

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

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

Date:
August 25, 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 July 2021 reporting period at the above-referenced site.

Phone:
518.250.7300

Email:
andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

Our ref:
30055713

System Performance

A total of 400,788 gallons of leachate were collected and treated through the system during July 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 9.0 gallons per minute (gpm).

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 July 2021 operating period:

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of sludge were generated during July 2021;
- Replaced Influent piping line within Treatment System building in advance of EW-4 force main camera inspection and jetting;
- Precision Industrial Maintenance (PIM) performed pipe inspection and jetting and vacuum truck services from July 19 to July 20, 2021 along the southern french drain, EW-4 force main, and treatment cell piping network. PIM also removed approximately two-feet of iron sludge from leachate collection sump EW-5 using a vacuum truck;
- Performed brush cutting around treatment building, driveway, monitoring wells, front gate, and utilities; and
- Collected monthly samples.

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

SYSTEM SAMPLING

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

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

No samples were collected from extraction wells EW-1, EW-2, EW-3, leachate collection well EW-4, or Cell 1 Chamber (treatment Cell 1 discharge into the effluent collection chamber). Samples from these locations are collected on a quarterly basis and will be sampled again in 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 Influent and Clarifier Catch samples were also analyzed for total organic carbon (TOC).

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 EQulS EDD format.

System Analytical Results

During the July 2021 sampling event, there were no Fort Edward State Pollutant Discharge Elimination System (SPDES) Equivalency Permit Limit exceedances at the Polishing Pond Effluent for VOCs and conventional chemistry. Iron exceeded the Fort Edward SPDES Permit Limit at the Polishing Pond Effluent sampling location. Additional details of the system analytical results are provided below.

VOCs

As shown in Table 1, acetone (6.2 micrograms per liter [$\mu\text{g/L}$] estimated), bromodichloromethane (0.95 $\mu\text{g/L}$ estimated), 2-butanone (1.5 $\mu\text{g/L}$ estimated), chloroform (1.6 $\mu\text{g/L}$), and chloromethane (0.41 $\mu\text{g/L}$ estimated) were detected in the Clarifier Catch Tank sample. There were no VOC concentrations detected in the Cell 3 Bypass, Cell 2 Effluent, and PPE samples during the July 2021 sampling event.

PCBs

PCB Aroclor 1232 was detected in the Influent (1.1 $\mu\text{g/L}$), Clarifier Catch Tank (1.3 $\mu\text{g/L}$), Cell 3 Bypass (0.62 $\mu\text{g/L}$), and Cell 2 Effluent (0.34 $\mu\text{g/L}$) samples during the July 2021 sampling event. The Fort Edward SPDES Equivalency Permit does not include a limit for PCBs. There were no PCBs detected in the PPE sample during the July 2021 sampling event.

Metals

Iron concentrations ranged from a maximum of 12.8 mg/L (Cell 2 Effluent) to a minimum of 1.35 mg/L (PPE). The PPE iron concentration of 1.35 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L. Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 239 mg/L (Cell 3 Bypass) to 687 mg/L (Influent), and TSS concentrations ranged from non-detect (Cell 2 Effluent) to 26 mg/L (Cell 3 Bypass). 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. Total organic carbon was detected in the Influent and Clarifier Catch samples at 2.6 and 2.4 mg/L, respectively.

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for August 2021:

- Continuation of iron and solids treatment and processing;
- 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.



Andy Vitols, P.G.
Vice President

NYSDEC Site No. 558001

Payson Long

August 25, 2021

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 – July 2021 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Report No. 38

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 07/1/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G.	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Kimberly Stilson		
Temperature	70 °F	AM	74 °F	PM			
Wind	5 MPH SW	AM	6 MPH W	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments Potential heat and weather hazards.							
Summary of Work Performed		Arrived at site:	0830	Departed Site:	1015		
- Restarted treatment system.							
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	
Kimberly Stilson		Arcadis		Geologist		1.75	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 38

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 07/1/2021

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

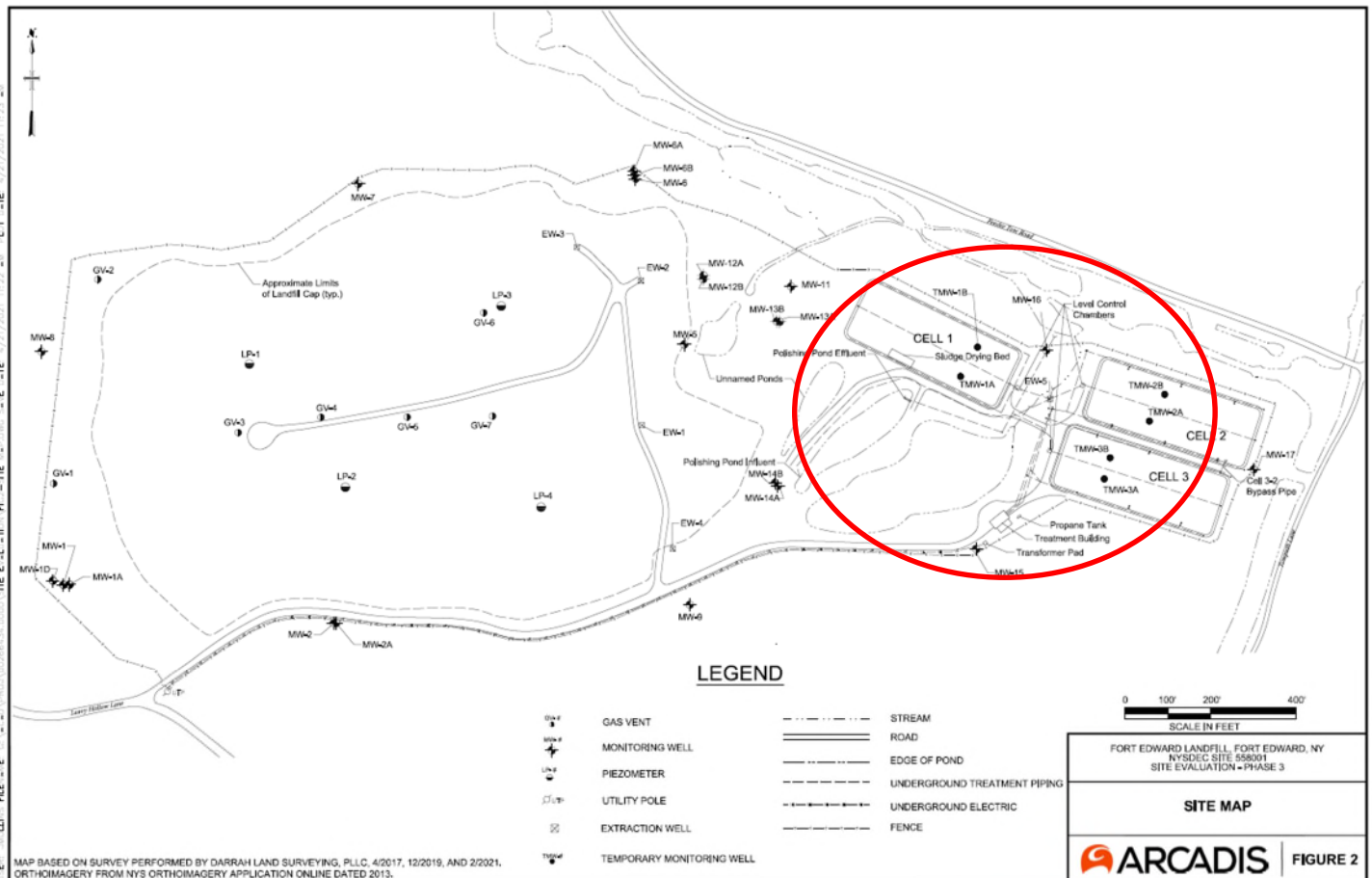
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

Report No. 38

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 07/1/2021

Site Photographs (Descriptions Below)



View of clarifier catch tank.



View inside of clarifier catch tank.



View of front gate.



View of western landfill from Leavy Hollow Road

Comments

None at this time.

Site Inspector(s): Kimberly Stilson

Date: 7/1/2021

DAILY INSPECTION REPORT

Report No. 38

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/1/2021

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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. 39

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 07/06/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Weather Conditions							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	71 °F	AM	83 °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"> - Alarm for W3 failure upon arrival. System reset, no issues during the day. - Performed routine housekeeping within the treatment building. - Aerated and decanted Thickener Tank. - Completed prefill and onstream of Filter Press and began blowdown. - Cleaned hose feeding Thickener Tank from IPC. - Replaced hose clamp on airline into IPC. 							
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		6	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

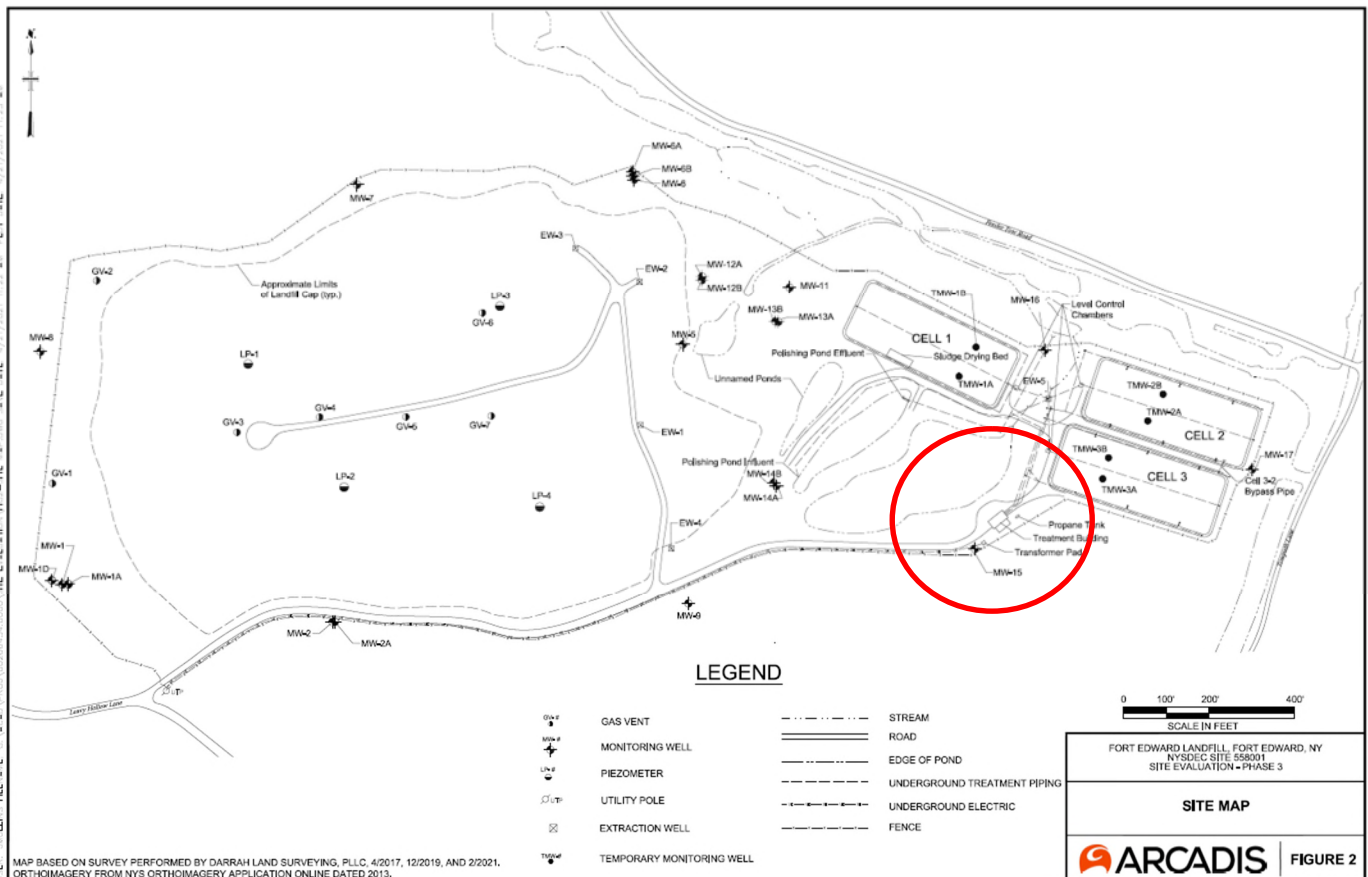
Report No. 39

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 07/06/2021

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

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



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

DAILY INSPECTION REPORT

Report No. 39

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 07/06/2021

Site Photographs (Descriptions Below)



View of new hose clamp on airline.



View of sprayed down IPC plates.

Comments

None at this time.

Site Inspector(s): Nathan Kloepfer

Date: 7/6/2021

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

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Report No. 39

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/06/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 40

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 07/08/2021

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.	
Weather Conditions							
General Description	Partly Cloudy	AM	Cloudy	PM	Consultant Site Inspectors: Jasmine Mullins, Todd Carignan		
Temperature	64 °F	AM	63 °F	PM			
Wind	10 MPH SSE	AM	18 MPH SE	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: 0905		Departed Site: 1930			
<ul style="list-style-type: none"> - Reset Treatment System Human-Machine Interface (HMI) and modem. - Adjusted modem antenna on roof to optimize signal strength for daily emails and remote login. - Performed routine housekeeping within the treatment building. - Removed faulty pressure relief valve from air compressor. - Inspected EW-3 flow meter wiring at panel and pump to diagnose recent alarms. - Pumped sludge from EW-4 vault to Cell 1 drying bed via force main. - Inspected existing EW-4 force main cleanouts in advance of jetting and vacuum work. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jasmine Mullins		Arcadis		Staff Environmental Engineer		10.4	
Todd Carignan		Arcadis		Project Engineer		10.4	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 40

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 07/08/2021

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

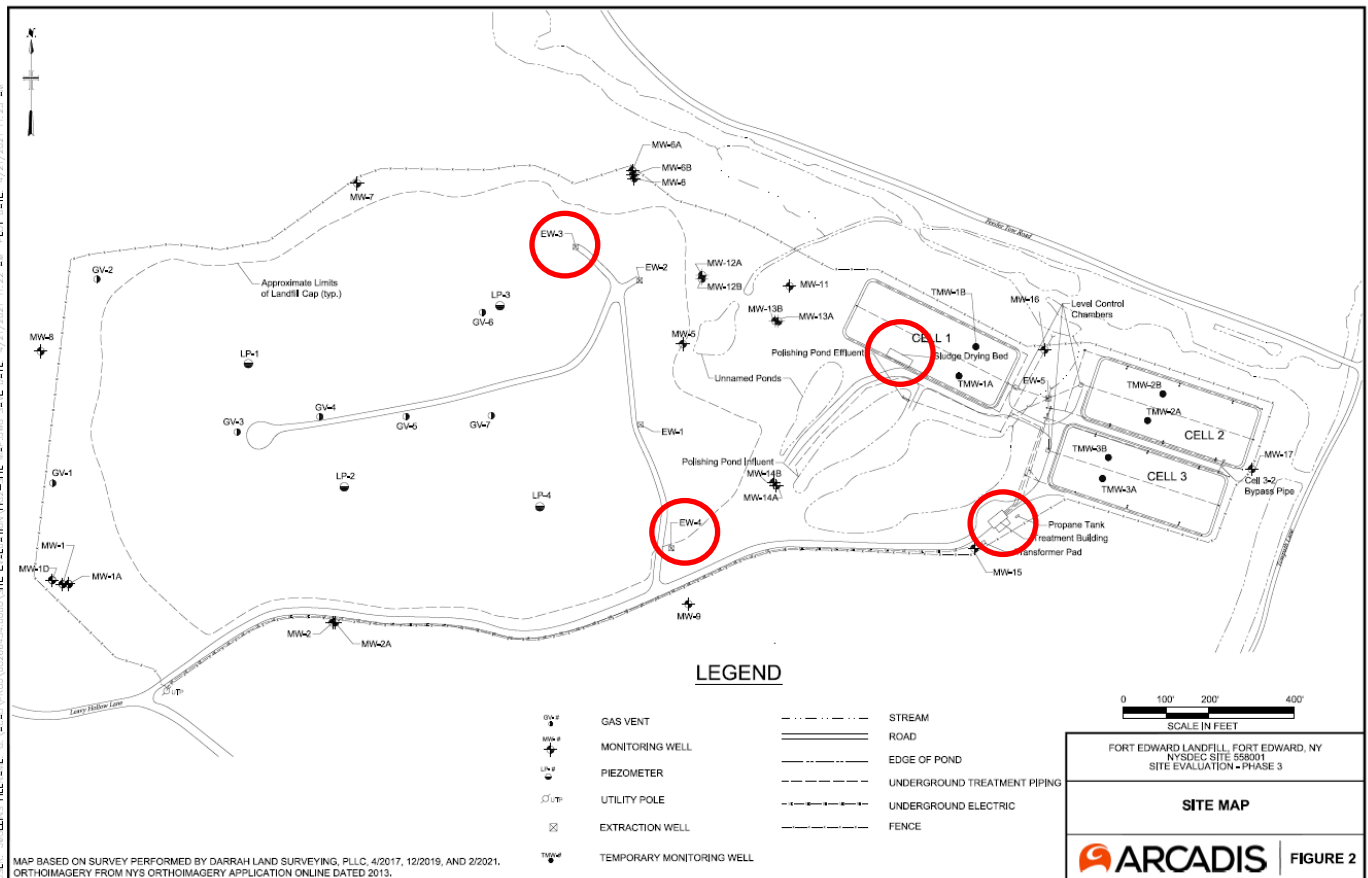
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



Red outlined area indicates the location of work performed on July 8, 2021.

DAILY INSPECTION REPORT

Report No. 40

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 07/08/2021

Site Photographs (Descriptions Below)



View of new modem antenna position on roof.



View of scaling within EW-3 flowmeter piping tee.



View of EW-5 vault.

Comments

None at this time.

Site Inspector(s): Jasmine Mullins

Date: 7/8/2021

DAILY INSPECTION REPORT

Report No. 40

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/08/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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



DAILY INSPECTION REPORT

Page 1 of 4

Report No. 41

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/13/2021

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	Sunny	AM	Rainy	PM			
Temperature	77 °F	AM	65 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0845	Departed Site:		1800
<ul style="list-style-type: none"> - Completed onstream, blowdown, and cake discharge of Filter Press. - Completed second prefill and onstream of Filter Press. - Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Aerated and decanted Thickener Tank. - 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	
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
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 41

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 07/13/2021

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

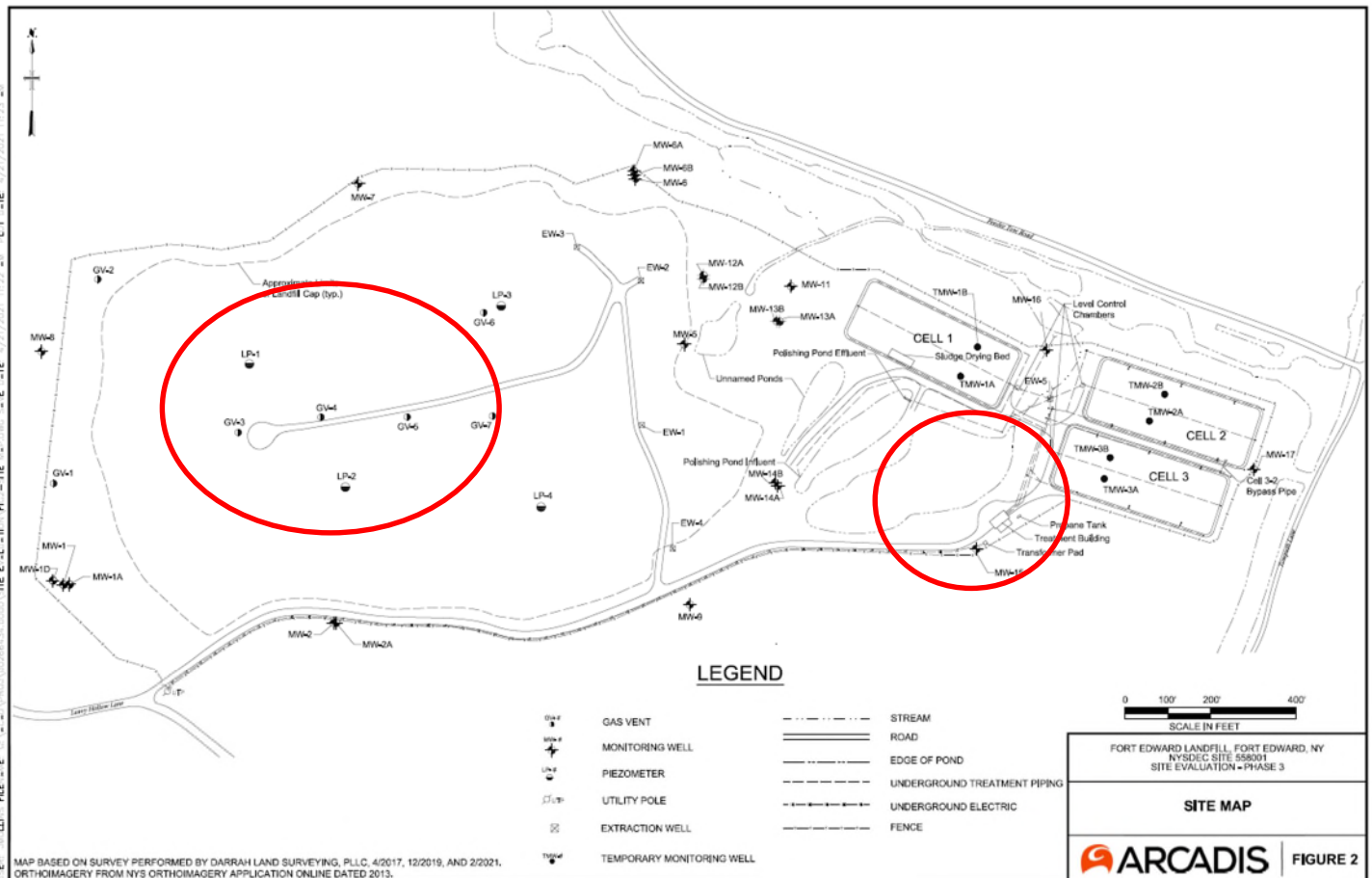
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

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Report No. 41

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/13/2021

Site Photographs (Descriptions Below)

View of IPC Plates.

View of sprayed down IPC Ports.

Comments

None at this time.

Site Inspector(s): Nathan Kloepper**Date:** 7/13/2021**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

Report No. 41

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/13/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 42

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 07/19/2021

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: Jasmine Mullins	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Cloudy	AM	Clear	PM			
Temperature	68 °F	AM	73 °F	PM			
Wind	6 MPH NNW	AM	3 MPH SE	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: 0742		Departed Site: 1730			
<ul style="list-style-type: none"> - Mowing and trimming completed around cleanouts, Cell 1 sludge drying bed, and along Treatment System building. - Precision Industrial Maintenance (PIM) onsite for camera inspection and jetting of EW-4 force main to Treatment System building. - Performed routine housekeeping within the Treatment System 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	
Jasmine Mullins		Arcadis		Staff Environmental Engineer		9.8	
Todd Carignan		Arcadis		Project Engineer		9.8	
Robert Johnson		Precision Industrial Maintenance		Operator		8.6	
Marcus Diedrich		Precision Industrial Maintenance		Technician		8.6	
Zach Gordon		Precision Industrial Maintenance		Technician		8.6	
Equipment Description		Contractor/Vendor			Quantity	Used	
Vacuum Truck		Precision Industrial Maintenance			1	Yes	
Jetting Truck		Precision Industrial Maintenance			1	Yes	
Field Support Rack Truck		Precision Industrial Maintenance			1	Yes	
Pipeline Camera		Precision Industrial Maintenance			1	Yes	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 42

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 07/19/2021

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

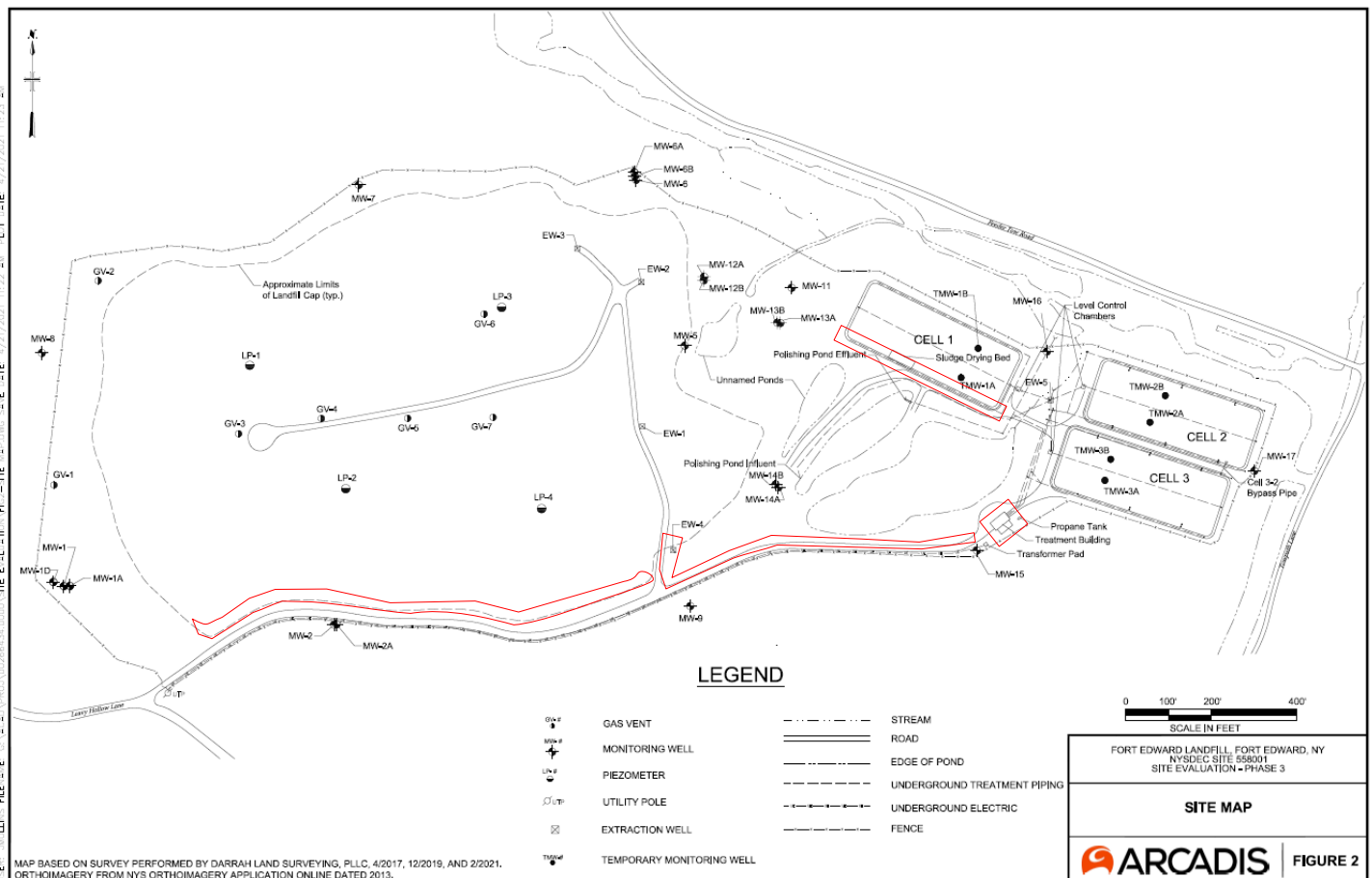
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

Report No. 42

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 07/19/2021

Site Photographs (Descriptions Below)



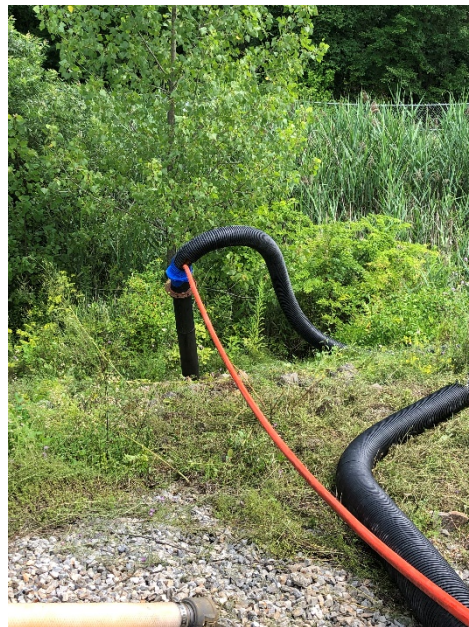
View of PIM vacuum, jetting, and field support rack trucks.



View of cleanout CO FD7 after brush cutting.



View of PIM jetting cleanout CO FM4.



View of PIM jetting cleanout CO FM1.

Comments

None at this time.

Site Inspector(s): Jasmine Mullins, Todd Carignan

Date: 7/19/2021

DAILY INSPECTION REPORT

Report No. 42

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/19/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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. 43

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 5
Date: 07/20/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G.	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Jasmine Mullins, Nathan Kloepper		
Temperature	75 °F	AM	85 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0655	Departed Site:	1800		
<ul style="list-style-type: none"> - Precision Industrial Maintenance (PIM) onsite for camera inspection and jetting of Southern french drain. - Performed routine housekeeping within the Treatment System building and storage container. - Mowing and trimming completed around cleanouts and along Treatment System building. - Replaced above grade Influent piping within Treatment System building for camera inspection and cleaning. - Completed blowdown, cake discharge, and onstream of Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Placed caution signs on personnel and storage container doors in accordance with Arcadis' Health and Safety (H&S) audit completed in March 2021. - Cleaned Air Compressor condensate trap. 							
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 Kloepper		Arcadis		Field Tech		10.0	
Jasmine Mullins		Arcadis		Staff Environmental Engineer		10.7	
Todd Carignan		Arcadis		Project Engineer		10.0	
Robert Johnson		Precision Industrial Maintenance		Operator		7.8	
Marcus Diedrich		Precision Industrial Maintenance		Technician		7.8	
Zach Gordon		Precision Industrial Maintenance		Technician		7.8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Vacuum Truck		Precision Industrial Maintenance			1	Yes	
Jetting Truck		Precision Industrial Maintenance			1	Yes	
Field Support Rack Truck		Precision Industrial Maintenance			1	Yes	
Pipeline Camera		Precision Industrial Maintenance			1	Yes	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 43

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 5
Date: 07/20/2021

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

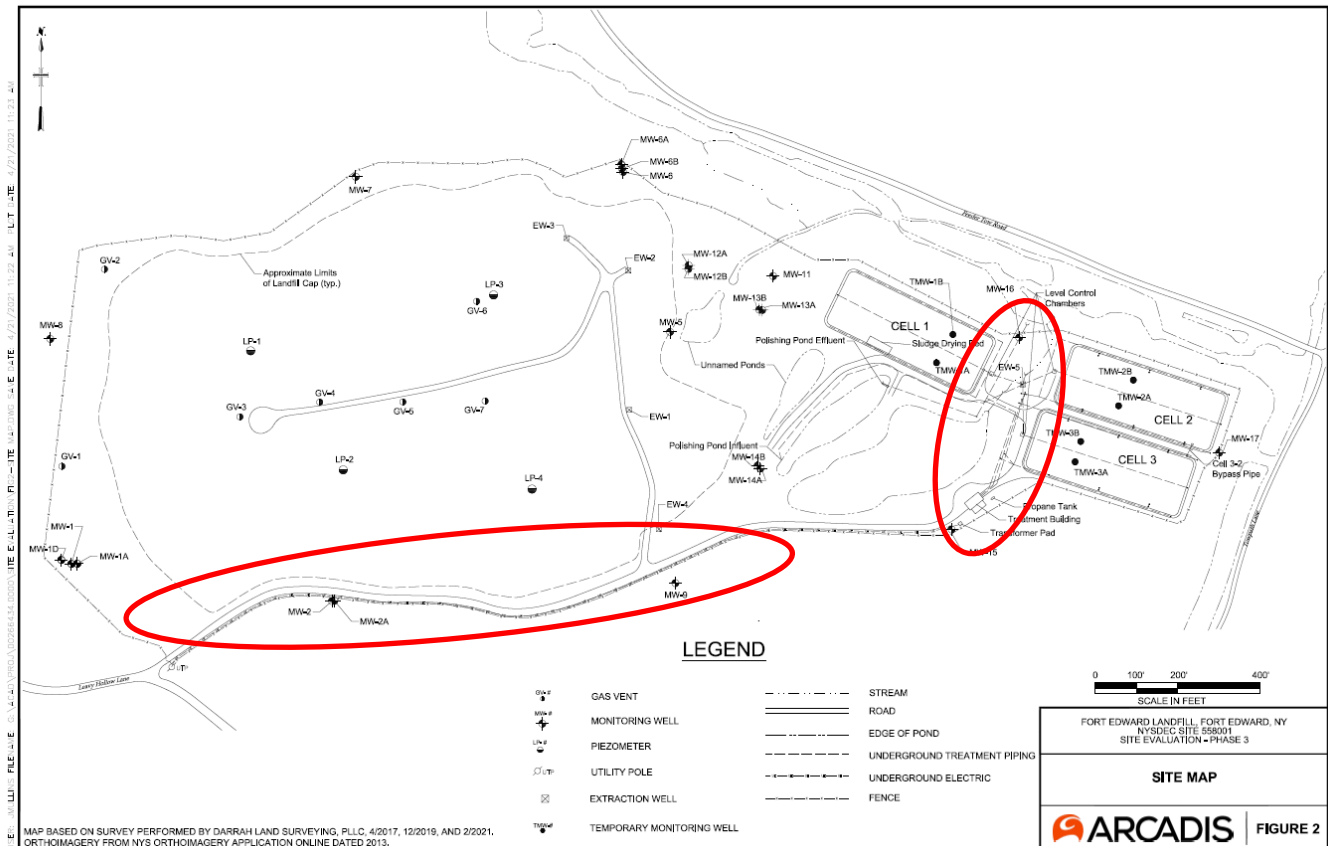
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

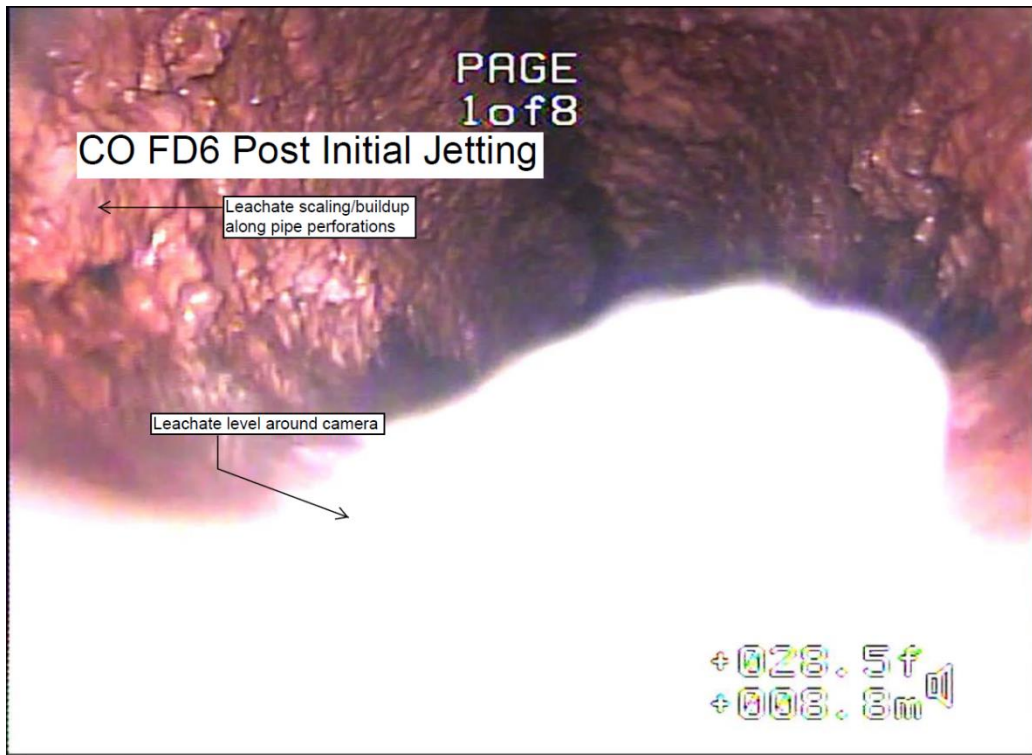
Report No. 43

Fort Edward Landfill - NYSDEC Site No. 558001

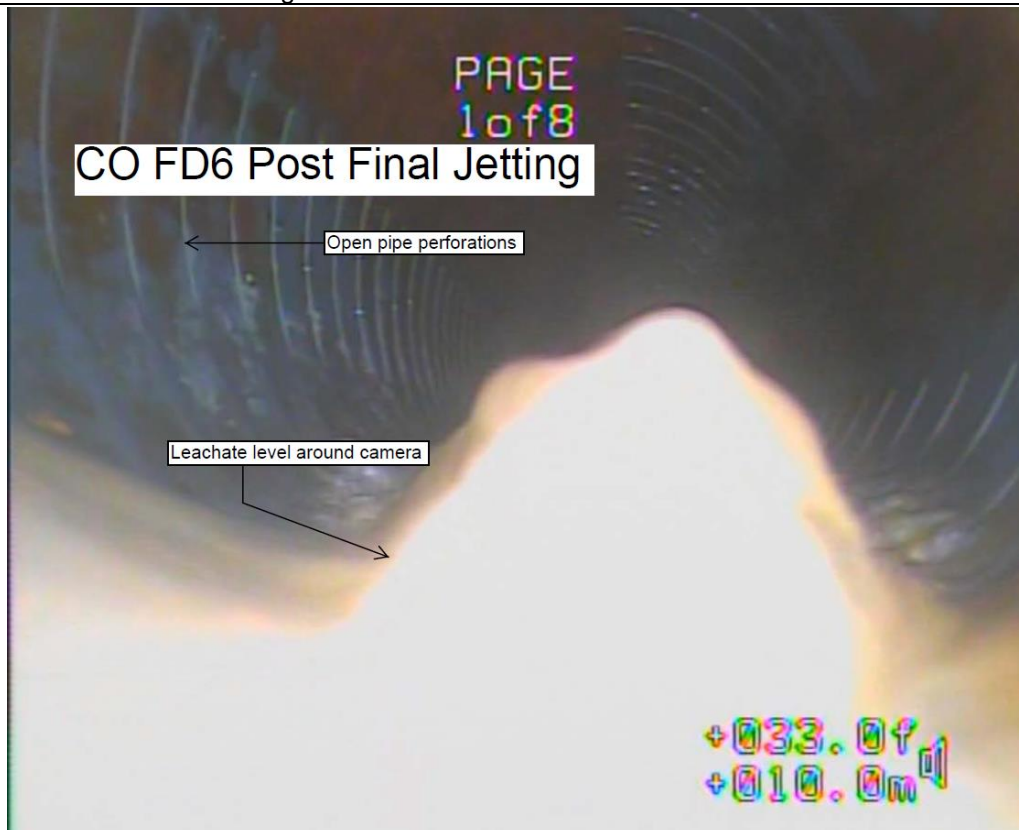
Page 3 of 5

Date: 07/20/2021

Site Photographs (Descriptions Below)



Cleanout CO FD6 Post Initial Jetting.



Cleanout CO FD6 Post Final Jetting.

DAILY INSPECTION REPORT

Page 4 of 5

Report No. 43

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/20/2021



View of Storage Container exterior.



View of personnel door signs.

Comments

None at this time.

Site Inspector(s): Jasmine Mullins, Nathan Kloepper**Date:** 7/20/2021**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

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Report No. 43

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/20/2021

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input 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. 44

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 07/21/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G.	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Jasmine Mullins, Jason Gutkowski		
Temperature	75 °F	AM	85 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0710	Departed Site:	2015		
<ul style="list-style-type: none"> - Precision Industrial Maintenance (PIM) onsite for decontamination of vacuum truck. - Performed routine housekeeping within the Treatment System building. - Mowing and trimming completed along landfill cap and swales. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jasmine Mullins		Arcadis		Staff Environmental Engineer		2.4	
Jason Gutkowski		Arcadis		Field Technician		12.8	
Robert Johnson		Precision Industrial Maintenance		Operator		1.8	
Zach Gordon		Precision Industrial Maintenance		Technician		1.8	
Max Tedesco		Precision Industrial Maintenance		Technician		1.8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Vacuum Truck		Precision Industrial Maintenance			1	No	
Jetting Truck		Precision Industrial Maintenance			1	No	
Field Support Rack Truck		Precision Industrial Maintenance			1	No	
Pipeline Camera		Precision Industrial Maintenance			1	No	
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	

DAILY INSPECTION REPORT

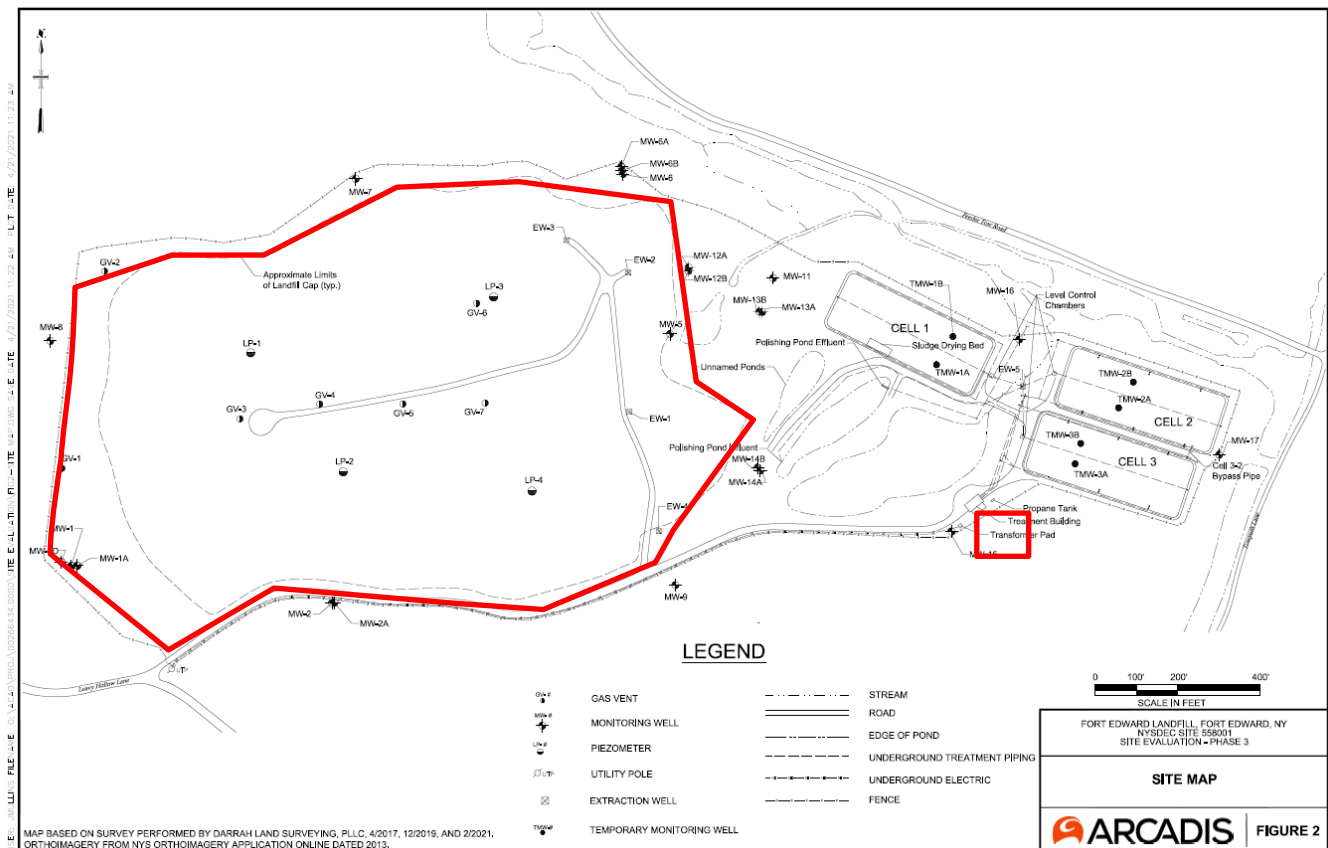
Report No. 44

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 07/21/2021

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 areas indicates the locations of work performed on July 21, 2021.

DAILY INSPECTION REPORT

Report No. 44

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 07/21/2021

Site Photographs (Descriptions Below)

View of Vacuum Truck decontamination process.



Mowed area along Eastern swale.

Comments

None at this time.

Site Inspector(s): Jasmine Mullins, Jason Gutkowski**Date:** 7/21/2021**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

Report No. 44

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/21/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 45

Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 07/22/2021

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: Jason Gutkowski	
Weather Conditions							
General Description	Fog	AM	Sunny	PM			
Temperature	58 °F	AM	75 °F	PM			
Wind	2 MPH S	AM	4 MPH W	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0535	Departed Site:		1815
<ul style="list-style-type: none"> Mowing and trimming continued along concrete pads, utilities, and landfill cap and swales. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jason Gutkowski		Arcadis		Field Technician		12.7	
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	

DAILY INSPECTION REPORT

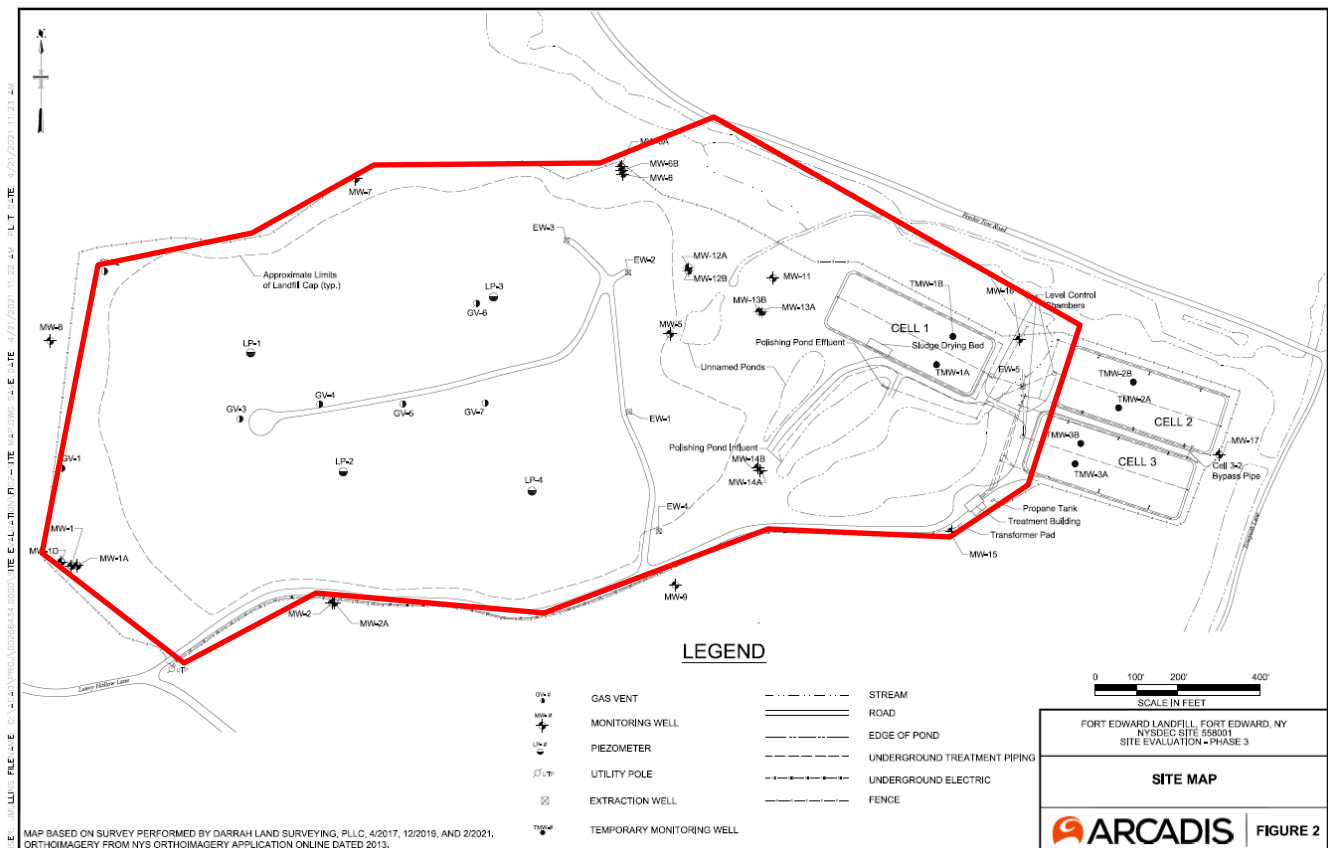
Report No. 45

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 07/22/2021

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 areas indicates the locations of work performed on July 22, 2021.

DAILY INSPECTION REPORT

Report No. 45

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 07/22/2021

Site Photographs (Descriptions Below)



View of mowed grass adjacent to Treatment System building.



View of mowed vegetation adjacent to Cell 3 level control chamber.



View of MW-1 cluster



View of mowed area from MW-1 cluster

Comments

None at this time.

Site Inspector(s): Jason Gutkowski

Date: 7/22/2021

DAILY INSPECTION REPORT

Report No. 45

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/22/2021

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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. 46

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 07/23/2021

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: Jason Gutkowski	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	72 °F	AM	75 °F	PM			
Wind	5 MPH NNE	AM	6 MPH W	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0700	Departed Site:		1040
<ul style="list-style-type: none"> Completed mowing and trimming completed along concrete pads, utilities, and landfill cap and swales. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jason Gutkowski		Arcadis		Field Technician		3.7	
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	

DAILY INSPECTION REPORT

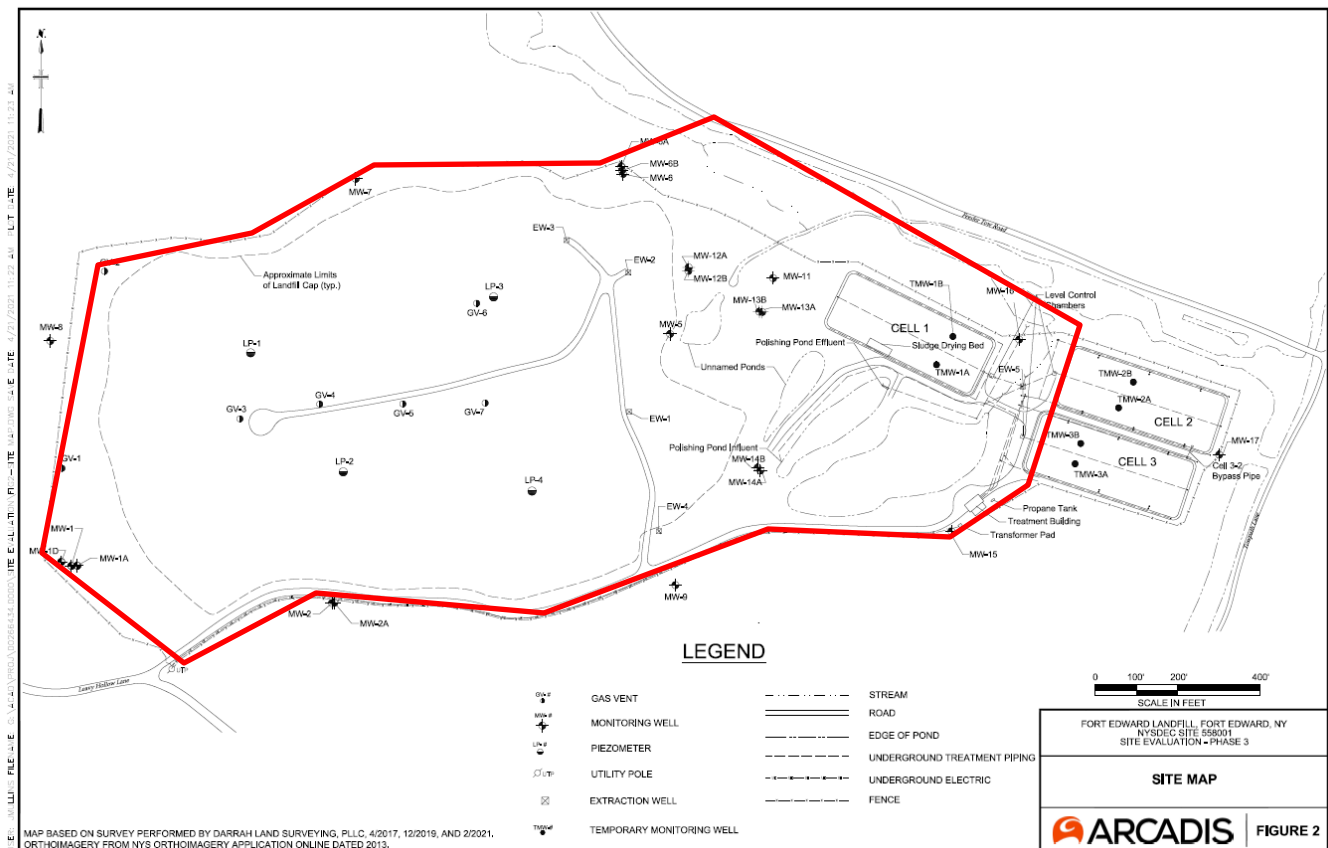
Report No. 46

Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 07/23/2021

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 areas indicates the locations of work performed on July 23, 2021.

DAILY INSPECTION REPORT

Report No. 46

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 07/23/2021

Site Photographs (Descriptions Below)



View of mowed vegetation nearby Unnamed Pond.



View of mowed Eastern landfill area.



View of mowed path to monitoring well MW-14 cluster.



View of mowed area from EW-3.

Comments

None at this time.

Site Inspector(s): Jason Gutkowski

Date: 7/23/2021

DAILY INSPECTION REPORT

Report No. 46

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/23/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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. 47

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 07/27/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Weather Conditions							
General Description	Sunny	AM	Rainy	PM			
Temperature	75 °F	AM	68 °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 monthly sampling. - Gauged the CO FD-1 location. - Completed blowdown and discharge of Filter Press and began new prefill. - Batched from ISC to Thickener Tank. - Performed routine housekeeping within the treatment building. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		9	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

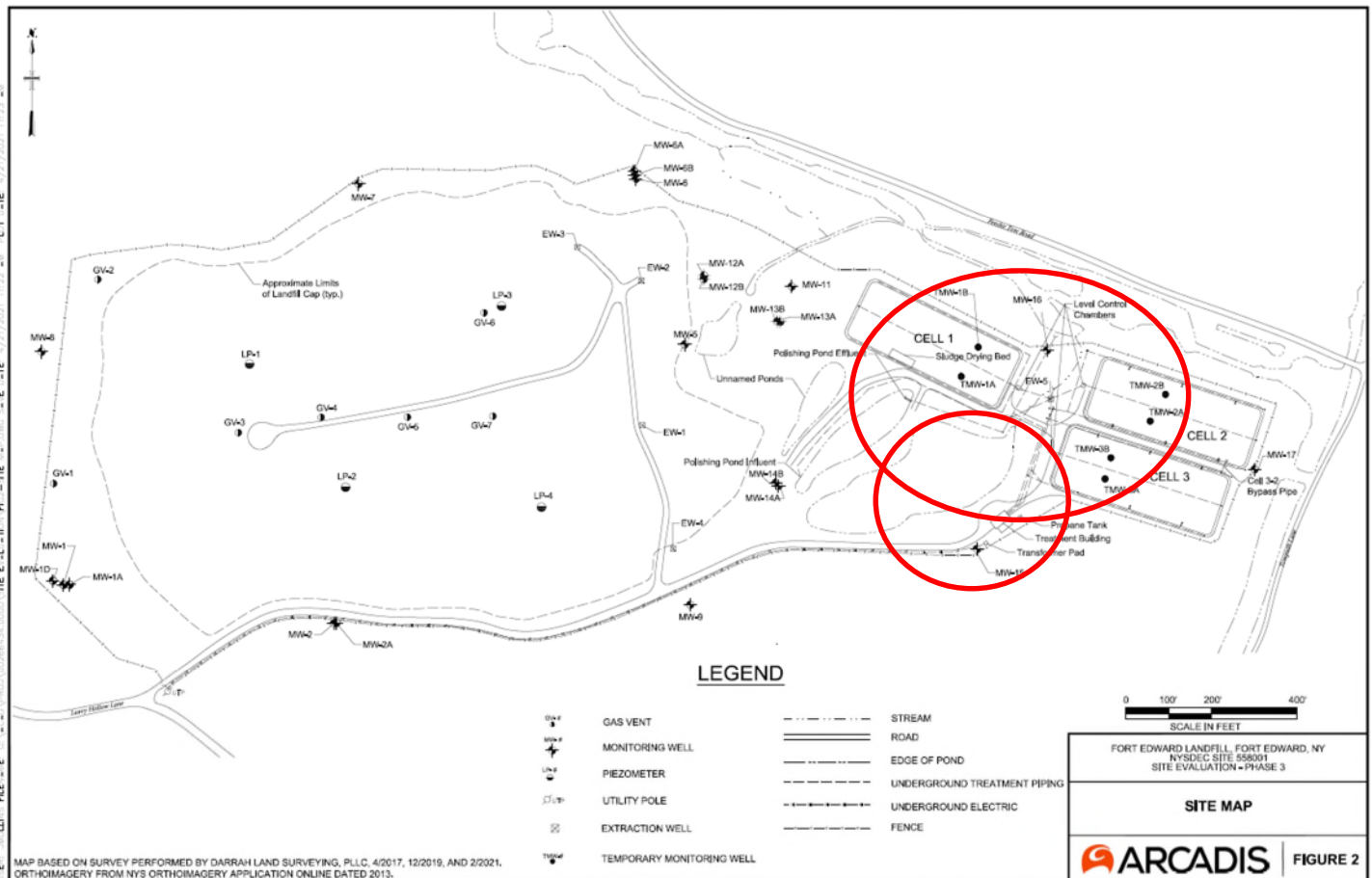
Report No. 47

Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 07/27/2021

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

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



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

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 47 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/27/2021

Site Photographs (Descriptions Below)	
	
View of IPC.	View of Filter Press cake discharge.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepper	Date: 7/27/2021

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

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Report No. 47

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 07/27/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: ML

Date: 7/6/2021

Time: 920

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>✓</u>	<u>✓</u>	<u>✓</u>	<u>—</u>	<u>13.57</u>	<u>—</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>19.25</u>	<u>9.50</u>	<u>8.84</u>
Confirm pumps are operating between setpoints	EW-3 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>492</u>	<u>6.62</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>23.51</u>	<u>9.35</u>	<u>49.72</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>NA</u>	<u>7.33</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>✓</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>22.88</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>✓</u>

Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense ✓

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	<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>90</u>
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Heaters working ✓

IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>✓</u>	Indicate % of sludge	Upper <u>090</u>
Coag visibly dosing?	<u>✓</u>	at each port	Mid <u>1000</u>
Floc visibly dosing?	<u>✓</u>		Lower <u>1000</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>1</u>	mA Signal <u>6.2</u>	Notes
2130 Coagulant	Height (in) <u>11.8</u>	Stroke Rate <u>141</u>	Notes
1668 Flocculant	Volume (gal) <u>410</u>	Stroke Rate <u>84</u>	Notes
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>new floc packs</u> <u>bleach</u>

Floor Sumps (Y/N)

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

Excessive sludge/sediment? ✓

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>✓</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>0</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>4</u>

General/Housekeeping

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

Grounds

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

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:

- manual hard reset HDM

- hose cleaned under DPC that feeds D-T

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: ML

Date: 7/13/2024

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 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>13.68</u>	<u>6.86</u>	<u>7.93</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>16.92</u>	<u>6.86</u>	<u>7.93</u>
Confirm pumps are operating between setpoints	EW-3 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>0.0</u>	<u>5.16</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>22.08</u>	<u>7.48</u>	<u>48.01</u>
If pumps on, is water flowing into IPC (Y/N)? <u>✓</u>	EW-5 <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>NA</u>	<u>7.67</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>Off</u>	A2 <u>Off</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)	<u>21.50</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>21.50</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>✓</u>
Filtration (Check if OK)	<u>✓</u>		Solenoid status correct for operation	<u>✓</u>
Air compressor pressure in range	<u>✓</u>			

Data (Check if OK)

Do Daily & Yesterday Starts make sense ✓

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	<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	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>40</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>0</u>	mA Signal <u>6.0</u>	Notes	
2130 Coagulant	Height (in) <u>11.5</u>	Stroke Rate <u>17.7</u>	Notes	<u>Trained</u>
1668 Flocculant	Volume (gal) <u>400</u>	Stroke Rate <u>96</u>	Notes	
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>bleach</u>	

Floor Sumps (Y/N)

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

Excessive sludge/sediment?

(check monthly)

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>✓</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>5</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

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

Grounds

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

Fort Edward Landfill - Typical Operating Parameters

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: AK

Date: 7/20/2024

Time: 0835

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"/>	13.83	6.1
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16.32	8.71	15.4
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.00	7.64	NA
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22.90	13.61	49.91
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	4.07	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<input checked="" type="checkbox"/>	A2	<input checked="" type="checkbox"/>	Auto rotate on/off	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)		0.0			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)		26.08			Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?		<input checked="" type="checkbox"/>			Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?		<input checked="" type="checkbox"/>			Other Alarms (Y/N)	<input checked="" type="checkbox"/>
Filtration (Check if OK)					Solenoid status correct for operation	<input checked="" type="checkbox"/>
Air compressor pressure in range		<input checked="" type="checkbox"/>				

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	<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%	70%
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Heaters working

IPC (Y/N) ☒

IPC discharge clear? ☒

Floatables? (take photos if yes) ☒

Coag visibly dosing? ☒

Floc visibly dosing? ☒

Chemical Feed (Fill in values)

305 Bleach Height (in) 286 mA Signal 60 Notes

2130 Coagulant Height (in) 9.7 Stroke Rate 13.7 Notes

1668 Flocculant Volume (gal) 277 Stroke Rate 73 Notes

Dosing pumps at normal rate? ☒ Chemicals needed? new batch made

Floor Sumps (Y/N)

Sump levels normal? ☒

High-High level switches operate freely? ☒ (check monthly)

Excessive sludge/sediment? ☒

Diaphragm pumps (Check if OK)

Proper operation/flow ☒ Thick Feed ☒ Press Feed ☒ Floc Feed ☒

Regulators working properly ☒

Exhaust mufflers ☒

Filter Press (Check if OK)

Hydraulic ram operating normally ☒

Hydraulic pressure normal ☒

Significant leaks? ☒

General/Housekeeping

Wipe down dirty equipment/piping ☒

Sweep and/or wash floors ☒

Fire extinguisher inspection (monthly) ☒

Sludge in Clarifier Catch Tank? ☒

Grounds

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

Shovel doorways, apply ice melt

Confirm gates and doorways locked

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

Sorbent pads replaced? ☒

How many total filled Haz drums onsite? 6

How many Haz drums filled & closed today? 1

Waste drums needed? ☒

Drum labels needed? ☒

Removed trash? ☒

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:

- line reting started today
- cleaned out condensate trap on compressor
- scrubbed floors at Floc left over
- brush cut around panels, walls, & cleanouts
- hung signs on doors
- Installer for is "RT" on future line in building for
Clean outs
- * bar RV-2 alarm

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 7/27/2024

Time: 0915

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"/>	13.78	1.16
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.62	8.88	2.25
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8.00	7.52	NA
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22.17	8.91	45.47
If pumps on, is water flowing into IPC (Y/N)? <input checked="" type="checkbox"/>	EW-5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	8.02	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<u>off</u>	A2	<u>off</u>	Auto rotate on/off	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)					Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually					Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)		<u>19.88</u>			Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?		<input checked="" type="checkbox"/>			Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?		<input checked="" type="checkbox"/>			Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Check if OK)

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

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

All Alarms Enabled (Y/N)	<u>Y</u>
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>
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Heaters working

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

IPC (Y/N)

IPC discharge clear?	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>Y</u>	Indicate % of sludge at each port	Upper <u>100</u> Mid <u>90</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>15.1</u>	mA Signal	<u>5.9</u>	Notes	
2130 Coagulant	Height (in)	<u>6.5</u>	Stroke Rate	<u>12.5</u>	Notes	
1668 Flocculant	Volume (gal)	<u>400</u>	Stroke Rate	<u>72</u>	Notes	
Dosing pumps at normal rate?	<input checked="" type="checkbox"/>				Chemicals needed?	<u>N</u>

Floor Sumps (Y/N)

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

Excessive sludge/sediment?

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

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<u>6</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?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<input checked="" type="checkbox"/>	Lights working?	<u>Y</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<input checked="" type="checkbox"/>	Exit signs working?	<u>Y</u>	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

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

Notes:

- completed monthly sampling

TABLES



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

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	7/27/2021	7/27/2021	7/27/2021	7/27/2021		7/27/2021
Volatile Organic Compounds (µg/L)						
ACETONE	10 U	6.2 J	10 U	10 U	--	20 U
BENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
BROMODICHLOROMETHANE	1.0 U	0.95 J	1.0 U	1.0 U	--	2.0 U
BROMOFORM	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
BROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
2-BUTANONE (MEK)	10 U	1.5 J	10 U	10 U	--	20 U
CARBON DISULFIDE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
CARBON TETRACHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
CHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
CHLORODIBROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
CHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	20	2.0 U
CHLOROFORM	1.0 U	1.6	1.0 U	1.0 U	150	2.0 U
CHLOROMETHANE	1.0 U	0.41 J	1.0 U	1.0 U	--	2.0 U
CYCLOHEXANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,2-DIBROMO-3-CHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,2-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,3-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,4-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
DICHLOROBROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
DICHLORODIFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,1-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	30	2.0 U
1,2-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,1,1-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
CIS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
TRANS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,2-DICHLOROETHENE (TOTAL)	ND	ND	ND	ND	30	ND
1,2-DICHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
CIS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
TRANS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
ETHYLBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
2-HEXANONE	5.0 U	5.0 U	5.0 U	5.0 U	--	10 U
ISOPROPYLBENZENE (CUMENE)	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
METHYL ACETATE	2.5 U	2.5 U	2.5 U	2.5 U	--	5.0 U
METHYL TERT-BUTYL ETHER (MTBE)	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
METHYL CYCLOHEXANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
METHYLENE CHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	50	2.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	5.0 U	5.0 U	5.0 U	5.0 U	--	10 U
STYRENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,1,1,2-TETRACHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
TETRACHLOROETHENE (PCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
TOLUENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,2,4-TRICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,1,1-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,1,2-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
TRICHLOROETHENE (TCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
TRICHLOROFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	2.0 U
VINYL CHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	50	2.0 U
XYLENES, TOTAL	2.0 U	2.0 U	2.0 U	2.0 U	--	4.0 U

Notes:

Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Polishing Pond Effluent are highlighted in yellow.

"--" - Value does not exist for analyte.

1,2-dichloroethene (total) is the sum of cis-1,2-dichloroethene and trans-1,2-dichloroethene.

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

J - The concentration is an approximate value.

NA - Not analyzed.

ND - Non-detect.

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

µg/L - micrograms per liter

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	7/27/2021	7/27/2021	7/27/2021	7/27/2021		7/27/2021
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)	1.1	1.3	0.62	0.34	--	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	0.2 U	0.518 B	0.2 U	0.2 U	--	0.2 U
ANTIMONY	0.02 U	0.02 U	0.02 U	0.02 U	--	0.02 U
ARSENIC	0.015 U	0.015 U	0.015 U	0.015 U	0.15	0.015 U
BARIIUM	0.0367	0.033	0.0561	0.0539	3.5	0.0487
BERYLLIUM	0.002 U	0.002 U	0.002 U	0.002 U	--	0.002 U
CADMIUM	0.002 U	0.002 U	0.002 U	0.002 U	0.001	0.002 U
CALCIUM	81.7	78.7	109	105	--	77.6
CHROMIUM, TOTAL	0.004 U	0.004 U	0.004 U	0.004 U	0.21	0.004 U
COBALT	0.0023 J	0.0023 J	0.0016 J	0.0011 J	0.005	0.004 U
COPPER	0.01 U	0.002 J	0.01 U	0.01 U	0.024	0.01 U
IRON	6.28 B	1.41 B	12.7 B	12.8 B	0.3	1.35
LEAD	0.01 U	0.01 U	0.01 U	0.01 U	0.0032	0.01 U
MAGNESIUM	18.2	17.8	19.1	18.2	--	16.2
MANGANESE	1.44	1.1	4.43	2.49	--	0.507
MERCURY	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0008	0.0002 U
NICKEL	0.0015 J	0.0033 J	0.0022 J	0.0029 J	0.0096	0.0017 J
POTASSIUM	2.35	2.39	1.21	2.07	--	1.81
SELENIUM	0.025 U	0.025 U	0.025 U	0.025 U	--	0.025 U
SILVER	0.006 U	0.006 U	0.006 U	0.006 U	--	0.006 U
SODIUM	46.8	55.9	51.1	46.2	--	37.5
THALLIUM	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	0.002 J	0.014	0.005 U
ZINC	0.0307	0.0097 J	0.0386	0.01 U	0.17	0.0092 J
Conventional Chemistry (mg/L)						
TOTAL ORGANIC CARBON	2.6	2.4	NA	NA	--	NA
TOTAL DISSOLVED SOLIDS	687	251	239	313	500	400
TOTAL SUSPENDED SOLIDS	11.2	4.8	26	4.0 U	50	10.8

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mg/L - milligrams per liter

µg/L - micrograms per liter

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