

Payson Long

New York State Department of Environmental Conservation (NYSDEC) Division of Environmental Remediation Bureau of Program Management 625 Broadway, 12th Floor Albany, NY 12233-7012 Arcadis of New York, Inc. 855 Route 146 Suite 210 Clifton Park New York 12065 Tel 518 250 7300 Fax 518 371 2757

www.arcadis.com

Subject

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

Date:

September 21, 2021

Contact:

Andy Vitolins, P.G.

andy.vitolins@arcadis.com

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 August 2021 reporting period at the above-referenced site.

Phone:

Email:

518.250.7300

LEACHATE COLLECTION AND TREATMENT SYSTEM

OPERATION AND MAINTENANCE

System Performance

A total of 622,798 gallons of leachate were collected and treated through the system during August 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 14.0 gallons per minute (gpm).

Our ref: 30055713

System Operation Summary

During each site visit, Arcadis personnel completed a NYSDEC Daily Inspection Report (Attachment A) to summarize site conditions and work performed. As of June 24, 2021 NYSDEC no longer requires visitors to compete COVID-19 Entry/Exit logs. An Arcadis Weekly O&M Log (Attachment B) was completed to record system readings and document system performance.

NYSDEC Site No. 558001 Mr. Payson Long September 21, 2021

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

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of Filter Press Filter sludge were generated during August 2021.
- On August 10, 2021, seven drums of Filter Press Filter Sludge and fifteen empty and triple-rinsed chemical drums were transported for off-site disposal by Clean Harbors, Inc. The disposal documents are attached to this report (Attachment C).
- Due to false Human-Machine Interface (HMI) level readings at extraction wells EW-1 and EW-2, the analog module for these extraction wells was removed and replaced.
- Collected routine monthly samples.

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on August 17, 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 EQuIS EDD format.

System Analytical Results

During the August 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, methyl cyclohexane was detected at an estimated concentration of 0.24 micrograms per liter (µg/L) in the sample collected from the Influent. There were no VOCs detected in the Clarifier Catch Tank, Cell 3 Bypass, Cell 2 Effluent, and PPE samples during the August 2021 sampling event.

NYSDEC Site No. 558001 Mr. Payson Long September 21, 2021

PCBs

PCB Aroclor 1232 was detected in the Influent (1.2 μ g/L), Clarifier Catch Tank (1.2 μ g/L), Cell 3 Bypass (0.75 μ g/L), and Cell 2 Effluent (0.2 μ g/L estimated) samples during the August 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 August 2021 sampling event.

Metals

Iron concentrations ranged from a maximum of 11.6 milligrams per liter (mg/L) (Cell 2 Effluent) to a minimum of 5.09 mg/L (PPE). The PPE iron concentration of 5.09 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, total organic carbon (TOC) was detected in the Influent and Clarifier Catch Tank samples at 3.0 and 3.1 mg/L, respectively. TDS concentrations ranged from 444 mg/L (Clarifier Catch Tank) to 535 mg/L (Cell 2 Effluent), and TSS concentrations ranged from 17.2 mg/L (Influent) to 35.6 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.

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for September 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 and quarterly sampling.

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

Sincerely,

Arcadis of New York, Inc.

Andy Vitolins, P.G. Vice President

Copies:

Jeffrey Dyber, NYSDEC Jeremy Wyckoff, P.G., Arcadis Jasmine Mullins, E.I.T., Arcadis Todd Carignan, Arcadis NYSDEC Site No. 558001 Mr. Payson Long September 21, 2021

File

Enclosures:

Attachment A - NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

Attachment C - Waste Disposal Documents

Table 1 – August 2021 Treatment System Analytical Data

ATTACHMENT A NYSDEC Daily Inspection Reports

Report No. 48 Fort Edward Landfill - NYSDEC Site No. 558001

Department of Environmental Division of Environmental Remediation



NYSDEC Contract No. D009804

Superintendent:

NYSDEC PM: Payson Long

Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan

Date: 08/03/2021

Kloepfer

Site Location: Hudson Falls, New York

Weather Conditions General Description Sunny PMAM Sunny 76 °F **Temperature** 68°F ΑM PMWind 7 MPH N AM 6 MPH N РМ

Health & Safety

NYSDEC

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

Were there any changes to the Health & Safety Plan?	*Yes	No X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

Health & Safety Comments

None at this time.

Summary of Work Performed Arrived at site: 0845 Departed Site: 1800

- System offline upon arrival.
- Manually reset Human Machine Interface (HMI) inside Treatment System building.
- Removed, cleaned, and tested level control transducers at EW-1 and EW-2.
- Completed onstream, blowdown, and cake discharge at Filter Press.
- Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank repeatedly.
- 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 X	NA
Were there any vehicles which were not tarped?	* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA X

Personnel and Equipment

Individual	Company Trade		Trade		Trade	
Nathan Kloepfer	Arcadis	Field Tech		Field Tech		9.3
Equipment Description	Contractor/Vendor C		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

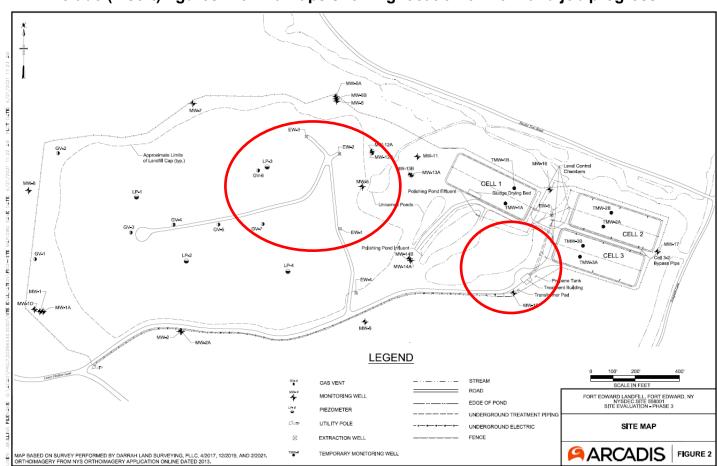
Equipment/Material Tracking Comments:

None at this time.

Date: 08/03/2021

Visitors to Site Name	Re	presenting	Entered Exclusion/CR		
	110	processing	Yes	No	
			Yes	No	
			Yes	No	
				_	
			Yes	No	
Site Representatives					
Name		Representing	I		
Project Schedule Comments					
None at this time.					
Issues Pending					
None at this time.					
Interaction with Public, Property (Owners, Media, e	tc.			
None at this time.	, ,				

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



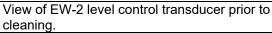
Red outlined area indicates the location of work performed on August 3, 2021.



Report No. 48 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/03/2021

Site Photographs (Descriptions Below)







View of chlorine sensor located within Treatment System building.

Date: 8/3/2021

Comments

None at this time.

Site Inspector(s): Nathan Kloepfer

DAILY HEALTH CHECKLIST

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

Date: 08/03/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

Report No. 49 Fort Edward Landfill - NYSDEC Site No. 558001

NYSDEC

Division of Environmental Remediation





NYSDEC Contract No. D009804

Superintendent:

NYSDEC PM: Payson Long

Consultant PM: Andy Vitolins, P.G.

Date: 08/10/2021

Consultant Site Inspectors: Nathan Kloepfer

Site Location: Hudson Falls, New York

Weather Conditions				
General Description	Sunny	AM	Sunny	PM
Temperature	75 °F	AM	92 °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 X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

Health & Safety Comments

None at this time.

- Performed routine housekeeping within the Treatment System building.
- Decanted and aerated Thickener Tank.
- Batched sludge from Inclined Plate Clarifier (IPC).
- Completed prefill, onstream, and blowdown of Filter Press.
- 7 Filter Sludge drums and 15 empty plastic drums were picked up from site by Clean Harbors for offsite disposal.

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No X	NA
Were there any vehicles which were not tarped?	* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA X

Personnel and Equipment

Individual	Company	Trade	Total Hours
Nathan Kloepfer	Arcadis	Field Tech	9.3

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
			·			

^{*}On-Site scale for off-site shipment, delivery ticket for material received

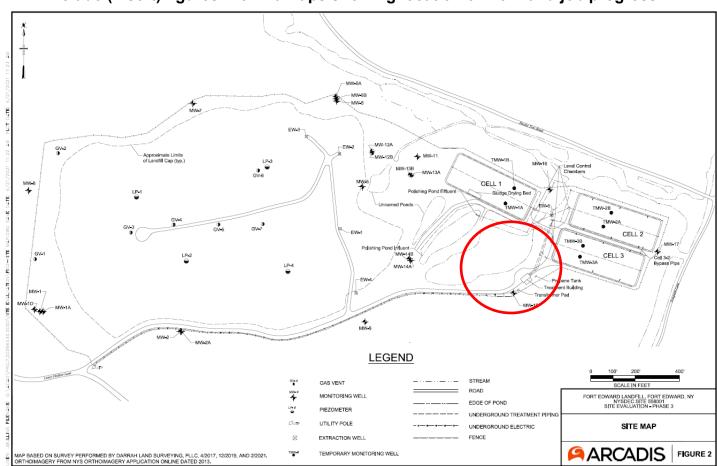
Equipment/Material Tracking Comments:

None at this time.

Date: 08/10/2021

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives				
Name		Representing		
Project Schedule Comments		<u>I</u>		
None at this time.				
Issues Pending				
None at this time.				
Interaction with Public, Property	Owners, Media, e	tc.		
None at this time.	•			

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



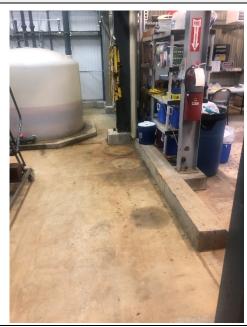
Red outlined area indicates the location of work performed on August 10, 2021.



Site Photographs (Descriptions Below)



View of Filter Press Filter Sludge being containerized in 55-gallon drums.



View of Hazardous Waste Staging Area following Clean Harbors pickup.

Date: 8/10/2021

Comments

None at this time.

Site Inspector(s): Nathan Kloepfer

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

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Report No. 49 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/10/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

Report No. 50 Fort Edward Landfill - NYSDEC Site No. 558001

NYSDEC

Division of Environmental Remediation





NYSDEC Contract No. D009804

Superintendent:

NYSDEC PM: Payson Long

Consultant PM: Andy Vitolins, P.G.

Date: 08/12/2021

Consultant Site Inspectors: Jasmine Mullins, Todd Carignan

Site	Location:	Hudson	Falls,	New	York
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weather Conditions						
General Description	Sunny	AM	Sunny	PM		
Temperature	82°F	AM	85°F	PM		
Wind	10 MPH S	AM	8 MPH WSW	PM		

Ma atla a u O a u diti a u a

Health & Safety

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

, 1			
Were there any changes to the Health & Safety Plan?	*Yes	No X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

Health & Safety Comments

None at this time.

Summary of Work Performed	Arrived at site:	1005	Departed Site:	1630
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- Performed routine housekeeping within the Treatment System building.
- Inspected, measured, and tested EW-1 and EW-2 level control wiring at Main Control Panel (MCP), and at electrical wiring junction boxes on landfill.
- Gauged and inspected extraction wells EW-1 and EW-2.
- Replaced Air Compressor pressure relief.

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No X	NA
Were there any vehicles which were not tarped?	* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA X

Personnel and Equipment

Individual	Company	Trade	Total Hours
Jasmine Mullins	Arcadis	Engineer	5.9
Todd Carignan	Todd Carignan Arcadis		5.9

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

^{*}On-Site scale for off-site shipment, delivery ticket for material received

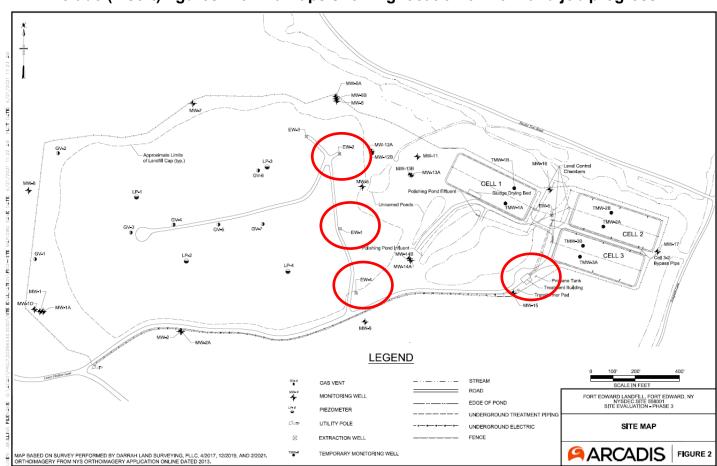
Equipment/Material Tracking Comments:

None at this time.

Date: 08/12/2021

Visitors to Site					
Name	Re	presenting	Entered	Exclusion/CRZ Zone	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
Site Representatives	·		<u>.</u>		
Name		Representing	enting		
Project Schedule Comments		!			
None at this time.					
Issues Pending					
None at this time.					
Interaction with Public, Property C	Owners, Media, e	tc.			
None at this time.					

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



Red outlined area indicates the location of work performed on August 12, 2021.



Report No. 50 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/12/2021

Site Photographs (Descriptions Below)





View of EW-2 panel.

View of an electrical wiring junction box on landfill.

Comments

None at this time.

Site Inspector(s): Jasmine Mullins, Todd Carignan

Date: 8/12/2021

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

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Report No. 50 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/12/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

Report No. 51 Fort Edward Landfill - NYSDEC Site No. 558001

NYSDEC
Division of Environmental Remediation

NEW YORK
STATE
Environmental
Conservation



NYSDEC Contract No. D009804

Superintendent:

NYSDEC PM: Payson Long

Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan

Total Hours

Date: 08/17/2021

Kloepfer

Trade

Site Location: Hudson Falls, New York

Weather Conditions General Description Cloudy PMAM Rain **Temperature** 65°F AM 71 °F PMWind 7 MPH N AM 6 MPH N РМ

Health & Safety

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

Were there any changes to the Health & Safety Plan?	*Yes	No X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

Health & Safety Comments

None at this time.

Summary of Work Performed	Arrived at site:	0845	Departed Site:	1800

- Completed routine monthly sampling.
- Completed onstream of Filter Press and began prefill and blowdown processes.
- Reset chlorine alarm and cycled bleach pump modes to prime pump.
- Decanted and aerated Thickener Tank.
- Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank.
- Performed routine housekeeping within Treatment System building.

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Company

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No X	NA
Were there any vehicles which were not tarped?	* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA X

Personnel and Equipment

Individual

marriadai	Company	IIIuuc		i otal i loui s
Nathan Kloepfer	Arcadis Field Tech			9.3
Equipment Description	Contractor/Ven	dor	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

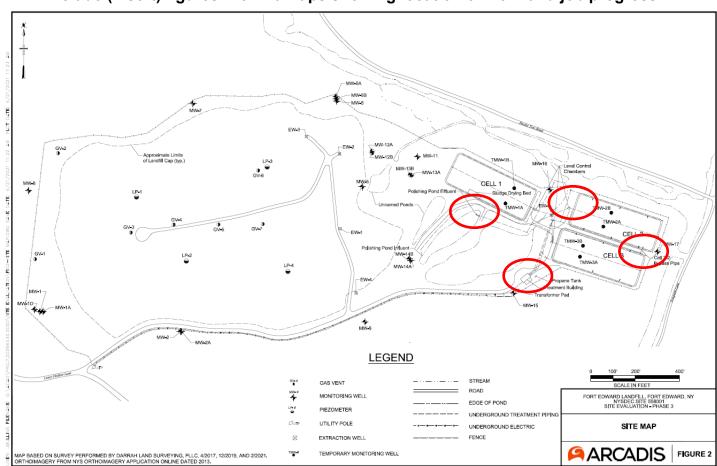
Equipment/Material Tracking Comments:

None at this time.

Date: 08/17/2021

Visitors to Site Name	Re	presenting	Entered	Exclusion/CRZ Zone
Numo	110	procenting	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, e	tc.		
None at this time.				

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



Red outlined area indicates the location of work performed on August 17, 2021.



Date: 08/17/2021

Site Photographs (Descriptions Below)





View of IPC plates prior to cleaning

View of IPC mixing chamber during spray down process.

Date: 8/17/2021

Comments

None at this time.

Site Inspector(s): Nathan Kloepfer

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 51 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/17/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

Report No. 52 Fort Edward Landfill - NYSDEC Site No. 558001

Department of Environmental NYSDEC



NYSDEC Contract No. D009804

Superintendent:

NYSDEC PM: Payson Long

Consultant PM: Andy Vitolins, P.G.

Date: 08/24/2021

Consultant Site Inspectors: Nathan Kloepfer

Site Location: Hudson Falls, New York

Division of Environmental Remediation

Weather Conditions					
General Description	Sunny	AM	Sunny	PM	
Temperature	75 °F	AM	85 °F	PM	
Wind	7 MPH N	AM	6 MPH N	PM	
	-		-		

Health & Safety

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

Were there any changes to the Health & Safety Plan?	*Yes	No X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

Health & Safety Comments

None at this time.

Summary of Work Performed	Arrived at site:	0845	Departed Site:	1800
---------------------------	------------------	------	----------------	------

- Completed prefill, onstream, and blowdown of Filter Press.
- Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank.
- Performed routine housekeeping within the Treatment System building.

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

/1			
Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No X	NA
Were there any vehicles which were not tarped?	* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA X

Personnel and Equipment

Individual	Company	Trade	Total Hours	
Nathan Kloepfer	Arcadis	Field Tech	9.3	
Equipment Description	Contractor/Vend	dor	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

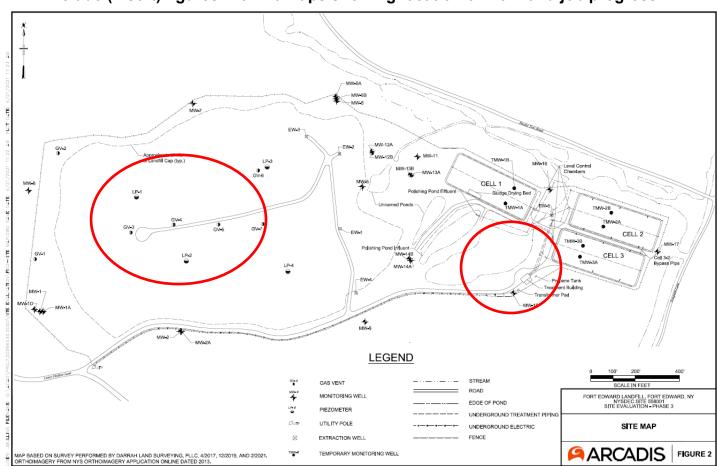
Equipment/Material Tracking Comments:

None at this time.

Date: 08/24/2021

Visitors to Site				
Name	Re	presenting	Entered Exclusion/CRZ Zo	
			Yes	No
Site Representatives	•			
Name		Representing		
Project Schedule Comments		<u> </u>		
None at this time.				
Issues Pending				
None at this time.				
Interaction with Public, Property (Owners, Media, e	tc.		
None at this time.				

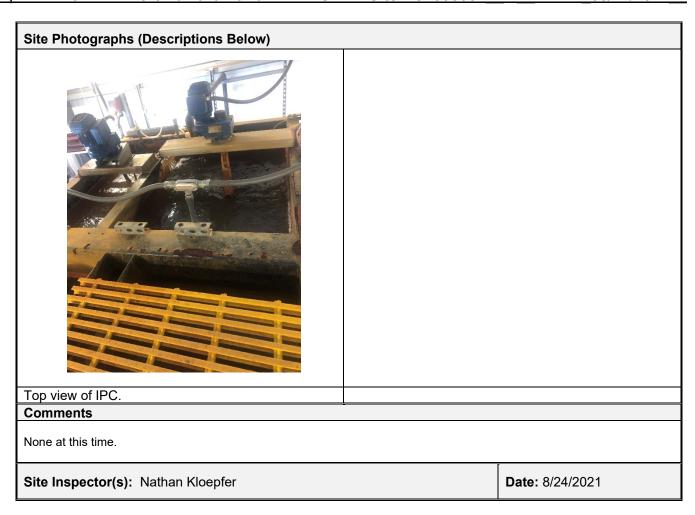
Include (insert) figures with markups showing location of work and job progress



Red outlined area indicates the location of work performed on August 24, 2021.



Date: 08/24/2021



DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 52 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/24/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

Report No. 53 Fort Edward Landfill - NYSDEC Site No. 558001

NYSDEC
Division of Environmental Remediation





NYSDEC Contract No. D009804

Superintendent:

NYSDEC PM: Payson Long

Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan

Date: 08/30/2021

Kloepfer

Site Location: Hudson Falls, New York

Weather Conditions					
General Description Sunny AM Sunny Pt					
Temperature	71 °F	AM	78 °F	PM	
Wind	7 MPH S	AM	6 MPH SSE	PM	

Health & Safety

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

Were there any changes to the Health & Safety Plan?	*Yes	No X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

Health & Safety Comments

None at this time.

Summary of Work Performed Arrive	d at site: 084	Departed Site:	1800
----------------------------------	----------------	----------------	------

- System online upon arrival.
- Batched sludge from the Inclined Plate Clarifier (IPC) to the Thickener Tank.
- Completed prefill, onstream, and blowdown of Filter Press.
- Performed routine housekeeping within the Treatment System building.
- Containerized one 55-gallon steel drum of Filter Press Filter Sludge.

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No X	NA
Were there any vehicles which were not tarped?	* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA X

Personnel and Equipment

Individual	Company	Trade		Total Hours
Nathan Kloepfer	Arcadis	Field Tech	9.3	
Equipment Description	Contractor/Vendor		Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

^{*}On-Site scale for off-site shipment, delivery ticket for material received

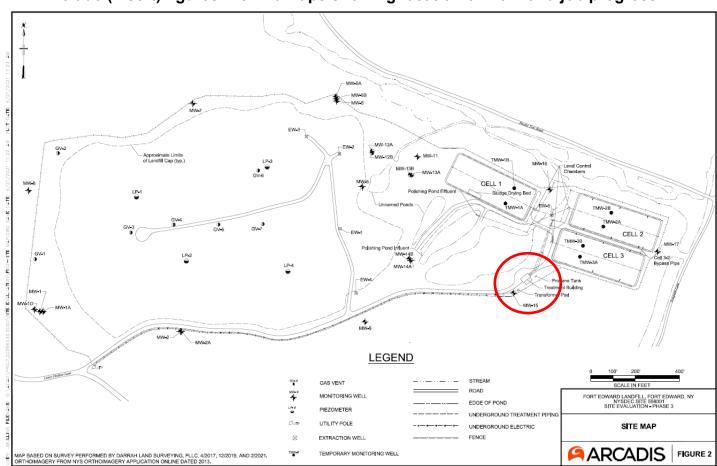
Equipment/Material Tracking Comments:

None at this time.

Date: 08/30/2021

Visitors to Site Name	Re	presenting	Entered	Exclusion/CRZ Zone
	110	processing	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, e	tc.		
None at this time.	, ,			

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



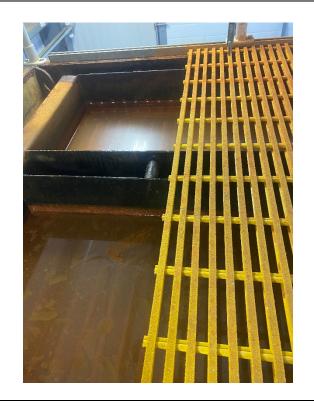
Red outlined area indicates the location of work performed on August 30, 2021.





Report No. 53 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/30/2021

Site Photographs (Descriptions Below)





View of IPC plates prior to cleaning.

View of Filter Press Filter Sludge drum being staged within Hazardous Waste staging area.

Date: 8/30/2021

Comments

None at this time.

Site Inspector(s): Nathan Kloepfer

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 53 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/30/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

Report No. 54 Fort Edward Landfill - NYSDEC Site No. 558001

NYSDEC



Department of Environmental



NYSDEC Contract No. D009804

Superintendent:

NYSDEC PM: Payson Long

Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan

Kloepfer

Site Location: Hudson Falls, New York

Division of Environmental Remediation

Weather Conditions General Description PM Sunny AM Sunny 63°F **Temperature** ΑM 67°F PM Wind 3 MPH ESE AM 0 MPH РМ

Health & Safety

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

Were there any changes to the Health & Safety Plan?	*Yes	No X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

Health & Safety Comments

None at this time.

Summary of Work Performed	Arrived at site:	0823	Departed Site:	1010
---------------------------	------------------	------	----------------	------

- System online upon arrival.
- Disconnected EW-1, EW-2, and EW-3 wiring from existing analog module and connected wiring to new analog module
- Reset EW-1, EW-2, and EW-3 fault alarms and confirmed levels at said extraction wells.
- Reset discharge pump D2 variable frequency drive (VFD) and brought online.
- EW-1 kept offline due to volatile organic compound (VOC) loading.

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No X	NA	
Were there any vehicles which were not tarped?	* Yes	No	NA	Χ
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA	Χ

Personnel and Equipment

Individual	Company Trade			Total Hours
Jasmine Mullins	Arcadis	Field Tech		1.8
Equipment Description	Contractor/Vend	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:

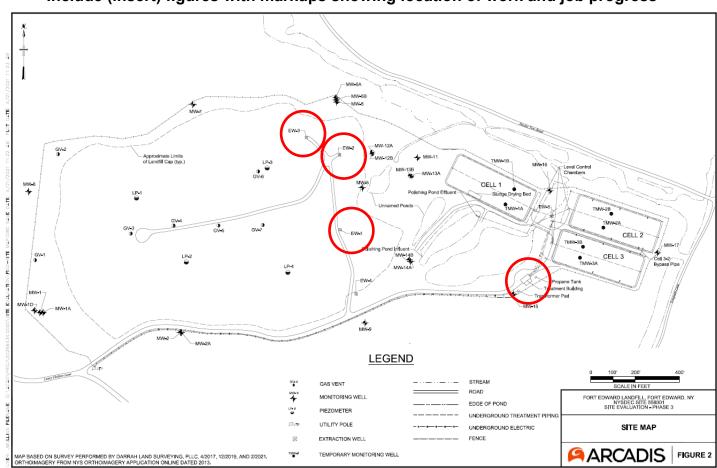
None at this time.

Date: 08/31/2021

Report No. 54 Fort Edward Landfill - NYSDEC Site No. 558001

Visitors to Site				
Name	Re	Representing		Exclusion/CRZ Zone
			Yes	No
Site Representatives			•	
Name		Representing		
Project Schedule Comments		<u>!</u>		
None at this time.				
Issues Pending				
None at this time.			_	
Interaction with Public, Property C	Owners, Media, et	tc.		
None at this time.				

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



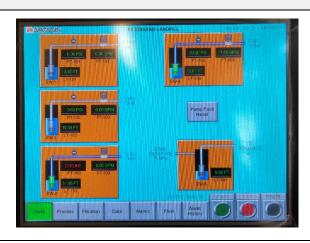
Red outlined area indicates the location of work performed on August 31, 2021.



Site Photographs (Descriptions Below)



View of Human-Machine Interface (HMI) on arrival prior.



View of HMI following EW-1, EW-2, and EW-3 analog module replacement.



View of existing EW-1, EW-2, and EW-3 analog module.



View of discharge pump D2 VFD following reset.

Comments

None at this time.

Site Inspector(s): Jasmine Mullins

Date: 8/31/2021

DAILY HEALTH CHECKLIST

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



DAILY INSPECTION REPORT

Page 4 of 4

Report No. 54 Fort Edward Landfill - NYSDEC Site No. 558001 Date: 08/31/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

ATTACHMENT B

Arcadis Weekly O&M Logs

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Date: 8/3/2021



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

HMI SCREENS								****
Extraction Wells			Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow		EW-1	N			101	34.60	21.12
Run pumps in "Manual" to confirm flow, if		EW-2	4				34.60	2.59
Confirm pumps are operating between set		EW-3	7	7	N	0.00	9.15	NA
Confirm pressure with pump cycling & not		EW-4	$=$ $\int_{-\infty}^{\infty}$	Y	N	23.78	20.54	44.50
If pumps on, is water flowing into IPC (Y/N	1)? 7	EW-5	4	- 1	N	NA NA	8.14	NA
Process - (Check if OK or fill in values)						FINE F		
Chlorine Alarm status (on/off)		A2	من الله		Auto rotate o	n/off		
If on - record chlorine concentration (ppm)	0.0				Discharge pu	ump operating	ı	V
Operate exhaust fan manually						ump pressure		11
FT-801 reading (GPM)	20.24				Building tem			1/
Chemical rates normal for flow?	V				Mixers opera			1/
Catch tank display level=actual?					Other Alarms	s (Y/N)		7
Filtration (Check if OK)						THE THE		
Air compressor pressure in range	V				Solenoid sta	tus correct for	operation	V
Data (Check if OK)			3-1-1-1	Elementii				
Do Daily & Yesterday Starts make sense	V							
Alarms							Elm II I	
All Alarms Enabled (Y/N)	1							-
List any disabled and indicate why								
•								
BUILDING/GROUNDS								
Air Compressor (Check if OK)								
Cycle times normal for load	V					o drain operati		~
Check oil level at least monthly	V					er - alarms? C		
Belt tension					HX fan ope	erates with cor	npressor?	V
Unit Heaters (Check if OK)					A PROPERTY.			THE REAL PROPERTY.
Thermostats set correctly (50-55 F)					Propane ta	ınk level great	er than 20%	70
Heaters working								
IPC (Y/N)								
IPC discharge clear?	~				Check sluc	lge ports (Sluc		4
Floatables? (take photos if yes)					Indicate %	of sludge	Upper	Clear
Coag visibly dosing?						ch port	Mid	Olon
Floc visibly dosing?	-						Lower	56 %
Chemical Feed (Fill in values)	140	4.0	E A	Managara.				
305 Bleach Height (in)	14.8	mA Signal	5.9	Notes				
2130 Coagulant Height (in)	_60	Stroke Rate		Notes		. 61		
1668 Flocculant Volume (ga) 350	Stroke Rate	e_/3	Notes	Nev	bath rad	2	
Dosing pumps at normal rate?				Chemicals	needed?	10		
Floor Sumps (Y/N)						The Late of the La		
Sump levels normal?		(ala a al	- 41- 1. A		Pump runs	but not empty	ing sump?	1
High-High level switches operate freely?		(check mor	ntniy)		Back flowir	ng after pump	cycle?	·V
Excessive sludge/sediment?	Thirt Food	5 F I						
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow								
Regulators working properly Exhaust mufflers		<u> </u>	V					
Filter Press (Check if OK)	,		AND DESCRIPTION			FE 3 - E. F.		Constant Constant
Hydraulic ram operating normally	V/					Sorbent pads		N
Hydraulic pressure normal						filled Haz drun		7
Significant leaks?				How m	an <u>y</u> Haz drun	ns filled & clos	ed today?	
General/Housekeeping	./		A 1 C	01	-	164		
Wipe down dirty equipment/piping			Any leaks?	1		Waste drums		N
Sweep and/or wash floors			ts working?			Drum labels		N
Fire extinguisher inspection (monthly)		⊏XIT SIGN	is working?	1		Remov	ed trash?	<i>IV</i>
Sludge in Clarifier Catch Tank? Grounds								
Mow/trim around building, structures, wells	s bollards co	ontrol panels	and cleanor	ıts	Clear wood	ly vegetation f	rom ewalaa	and can

Shovel doorways, apply ice melt Confirm gates and doorways locked

Look for damage fencing/gates Confirm storage container locked



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

90-175 psi 90 psi

On 5 seconds every 5 minutes

Auto drain 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

Filter press feed pump Floc feed pump

40 psi

Filter press hyd pump

Blowdown 90 psi max

Notes: - EW-Ral Leul scusor glorns not reset when left s.t.
- EW- (2) Level Scusor glorns not reget when lett 5.4
- Chloring I+2 glams not reget when left gits



				(UIUI	built assets
Staff:	Date:	8/10/2021	Time:	0900	

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) (psi) Level (ft) Pump Status/Flow EW-1 34.60 Run pumps in "Manual" to confirm flow, if needed. EW-2 4.6 Confirm pumps are operating between setpoints EW-3 0-00 42 Confirm pressure with pump cycling & not high/low EW-4 1.90 If pumps on, is water flowing into IPC (Y/N)? **EW-5** NΑ NA Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) A₂ Auto rotate on/off If on - record chlorine concentration (ppm) Discharge pump operating Operate exhaust fan manually Discharge pump pressure normal FT-801 reading (GPM) Building temp accurate Chemical rates normal for flow? Mixers operating? Catch tank display level=actual? Other Alarms (Y/N) Filtration (Check if OK) Air compressor pressure in range Solenoid status correct for operation Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why **BUILDING/GROUNDS** Air Compressor (Check if OK) Cycle times normal for load Check auto drain operation Check oil level at least monthly Check dryer - alarms? Cycling? Belt tension HX fan operates with compressor? Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Propane tank level greater than 20% 70 Heaters working IPC (Y/N) IPC discharge clear? Check sludge ports (Sludge Y/N) Floatables? (take photos if yes) Upper Indicate % of sludge Coaq visibly dosing? Mid at each port Floc visibly dosing? Lower Chemical Feed (Fill in values) 305 Bleach Height (in) mA Signal Notes 2130 Coagulant Height (in) Stroke Rate Notes 1668 Flocculant Volume (gal) Stroke Rate Notes Dosing pumps at normal rate? Chemicals needed? Floor Sumps (Y/N) Sump levels normal? Pump runs but not emptying sump? High-High level switches operate freely? (check monthly) Back flowing after pump cycle? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Thick Feed Press Feed Floc Feed Proper operation/flow Regulators working properly Exhaust mufflers Filter Press (Check if OK) Hydraulic ram operating normally Sorbent pads replaced? Hydraulic pressure normal How many total filled Haz drums onsite? Significant leaks? How many Haz drums filled & closed today? General/Housekeeping Wipe down dirty equipment/piping Any leaks? Waste drums needed? Sweep and/or wash floors Lights working? Drum labels needed? Fire extinguisher inspection (monthly) Exit signs working? Removed trash? 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



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

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

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2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

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

Air compressor

operating range regulator setpoint

90-175 psi 90 psi

regulator setpoint 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

RegulatorsPSI RangeThickener feed pump40 psi maxFilter press feed pump90 psi maxFloc feed pump40 psi

Filter press hyd pump

Blowdown 90 psi max

Notes:	- Ckan Harbor,	onget	fer	wash	Sorum	
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				п		



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Staff:	NIL	Date:	817/2021	Time:	0910	

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	_/	_		15.70	死34.60	19.71
Run pumps in "Manual" to confirm flow, if		EW-2	Y	N		0.00	34.60	
Confirm pumps are operating between set		EW-3			-	. <u>*</u>	8.15	NA
Confirm pressure with pump cycling & not		EW-4		Y		20.04	7.51	3931
If pumps on, is water flowing into IPC (Y/N	l)? V	EW-5			N	NA	11692	NA
Process - (Check if OK or fill in values)				- "				
Chlorine Alarm status (on/off) A	1.007	A2	do		Auto rotate o			
If on - record chlorine concentration (ppm)	0.00					ump operating		
Operate exhaust fan manually						ump pressure	normal	
FT-801 reading (GPM)	14.51				Building tem			
Chemical rates normal for flow?					Mixers opera			
Catch tank display level=actual?					Other Alarms	s (Y/N)		
Filtration (Check if OK)	/							
Air compressor pressure in range					Solenoid sta	tus correct for	operation	
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					Chack auto	o drain operati	ion	
•	-					er - alarms? C		
Check oil level at least monthly	-					erates with cor		
Belt tension Unit Heaters (Check if OK)	-				rix ian op	siates with cor	iipi coooi :	
Thermostats set correctly (50-55 F)	10				Propane ta	ank level great	er than 20%	70
Heaters working						9		
IPC (Y/N)								
IPC discharge clear?	7				Check sluc	dge ports (Slud	dge Y/N)	Y
Floatables? (take photos if yes)	-14				Indicate 0	% of sludge	Upper	Clar
Coag visibly dosing?						ch port	Mid	Clear
Floc visibly dosing?	7				at ca	ch port	Lower	50
Chemical Feed (Fill in values)								
305 Bleach Height (in)	143	mA Signal	5.0	Notes				
2130 Coagulant Height (in)		Stroke Rat		Notes	The state of the s	rung oghi	00312	17/4
1668 Flocculant Volume (ga	1) 300	Stroke Rat	e <u>43</u>	Notes	Ner	Poll rake		
Dosing pumps at normal rate?				Chemicals	needed?	N		
Floor Sumps (Y/N)								
Sump levels normal?						but not empty		
High-High level switches operate freely?	V	(check mo	nthly)		Back flowii	ng after pump	cycle?	N
Excessive sludge/sediment?		B	ei - e - d					
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow			4					
Regulators working properly Exhaust mufflers			~					
Filter Press (Check if OK)								
Hydraulic ram operating normally	V					Sorbent pads	replaced?	N
Hydraulic pressure normal	V			Ho	w many total	filled Haz drur	ns onsite?	0
Significant leaks?	N			How m	any Ház drur	ns filled & clos	sed today?	0
General/Housekeeping								
Wipe down dirty equipment/piping	V		Any leaks?	N		Waste drum:		_1
Sweep and/or wash floors			ts working?			Drum label		N
Fire extinguisher inspection (monthly)	7	Exit sig	ns working?	7		Remo	ved trash?	
Sludge in Clarifier Catch Tank?	N							
Grounds								

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



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

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

operating range regulator setpoint 90-175 psi 90 psi

Auto drain

On 5 seconds every 5 minutes

Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hvd pump	

Blowdown 90 psi max

Notes:			
1			

Shovel doorways, apply ice melt

Confirm gates and doorways locked

ARCA	DIS	Design & Consultane for natural and built assets
Time:	0930	

Look for damage fencing/gates

Confirm storage container locked

Check status and compare to normal conditions.	See Reverse side for typical operating parameters.
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HMI SCREENS Furn Status/Flow Furn Status Furn					
Pump Status/Flow Run pumps in "Manual" to confirm flow, if needed. Confirm pressure with pump cycling & not highlow Confirm pressure with pump cycling & not highlow If pumps on, is water flowing into IPC (YN)? Process - (Check if OK of Till in values) Chicine Alarm status (on/off) A1	HMI SCREENS				
Pump Status/Flow Run pumps in "Manual" to confirm flow, if needed. Confirm pressure with pump cycling & not highlow If pumps on: is water flowing into IPC (YN)? Process - (Check if OK) of Till in values) Online Alarm status (onlif) If on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record choine concentration (ppm) Operate exhaust far manually Fill on - record far one of far on	777 778 1 7 8 M	Online (Y/I	V) Auto	Manual Flow (gpm) Level (ft)	(psi)
Run pumps in "Manual" to confirm flow, if needed. Confirm pressure with pump cycling & not high/low if pumps are operating between setpoints EU-3 Confirm pressure with pump cycling & not high/low if pumps on, is water flowing into IPC (YNI)? Process - (Check if OK or fill in values) Choline Alams status (on/of) A1 If on - record chlorine concentration (ppm) Operate exhaus fam manually F1-801 reading (GPM) Operate exhaus fam manually F1-801 reading (GPM) Catch tank display level-actual? F1-801 reading (GPM) A1 compressor pressure in range Discharge pump pressure normal Building temp accurate Mixers operating? Other Alarms (YNI) F1-801 reading (GPM) A1 compressor pressure in range Data (Check if OK) A1 compressor pressure in range Data (Check if OK) A2 Check studies and indicate why BUILDING/GROUNDS A1 despite a feat monthly Built at least monthly Check driyer: alarms? Cycling? H5 fan operation Check driyer: alarms? Cycling? H6 monthly monthly Check sludge ports (Sludge YNI) Indicate % of sludge Upper Indicate %	Pump Status/Flow	EW-1	N		
Confirm pramps are operating between setpoints Confirm pramps with pump cycling & not highliflow If pumps on, is water flowing into IPC (YN)? Process - (Check if OK of Till in values) Chlorine Alarm status (on/off) If on - record chlorine concentration (opm) Operate exhaust fan manually F1-01 reading (GPM) Chemical rates normal for flow? Chemical rates normal for flow? Chemical rates normal for flow? Chemical status correct for operation Check if OK of Till values) Ob Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS All All Alarms (Check if OK) Cycle times normal for load Check cill evel at least monthly Belt tension Unit Heaters working IPC (YN) IPC discharge clear? Float status (GPIII) Flor values (Fill III values) 305 Blaach Height (in) 1,0 Florations? Check did evel (Fill III values) 305 Blaach Height (in) 1,0 Florations (Fill III values) 305 Blaach Height (in) 1,0 Florations (Fill III values) 305 Blaach Height (in) 1,0 Florations (Fill III values) 305 Blaach Height (in) 1,0 Florations (Fill III values) 305 Blaach Florations (Fill III values) 305 Blaach Florations (Fill III values) 305 Blaach Height (in) 1,0 Florations (Fill III values) 305 Blaach Flor	Run pumps in "Manual" to confirm flow, if neede	d. EW-2	V	N 0.00 34.60	2.24
Confirm pressure with pump cycling & not high/low if pumps on, is water flowing into IPC (YNI)? Process - (Check if OK or fill in values) Chlorine Alarm status (on/of) A1 // FF-91 reading (GPM) Operate exhaus fam manually FF-91 reading (GPM) Clark lank display level=actual? FF-91 reading (GPM) Clark lank display level=actual? FF-91 reading (GPM) A1 compressor pressure in range Discharge pump pressure normal Building temp accurate Mixers operating? Clark lank display level=actual? FF-91 reading (GPM) A1 compressor pressure in range Data (Check if OK) A1 compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for flowd Creck oil level at least monthly Bull tata of the compressor (Check if OK) Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (YMI) IPC discharge dear? Floatibles (Take photos if yes) Coag visibly dosing? Floatibles (Take photos if yes) Coag visibly dosing? Chemical Feed (Fill in values) Discharge during the pressure normal to flow the compressor? Floatibles (Take photos if yes) Coag visibly dosing? Chemical Feed (Fill in values) Discharge during the pressure normal for flow the compressor? Floatibles (Take photos if yes) Coag visibly dosing? Chemical Feed (Fill in values) Discharge during the pressure normal for flow the compressor of the pressure normal for flow the compressor of the pressure normal for flow the compressor of the pressure normal for flow flow flow flow flow flow flow flow	Confirm pumps are operating between setpoints	EW-3	4		
If pumps on, is water flowing into IPC (YNI)? Process * (Check if OK of II in values) Chlorine Alarm status (on/off) If on - record chlorine concentration (ppm) Operate exhaust fan manually T-R-801 reading (GPM) Chemical rates normal for flow? Catch tank display levell-actual? Filtration (Check if OK) Check if OK) All of compressor pressure in range Data (check if OK) Daily & Yesterday Starts make sense Alarms All Alarms Enabled (YN) List any disabled and indicate why BUILDING/GROUNDS All Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (YNN) IPC discharge clear? Floatables? (take photos if yes) Floatables? (take photos if yes) Floatables? (take photos if yes) Dosing pumps at normal rate? Flore discharge clear? Floatables? (take photos if yes) Dosing pumps at normal rate? Flore Sibly dosing? Flore yesibly dosing? Flore ye	Confirm pressure with pump cycling & not high/lo	w EW-4	7		42.08
Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) If on - record chlorine concentration (ppm) Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level-actual? FIltration (Check if OK) Alr compressor pressure in range Data (Check if OK) Alr compressor pressure in range Data (Check if OK) Do Dally & Vesterday Starts make sense Alams All Alarms Enabled (YN) List any disabled and indicate why BUILDING(GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least morthly Bolt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (YN) IPC discharge clear) Floatables? (take photos if yes) Coay sibtly dosing? Floatables? Floatables? (take photos if yes) Coay sibtly dosing? Floatables? Floatables in readed? Floatables? Floa	If pumps on, is water flowing into IPC (Y/N)?	EW-5	4		
Chlorine Alarm status (on/off) If on - record follorine concentration (ppm) Operate exhaust fan imanually Fit 301 reading (CFM) Chemical rates normal for flow? Catch tank display level=actual? Fit 301 reading (CFM) Chemical rates normal for flow? Catch tank display level=actual? Fit 301 reading (CFM) Chemical rates normal for flow? Catch tank display level=actual? Fit 301 reading (CFM) Alt compressor pressure in range Data (Check if OK) Do Daly & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) Do Daly & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Built at singular tangents of the compressor's Unit Heaters (Check if OK) Thermostats set correctly (50-56 F) Heaters working IPIC (Y/N) IPIC discharge clear? Floatables? (Viake photos if yes) Coag visibly dosing? Chemical Feed (Fill in values) 305 Bleach Please to correctly (Check if OK) Thick Feed Press Feed Fill in values) Thick Feed Press Feed Fill in values Notes Not	Process - (Check if OK or fill in values)				-
If on - record chlorine concentration (ppm) Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level-ractual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Daty & Yesterday Starts make sense Alarms Building temp accurate Mixers operating? Other Alarms (YN) Air compressor pressure in range Data (Check if OK) Daty & Yesterday Starts make sense Alarms BullDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check of liver at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (YN) IPC discharge clear? Floatables? (take photos if yes) Class and the sense of the		A2 N		Auto rotate on/off	
Operate exhaust fan manually F18-801 reading (GPM) Chemical rates normal for flow? Catch tank displey level=actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Dally & Yesterday Starts make sense Alams All Alams Enabled (Y/N) BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for flow Check if OK) BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for flow Check if OK) Filtration Unit Heaters (Check if OK) Heaters working Filtre (Check if OK) Filtration Unit Heaters (Check if OK) Filtration Uni			-	Discharge numn operating	
FT-801 reading (GPM) Catch tank display level-actual? Catch tank display level-actual? Filtration (Chack if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working? IPC (YN) IPC discharge clear? Floatiables? (take photos if yes) Coag visibly dosing? Floatiables? (take photos if yes) Coag visibly dosing? Check dill evalues Dosing pumps at normal rate Floor Sumps (YN) Sump levels normal? Floor sumps (Check if OK) Floor poeration/floor Floor sumps (YN) Sump levels normal? Floor sumps (Check if OK) Floor sum					1
Chemical Fede (Fill in values) 15 Clay Solencial rates normal for flow? Cath tank displey level-acutal? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Dally & Yesterday Starts make sense Alams All Alams Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Bult tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (YN) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floatables? (take photos if yes) Coag visibly dosing? Floatables? (take photos if yes) Coag visibly dosing? Floor Sumps (YN) Sump levels normal? Height (in) Lower Toke Reate T					-
Catch tank display level-actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil love lat least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? Check dipley at each port Lower An Signal 5-7 Stroke Rate 5-7 Stro					-
Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermositals set correctly (50-55 F) Heaters working IPC (YNN) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floor visibly dosing? Floor sumps (YN) Sump levels normal? Floor Sumps (YN) Sump levels normal? Excessive sludge/sediment? Excessive sludge/sediment					-
Air compressor pressure in range Data (Check If OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS Air Compressor (Check If OK) Cycle times normal for load Check oil level at least monthly Bell tension Unit Heaters (Check If OK) Thermostates set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Flootables? (take photos if yes) Coag visibly dosing? Chemical Feed (Fill in values) 305 Bleach Height (in) 105 Stroke Rate 105 Stroke Rate 105 Stroke Rate 105 Stroke Rate 105 Check sludge ports (Sludge Y/N) Indicate % of sludge Upper at each port Lower Chemical Feed (Fill in values) 305 Bleach Height (in) 105 Stroke Rate 105 Stroke Rate 105 Stroke Rate 105 Chemical Feed 105 Stroke Rate 105 Stroke Rate 105 Chemical Feed 105 Stroke Rate 105 Stroke Rate 105 Chemical Feed 105 Stroke Rate 105 Stroke Rate 105 Chemical Feed 105 Stroke Rate 105 Stroke R				Other Alamis (1714)	
Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check all tevel at least monthly But tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floatables? (take photos if yes) Chemical Feed (Fill in values) Soft Bleach Height (in) IL) MA Signal 5-7 Stroke Rate 9-7 Notes No		/		Colonnid status approat for appretion	
Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why BUILDING/GROUNDS Afri Compressor (Check if OK) Cycle times normal for load Check oil reverse a larma? Cycling? HX fan operates with compressor? HX fan operat		_	-	Solenoid status correct for operation	
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Sludge in Clarifier Catch Tank? Grounds			-1		-
Grounds		LAIL SIGNS WORKING?	-	Removed trash?	-
		is, control panels and clean	outs	Clear woody vegetation from swales	and can



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

C

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

Display shows "ESA/ON" with dew point level shown on bar scale. Dryer

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

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Shovel doorways, apply ice melt

Confirm gates and doorways locked



Look for damage fencing/gates

Confirm storage container locked

Sta	f:/\	4	Date:	8/30	12021		Time:	0830	BUIL 495ETS
Check status and compare t	o normal con	ditions. See	Reverse side	for typical o	perating par	rameters.			
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to co Confirm pumps are operating Confirm pressure with pump If pumps on, is water flowing Process - (Check if OK or f Chlorine Alarm status (on/off If on - record chlorine concer Operate exhaust fan manual FT-801 reading (GPM) Chemical rates normal for flo Catch tank display level=actor Filtration (Check if OK) Air compressor pressure in r Data (Check if OK) Do Daily & Yesterday Starts Alarms All Alarms Enabled (Y/N)	onfirm flow , if g between se cycling & not into IPC (Y/N ill in values)) A'ntration (ppm) by w? ual?	needed. tpoints high/low	EW-1 EW-2 EW-3 EW-4 EW-5	Online (Y/N)		Auto rotate of Discharge p Discharge p Building term Mixers opera Other Alarm	ump operating ump pressure up accurate ating?	normal	(psi) 18:48 1-25 NA 13 33-4
BUILDING/GROUNDS Air Compressor (Check if C Cycle times normal for load Check oil level at least month	OK)	~				Check dry	o drain operati er - alarms? C	ycling?	5
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Mow/trim around building, str	uctures, wells	s, bollards, co	ontrol panels	and cleanou	ts	Clear wood	dy vegetation f	rom swales	and cap



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

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

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

Air compressor

operating range regulator setpoint

90-175 psi 90 psi

Auto drain

On 5 seconds every 5 minutes

Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Cities a series as bired series as	

Filter press hyd pump

Blowdown 90 psi max

Notes:			
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ATTACHMENT C

Waste Disposal Documents

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WORK ORDER NONLOGGE STATE

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BAND

OCUMENT NO. 1.425853 RANSPORTER 1Clean Ha		LL OF LADING	IICLE ID#
			NS. 1 PHONE (781) 792-5000
RANSPORTER 2			
PA ID #			NS. 2 PHONE
DESIGNATED FACILITY Spring Grave Resource Rec	awayu lare	SHIPPER ATTI	l Jasmine Mullins
FACILITY EPA ID # OHD000816629	OVER HIS.	SHIPPER EPA ID #	
ADDRESS Spring Grove Avenue		ADDRESS Lan	
CITY Cincinnati	STATE ZIP	CITY Hudson Falls	STATE ZIP339
CONTAINERS NO. & SIZE TYPE HM	DESCRIPTI	ON OF MATERIALS	TOTAL UNIT QUANTITY WT/VOL
15 X 55 DE X	ARESIDUE LAST CONTAINED 3, PG II	UN1263, PAINT RELATED MA	300 P
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	C.		
	D.		
	E.		
	F.		
	G.		
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SPECIAL HANDLING INSTRUC	TIONS EMERGENCY PHONE	#:(800)483-3718 GEN	ERATOR, NYSDEC Fort Edward Lands
లు పాటా శార్య మండు. మండలా మండి కారా మార్లు మండు మండు మండు మండు మండు మండు మండు మండ			

described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

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	PRINT	A Merci	SIGN	DATE
TRANSPORTER 2				
Mark the second of the second	PRINT		SIGN	DATE
RECEIVED BY				

ase print or type.	140 4 10 1			2. Page 1 of	3. Emergency Respons	e Phone	4. Manifest	Tracking N	lumber		
WASTE MANIFEST	IFORWI HAZARDOUS			Z. Tago Tol	(800) 483	4. Manifest Tracking Number 015868185 FLE					
5. Generator's Name and N	lailing Address					Site Address (if different than mailing address)					
NYSOEC Fort I		10									
45 Leavy Holk Hudson Falls,					SAME						
Generator's Phone:	B) 250-7308	ATTN Jas	smine Mullins								
6. Transporter 1 Company	Vame	1977					U.S. EPA ID I	Number			
Clean Harbors		al Services,	inc.						322	2.50	
7. Transporter 2 Company	Name						U.S. EPA ID N	Number			
Designated Facility Nam	and Sita Addrage						U.S. EPA ID I	lumbor			
o. Designated Facility Nam		avory his									
4879 Spring G	rove Avenue	W. T. W. T. H. B. W.					OHE	0000	816	529	
Facility's Phone:	45232	5739					Ì				
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NEW YORK STATE GENERATOR RESTRICTED WASTE NOTIFICATION/CERTIFICATION FOR PCB WASTES ALL NEW YORK STATE GENERATORS WHO GENERATE PCB WASTE MUST ATTACH THIS ADDENDUM TO CHI FORM LDR1 (THIS NOTIFICATION/CERTIFICATION IS ONLY APPLICABLE WITHIN THE STATE OF NEW YORK) Generator Name: 1/46 1) Signature: Date: Manifest No.: 617868186FLF This Addendum to CHI Form LDR1 must be completed for any New York state regulated hazardous waste generated in the State of New York. This form ensures that New York State generators comply with the notification requirements of 6 NYCRR Part 376. All New York State generators shipping PCB waste which is a New York State regulated hazardous waste must check the box and indicate the applicable waste code below. [] CHECK HERE The waste associated with the above manifest includes New York State Regulated PCB Waste which is land restricted in the State of New York and is subject to 6 NYCRR Part 376,4(f). This waste shall be disposed of in accordance with 40 CFR Part 761. Pursuant to 376.4(f)(1)(i), B002 waste from any source other than a spill may not be stabilized or mixed with any other substance to conform with any provision of 40 CFR Part 761 regarding land disposal if the disposal occurs in the State of New York. Check all which apply: []B001 []B002 []B003 []B004 []B005 []B006* (see below) [VB007* (see below) Generators are required to certify that their B006 and/or B007 waste can be land disposed in accordance with 40 CFR Part 761 without further treatment if: The waste is a B006, and is a transformer which has been drained and flushed pursuant to 40 CFR 761.60(b)(1)(l)(B), or The waste is a B007 and does not contain PCBs which have been deliberately-solidified.

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

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

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

TABLES



Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency	Polishing Pond Effluent
Date	8/17/2021	8/17/2021	8/17/2021	8/17/2021	Permit Limit	8/17/2021
Volatile Organic Compounds (μg/L)						
ACETONE	10 U	10 U	100 U	40 U		40 U
BENZENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
BROMODICHLOROMETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
BROMOFORM	1.0 U	1.0 U	10 U	4.0 U		4.0 U
BROMOMETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
2-BUTANONE (MEK)	10 U	10 U	100 U	40 U		40 U
CARBON DISULFIDE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
CARBON TETRACHLORIDE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
CHLOROBENZENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
CHLORODIBROMOMETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
CHLOROETHANE	1.0 U	1.0 U	10 U	4.0 U	20	4.0 U
CHLOROFORM	1.0 U	1.0 U	10 U	4.0 U	150	4.0 U
CHLOROMETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
CYCLOHEXANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,2-DIBROMO-3-CHLOROPROPANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,2-DICHLOROBENZENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,3-DICHLOROBENZENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,4-DICHLOROBENZENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
DICHLOROBROMOMETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
DICHLORODIFLUOROMETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,1-DICHLOROETHANE	1.0 U	1.0 U	10 U	4.0 U	30	4.0 U
1,2-DICHLOROETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,1-DICHLOROETHENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
CIS-1,2-DICHLOROETHENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
TRANS-1,2-DICHLOROETHENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,2-DICHLOROETHENE (TOTAL)	ND	ND	ND	ND	30	ND
1,2-DICHLOROPROPANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
CIS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
TRANS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
ETHYLBENZENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
2-HEXANONE	5.0 U	5.0 U	50 U	20 U		20 U
ISOPROPYLBENZENE (CUMENE)	1.0 U	1.0 U	10 U	4.0 U		4.0 U
METHYL ACETATE	2.5 U	2.5 U	25 U	10 U		10 U
METHYL TERT-BUTYL ETHER (MTBE)	1.0 U	1.0 U	10 U	4.0 U		4.0 U
METHYL CYCLOHEXANE	0.24 J	1.0 U	10 U	4.0 U		4.0 U
METHYLENE CHLORIDE	1.0 U	1.0 U	10 U	4.0 U	50	4.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	5.0 U	5.0 U	50 U	20 U		20 U
STYRENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,1,1,2-TETRACHLOROETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
TETRACHLOROETHENE (PCE)	1.0 U	1.0 U	10 U	4.0 U		4.0 U
TOLUENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,2,4-TRICHLOROBENZENE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,1,1-TRICHLOROETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,1,2-TRICHLOROETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
TRICHLOROETHANE TRICHLOROETHENE (TCE)	1.0 U	1.0 U	10 U	4.0 U		4.0 U
TRICHLOROFLUOROMETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	1.0 U	1.0 U	10 U	4.0 U		4.0 U
VINYL CHLORIDE	1.0 U	1.0 U	10 U	4.0 U	50	4.0 U
XYLENES, TOTAL	2.0 U	2.0 U	20 U	8.0 U		8.0 U

Notes:

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

Definitions:

J - The concentration is an approximate value.

 $\mu g/L$ - micrograms per liter

NA - Not analyzed.

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

[&]quot;--" - Value does not exist for analyte.

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



Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency	Polishing Pond Effluent
Date	8/17/2021	8/17/2021	8/17/2021	8/17/2021	Permit Limit	8/17/2021
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)	1.2	1.2	0.75	0.2 J		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	0.0609 J	0.0601 J	0.0636 J		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
BARIUM	0.0369	0.0384	0.0666	0.0504	3.5	0.0581
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	76.3	80.3	111	113		93.4
CHROMIUM, TOTAL	0.004 U	0.004 U	0.004 U	0.004 U	0.21	0.004 U
COBALT	0.0024 J	0.0023 J	0.0023 J	0.00098 J	0.005	0.00069 J
COPPER	0.01 U	0.0018 J	0.01 U	0.01 U	0.024	0.01 U
IRON	10.6	10.9	9.36	11.6	0.3	5.09
LEAD	0.01 U	0.01 U	0.01 U	0.01 U	0.0032	0.01 U
MAGNESIUM	17.9	18.6	19.7	19.6		20.7
MANGANESE	1.43	1.46	2.33	1.9		1.93
MERCURY	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0008	0.0002 U
NICKEL	0.0014 J	0.0025 J	0.002 J	0.0026 J	0.0096	0.0013 J
POTASSIUM	2.42	2.53	0.627	1.14		2.02
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	46.2	47.1	51.7	48.8		45.6
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	0.0015 J	0.014	0.005 U
ZINC	0.0377	0.0113	0.01 U	0.01 U	0.17	0.01 U
Conventional Chemistry (mg/L)						
TOTAL ORGANIC CARBON	3.0	3.1	NA	NA		NA
TOTAL DISSOLVED SOLIDS	457	444	526	535	500	484
TOTAL SUSPENDED SOLIDS	17.2	28	35.6	18.8	50	29.2

Notes:

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