

Payson Long
New York State Department of Environmental Conservation (NYSDEC)
Division of Environmental Remediation
Bureau of Program Management
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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.

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:
518.250.7300

Email:
andy.vitolins@arcadis.com

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 complete COVID-19 Entry/Exit logs. An Arcadis Weekly O&M Log (Attachment B) was completed to record system readings and document system performance.

The following activities were completed during the 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 EQulS 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 ($\mu\text{g/L}$) 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.

PCBs

PCB Aroclor 1232 was detected in the Influent (1.2 µg/L), Clarifier Catch Tank (1.2 µg/L), Cell 3 Bypass (0.75 µg/L), and Cell 2 Effluent (0.2 µg/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



DAILY INSPECTION REPORT

Report No. 48

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 08/03/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	68 °F	AM	76 °F	PM			
Wind	7 MPH N	AM	6 MPH N	PM			
Health & Safety							
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments							
None at this time.							
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800		
<ul style="list-style-type: none"> - 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 <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Nathan Kloefer		Arcadis		Field Tech		9.3	
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.							

DAILY INSPECTION REPORT

Report No. 48

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 08/03/2021

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

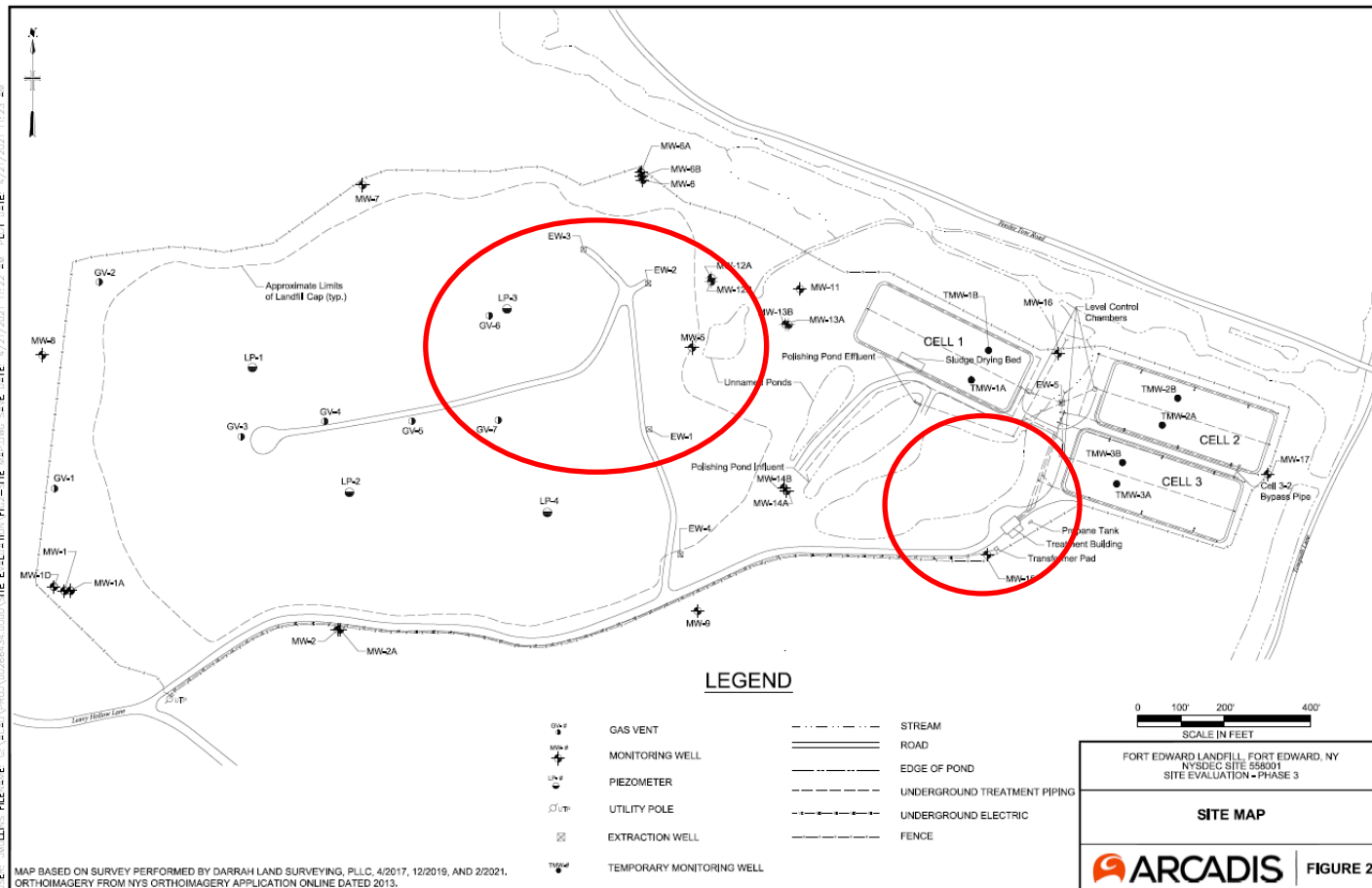
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





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

DAILY INSPECTION REPORT

Report No. 48

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 08/03/2021

Site Photographs (Descriptions Below)	
	
View of EW-2 level control transducer prior to cleaning.	View of chlorine sensor located within Treatment System building.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 8/3/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 49

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/10/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer		
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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800			
<ul style="list-style-type: none"> - Performed routine housekeeping within the Treatment 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 <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Nathan Kloefer		Arcadis		Field Tech		9.3		
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.								

DAILY INSPECTION REPORT

Report No. 49

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/10/2021

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

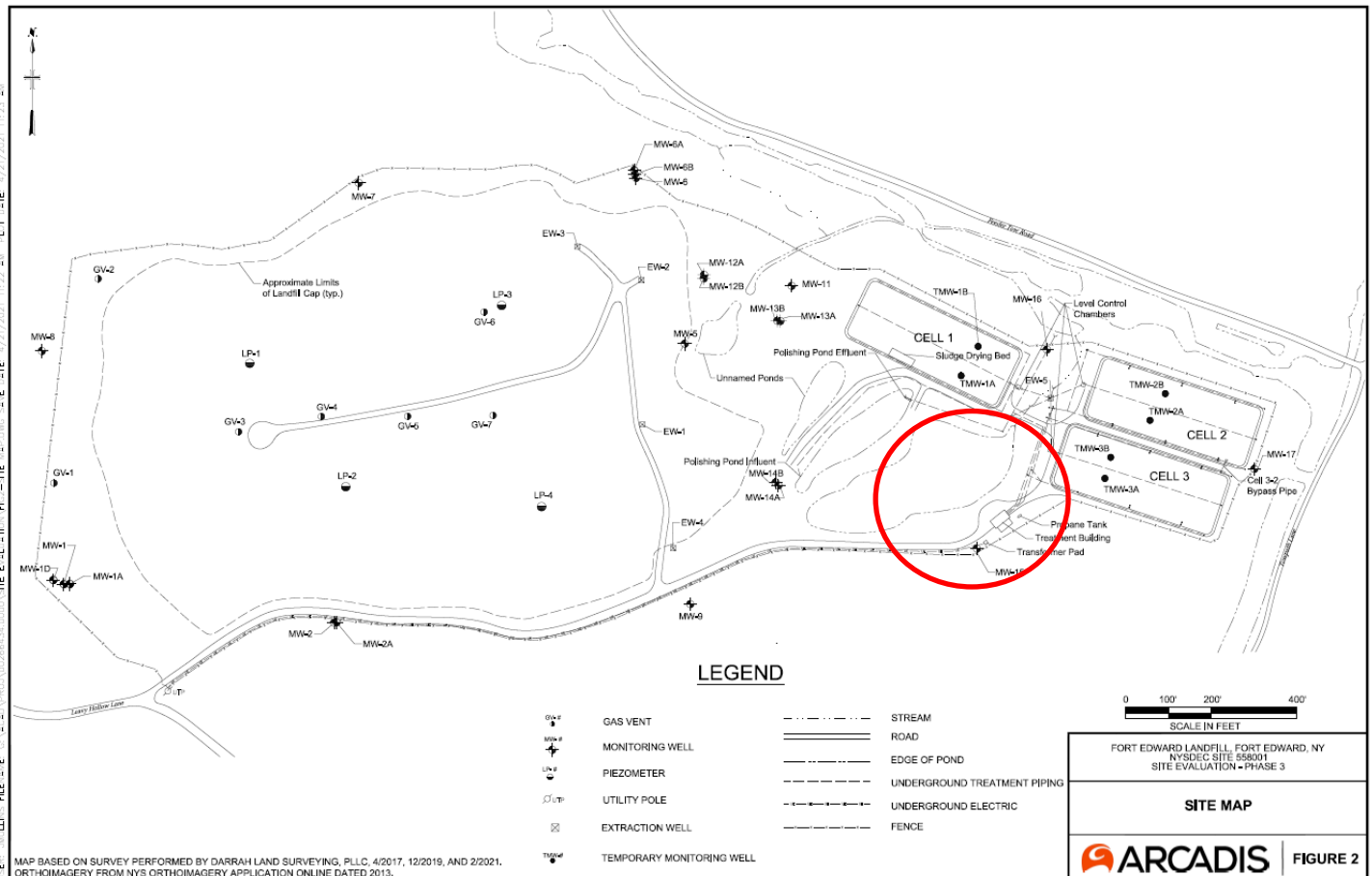
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

Report No. 49

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/10/2021

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.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 8/10/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 50

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/12/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G.		
Weather Conditions								
General Description	Sunny	AM	Sunny	PM	Consultant Site Inspectors: Jasmine Mullins, Todd Carignan			
Temperature	82°F	AM	85°F	PM				
Wind	10 MPH S	AM	8 MPH WSW	PM				
Health & Safety								
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	1005	Departed Site:	1630			
<ul style="list-style-type: none"> - 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 <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Jasmine Mullins		Arcadis		Engineer		5.9		
Todd Carignan		Arcadis		Engineer		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.								

DAILY INSPECTION REPORT

Report No. 50

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 08/12/2021

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

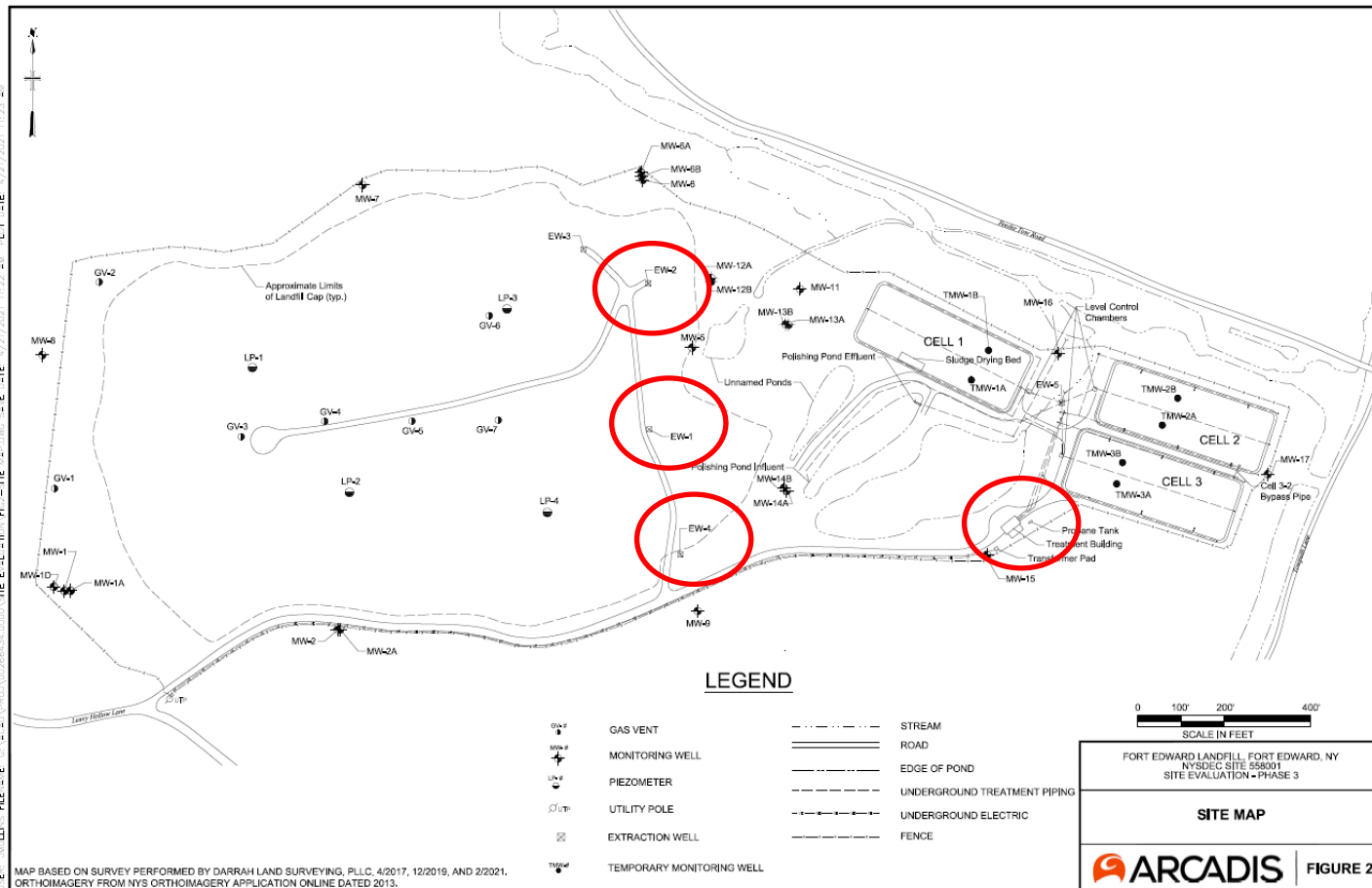
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





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

DAILY INSPECTION REPORT

Report No. 50

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.		

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 51

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/17/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer		
Weather Conditions								
General Description	Cloudy	AM	Rain	PM				
Temperature	65 °F	AM	71 °F	PM				
Wind	7 MPH N	AM	6 MPH N	PM				
Health & Safety								
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800			
<ul style="list-style-type: none"> - Completed 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".								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Nathan Kloefer		Arcadis		Field Tech		9.3		
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.								

DAILY INSPECTION REPORT

Report No. 51

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 08/17/2021

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

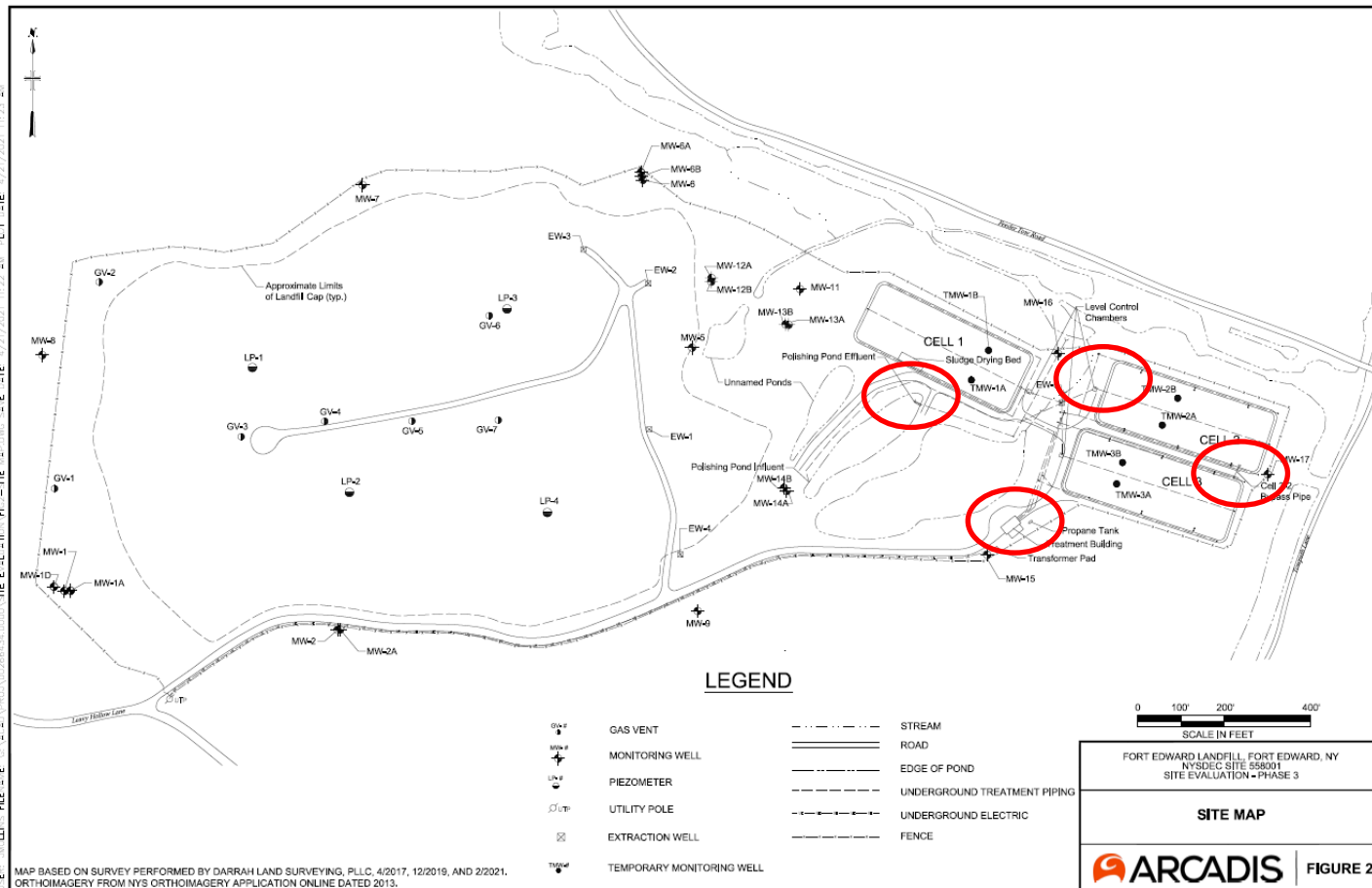
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





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

DAILY INSPECTION REPORT

Report No. 51

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 08/17/2021

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to cleaning	View of IPC mixing chamber during spray down process.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloefer	Date: 8/17/2021

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 52

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/24/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer		
Weather Conditions								
General Description	Sunny	AM	Sunny	PM				
Temperature	75 °F	AM	85 °F	PM				
Wind	7 MPH N	AM	6 MPH N	PM				
Health & Safety								
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800			
<ul style="list-style-type: none"> - 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".								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Nathan Kloefer		Arcadis		Field Tech		9.3		
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.								

DAILY INSPECTION REPORT

Report No. 52

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 08/24/2021

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

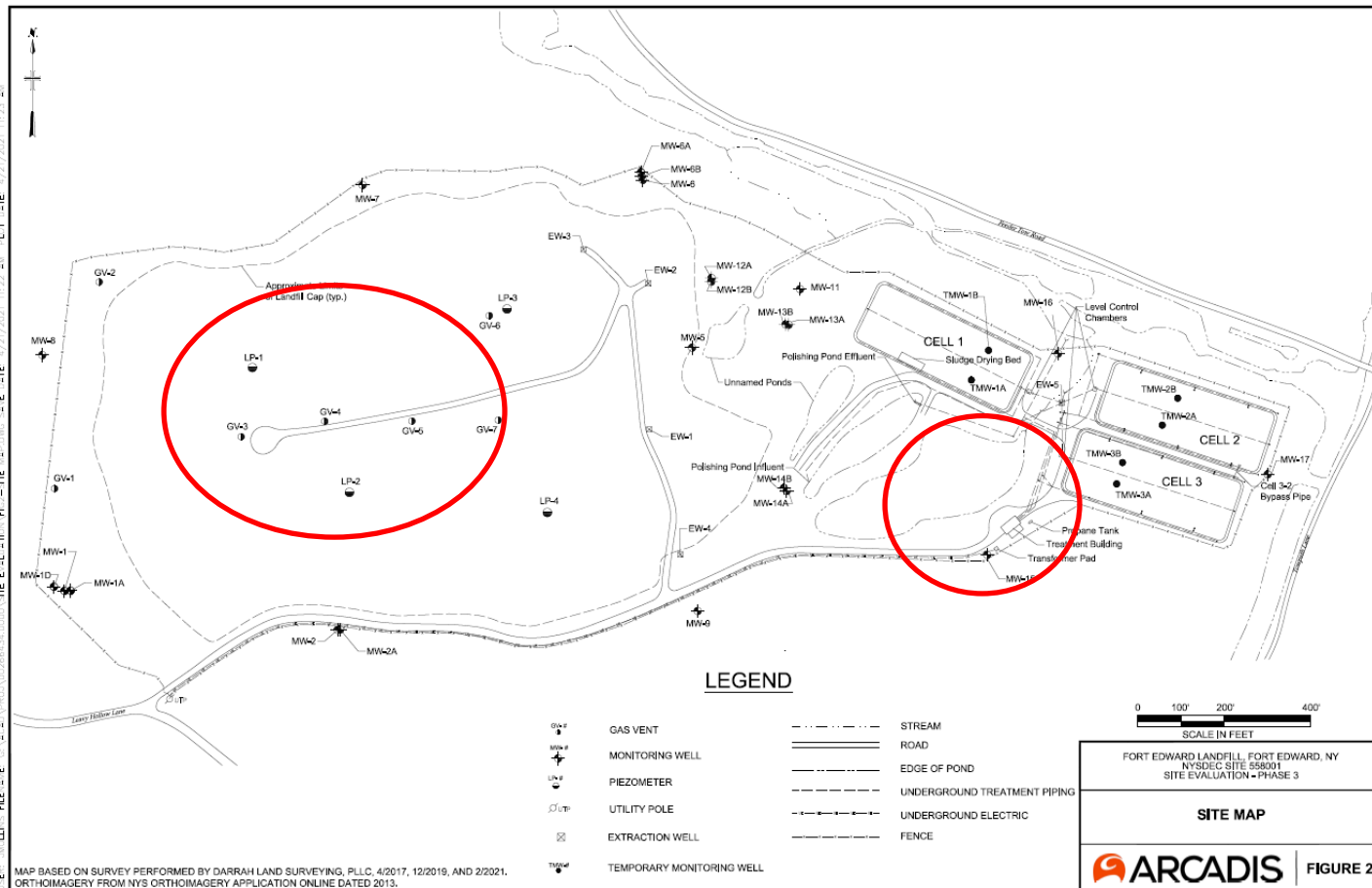
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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




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

DAILY INSPECTION REPORT

Report No. 52

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 08/24/2021

Site Photographs (Descriptions Below)	
	
Top view of IPC.	
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 8/24/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 53

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/30/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer		
Weather Conditions								
General Description	Sunny	AM	Sunny	PM				
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 <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1800			
<ul style="list-style-type: none"> - 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 <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Nathan Kloefer		Arcadis		Field Tech		9.3		
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.								

DAILY INSPECTION REPORT

Report No. 53

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 08/30/2021

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

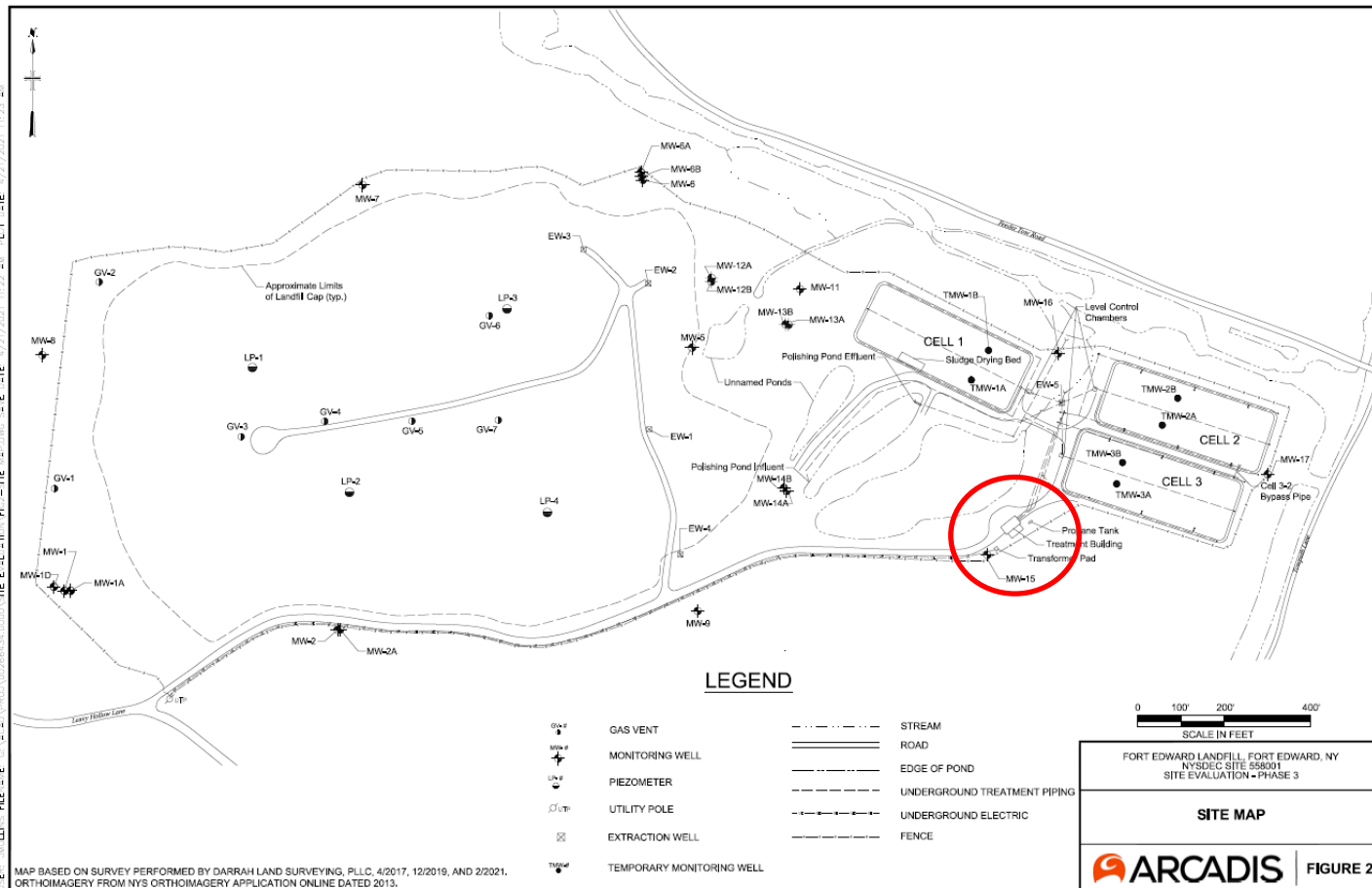
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



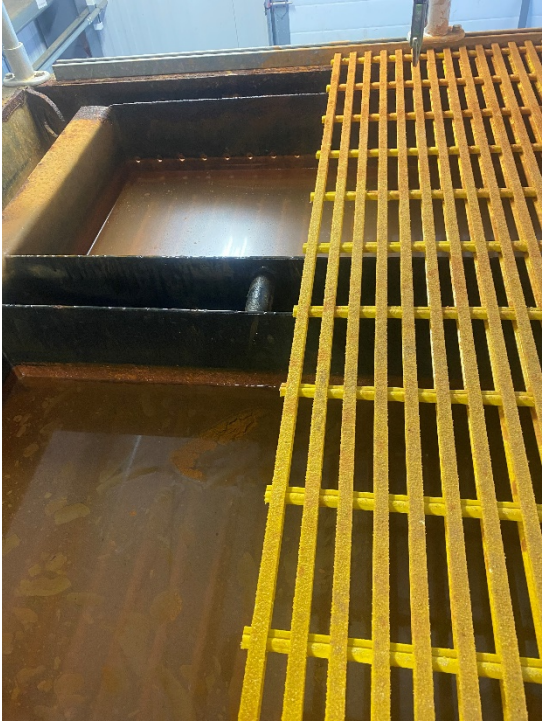

Red outlined area indicates the location of work performed on August 30, 2021.

DAILY INSPECTION REPORT

Report No. 53

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
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.
Comments	
None at this time.	
Site Inspector(s): Nathan Kloepfer	Date: 8/30/2021

DAILY HEALTH CHECKLIST

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

DAILY INSPECTION REPORT

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 54

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 08/31/2021

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Nathan Kloefer	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	63°F	AM	67°F	PM			
Wind	3 MPH ESE	AM	0 MPH	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0823	Departed Site:	1010		
<ul style="list-style-type: none"> - 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 <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jasmine Mullins		Arcadis		Field Tech		1.8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 54

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 08/31/2021

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

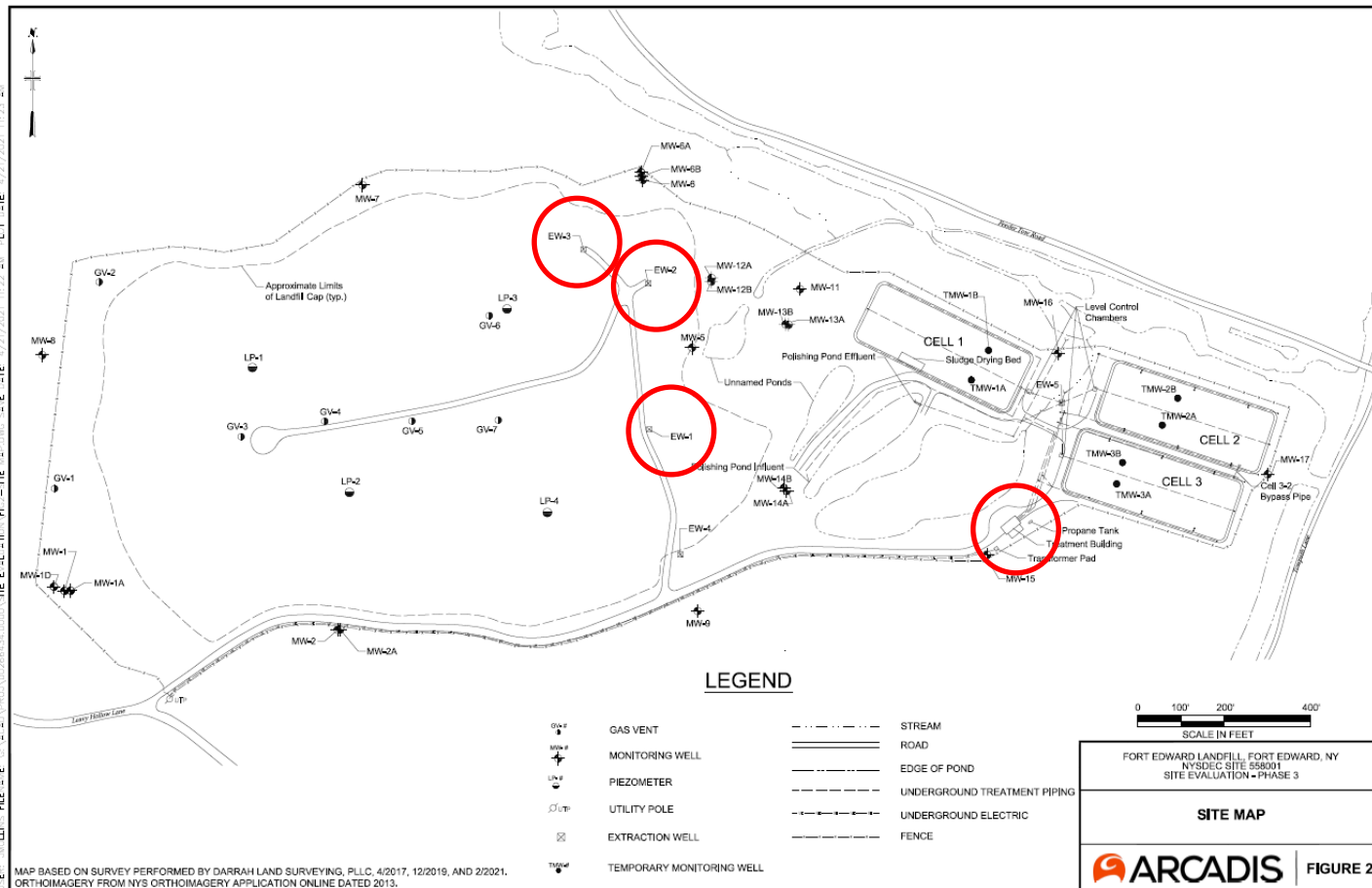
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

Site Photographs (Descriptions Below)	
<p>View of Human-Machine Interface (HMI) on arrival prior.</p>	<p>View of HMI following EW-1, EW-2, and EW-3 analog module replacement.</p>
<p>View of existing EW-1, EW-2, and EW-3 analog module.</p>	<p>View of discharge pump D2 VFD following reset.</p>
<p>Comments</p> <p>None at this time.</p>	
<p>Site Inspector(s): Jasmine Mullins</p>	<p>Date: 8/31/2021</p>

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: AK

Date: 8/13/2024

Time: 6:45

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <input checked="" type="checkbox"/>				34.60	21.12
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		34.60	2.59
Confirm pumps are operating between setpoints	EW-3 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.00	9.15	NA
Confirm pressure with pump cycling & not high/low	EW-4 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23.78	21.54	49.50
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	9.14	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)	<u>0.0</u>		Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually			Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>20.24</u>		Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>		Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>		Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

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

IPC discharge clear?	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<input checked="" type="checkbox"/>
Floatables? (take photos if yes)	<input checked="" type="checkbox"/>	Indicate % of sludge at each port	Upper <u>Clear</u> Mid <u>Clear</u> Lower <u>80%</u>
Coag visibly dosing?	<input checked="" type="checkbox"/>		
Floc visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>14.8</u>	mA Signal	<u>5.9</u>	Notes	
2130 Coagulant	Height (in)	<u>6.5</u>	Stroke Rate	<u>12.9</u>	Notes	
1668 Flocculant	Volume (gal)	<u>350</u>	Stroke Rate	<u>73</u>	Notes	<u>new batch made</u>
Dosing pumps at normal rate?					Chemicals needed?	<u>N</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<input checked="" type="checkbox"/>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<u>7</u>
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- EW-2 & 1 level sensor alarms not reset when left s.f.

- chlorine 1 & 2 alarms not reset when left s.f.

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: JK

Date: 8/10/2021

Time: 0900

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

HMI SCREENS

Extraction Wells

Pump Status/Flow	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Run pumps in "Manual" to confirm flow, if needed.	EW-1	<u>N</u>	<u>-</u>	<u>-</u>	<u>34.60</u>	<u>20.79</u>
Confirm pumps are operating between setpoints	EW-2	<u>-</u>	<u>-</u>	<u>-</u>	<u>39.6</u>	<u>-</u>
Confirm pressure with pump cycling & not high/low	EW-3	<u>-</u>	<u>-</u>	<u>0-00</u>	<u>9.42</u>	<u>NA</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-4	<u>-</u>	<u>-</u>	<u>21.90</u>	<u>8.17</u>	<u>12.41</u>
	EW-5	<u>-</u>	<u>-</u>	<u>NA</u>	<u>7.18</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<u>on</u>	A2	<u>-</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)		<u>15</u>			Discharge pump operating	<u>✓</u>
Operate exhaust fan manually		<u>✓</u>			Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)		<u>10.29</u>			Building temp accurate	<u>✓</u>
Chemical rates normal for flow?		<u>✓</u>			Mixers operating?	<u>✓</u>
Catch tank display level=actual?		<u>✓</u>			Other Alarms (Y/N)	<u>7-0-1 level</u>

Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense ✓

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

IPC (Y/N)

IPC discharge clear?	<u>N</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>✓</u>	Indicate % of sludge at each port	Upper <u>16%</u> Mid <u>16%</u> Lower <u>50%</u>
Coag visibly dosing?	<u>✓</u>		
Floc visibly dosing?	<u>✓</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>14.8</u>	mA Signal	<u>4.9</u>	Notes	
2130 Coagulant	Height (in)	<u>2.1</u>	Stroke Rate	<u>62</u>	Notes	
1668 Flocculant	Volume (gal)	<u>385</u>	Stroke Rate	<u>34</u>	Notes	
Dosing pumps at normal rate?	<u>✓</u>				Chemicals needed?	<u>✓</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>✓</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>8</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>8</u>

General/Housekeeping

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

Grounds

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

Fort Edward Landfill - Typical Operating Parameters



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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- Clean Harbor outlet for west shore pickup

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 8/17/2021

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 <u>N</u>	<u>N</u>	<u>N</u>	<u>13.70</u>	<u>34.60</u>	<u>19.71</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>N</u>	<u>N</u>	<u>0.00</u>	<u>34.60</u>	<u>5.37</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>8</u>	<u>8.15</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.04</u>	<u>7.51</u>	<u>39.31</u>
If pumps on, is water flowing into IPC (Y/N)? <u>✓</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>6.92</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)	<u>0.00</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>14.51</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>✓</u>

Filtration (Check if OK)

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

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

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

	<u>✓</u>
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IPC (Y/N)

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

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>14.3</u>	mA Signal <u>5.0</u>	Notes
2130 Coagulant	Height (in) <u>5</u>	Stroke Rate <u>7.2</u>	Notes
1668 Flocculant	Volume (gal) <u>300</u>	Stroke Rate <u>45</u>	Notes
Dosing pumps at normal rate?			Chemicals needed? <u>N</u>

Floor Sumps (Y/N)

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

Excessive sludge/sediment?

	<u>✓</u>
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Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Sludge in Clarifier Catch Tank?

	<u>N</u>
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Grounds

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

Fort Edward Landfill - Typical Operating Parameters

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: N

Date: 8/27/2024

Time: 0930

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	<u>N</u>	<u>N</u>	<u>N</u>	<u>34.60</u>	<u>18.91</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>N</u>	<u>N</u>	<u>0.00</u>	<u>34.60</u>	<u>2.24</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>N</u>	<u>0.00</u>	<u>13.71</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>N</u>	<u>N</u>	<u>19.93</u>	<u>23.24</u>	<u>42.08</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u>N</u>	<u>N</u>	<u>NA</u>	<u>12.77</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<u>N</u>	A2	<u>N</u>	Auto rotate on/off	<u>N</u>
If on - record chlorine concentration (ppm)					Discharge pump operating	<u>N</u>
Operate exhaust fan manually					Discharge pump pressure normal	<u>N</u>
FT-801 reading (GPM)		<u>14.61</u>			Building temp accurate	<u>N</u>
Chemical rates normal for flow?		<u>N</u>			Mixers operating?	<u>N</u>
Catch tank display level=actual?		<u>N</u>			Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

Air compressor pressure in range	<u>N</u>	Solenoid status correct for operation	<u>N</u>
----------------------------------	----------	---------------------------------------	----------

Data (Check if OK)

Do Daily & Yesterday Starts make sense	<u>N</u>
--	----------

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

IPC (Y/N)

IPC discharge clear?	<u>N</u>	Check sludge ports (Sludge Y/N)	<u>N</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>Nex</u>
Coag visibly dosing?	<u>N</u>	at each port	Mid <u>ckm</u>
Floc visibly dosing?	<u>N</u>	Lower	<u>50'00</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>11.91</u>	mA Signal	<u>5.3</u>	Notes	
2130 Coagulant	Height (in)	<u>91.0</u>	Stroke Rate	<u>8.8</u>	Notes	<u>primed ago. 4</u>
1668 Flocculant	Volume (gal)	<u>430</u>	Stroke Rate	<u>32</u>	Notes	
Dosing pumps at normal rate?	<u>N</u>	Chemicals needed?				

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

Fort Edward Landfill - Typical Operating Parameters



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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: NK

Date: 8/30/2021

Time: 0830

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>Y</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>34.60</u>	<u>18.48</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>—</u>	<u>34.60</u>	<u>1.25</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>Y</u>	<u>0.0</u>	<u>8.02</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>Y</u>	<u>17.32</u>	<u>33.90</u>	<u>33.90</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>Y</u>	<u>NA</u>	<u>7.27</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)	<u>0.00</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>10.49</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>Y</u>

Filtration (Check if OK)

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

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>clean</u> Mid <u>40%</u> Lower <u>50%</u>
Coag visibly dosing?	<u>✓</u>		
Floc visibly dosing?	<u>✓</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>9.2</u>	mA Signal	<u>4.9</u>	Notes	<u>Offline on arrival, cycled, online</u>
2130 Coagulant	Height (in) <u>2.2</u>	Stroke Rate	<u>0.1</u>	Notes	
1668 Flocculant	Volume (gal) <u>340</u>	Stroke Rate	<u>36</u>	Notes	<u>new batch made</u>
Dosing pumps at normal rate?		Chemicals needed?	<u>✓</u>		

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Regulators

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

Notes:

ATTACHMENT C

Waste Disposal Documents



Site Address : SAME

9C PPW 7/1/2021

WORK ORDER NO. 103060548

DOCUMENT NO. **1425853**

STRAIGHT BILL OF LADING

TRANSPORTER 1 Clean Harbors Environmental Services, Inc. VEHICLE ID # _____
 EPA ID # MAD039322250 TRANS. 1 PHONE (781) 792-5000
 TRANSPORTER 2 _____ VEHICLE ID # _____
 EPA ID # _____ TRANS. 2 PHONE _____

DESIGNATED FACILITY <i>Spring Grove Resource Recovery Inc.</i>			SHIPPER <i>ATTN Jasmine Mullins</i> <i>NYSDEC Fort Edward Landfill</i>		
FACILITY EPA ID # <i>OH D000016629</i>			SHIPPER EPA ID # <i>NYR000235424</i>		
ADDRESS <i>1070 Spring Grove Avenue</i>			ADDRESS <i>40 Leary Hollow Lane</i>		
CITY <i>Cincinnati</i>		STATE <i>OH</i>	ZIP <i>45232</i>	CITY <i>Hudson Falls</i>	
STATE <i>NY</i>		STATE <i>NY</i>		ZIP <i>12839</i>	
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS	TOTAL QUANTITY	UNIT WT/VOL
<i>15 X 55</i>	<i>DF</i>	<i>X</i>	<i>A. RESIDUE LAST CONTAINED UN1265, PAINT RELATED MATERIAL, 3, PGH</i>	<i>300</i>	<i>P</i>
			<i>B.</i>	<i>300</i>	<i>P</i>
			<i>C.</i>		
			<i>D.</i>		
			<i>E.</i>		
			<i>F.</i>		
			<i>G.</i>		
			<i>H.</i>		
SPECIAL HANDLING INSTRUCTIONS <i>A.CH2215904ERG# 128</i> EMERGENCY PHONE #: (800) 483-3718 GENERATOR: <i>NYSDEC Fort Edward Landfill</i>					

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

SHIPPER	PRINT <i>Matthew Kleglar</i>	SIGN <i>[Signature]</i>	DATE <i>8/11/21</i>
TRANSPORTER 1	PRINT <i>Blake Robison</i>	SIGN <i>[Signature]</i>	DATE <i>8/11/21</i>
TRANSPORTER 2	PRINT	SIGN	DATE
RECEIVED BY	PRINT	SIGN	DATE

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000235424	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 015868185 FLE			
5. Generator's Name and Mailing Address NYSDEC Fort Edward Landfill 45 Leavy Hollow Lane Hudson Falls, NY 12839 Generator's Phone: (518) 250-7308 ATTN: Jasmine Mullins				Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name Clean Harbors Environmental Services, Inc.				U.S. EPA ID Number MAD039322250				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Spring Grove Resource Recovery Inc 4879 Spring Grove Avenue Cincinnati, OH 45232 Facility's Phone: (513) 681 5738				U.S. EPA ID Number OHD000816529				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	*	1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG III		No.	Type	100	IT	8007 L
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1 CH2185046 11/21/21 DEC 8102101, 8/31/21 DEC 8102102, 7/11/21 DEC 8112103 6/2/21 DEC 8102104, 6/15/21 DEC 8102105, 5/11/21 DEC 8102106, 5/11/21 DEC 8102107 Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf for purposes of transportation efficiency, convenience or safety								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Matthew Kluge				Signature Matthew Kluge		Month Day Year 07 10 21		
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: _____ Date leaving U.S.: _____				
	17. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER	Transporter 1 Printed/Typed Name Blake Robison			Signature [Signature]		Month Day Year 08 10 21		
	Transporter 2 Printed/Typed Name			Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number _____							
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name				Signature		Month Day Year		

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

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

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

Generator Name: NYSD&C Fort Edward Landfill
EPA ID No. NYR000235424

Signature: [Signature]
Date: _____

Manifest No.: 015868185PLE

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

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

Check all which apply: B001 B002 B003 B004 B005

B006* (see below)

B007* (see below)

- Generators are required to certify that their B006 and/or B007 waste can be land disposed in accordance with 40 CFR Part 761 without further treatment if:
 - The waste is a B006, and is a transformer which has been drained and flushed pursuant to 40 CFR 761.60(b)(1)(i)(B), or
 - The waste is a B007 and does not contain PCBs which have been deliberately solidified.

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

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

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

TABLES



Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	8/17/2021	8/17/2021	8/17/2021	8/17/2021		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
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:
 Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Polishing Pond Effluent are highlighted in yellow.
 "--" - Value does not exist for analyte.
 1,2-dichloroethene (total) is the sum of cis-1,2,-dichloroethene and trans-1,2-dichloroethene.

Definitions:

J - The concentration is an approximate value.
 µg/L - micrograms per liter
 NA - Not analyzed.
 U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	8/17/2021	8/17/2021	8/17/2021	8/17/2021		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

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