms								
All Alarms Enabled (Y/N)	Y							
List any disabled and indicate why								
BUILDING/GROUNDS								
Air Compressor (Check if OK)								
Cycle times normal for load	~				Cheelsout			
Check oil level at least monthly						o drain operati		2
Belt tension						er - alarms? Cy erates with con	ycling?	4
Unit Heaters (Check if OK)					I IX Ian ope	erates with con	npressor?	V
Thermostats set correctly (50-55 F)	V				Propape to	ink level greate	or then 200	7201
Heaters working	17				i iopane ta	ink level great	er than 20%	10-10
IPC (Y/N)								
IPC discharge clear?	1				Check sluc	ige ports (Sluc	iae Y/N)	V
Floatables? (take photos if yes)	Ý						Upper	5000
Coag visibly dosing?	1.					6 of sludge	Mid	10000
Floc visibly dosing?	4				at ead	ch port	Lower	100/0
Chemical Feed (Fill in values)								10/0
305 Bleach Height (in)	27.0	mA Signal	6.0	Notes				
2130 Coagulant Height (in)		Stroke Rate	e 14.4	Notes				
1668 Flocculant Volume (ga	al) 285	Stroke Rate	e 93	Notes		Charle		
Dosing pumps at normal rate?				Chemicals	s needed?	Bleach		
Floor Sumps (Y/N)	.1							/
Sump levels normal?	Y				Pump runs	but not empty	ing sump?	N,
High-High level switches operate freely?		(check mor	nthly)		Back flowir	ng after pump	cycle?	N
Excessive sludge/sediment?	10							
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow								
Regulators working properly								
Exhaust mufflers Filter Press (Check if OK)	~	~						
	1							
Hydraulic ram operating normally Hydraulic pressure normal	4			11-		Sorbent pads i		<u>/v</u>
Significant leaks?	~			HO	w many total 1	filled Haz drum	is onsite?	0
General/Housekeeping				riow m	any maz arun	ns filled & close	ed today?	0
Wipe down dirty equipment/piping	/	,	Any leaks?	N		Waste drums	pooded2	N
Sweep and/or wash floors	/		s working?	4		Drum labels		- <u>//</u>
Fire extinguisher inspection (monthly)			is working?	4			reeded? ed trash?	
Sludge in Clarifier Catch Tank?	V	Exection	e noning.			Keniov	ou lidoll!	_/
Grounds								

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

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



Extraction Well EW-1 EW-2 EW-3 EW-4 EW-5 Clarifier Catch Tank Chlorine Alarm A1 means chlorine conce	Flow (gpm) 20 14 20 30 NA entration greater that	Pressure (psi) 4.5 11 NA 20 NA	Low-Low 2 1 0 1 Low-Low 0.5	Level (off) 3 3 7 3 Level (off) 1	Level (on) 10 10 10 10 10 Level (on) 2	High-High 20 25 20 36 20 High-High 3.25	
A1 and A2 means conce	ntration greater than	1.0 ppm	a lauraa kui	e en eulequat fa	n and outside	o worning light	
If both on, the following w	will occur: Stop blead	h pump, open intak	ke louver, turi	n on exnaust fa	n and outside	e warning light:	
Chemical Dosing Rates 305 Bleach 2130 Coagulant 1668 Flocculant	HMI Setpoint 0.10% 0.10% 0.20%	Stroke SP 100 96 100	Hand SP 0.16 gph 0.16 gph 2.47 gph	Pump Screen 5.4 - 6.5 12.5 - 12.7 72 - 75			
Discharge Pumps Typical speed Typical pressure	30-100% 22 psi @ 100%						
<b>Air compressor</b> operating range regulator setpoint Auto drain Dryer	90-175 psi 90 psi On 5 seconds every Display shows "ESA Auto drain operates Heat exchanger fan	VON" with dew poin 5 seconds every n	ninute				
Regulators Thickener feed pump Filter press feed pump Floc feed pump Filter press hyd pump Blowdown	PSI Range 40 psi max 90 psi max 40 psi 90 psi max						
Notes:	<b>5</b> . (1)	c l					
- Chlorinc	1 rongmitter	Fa. Kire					
- Chlorine - - Monthly o	+ Quorterly	Gumpling	longh	tel			

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: \_\_\_\_\_\_ Date: \_5/25/2021



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)	(noi)
Pump Status/Flow			EW-1	Villane (Tring)	, Adio	Wandan	26.98	5.62	(psi)
Run pumps in "Manual" to con	firm flow if	noodod	EW-2	4					3.94
Confirm pumps are operating b			EW-3			~	21.68	<del>\$ 8.17</del>	9.91
Confirm pressure with pump cy			EW-4		~		1251	12.12	NA
				1			25.11	7.06	54.78
If pumps on, is water flowing in			EW-5				NA	10 Frene	NA
Process - (Check if OK or fill			4.0	. 2					/
Chlorine Alarm status (on/off)	A1		A2	off		Auto rotate o			
If on - record chlorine concentr	ration (ppm)						ump operating		V
Operate exhaust fan manually		82.72 Y					ump pressure	normal	V
FT-801 reading (GPM)		12.92				Building tem			1
Chemical rates normal for flow		_Y				Mixers opera			
Catch tank display level=actua	1?	_Y				Other Alarms	s (Y/N)		$\checkmark$
Filtration (Check if OK)		5							
Air compressor pressure in ran	ige					Solenoid sta	tus correct for	operation	V
Data (Check if OK)		/							
Do Daily & Yesterday Starts ma	ake sense								
Alarms		1							
All Alarms Enabled (Y/N)									
List any disabled and indicate v	wriy								
BUILDING/GROUNDS									
Air Compressor (Check if OK	()								
Cycle times normal for load		1				Check auto	o drain operat	ion	
Check oil level at least monthly	,	V					er - alarms? C		
Belt tension							erates with con		
Unit Heaters (Check if OK)						the train op o		inprocessi :	
Thermostats set correctly (50-5	55 F)	~				Propane ta	nk level great	er than 20%	70
Heaters working	,					. reparto to	inclosed grout		
IPC (Y/N)									
IPC discharge clear?		1/				Check sluc	lge ports (Slue	dae Y/N)	Y
Floatables? (take photos if yes)	)							Upper	
Coag visibly dosing?							of sludge	Mid	
Floc visibly dosing?		-				at ead	ch port	Lower	
Chemical Feed (Fill in values)	)							Lower	
	, Height (in)	17.2	mA Signal	6.2	Notes				
		12.4	Stroke Rate		Notes				
	Volume (ga		Stroke Rate		Notes	Ter F	loce ma	h	
Dosing pumps at normal rate?	10	V					40		
Floor Sumps (Y/N)							1-		
Sump levels normal?		1/				Pump runs	but not empty	vina sumo?	N
High-High level switches operation	te freely?	~	(check mor	ithly)		Back flowing	ig after pump	cvcle?	
Excessive sludge/sediment?			<b>、</b> ······				.g allor pallip	ojolo :	_//
Diaphragm pumps (Check if (	DK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow		5	11	V					
Regulators working properly		V	V						
Exhaust mufflers		V		-0-					
Filter Press (Check if OK)									
Hydraulic ram operating normal	lly	~				;	Sorbent pads	replaced?	N
Hydraulic pressure normal		/			Ho	w many total f			2
Significant leaks?		/				nany Haz drum			0
General/Housekeeping		1							
Wipe down dirty equipment/pipi	ing	V		Any leaks?	N		Waste drums		N
Sweep and/or wash floors				s working?	Y		Drum labels	s needed?	N
Fire extinguisher inspection (mo		~	Exit sign	s working?	-	-	Remov	/ed trash?	N
Sludge in Clarifier Catch Tank?					1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -				
Grounds									

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

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



Extraction Well EW-1 EW-2 EW-3 EW-4	Flow (gpm) 20 14 20 30	Pressure (psi) 4.5 11 NA 20	Low-Low 2 1 1 0	Level (off) 3 3 7 7	Level (on) 10 10 10 10	High-High 20 25 20 36 20	
EW-5 Clarifier Catch Tank	NA	NA	1 Low-Low 0.5	3 Level (off) 1	10 Level (on) 2	20 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 regulator setpoint	90-175 psi 90 psi
Auto drain	On 5 seconds every 5 minutes
Dryer	Display shows "ESA/ON" with dew point level shown on bar scale. Auto drain operates 5 seconds every minute Heat exchanger fan should operate with compressor

#### Regulators

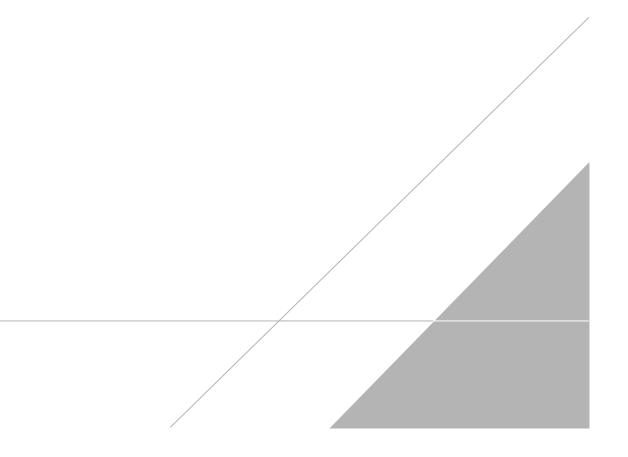
Thickener feed pump Filter press feed pump Floc feed pump Filter press hyd pump Blowdown PSI Range 40 psi max 90 psi max 40 psi 90 psi max

.

Notes:

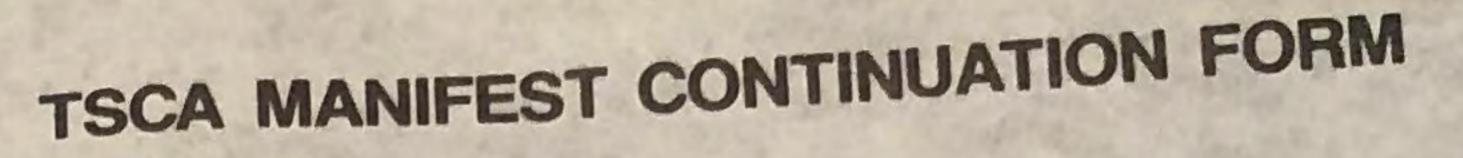
# **ATTACHMENT D**

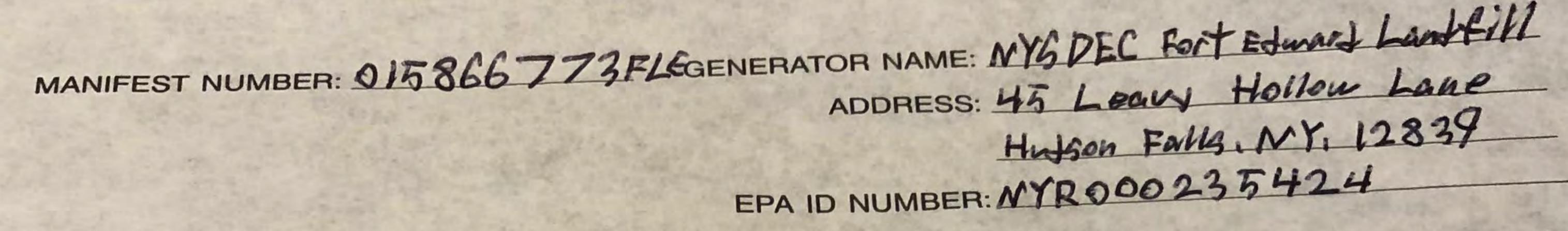
Waste Disposal Documents

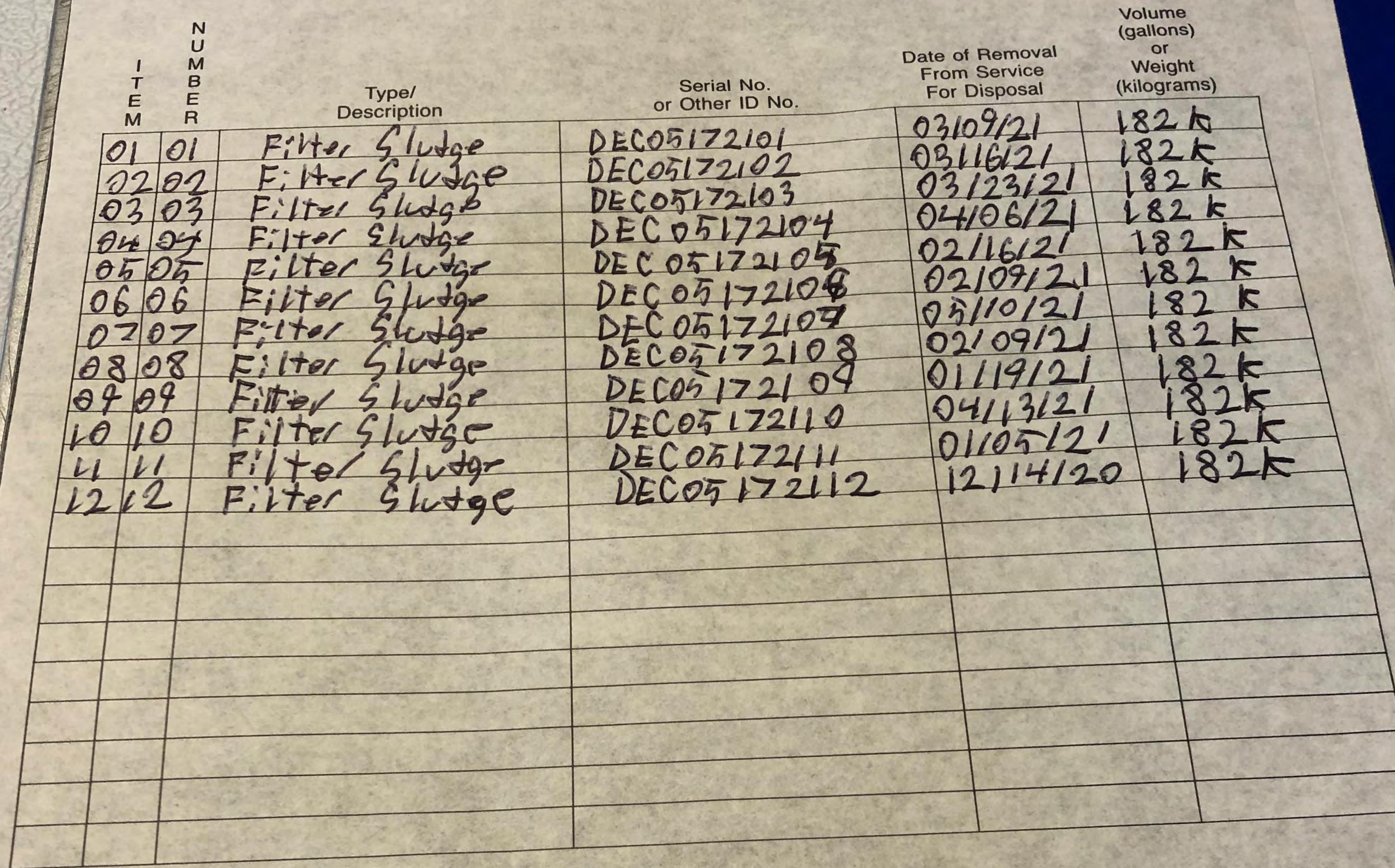


▲ UNIFORM HAZARDOUS	1. Generator ID Number		2. Page 1 of	3. Emergency Res	oonse Phone	4. Manifest	Tracking M	m Approved. OMB I	10. 2000-00
WASTE MANIFEST	NYR000235	4 7 4	1	(800) 18		01	586		FI F
5. Generator's Name and Maili	ng Address	¥ 24 "X	4	Generator's Site Add		han mailing addre		0110	
NYSDEC Fort Ed									
45 Leavy Hollow				S.M.					
Generator's Phone:	12039	selections Multime	1						
6. Transporter 1 Company Nan	ne					U.S. EPA ID	Number		
Clean Harbors E	nvuonmental Services	- Inio				1 mars	10.	122134	
7. Transporter 2 Company Nam	ne					U.S. EPA ID		1.2.2.2.2.3.	-
						1			
8. Designated Facility Name an	d Site Address					U.S. EPA ID	Number		
Spring Grove Re-	Source Recovery by								
4879 Spring Gro	ve Avence					) H (	1000	15.2	
Facility's Phone:	5232 (64_) 684_67/39					1			
	on (including Proper Shipping Name,	Hazard Class ID Number		10.0	ontainers	11. Total	40.11.2	1	
HM and Packing Group (if a		nazara olabo, io namoli,	3	No.	Type	Quantity	12. Unit Wt./Vol.	13. Waste C	odes
1. 00. 000000	THE UNIT OTHER PERS	STRUCTURE CAS	11.1.22		.,,pa			-1-	
2. 2.	POI TCHLORINA IED	manentin'i (30	PLID_ P6	315			1.	B007 L	
				012	BM	O ISA	T		
2.						-18T	1		-
<u> </u>					-				
3.									-
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4.					-		-		-
т.									
14. Special Handling Instruction	a and Additional Information				-				
1.0312155648	FRG#171								
26000 - 50 -0 -	a not in this to substitute			August Aug		-, int act i	etain d	Hi An rater to	10 30e 3
15. GENERATOR'S/OFFERO		are that the contents of this	s consignment ar	e fully and accurate	ly described abov	e by the proper sh	ipping name	e, and are classified, pa	
and the second s		the state of the s			national governm	nental regulations.	If export sh	inmont and I am the D	ickaded.
marked and labeled/placar	ded, and are in all respects in proper	condition for transport acc	cording to applica	ble international and	3			ipment and ram the P	ickaged, imary
Exporter, I certify that the c	ded, and are in all respects in proper contents of this consignment conform	to the terms of the attache	ed EPA Acknowle	dgment of Consent.		-		ipment and ram tie P	ickaged, imary
Exporter, I certify that the c	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF	to the terms of the attache	ed EPA Acknowle	dgment of Consent. rator) or (b) (if I am a		nerator) is true.		Month D	imary ay Year
Exporter, I certify that the c I certify that the waste mini	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 Cf ped Name	to the terms of the attache	ed EPA Acknowle ge quantity gener Signa	dgment of Consent. rator) or (b) (if I am a ature	small quantity ge	nerator) is true.	A.VC	Month D	imary
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Ty	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gener Signa	dgment of Consent. rator) or (b) (if I am a ature M	small quantity ge	nerator) is true.	NYS	Month D	imary
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Ty	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 Cf ped Name	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gener Signa	dgment of Consent. rator) or (b) (if I am a ature 4 000000000000000000000000000000000000	small quantity ge	nerator) is true.	NYS	Month D	imary
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Ty	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. ts only):	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gener Signa	dgment of Consent. rator) or (b) (if I am a ature 4 000000000000000000000000000000000000	small quantity ge	nerator) is true.	NYS	Month D	imary
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Ty	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. rts only): t of Receipt of Materials	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gener Signa	dgment of Consent. rator) or (b) (if I am a ature <u>Munof</u> S. Port Date	small quantity ge	nerator) is true.	NYS	Month E	imary ay Year 7 2 2 2
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Ty	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. ts only): t of Receipt of Materials ne	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gene Signa Export from U.	dgment of Consent. rator) or (b) (if I am a ature <u>Munof</u> S. Port Date	small quantity ge	nerator) is true.	NYS	Month E	imary ay Year 7 / 202
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Ty	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. ts only): t of Receipt of Materials me	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gene Sigha Export from U. Signa	dgment of Consent. rator) or (b) (if I am a sture S. Port Date	small quantity ge	nerator) is true.	NYS	Month D Month D Month D	imary ay Year A 200 ay Year
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Ty	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. ts only): t of Receipt of Materials me	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gene Signa Export from U.	dgment of Consent. rator) or (b) (if I am a sture S. Port Date	small quantity ge	nerator) is true.	NYS	Month D Month D Month D	imary ay Year 7 2 2 2
Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Type 16. International Shipments Transporter signature (for export 17. Transporter Acknowledgment Transporter 1 Printed/Typed Nar Transporter 2 Printed/Typed Nar	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. ts only): t of Receipt of Materials me	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gene Sigha Export from U. Signa	dgment of Consent. rator) or (b) (if I am a sture S. Port Date	small quantity ge	nerator) is true.	Γ ΛΥS	Month D Month D Month D	imary ay Year A 200 ay Year
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Exporter, I certify that the of I certify that the waste mini Generator's/Offeror's Printed/Type 16. International Shipments Transporter signature (for export 17. Transporter Acknowledgment Transporter 1 Printed/Typed Nar Transporter 2 Printed/Typed Nar	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. ts only): t of Receipt of Materials ne me	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gene Sigha Export from U. Signa	dgment of Consent. rator) or (b) (if I am a sture S. Port Date	small quantity ge	nerator) is true.	~p	Month D Month D Month D	imary ay Year A 200 ay Year
Exporter, I certify that the of I certify that the waste min Generator's/Offeror's Printed/Typ 16. International Shipments Transporter signature (for export 17. Transporter Acknowledgment Transporter 1 Printed/Typed Nar Transporter 2 Printed/Typed Nar 18. Discrepancy	reded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name         Import to U.S.         Import to U.S.         to of Receipt of Materials         me	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gene Sigha Export from U. Signa	dgment of Consent. (ator) or (b) (if I am a ature S. Port Date ature	of entry/exit:		~p	Month D Month D Month D	ay Year ay Year ay Year ay Year
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Exporter, I certify that the of I certify that the waste min Generator's/Offeror's Printed/Type 16. International Shipments Transporter signature (for export 17. Transporter Acknowledgment Transporter 1 Printed/Typed Nar Transporter 2 Printed/Typed Nar 18. Discrepancy 18a. Discrepancy Indication Spa	ded, and are in all respects in proper contents of this consignment conform imization statement identified in 40 CF ped Name Import to U.S. ts only): t of Receipt of Materials me CCE Quantity	to the terms of the attache FR 262.27(a) (if I am a larg	ed EPA Acknowle ge quantity gene Sigha Export from U. Signa	dgment of Consent. (ator) or (b) (if I am a ature S. Port Date ature	of entry/exit:		ection	Month D Month D Month D	ay Year ay Year ay Year ay Year
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GENERATOR'S INITIAL COPY







# NOTES

Type/Description: Brief description of the unit such as:

 (i) Transformer (> 500 ppm or < 500 ppm)</li>
 (ii) Capacitor
 (iii) Bulk Liquid/Solid (tanker or rolloff (iv) PCB Container - A container in direct contact w/ PCBs, such as a drum containing PCB spill debris (v) PCB Article Container - A container not in direct contact w/ PCBs, such as a drum containing one or (v) PCB Article Container - A container not in direct contact, light ballasts, etc.

```
    Serial No. or Other ID No.: Serial Number must be reported if one is present; if not, assign a unique number 3. Date Removed From Service For Disposal: The date when the item was taken out of service for disposal. Than one item (batch) is present in the container (tank), the reported date for the entire container (tank) be the first (i.e., the earliest) date.
    Weight: Volume may be reported in gallons; however, the weight in kilograms is preferred.
```

·	NEW YORK STATE GENERATOR RESTRICTED WASTE NOTIFICATION/CERTIFICATIO	214
	FOR PCB WASTES	
	ALL NEW YORK STATE GENERATORS WHO GENERATE PCB WASTE MUST ATTACH ADDENDUM TO CHI FORM LDR1	THIS
	(THIS NOTIFICATION/CERTIFICATION IS ONLY APPLICABLE WITHIN THE STATE OF A YORK)	NEW

Generator N	ame: NYSPEC Fort Edward Landfill NVR000235424	
EPA ID No.	NYR000235424	
Signature:	fasmetheths on behalf of MYSDEC	
Date: OS	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 OFR Part 761. Pursuant to 376.4(f)(1)(i), B002 waste from any source other than a splil 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)

M 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)(l)(B), or

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

N 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."

## Scanned with CamScanner

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WORK ORDER NO24 004 80644

DOCUMENT NO.	25706 STRAIGHT BILL OF LADING	
TRANSPORTER 1	Clean Harbors Environmental Generals, Inc.	VEHICLE ID #
EPA ID #	MAD07932250	TRANS. 1 PHONE 752-5000
TRANSPORTER 2		VEHICLE ID #
EPA ID #		TRANS. 2 PHONE

DESIGNATED FACILITY Spring Grave Resource Recovery Inc.				SHIPPER ATTN: Jasmine Mullins WYSDEC Fort Edward Landfill								
FACILITY EPA	ID # 08166	29		SHIPPER EPA ID #	SHIPPER EPA ID # NYR000235424							
ADDRESS	ing Grove A	venue		ADDRESS To Leavy Hollow La	ADDRESS No Leavy Hollow Lane							
CITY Cincinnat	i		STATE ZIP OH 45232	CITY Hudson Falls	STATE ZIP							
CONTAINERS NO. & SIZE	TYPE	НМ	DESCR									
OGXAT	DM		A.HOR D.O.T REGULAT	ED, NON-HAZARDOUS SOIL CUTTI								
			В.		1/2							
			С.									
			D.									
			E.									
			F.									
			G.									
			H.									

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.

	PRINT /// an behalf	SIGN Jame Malers on	DATE
SHIPPER	IGSMINE /VILLAN UTNYSDEC	Thehalf of NUGEL	517/202
	PRINT	SIGN	DATE
<b>TRANSPORTER 1</b>	1.200	3-3-	5/17/21
2	PRINT	SIGN	DATE
<b>TRANSPORTER 2</b>			
	PRINT	SIGN	DATE
RECEIVED BY			

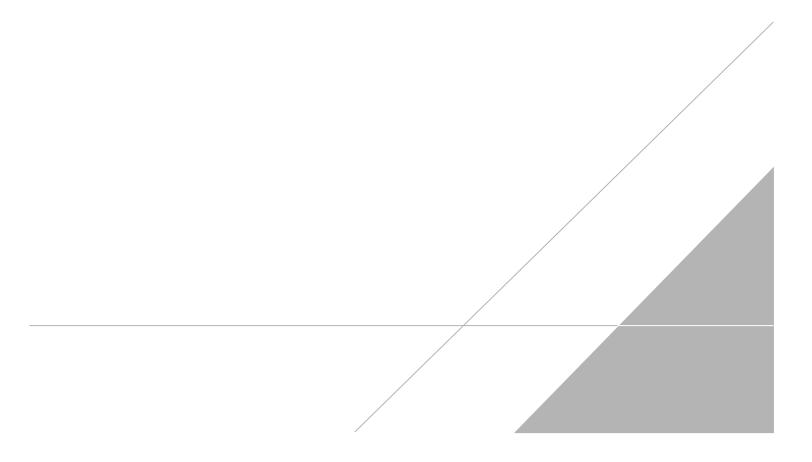
Generator acknowledges that no material change has occurred either in Acharacteristics or in the process generating the material.

у.

Site Address

SAME

# 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	EW-1	EW-2	EW-3	EW-4	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	CELL 1 EFFLUENT	PPE
Date	1	Limitation	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	10 0	1.5 J	100	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	1.0 0	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	1.1 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	0.04	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-DICHLOROBENZENE		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	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
	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
			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:	0.0	0.0		1.0 0	2.0 0	2.0 0			2.0 0		2.0 0	2.0 0

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	EW-1	EW-2	EW-3	EW-4	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	CELL 1 EFFLUENT	PPE
Date		Limitation	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				
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				
PCB-1248 (AROCLOR 1248)	*	*	500 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				
PCB-1260 (AROCLOR 1260)	*	*	500 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				
PCB-1268 (AROCLOR 1268)	*	*	500 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	0.322	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					
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					
CADMIUM	0.005	0.01	0.0006 J	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	0.0019 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	0.0043 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					
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					
SILVER	0.05	0.1	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					
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:	1			•	•				•			,

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.

\* 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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