

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

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

Date:
July 15, 2021

Contact:
Andy Vitolins, P.G.

Dear Mr. Long:

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

Phone:
518.250.7300

Email:
andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

System Performance

A total of 529,305 gallons of leachate were collected and treated through the system during June 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 12.3 gallons per minute (gpm). Following review of the May 2021 treatment system analytical, Arcadis has temporarily ceased pumping from extraction well EW-1 as it is the primary contributor of volatile organic compounds and polychlorinated biphenyls.

Our ref:
30055713

System Operation Summary

During each site visit, Arcadis personnel completed a NYSDEC Daily Inspection Report (Attachment A) to summarize site conditions and work performed. As of

June 24, 2021 NYSDEC no longer requires visitors to complete COVID-19 Entry/Exit logs. An Arcadis Weekly O&M Log (Attachment B) was completed to record system readings and document system performance.

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

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of sludge were generated during June 2021.
- Performed brush cutting around treatment building, driveway, monitoring wells, and front gate.
- Collected monthly samples.

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on June 15, 2021 from the following treatment system locations:

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

No samples were collected from extraction wells EW-1, EW-2, EW-3, leachate collection well EW-4, or Cell 1 Chamber (treatment Cell 1 discharge into the effluent collection chamber). Samples from these locations are collected on a quarterly basis and will be sampled again in the third quarter 2021.

The monthly samples were submitted to Eurofins TestAmerica for analysis of Volatile Organic Compounds (VOCs), polychlorinated biphenyls (PCBs), metals, total dissolved solids (TDS), and total suspended solids (TSS).

The analytical results are discussed in the sections below and have been summarized in Table 1. The laboratory analytical data will be submitted to NYSDEC's EIMS Administrator in the required EQUIS EDD format.

System Analytical Results

During the June 2021 sampling event, there were no NYSDEC Class GA Groundwater standard exceedances for VOCs, PCBs, and conventional chemistry at the Cell 2 Effluent and Polishing Pond Effluent sampling locations. However, iron, manganese, and sodium 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, vinyl chloride was detected in the Influent (2.5 micrograms per liter [$\mu\text{g/L}$]) and Clarifier Catch Tank (3.1 $\mu\text{g/L}$) samples at concentrations that exceeded the corresponding NYSDEC

Class GA Standard of 2.0 µg/L. There were no other VOC concentration exceedances during the June 2021 sampling event (Table 1).

PCBs

PCB Aroclor 1232 was detected in the Influent (5.9 µg/L), Clarifier Catch Tank (10 µg/L), and Cell 3 Bypass (0.96 µg/L) samples at concentrations greater than the NYSDEC GA Standard of 0.09 µg/L. PCBs were not detected in the Cell 2 Effluent and PPE samples during the June 2021 sampling event (Table 1).

Metals

Iron and manganese were detected in one or more of the treatment system samples at concentrations greater than the NYSDEC Standards of 0.3 milligrams per liter (mg/L) and 0.6 mg/L, respectively. Iron exceedances ranged from a maximum of 25 mg/L (Influent) to a minimum of 1.0 mg/L (Cell 3 Bypass). Manganese concentrations which exceeded NYSDEC guidance values ranged from 1.63 mg/L (PPE) to 1.0 mg/L (Clarifier Catch Tank). Sodium concentrations exceeded the NYSEC Class GA Standard of 20 mg/L at all sample locations and ranged from a maximum of 61.5 mg/L (Clarifier Catch Tank) to a minimum of 39.5 mg/L (PPE). Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 578 mg/L (Clarifier Catch Tank) to 432 mg/L (PPE), and TSS concentrations ranged from 46.8 mg/L (Influent) 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.

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for July 2021:

- Continuation of iron and solids treatment and processing;
- Camera inspection and jetting of EW-4 force main to Treatment System building;
- Continuation of IRM rapid small-scale column test (RSSCT) with Engineering Performance Solutions; and
- Routine monthly sampling.

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

Sincerely,

Arcadis of New York, Inc.



NYSDEC Site No. 558001

Payson Long

July 15, 2021

Andy Vitolins, P.G.

Vice President

Copies:

Jeffrey Dyber, NYSDEC

Jeremy Wyckoff, P.G., Arcadis

Jasmine Mullins, E.I.T., Arcadis

Todd Carignan, Arcadis

File

Enclosures:

Attachment A – NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

Table 1 – June 2021 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports



DAILY INSPECTION REPORT

Report No. 33

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 06/01/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	55 °F	AM	77 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800		
<ul style="list-style-type: none"> - Completed onstream and blowdown of filter press. - Performed routine housekeeping within the treatment building. - Mowed and cleared brush around front gate and select monitoring wells. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		9.25	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							
Visitors to Site							

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

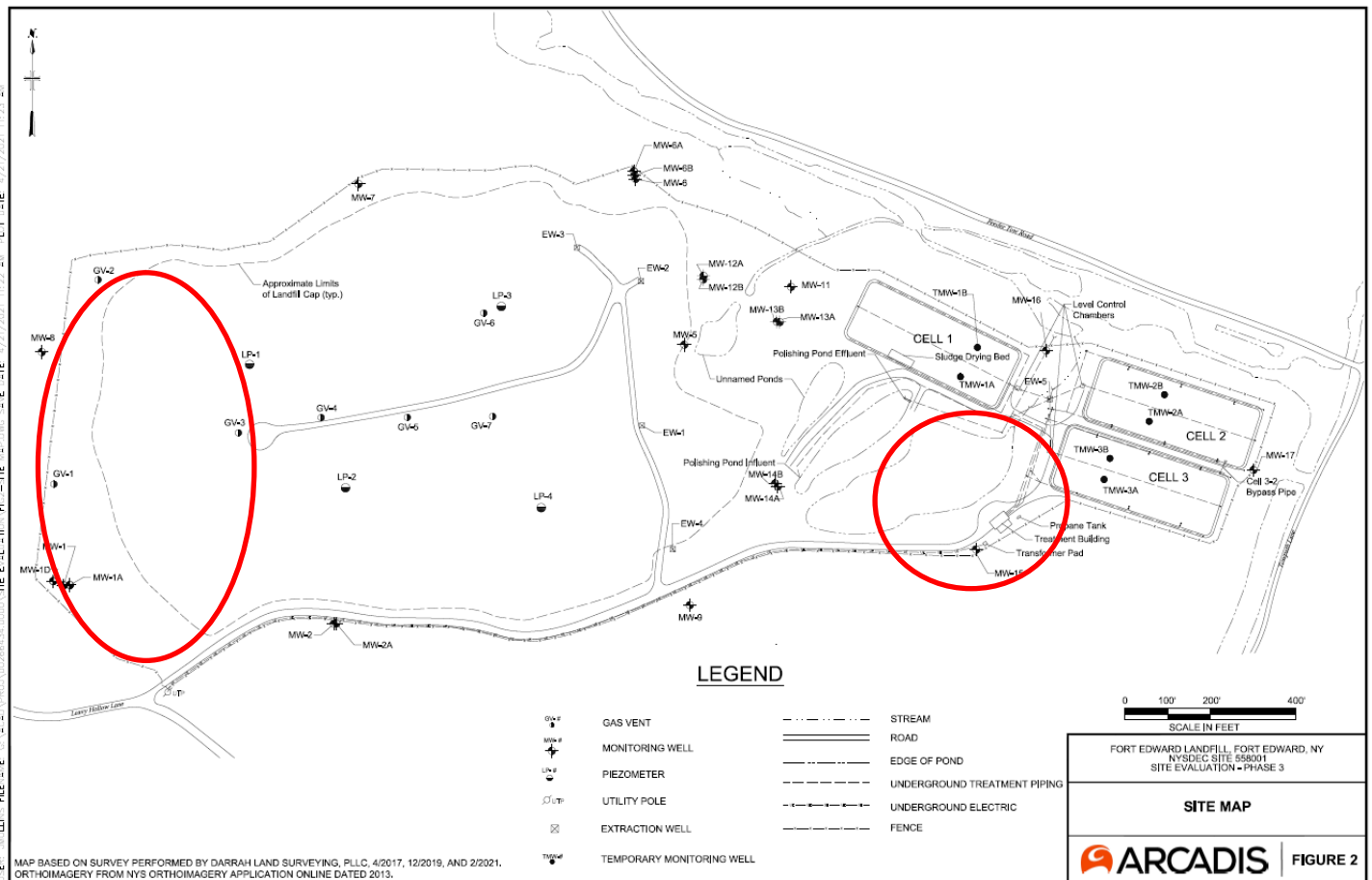
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





Red outlined area indicates the location of work performed on June 1, 2021.

DAILY INSPECTION REPORT

Report No. 33

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 06/01/2021

Site Photographs (Descriptions Below)	
	
Top view of Inclined Plate Clarifier.	View of Western area following mowing.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 6/1/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 34

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 06/08/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer		
Weather Conditions								
General Description	Cloudy	AM	Rain	PM				
Temperature	71 °F	AM	85 °F	PM				
Wind	7 MPH N	AM	6 MPH N	PM				
Health & Safety								
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800			
<ul style="list-style-type: none"> - Treatment system offline upon arrival due to power loss. - Reset extraction wells and discharge pumps, and brought system back online. - Completed blowdown, onstream, and filter cake discharge of filter press. - Performed routine housekeeping within the treatment building. 								
Equipment/Material Tracking								
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Nathan Kloefer		Arcadis		Field Tech		10.5		
Equipment Description		Contractor/Vendor			Quantity	Used		
Material Description		Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*	
*On-Site scale for off-site shipment, delivery ticket for material received								
Equipment/Material Tracking Comments:								
None at this time.								
Visitors to Site								
Name		Representing			Entered Exclusion/CRZ Zone			
					Yes No			

DAILY INSPECTION REPORT

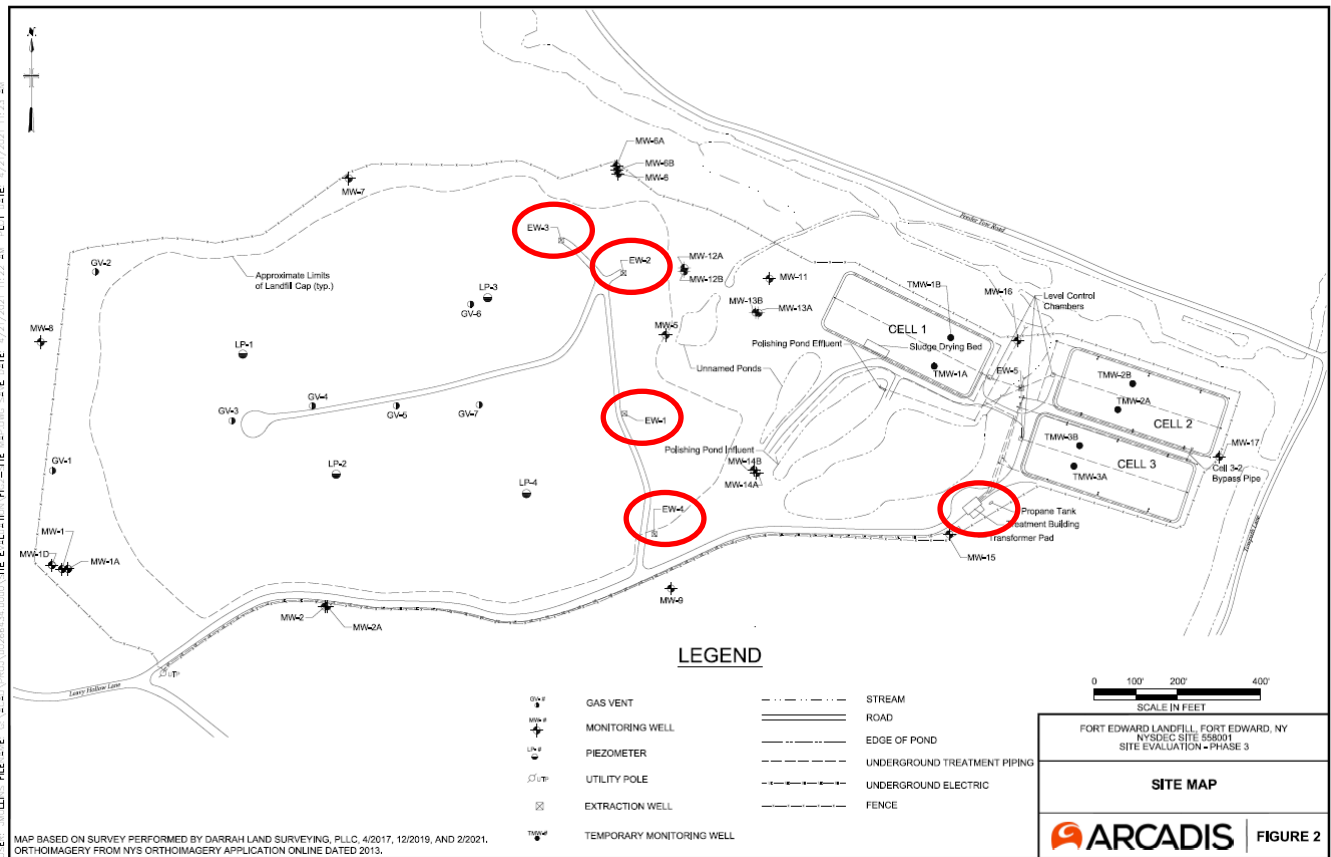
Report No. 34

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 06/08/2021

		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 June 8, 2021.

DAILY INSPECTION REPORT

Report No. 34

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 06/08/2021

Site Photographs (Descriptions Below)	
	
View of Power Loss at EW-3 variable frequency drive.	View of Filter Press Filter Sludge after blowdown.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 6/8/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 35

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 06/15/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	65 °F	AM	75 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety							
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments							
None at this time.							
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800		
<ul style="list-style-type: none"> - Conducted routine monthly sampling. - Completed onstream, blowdown, and discharge of Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Mowed around building and driveway. - Performed routine housekeeping within the treatment building. 							
Equipment/Material Tracking							
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		9.75	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments:							
None at this time.							

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

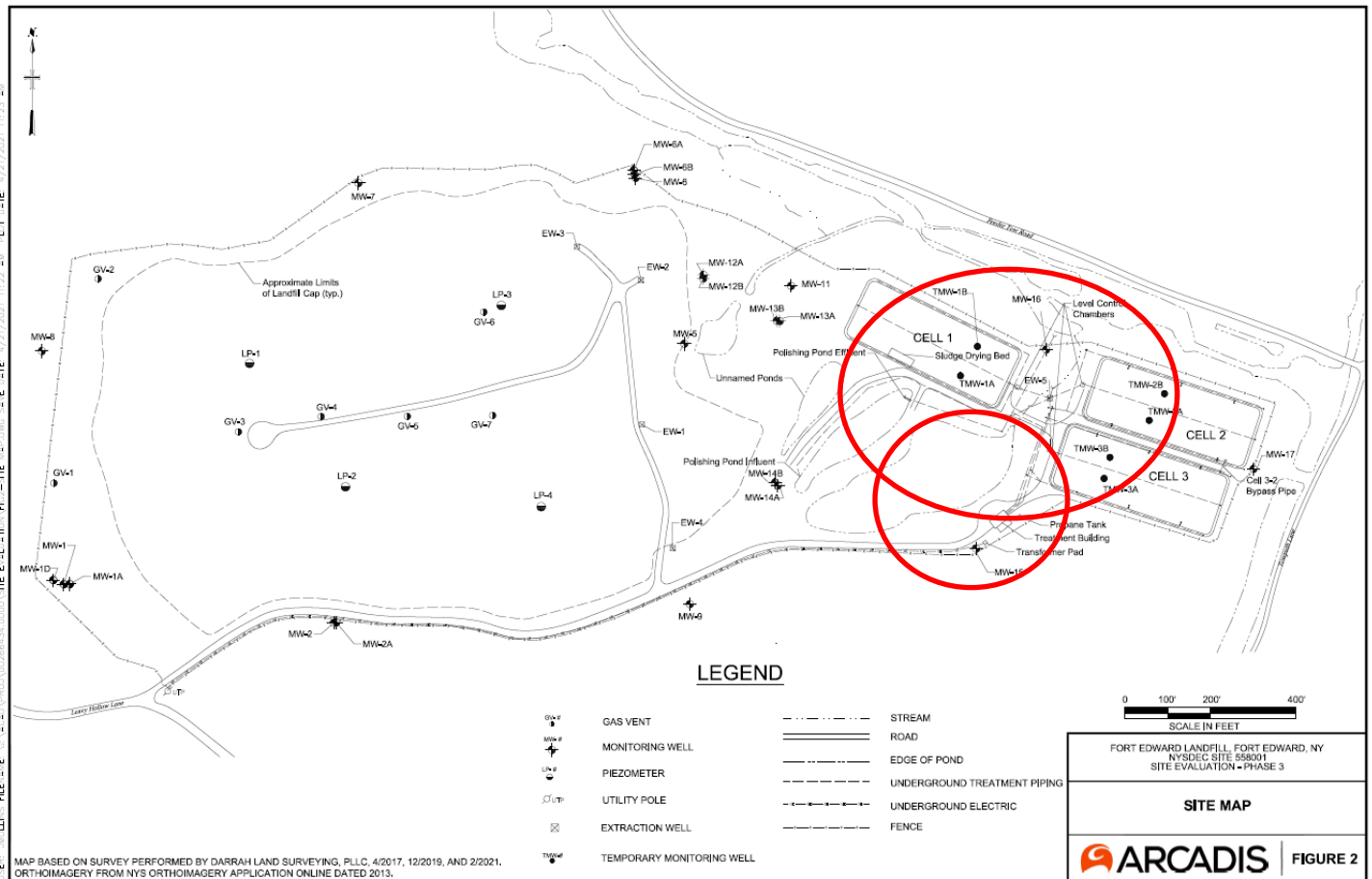
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





Red outlined area indicates the location of work performed on June 15, 2021.

DAILY INSPECTION REPORT

Report No. 35

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 06/15/2021

Site Photographs (Descriptions Below)	
	
View of cleaned Thickeners Tank sight glass.	View of cleaned sump pump.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 6/15/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 36

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 06/22/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Cloudy	AM	Rain	PM			
Temperature	55 °F	AM	65 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety							
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments							
None at this time.							
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800		
<ul style="list-style-type: none"> - Performed routine housekeeping within the treatment building. - Completed prefill, onstream, blowdown, and cake discharge of Filter Press. - Reset power to Human-Machine Interface (HMI) for Treatment System. - Pumped sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Aerated and decanted Thickener tank. 							
Equipment/Material Tracking							
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		10.25	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments:							
None at this time.							

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

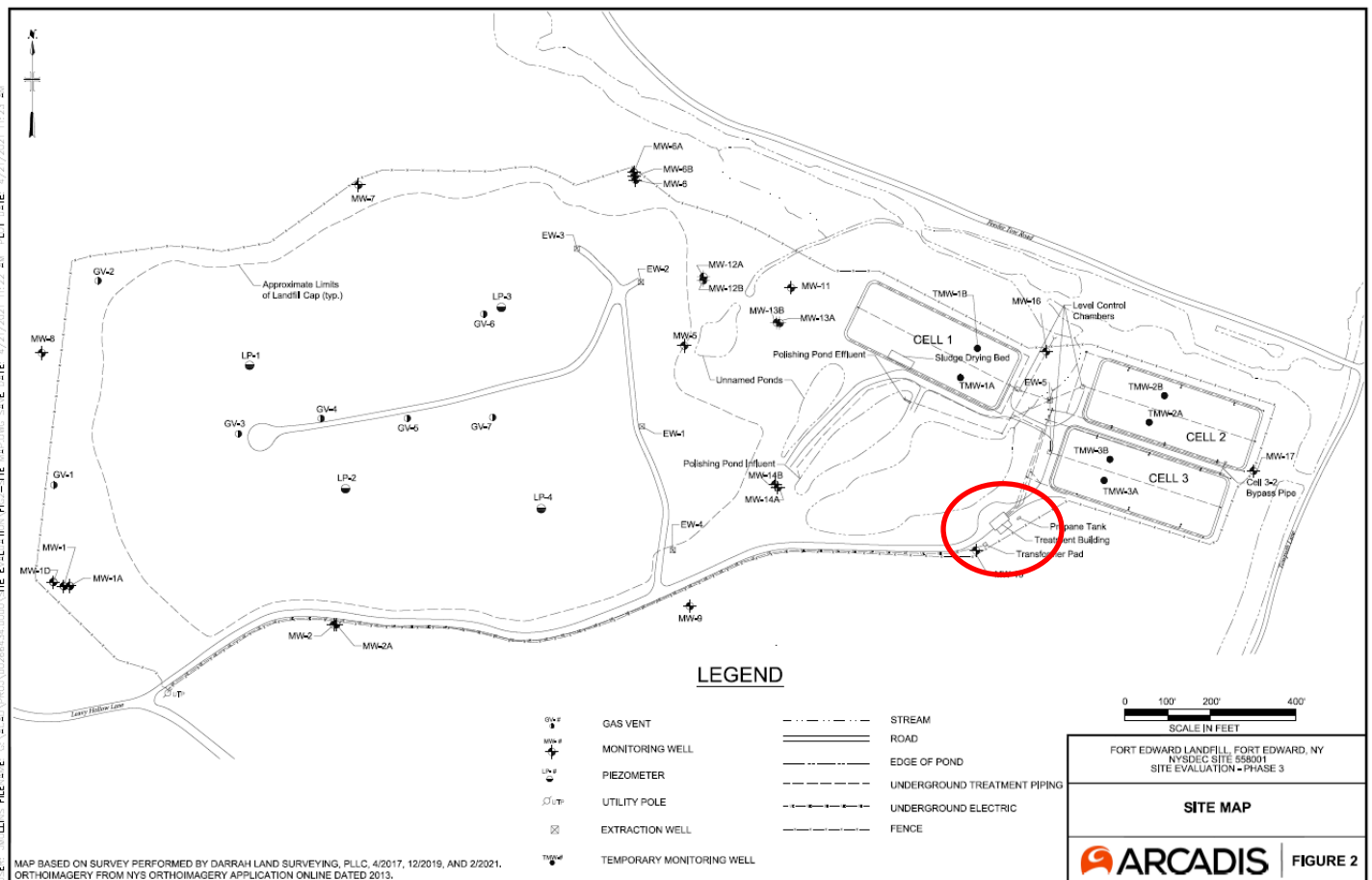
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



Red outlined area indicates the location of work performed on June 22, 2021.

Site Photographs (Descriptions Below)



View of Motor Control Center (MCC)

View of HMI screen.

Comments

None at this time.

Site Inspector(s): Nathan Kloepfer

Date: 6/22/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 37 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 06/29/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloepfer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Rain	PM			
Temperature	82 °F	AM	91 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety							
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments							
None at this time.							
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800		
<ul style="list-style-type: none"> - Chemical inspection - New flocc made - Batched from IPC to Thickener tank - Batched flacc and decant thickener tank - Completed prefill of Filter Press - Mowed around building and cells - Completed onstream of Filter Press - Mowed roadway and behind MW-1,4 - Completed cake discharge - Completed oil change on compressor 							
Equipment/Material Tracking							
If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloepfer		Arcadis		Field Tech		0.25	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments:							
None at this time.							

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

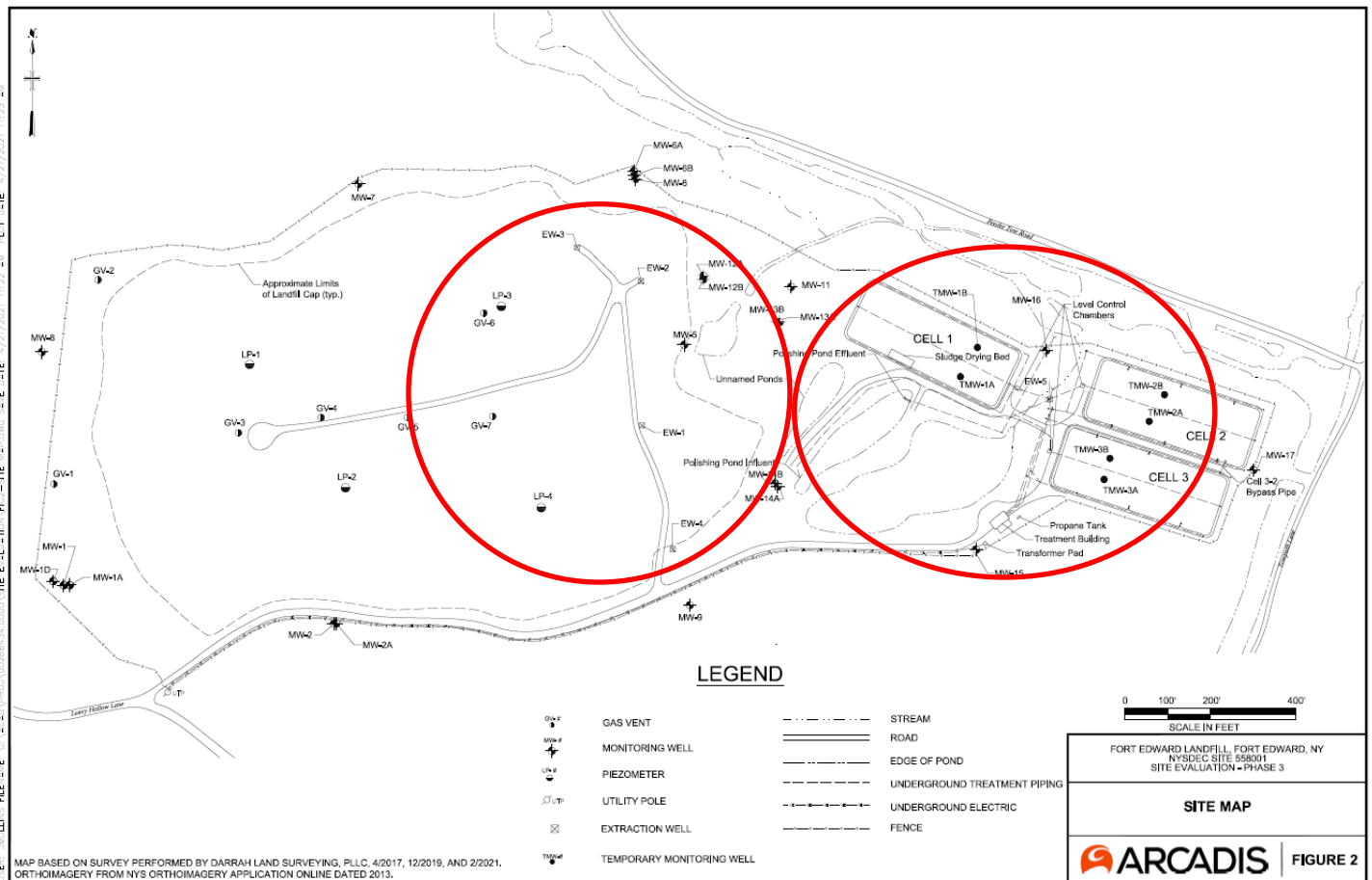
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



Red outlined area indicates the location of work performed on June 29, 2021.

DAILY INSPECTION REPORT

Report No. 37

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 06/29/2021

Site Photographs (Descriptions Below)	
	
View of Filter Press Filter Sludge after blowdown.	View of mowed area around Cell 3 level control chamber.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloefer	Date: 6/29/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 6/1/2021

Time: 0815

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	<u>Y</u>	<u>Y</u>	<u>20.48</u>	<u>6.72</u>	<u>9.01</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>Y</u>	<u>21.97</u>	<u>9.43</u>	<u>9.87</u>
Confirm pumps are operating between setpoints	EW-3	<u>Y</u>	<u>Y</u>	<u>8.71</u>	<u>8.55</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>22.42</u>	<u>7.15</u>	<u>49.81</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u>Y</u>	<u>Y</u>	<u>NA</u>	<u>1.86</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<u>off</u>	A2	<u>off</u>	Auto rotate on/off	<u>Y</u>
If on - record chlorine concentration (ppm)		<u>0.0</u>			Discharge pump operating	<u>Y</u>
Operate exhaust fan manually		<u>Y</u>			Discharge pump pressure normal	<u>Y</u>
FT-801 reading (GPM)		<u>22.84</u>			Building temp accurate	<u>Y</u>
Chemical rates normal for flow?		<u>Y</u>			Mixers operating?	<u>Y</u>
Catch tank display level=actual?		<u>Y</u>			Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>Y</u>	Propane tank level greater than 20%	<u>70</u>
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Heaters working

<u>Y</u>

IPC (Y/N)

IPC discharge clear?	<u>N</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>Y</u>	Indicate % of sludge at each port	Upper <u>100</u> Mid <u>80</u> Lower <u>50</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>8.5</u>	mA Signal	<u>6.2</u>	Notes	
2130 Coagulant	Height (in)	<u>122</u>	Stroke Rate	<u>14.7</u>	Notes	
1668 Flocculant	Volume (gal)	<u>400</u>	Stroke Rate	<u>81</u>	Notes	<u>re-batch made</u>
Dosing pumps at normal rate?	<u>Y</u>				Chemicals needed?	<u>Y</u>

Floor Sumps (Y/N)

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

Excessive sludge/sediment?

<u>Y</u>	(check monthly)
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Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

Fort Edward Landfill - Typical Operating Parameters



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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: ML

Date: 6/8/2024

Time: _____

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)	
Pump Status/Flow	EW-1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17.46	7.01	17.28
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26.74	8.14	17.65
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7.87	10.13	NA
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21.58	17.05	53.89
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	11.01	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<u>off</u>	A2	Auto rotate on/off	<u>on</u>
If on - record chlorine concentration (ppm)		<u>0.0</u>		Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually		<input checked="" type="checkbox"/>		Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)		<u>23,60</u>		Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?		<input checked="" type="checkbox"/>		Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?		<input checked="" type="checkbox"/>		Other Alarms (Y/N)	<u>Y - Power loss</u>

Filtration (Check if OK)

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

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Propane tank level greater than 20%	<u>70</u>
-------------------------------------	-------------------------------------	-------------------------------------	-----------

Heaters working

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

IPC discharge clear?	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<input checked="" type="checkbox"/>	Indicate % of sludge at each port	Upper <u>20%</u> Mid <u>50%</u> Lower <u>100%</u>
Coag visibly dosing?	<input checked="" type="checkbox"/>		
Floc visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>31.9</u>	mA Signal	<u>62</u>	Notes	<u>new drum ali</u>
2130 Coagulant	Height (in)	<u>13.2</u>	Stroke Rate	<u>14.4</u>	Notes	<u>Primal</u>
1668 Flocculant	Volume (gal)	<u>410</u>	Stroke Rate	<u>81</u>	Notes	
Dosing pumps at normal rate?					Chemicals needed?	<input checked="" type="checkbox"/>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

Fort Edward Landfill - Typical Operating Parameters



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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- System offline when alarm - Power loss alarm
 - manually reset RW-1,2,3 vFDs
 - reset pumps D-1 & D-2 vFD
 - system reset, online
-
-
-
-
-
-
-
-
-
-

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: ML

Date: 6/5/2024

Time: 0845

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)	
Pump Status/Flow	EW-1	Y	N	Y	20.44	9.06	4.43
Run pumps in "Manual" to confirm flow, if needed.	EW-2	Y	N	Y	14.17	6.59	8.59
Confirm pumps are operating between setpoints	EW-3	Y	Y	Y	8.23	7.24	NA
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	21.83	7.42	47.8
If pumps on, is water flowing into IPC (Y/N)? Y	EW-5	Y	Y	N	NA	8.63	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	off	A2	off	Auto rotate on/off	✓
If on - record chlorine concentration (ppm)					Discharge pump operating	✓
Operate exhaust fan manually					Discharge pump pressure normal	✓
FT-801 reading (GPM)		24.62			Building temp accurate	✓
Chemical rates normal for flow?		✓			Mixers operating?	✓
Catch tank display level=actual?		✓			Other Alarms (Y/N)	N

Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load	✓	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)

Thermostats set correctly (50-55 F)	✓	Propane tank level greater than 20%	70%
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IPC (Y/N)

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

Chemical Feed (Fill in values)

305 Bleach	Height (in)	22.6	mA Signal	6.2	Notes	
2130 Coagulant	Height (in)	12.1	Stroke Rate	14.1	Notes	
1668 Flocculant	Volume (gal)	295	Stroke Rate	81	Notes	New batch made
Dosing pumps at normal rate?					Chemicals needed?	

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

Port Edward Landfill - Typical Operating Parameters

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm
 A1 and A2 means concentration greater than 1.0 ppm
 Both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light.

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

Discharge Pumps

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

Air compressor

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

Regulators

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

- Notes:
- moved drive way + around building
 - cleaned out Old Sump pump
 - cleaned out sight glass for Thickener Tank

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 6/22/2021

Time: 0920

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.34</u>	<u>8.72</u>	<u>4.46</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>15.11</u>	<u>7.03</u>	<u>5.42</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>6.90</u>	<u>7.98</u>	NA
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.74</u>	<u>8.81</u>	<u>4.78</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	NA	<u>6.86</u>	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)	<u>✓</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>22.46</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>70%</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>Y</u>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>25</u> Lower <u>50</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>13.1</u>	mA Signal <u>80</u>	Notes
2130 Coagulant	Height (in) <u>11.8</u>	Stroke Rate <u>13.5</u>	Notes
1668 Flocculant	Volume (gal) <u>4.5</u>	Stroke Rate <u>79</u>	Notes
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>N</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>4</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

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

Grounds

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

Fort Edward Landfill - Typical Operating Parameters



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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 6/24/2021

Time: 100

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>Y</u>	<u>N</u>	<u>N</u>	<u> </u>	<u> </u>	<u> </u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>N</u>	<u>Y</u>	<u>20.35</u>	<u>9.02</u>	<u>9.99</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>Y</u>	<u>5.71</u>	<u>9.54</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>23.64</u>	<u>9.65</u>	<u>50.50</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.33</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<u>Y</u>
If on - record chlorine concentration (ppm)	<u>0.0</u>		Discharge pump operating	<u>Y</u>
Operate exhaust fan manually	<u>Y</u>		Discharge pump pressure normal	<u>Y</u>
FT-801 reading (GPM)	<u>18.52</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>Y</u>
Catch tank display level=actual?	<u>Y</u>		Other Alarms (Y/N)	<u>N</u>
Filtration (Check if OK)				
Air compressor pressure in range	<u>Y</u>		Solenoid status correct for operation	<u>Y</u>
Data (Check if OK)				
Do Daily & Yesterday Starts make sense	<u>Y</u>			
Alarms				
All Alarms Enabled (Y/N)	<u>Y</u>			
List any disabled and indicate why	<u> </u>			

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>Y</u>	Propane tank level greater than 20%	<u>70</u>
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IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>Y</u>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>40</u> Lower <u>100</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>4.5</u>	mA Signal <u>6.2</u>	Notes
2130 Coagulant	Height (in) <u>11.8</u>	Stroke Rate <u>14.9</u>	Notes
1668 Flocculant	Volume (gal) <u>295</u>	Stroke Rate <u>82</u>	Notes
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>bleach</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

Fort Edward Landfill - Typical Operating Parameters



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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- changed compressor oil

- moved roadway, behind n-1,4, cells, building

TABLES



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

Location	NYSDEC Class GA GW Standard	NYSDEC Class GA GW Effluent Limitation	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	PPE
Date			6/15/2021	6/15/2021	6/15/2021	6/15/2021	6/15/2021
Volatile Organic Compounds (µg/L)							
ACETONE	50	50	10 U	8.5 J	10 U	10 U	4.5 J
BENZENE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMODICHLOROMETHANE	50	50	1.0 U	1.0	1.0 U	1.0 U	1.0 U
BROMOFORM	50	50	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
BROMOMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-BUTANONE (MEK)	50	50	10 U	10 U	10 U	10 U	10 U
CARBON DISULFIDE	60	60	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CARBON TETRACHLORIDE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLORODIBROMOMETHANE	50	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CHLOROFORM	7.0	7.0	1.0 U	2.2	1.3	1.0 U	1.0 U
CHLOROMETHANE	5.0	--	1.0 U	0.85 J	1.0 U	1.0 U	1.0 U
CYCLOHEXANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMO-3-CHLOROPROPANE	0.04	0.04	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	0.0006	0.0006	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROBENZENE	3.0	3.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,3-DICHLOROBENZENE	3.0	3.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,4-DICHLOROBENZENE	3.0	3.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLOROBROMOMETHANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
DICHLORODIFLUOROMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,2-DICHLOROETHYLENE	5.0	5.0	1.3	4.9	1.3	1.0 U	1.0 U
TRANS-1,2-DICHLOROETHYLENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROETHANE	0.6	0.6	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1-DICHLOROETHYLENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,2-DICHLOROPROPANE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
CIS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRANS-1,3-DICHLOROPROPENE	0.4	0.4	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,4-DIOXANE	1.0	--	NA	NA	NA	NA	NA
ETHYLBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
2-HEXANONE	50	50	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U
ISOPROPYLBENZENE (CUMENE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ACETATE	--	--	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U
METHYL TERT-BUTYL ETHER (MTBE)	10	10	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL CYCLOHEXANE	--	--	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYLENE CHLORIDE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	--	--	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U
STYRENE	5.0	930	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1,2-TETRACHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TETRACHLOROETHYLENE (PCE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TOLUENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.4
1,2,4-TRICHLOROBENZENE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,1-TRICHLOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLOROETHANE	1.0	1.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROETHYLENE (TCE)	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
TRICHLOROFLUOROMETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	5.0	5.0	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U
VINYL CHLORIDE	2.0	2.0	2.5	3.1	0.9	1.0 U	1.0 U
XYLENES, TOTAL	5.0	5.0	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U

Notes:

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

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

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.

NA - Not analyzed.

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

µg/L - micrograms per liter

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

Location	NYSDEC Class GA GW Standard	NYSDEC Class GA GW Effluent Limitation	INFLUENT	CLARIFIER CATCH	CELL 3 BYPASS	CELL 2 EFFLUENT	PPE
Date			6/15/2021	6/15/2021	6/15/2021	6/15/2021	6/15/2021
Polychlorinated Biphenyls (µg/L)							
PCB-1016 (AROCLOR 1016)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1221 (AROCLOR 1221)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1232 (AROCLOR 1232)	*	*	5.9	10	0.96	0.5 U	0.5 U
PCB-1242 (AROCLOR 1242)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1248 (AROCLOR 1248)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1254 (AROCLOR 1254)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1260 (AROCLOR 1260)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1262 (AROCLOR 1262)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
PCB-1268 (AROCLOR 1268)	*	*	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U
Metals (mg/L)							
ALUMINUM	--	2.0	0.2 U	0.2 U	0.2 U	0.2 U	0.0929 J
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	0.015 U	0.015 U	0.015 U	0.015 U
BARIUM	1.0	2.0	0.0496	0.0387	0.025	0.0495	0.0432
BERYLLIUM	0.003	0.003	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U
CADMIUM	0.005	0.01	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U
CALCIUM	--	--	90.1	92.2	100	96.9	78.7
CHROMIUM, TOTAL	0.05	0.10	0.004 U	0.004 U	0.004 U	0.004 U	0.002 J
COBALT	--	--	0.0015 J	0.0015 J	0.00079 J	0.0024 J	0.0013 J
COPPER	0.2	1.0	0.01 U	0.0128 J	0.01 U	0.01 U	0.01 U
IRON	0.3	0.6	25	2.46	1.0	5.06	2.27
LEAD	0.03	0.05	0.006 J	0.0035 J	0.01 U	0.01 U	0.01 U
MAGNESIUM	35	35	19.4	20.5	18.1	16.5	15.8
MANGANESE	0.3	0.6	1.47	1.0	0.542	1.1	1.63
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	0.0100 U	0.0041 J	0.0014 J	0.0038 J	0.0026 J
POTASSIUM	--	--	2.31	3.0	2.04	2.33	2.33
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	--	46.1	61.5	51.8	45.4	39.5
THALLIUM	0.0005	0.0005	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U
VANADIUM	--	--	0.005 U	0.005 U	0.005 U	0.005 U	0.005 U
ZINC	2.0	5.0	0.0146 B	0.109 B	0.0017 JB	0.0016 JB	0.0134 B
Conventional Chemistry (mg/L)							
TOTAL DISSOLVED SOLIDS	--	--	493	578	522	527	432
TOTAL SUSPENDED SOLIDS	--	--	46.8	7.6	4.0 U	4.0 U	19.2

Notes:

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

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

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

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