

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

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Subject:

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

Date:

November 15, 2021

Contact:

Andy Vitolins, P.G.

Dear Mr. Long:

Arcadis of New York, Inc. (Arcadis) has prepared this letter report to summarize the leachate collection and treatment system operation, maintenance, and monitoring (OM&M) activities completed during the October 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 481,975 gallons of leachate were collected and treated through the system during October 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 10.8 gallons per minute (gpm).

System Operation Summary

During each site visit, Arcadis personnel completed a NYSDEC Daily Inspection Report (Attachment A) to summarize site conditions and work performed. An Arcadis Weekly O&M Log (Attachment B) was completed to record system readings and document system performance.

Our ref:

30055713

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

- Iron and solids sludge processing was performed throughout the month. One 55-gallon drum of Filter Press Filter sludge was generated during October 2021.
- Completed confined space entry within leachate collection well EW-4 secondary manhole and pressure washed/lanced all piping. Pressure washing/lancing resulted in removal of leachate scaling blockage and thus higher flow rates at low pressures.
- Removed, cleaned, and reinstalled old sump pump check valve after cleaning sump of excess sediment and sludge.
- On October 12, 2021, hydraulic fluid was discovered leaking from the Filter Press. It was estimated that approximately less than ten ounces of hydraulic fluid had leaked immediately below the Filter Press and did not discharge to any drains. The hydraulic fluid leak was cleaned promptly, and the Filter Press was repaired.
- Completed annual landfill inspection.
- Collected routine monthly treatment system samples.

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on October 19, 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 fourth 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), total suspended solids (TSS), and 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 October 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, VOCs were detected during the October 2021 sampling event from the Clarifier Catch Tank, Cell 3 Bypass, and Polishing Pond Effluent. Acetone was detected in the Polishing Pond Effluent sample at an estimated concentration of 3.6 micrograms per liter ($\mu\text{g/L}$) but did not exceed the Fort Edward SPDES Equivalency Permit Limit.

PCBs

PCB Aroclor 1232 was detected in the Influent ($1.9 \mu\text{g/L}$), Clarifier Catch Tank ($2.0 \mu\text{g/L}$), Cell 3 Bypass ($0.89 \mu\text{g/L}$), and Cell 2 Effluent ($0.25 \mu\text{g/L}$ estimated) samples during the October 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 October 2021 sampling event.

Metals

Iron concentrations ranged from a maximum of 19.4 milligrams per liter (mg/L) (Influent) to a minimum of 4.57 mg/L (Clarifier Catch Tank). The PPE iron concentration of 5.59 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L . There were no other metal concentrations which exceeded the Fort Edward SPDES Equivalency Permit Limits in October 2021. Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, total organic carbon concentrations ranged from 3.5 mg/L (Clarifier Catch Tank) to 19.1 mg/L (Cell 2 Effluent). TDS concentrations ranged from 99 mg/L (Influent) to 656 mg/L (Clarifier Catch Tank), and TSS concentrations ranged from 5.6 mg/L (Cell 2 Effluent) to 65.6 mg/L (Influent). 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 November 2021:

- Continuation of iron and solids treatment and processing; and
- Routine monthly and quarterly treatment system sampling.

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

Sincerely,

Arcadis of New York, Inc.



Vice President

NYSDEC Site No. 558001

Mr. Payson Long

November 15, 2021

Copies:

Jeffrey Dyber, NYSDEC

Jeremy Wyckoff, P.G., Arcadis

Jasmine Mullins, E.I.T., Arcadis

Todd Carignan, Arcadis

File

Enclosures:

Attachment A – NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

Table 1 – October 2021 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Report No. 59

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 10/05/2021

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	Overcast	AM	Overcast	PM	Consultant Site Inspectors: Colby Churchill, Jasmine Mullins		
Temperature	58 °F	AM	61 °F	PM			
Wind	3 MPH NE	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 X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?					*Yes	No X	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site: 0800		Departed Site: 1905			
<ul style="list-style-type: none"> - Removed and replaced EW-4 pump end with new pump end. - Removed EW-4 flow meter and partially dislodged blockage within flow meter inlet piping. - Cleaned Clarifier Catch Tank (CCT). - Pumped down Air Compressor (AC) auto drain reservoir. - Completed Filter Press blowdown and cake discharge. - Began Filter Press prefill. - 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 X	NA
Were there any vehicles which were not tarped?					* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA X
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Colby Churchill		Arcadis		Jr. Engineer		11.1	
Jasmine Mullins		Arcadis		Engineer		11.1	
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. 59

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 10/05/2021

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

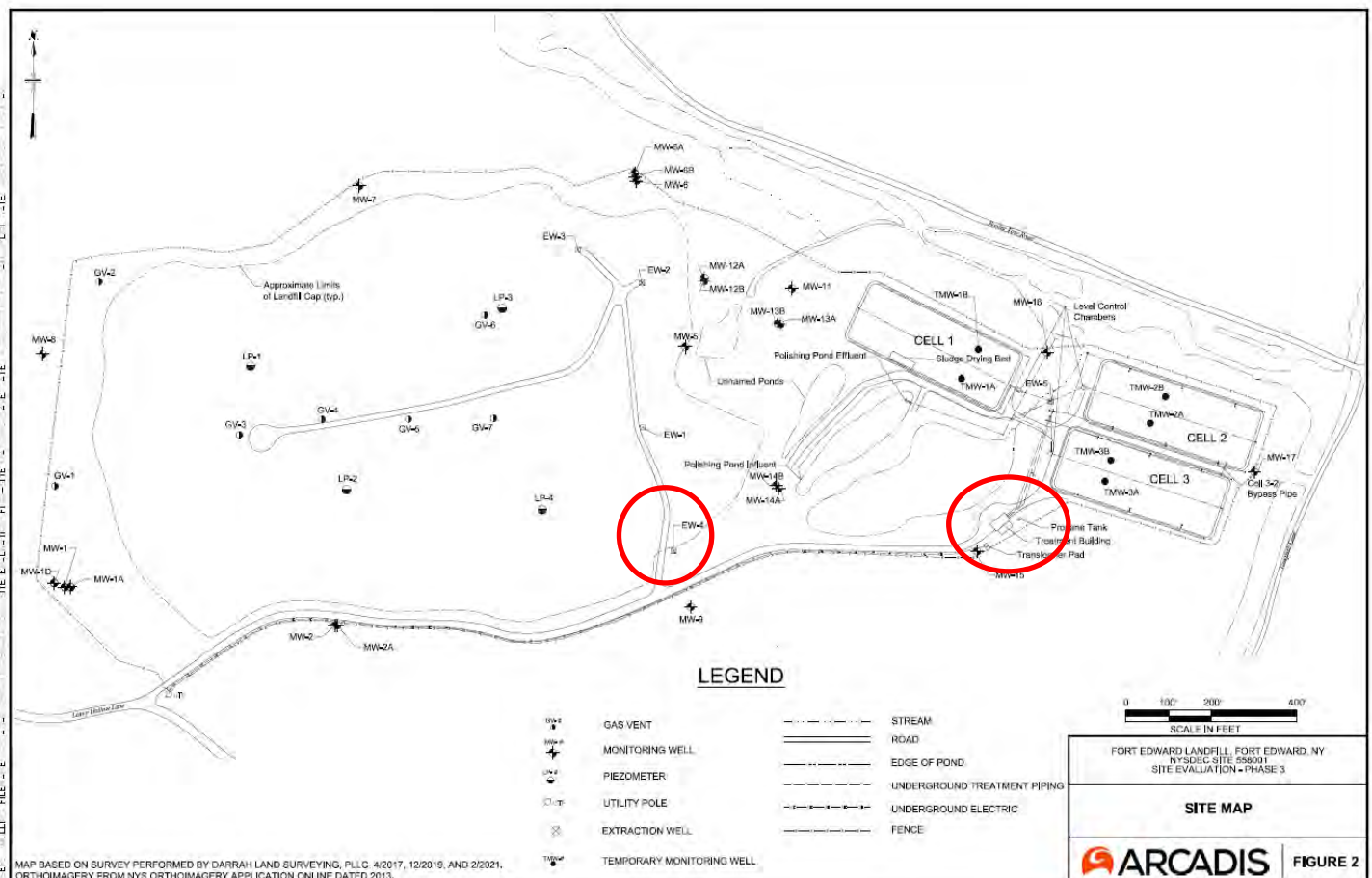
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



Red outlined area indicates the location of work performed on October 5, 2021.

DAILY INSPECTION REPORT

Report No. 59

Fort Edward Landfill - NYSDEC Site No. 558001

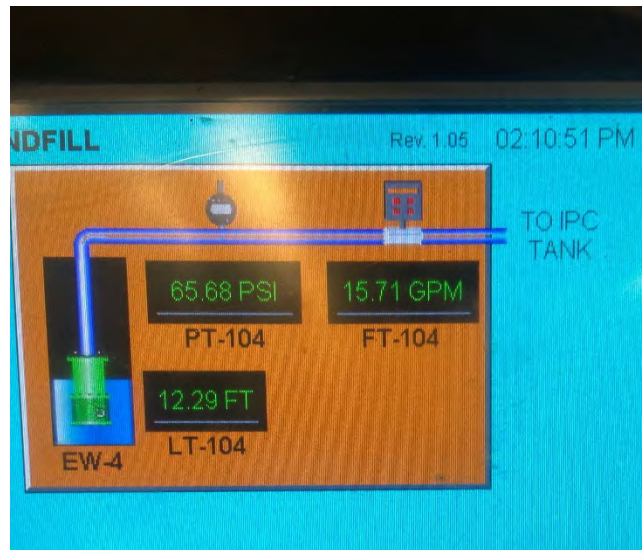
Page 3 of 4

Date: 10/05/2021

Site Photographs (Descriptions Below)



View of Inclined Plate Clarifier (IPC) mixing chambers.



View of EW-4 high pressure and low flow indicating piping blockage.



View of EW-4 pump screen after one week of use.

Comments

None at this time.

Site Inspector(s): Colby Churchill, Jasmine Mullins

Date: 10/5/2021

DAILY INSPECTION REPORT

Report No. 59

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 10/05/2021

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. 60

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 10/12/2021

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	Cloudy	AM	Sunny	PM	Consultant Site Inspectors: Colby Churchill, Jasmine Mullins, Jeremy Wyckoff		
Temperature	52 °F	AM	72 °F	PM			
Wind	0 MPH	AM	5 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:		0800	Departed Site:		1915
<ul style="list-style-type: none"> - Inspected and repaired Filter Press due to leaking hydraulic fluid. - Removed faulty pressure switch on air compressor and replaced with new pressure switch. - Completed confined space entry within EW-4 secondary manhole and pressure washed/lanced all piping to remove leachate scaling blockage. - Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Completed Filter Press onstream process. - Removed, cleaned, and reinstalled old sump pump check valve after cleaning sump of excess sediment and sludge. - Tested EW-5 force main gate valves and determined flow rates through bypass piping. - 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	
Colby Churchill		Arcadis		Jr. Engineer		11.3	
Jasmine Mullins		Arcadis		Engineer		11.3	
Jeremy Wyckoff		Arcadis		Geologist		11.3	
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. 60

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 10/12/2021

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

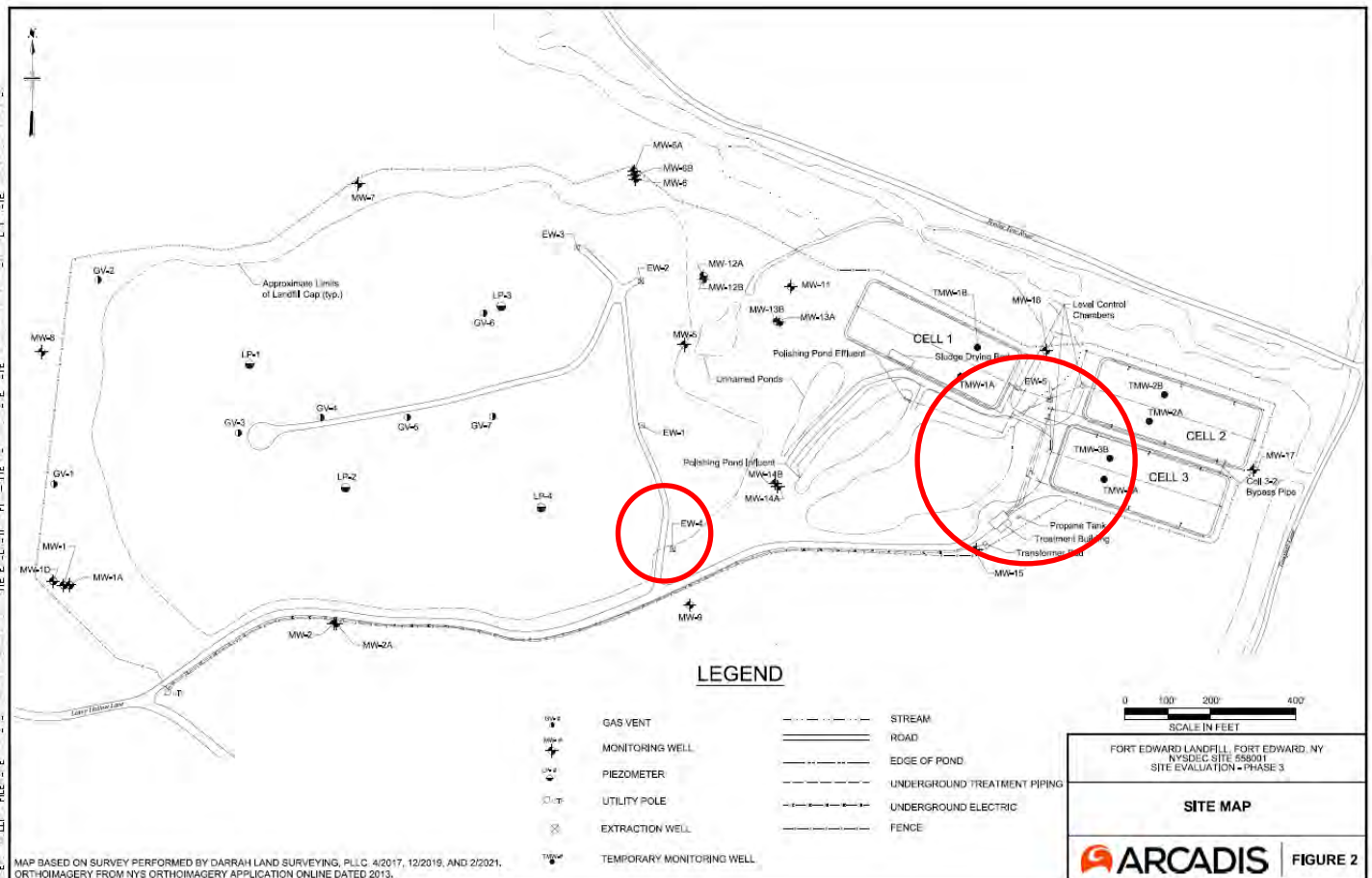
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

Report No. 60

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 10/12/2021

Site Photographs (Descriptions Below)



View of Filter Press hydraulic leak prior to repairs.



View of scaling within EW-4 secondary manhole piping.



View of Old Sump after cleaning.

Comments

None at this time.

Site Inspector(s): Colby Churchill, Jasmine Mullins, Jeremy Wyckoff

Date: 10/12/2021

DAILY INSPECTION REPORT

Report No. 60

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 10/12/2021

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. 61

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 10/19/2021

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: Jasmine Mullins	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	39 °F	AM	60 °F	PM			
Wind	4 MPH SW	AM	14 MPH W	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0810	Departed Site:		1845
<ul style="list-style-type: none"> - Collected monthly Treatment System samples. - Completed Filter Press blowdown, cake discharge, and prefill processes. - Filled and closed one 55-gallon drum of Filter Press Filter Sludge. - Completed annual landfill inspection. - Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Replaced bleach pump transfer tubing. - Performed routine housekeeping within the Treatment System building. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jasmine Mullins		Arcadis		Engineer		10.6	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 61

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 10/19/2021

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

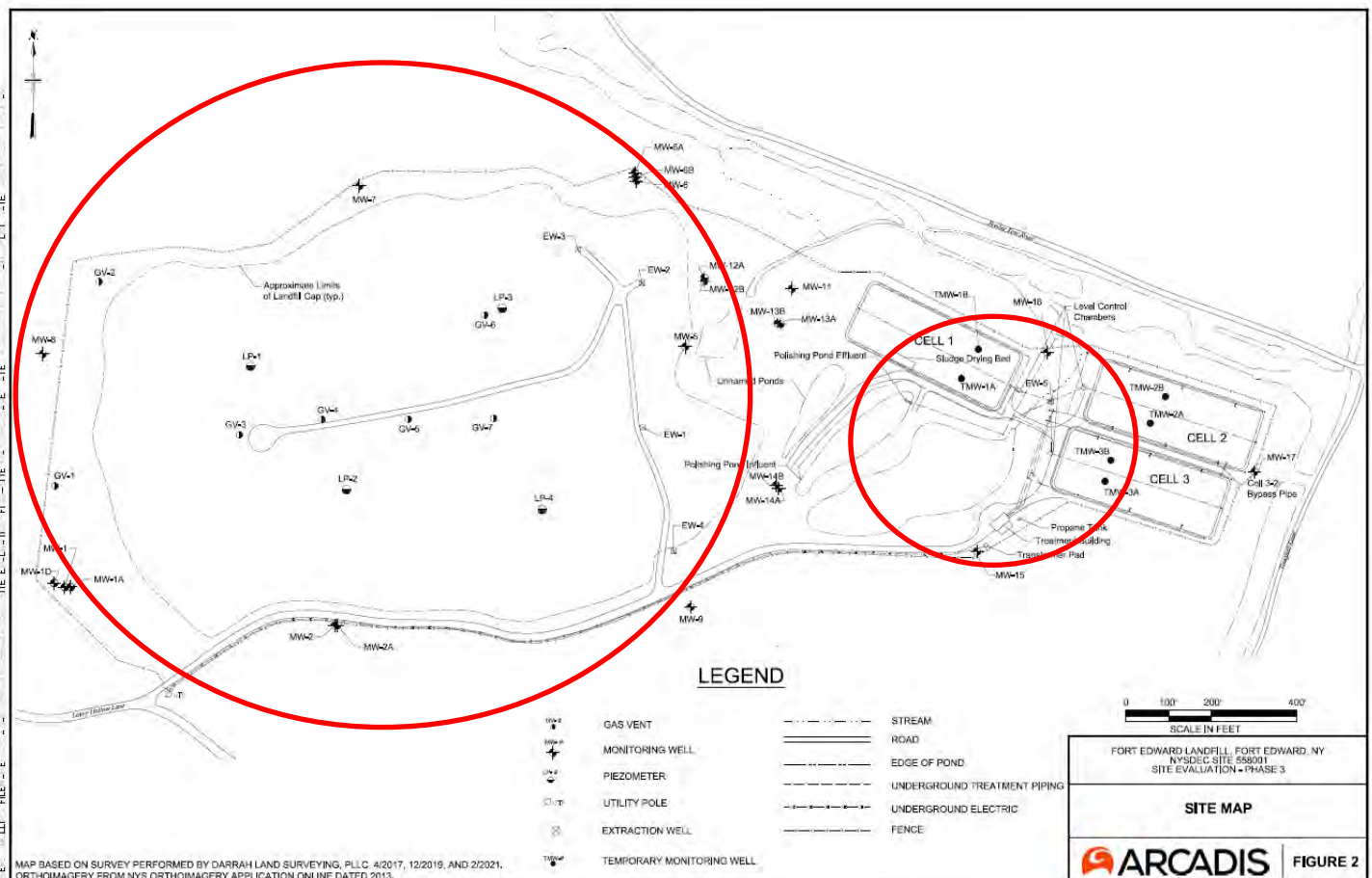
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



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

DAILY INSPECTION REPORT

Report No. 61

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 10/19/2021

Site Photographs (Descriptions Below)



View of Polishing Pond Effluent dock.



View of bleach pump transfer tubing.



View of ponding water in Southern mid-cap swale.



View of landfill drain pouring into Southern mid-cap swale.

Comments

None at this time.

Site Inspector(s): Jasmine Mullins

Date: 10/19/2021

DAILY INSPECTION REPORT

Report No. 61

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 10/19/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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



DAILY INSPECTION REPORT

Page 1 of 4

Report No. 62

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 10/26/2021

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: Colby Churchill	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Rain	AM	Rain	PM			
Temperature	39 °F	AM	52 °F	PM			
Wind	10 MPH NNE	AM	14 MPH NNE	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:		0815	Departed Site:		1715
<ul style="list-style-type: none"> - Completed winterization inspection of unit heaters within the Treatment System building. - Batched sludge from Inclined Plate Clarifier (IPC) to Thickener Tank repeatedly. - Completed Filter Press onstream, blowdown, cake discharge, and prefill processes. - Performed chemical inspection and 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	
Colby Churchill		Arcadis		Jr. Engineer		9.0	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 62 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 10/26/2021

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

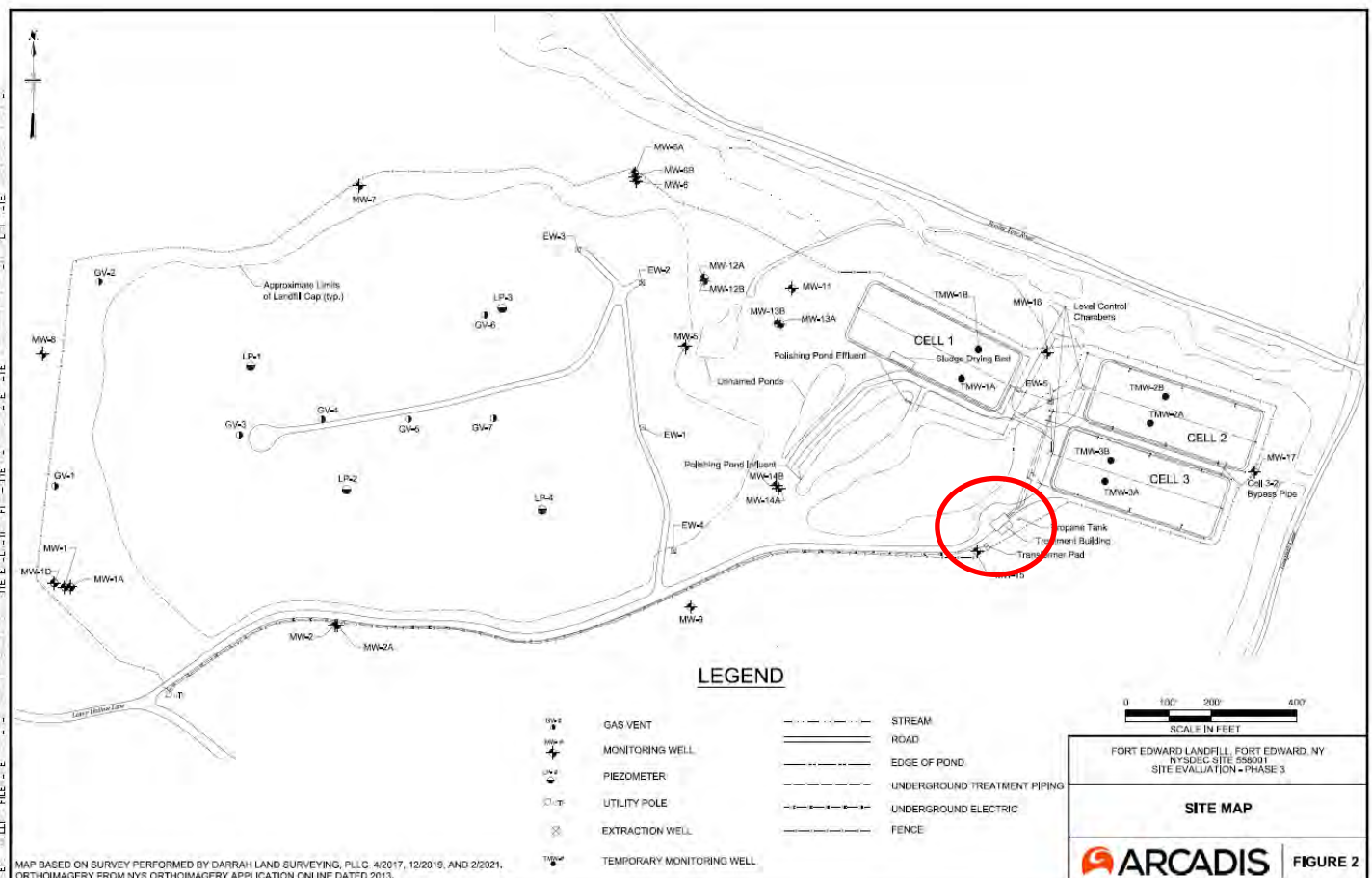
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



Red outlined area indicates the location of work performed on October 26, 2021.

DAILY INSPECTION REPORT

Report No. 62

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 10/26/2021

Site Photographs (Descriptions Below)



View of Filter Press sludge following cake discharge.



View of IPC plates prior to spray down.



View of IPC discharge ports.

Comments

None at this time.

Site Inspector(s): Colby Churchill

Date: 10/26/2021

DAILY INSPECTION REPORT

Report No. 62

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 10/26/2021

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.			

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: JM + CC

Date: 10/5/21

Time: 0800

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>-</u>	<u>-</u>	<u>-</u>	<u>13.91</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.68</u>	<u>7.92</u>	<u>8.50</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>-</u>	<u>9.69</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>12.12</u>	<u>9.07</u>	<u>42.06</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.47</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>ON</u>			
If on - record chlorine concentration (ppm)	<u>-</u>		Discharge pump operating <u>✓</u>			
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal <u>✓</u>			
FT-801 reading (GPM)	<u>13.31</u>		Building temp accurate <u>62</u>			
Chemical rates normal for flow?	<u>✓</u>		Mixers operating? <u>✓</u>			
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N) <u>N</u>			
Filtration (Check if OK)						
Air compressor pressure in range	<u>✓</u>		Solenoid status correct for operation <u>✓</u>			
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	<u>W3 flow sensor failure on 9/29</u>					

BUILDING/GROUNDS

Air Compressor (Check if OK)				Check auto drain operation <u>✓</u>	
Cycle times normal for load	<u>✓</u>			Check dryer - alarms? Cycling?	<u>✓</u>
Check oil level at least monthly	<u>-</u>			HX fan operates with compressor?	<u>✓</u>
Belt tension	<u>✓</u>				
Unit Heaters (Check if OK)				Propane tank level greater than 20% <u>✓</u>	
Thermostats set correctly (50-55 F)	<u>✓</u>				
Heaters working	<u>✓</u>				
IPC (Y/N)				Check sludge ports (Sludge Y/N) <u>Y</u>	
IPC discharge clear?	<u>Y</u>			Indicate % of sludge	Upper <u>100%</u>
Floatables? (take photos if yes)	<u>Y</u>	<u>1 shot flock</u>		at each port	Mid <u>100%</u>
Coag visibly dosing?	<u>Y</u>				Lower <u>100%</u>
Floc visibly dosing?	<u>Y</u>				
Chemical Feed (Fill in values)					
305 Bleach	Height (in) <u>24.0"</u>	mA Signal <u>5.3</u>	# of Full Drums Onsite	<u>2</u>	
2130 Coagulant	Height (in) <u>17.5"</u>	Stroke Rate <u>5.8</u>	# of Full Drums Onsite	<u>1</u>	
1668 Flocculant	Volume (gal) <u>330</u>	Stroke Rate <u>33</u>	# of Full Bags Onsite	<u>5</u>	
Dosing pumps at normal rate?	<u>Y</u>		Chemicals needed?	<u>None</u>	
Floor Sumps (Y/N)					
Sump levels normal?	<u>Y</u>			Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Y</u>	(check monthly)		Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>				
Diaphragm pumps (Check if OK)					
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>2</u>
Significant leaks?	<u>N</u>			How many Haz drums filled & closed today?	
General/Housekeeping					
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>Y</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<u>-</u>	Exit signs working?	<u>Y</u>	Removed trash?	<u>Y</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	

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- Drained 2.5 gal of water from condensate drain,
poured into sump for treatment (no sheen/oil present)

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: CC + JM + JW

Date: 10-12-21

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>off</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>14.01</u>	<u>2.08</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>yes</u>	<u>yes</u>	<u>N</u>	<u>21.66</u>	<u>10.63</u>	<u>8.35</u>
Confirm pumps are operating between setpoints	EW-3 <u>yes</u>	<u>yes</u>	<u>N</u>	<u>18.83</u>	<u>9.88</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>yes</u>	<u>yes</u>	<u>N</u>	<u>30.70</u>	<u>9.58</u>	<u>6.55</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>yes</u>	<u>yes</u>	<u>N</u>	<u>NA</u>	<u>8.62</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>on</u>
If on - record chlorine concentration (ppm)	<u>-</u>		Discharge pump operating	<u>Y</u>
Operate exhaust fan manually	<u>yes</u>		Discharge pump pressure normal	<u>Y</u>
FT-801 reading (GPM)	<u>42.08</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>Y</u>
Catch tank display level=actual?	<u>Y</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

Data (Check if OK)

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>25%</u> Mid <u>100%</u> Lower <u>100%</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>22.5</u>	mA Signal <u>8.2</u>	# of Full Drums Onsite	<u>2</u>
2130 Coagulant	Height (in) <u>14.5</u>	Stroke Rate <u>26.9</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>42.5</u>	Stroke Rate <u>163</u>	# of Full Bags Onsite	<u>2</u>
Dosing pumps at normal rate?	<u>yes</u>	Chemicals needed?	<u>none</u>	

Floor Sumps (Y/N)

Sump levels normal?	<u>yes</u>	(check monthly)	Pump runs but not emptying sump?	<u>no</u>
High-High level switches operate freely?	<u>yes</u>		Back flowing after pump cycle?	<u>yes</u>
Excessive sludge/sediment?	<u>no</u>			

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

operating range	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:

- old sump back flowing after turning off
Removed ball check valve, removed obstruction
and reinstalled to fix back flow issue
- Drained & cleaned sediment from old sump
- Filter press has small hydraulic leak. Needs
further diagnosis.

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: J. Mullins

Date: 10/19/2021

Time: 0810

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>NA</u>	<u>14.00</u>	<u>NA</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.67</u>	<u>9.35</u>	<u>8.31</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>19.33</u>	<u>6.51</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.75</u>	<u>9.48</u>	<u>7.60</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>9.05</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>on</u>
If on - record chlorine concentration (ppm)	<u>NA</u>		Discharge pump operating	<u>yes</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>yes</u>
FT-801 reading (GPM)	<u>44.08</u>		Building temp accurate	<u>yes</u>
Chemical rates normal for flow?	<u>yes</u>		Mixers operating?	<u>yes</u>
Catch tank display level=actual?	<u>yes</u>		Other Alarms (Y/N)	<u>NO</u>

Filtration (Check if OK)

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

Data (Check if OK)

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load	<u>yes</u>	Check auto drain operation	<u>OK</u>
Check oil level at least monthly	<u>OK</u>	Check dryer - alarms? Cycling?	<u>NO ALARMS</u>
Belt tension	<u>OK</u>	HX fan operates with compressor?	<u>yes</u>

Unit Heaters (Check if OK)

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

Heaters working

<u>yes</u>

IPC (Y/N)

IPC discharge clear?	<u>yes</u>	Check sludge ports (Sludge Y/N)	<u>yes</u>
Floatables? (take photos if yes)	<u>NO</u>	Indicate % of sludge	Upper <u>0%</u>
Coag visibly dosing?	<u>yes</u>	at each port	Mid <u>100%</u>
Floc visibly dosing?	<u>yes</u>		Lower <u>100%</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>15.0"</u>	mA Signal	<u>8.1</u>	# of Full Drums Onsite	<u>2</u>
2130 Coagulant	Height (in)	<u>11.0"</u>	Stroke Rate	<u>26.9</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal)	<u>4.5</u>	Stroke Rate	<u>15.9</u>	# of Full Bags Onsite	<u>2</u>
Dosing pumps at normal rate?	<u>yes</u>				Chemicals needed?	<u>NO</u>

Floor Sumps (Y/N)

Sump levels normal?	<u>yes</u>	Pump runs but not emptying sump?	<u>NO</u>
High-High level switches operate freely?	<u>yes</u>	Back flowing after pump cycle?	<u>NO</u>
Excessive sludge/sediment?	<u>NO</u>		

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>yes</u>	Sorbent pads replaced?	<u>NO</u>
Hydraulic pressure normal	<u>yes</u>	How many total filled Haz drums onsite?	<u>3</u>
Significant leaks?	<u>No</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>NO</u>	Waste drums needed?	<u>0</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>yes</u>	Drum labels needed?	<u>0</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>yes</u>	Removed trash?	<u>NO</u>
Sludge in Clarifier Catch Tank?	<u>NO</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 .

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:

- Monthly sampling completed today
- annual landfill inspection completed today

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: Colby Churchill

Date: 10-26-21

Time: 0815

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

HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>14.17</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>12.23</u>	<u>3.91</u>	<u>5.55</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>19.23</u>	<u>9.16</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.75</u>	<u>9.71</u>	<u>8.57</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.49</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>on</u>
If on - record chlorine concentration (ppm)	<u>-</u>		Discharge pump operating			<u>Y</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal			<u>✓</u>
FT-801 reading (GPM)	<u>46.29</u>		Building temp accurate			<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?			<u>Y</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)			<u>N</u>
Filtration (Check if OK)						
Air compressor pressure in range	<u>✓</u>		Solenoid status correct for operation			<u>✓</u>
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	<u>none</u>					

BUILDING/GROUNDS

Air Compressor (Check if OK)				Check auto drain operation	<u>✓</u>
Cycle times normal for load	<u>✓</u>			Check dryer - alarms? Cycling?	<u>✓</u>
Check oil level at least monthly	<u>✓</u>			HX fan operates with compressor?	<u>✓</u>
Belt tension	<u>✓</u>				
Unit Heaters (Check if OK)				Propane tank level greater than 20%	<u>yes 65%</u>
Thermostats set correctly (50-55 F)	<u>✓</u>				
Heaters working	<u>✓</u>				
IPC (Y/N)				Check sludge ports (Sludge Y/N)	<u>Y</u>
IPC discharge clear?	<u>Y</u>			Indicate % of sludge at each port	Upper <u>25%</u>
Floatables? (take photos if yes)	<u>N</u>				Mid <u>100%</u>
Coag visibly dosing?	<u>Y</u>				Lower <u>100%</u>
Floc visibly dosing?	<u>Y</u>				
Chemical Feed (Fill in values)					
305 Bleach	Height (in) <u>32"</u>	mA Signal <u>8.5</u>	# of Full Drums Onsite	<u>1</u>	
2130 Coagulant	Height (in) <u>8.25"</u>	Stroke Rate <u>29.7</u>	# of Full Drums Onsite	<u>1</u>	
1668 Flocculant	Volume (gal) <u>275g</u>	Stroke Rate <u>171</u>	# of Full Bags Onsite	<u>1</u>	
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>none</u>	
Floor Sumps (Y/N)					
Sump levels normal?	<u>Y</u>			Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Y</u>	(check monthly)		Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>				
Diaphragm pumps (Check if OK)					
Proper operation/flow	<u>✓</u>	Thick Feed	Press Feed	Floc Feed	
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
Exhaust mufflers	<u>✓</u>	<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>3</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>-</u>	Exit signs working?	<u>Y</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	

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- New bleach drum brought online
• will transfer ~7" of bleach from old
drum next week

TABLES



Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	10/19/2021	10/19/2021	10/19/2021	10/19/2021		10/19/2021
Volatile Organic Compounds (µg/L)						
ACETONE	10 U	3.2 J	10 U	10 U	--	3.6 J
BENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMODICHLOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMOFORM	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-BUTANONE (MEK)	10 U	10 U	10 U	10 U	--	10 U
CARBON DISULFIDE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CARBON TETRACHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLORODIBROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	20	1.0 U
CHLOROFORM	1.0 U	0.93 J	1.0 U	1.0 U	150	1.0 U
CHLOROMETHANE	1.0 U	0.6 J	0.67 J	1.0 U	--	1.0 U
CYCLOHEXANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DIBROMO-3-CHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,4-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
DICHLOROBROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
DICHLORODIFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROETHENE (TOTAL)	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
ETHYLBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-HEXANONE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
ISOPROPYLBENZENE (CUMENE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL ACETATE	2.5 U	2.5 U	2.5 U	2.5 U	--	2.5 U
METHYL TERT-BUTYL ETHER (MTBE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL CYCLOHEXANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYLENE CHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	50	1.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
STYRENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1,2-TETRACHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TETRACHLOROETHENE (PCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TOLUENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,4-TRICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROETHENE (TCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
VINYL CHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	50	1.0 U
XYLENES, TOTAL	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
TOTAL VOCs	ND	4.73	0.67	ND	--	3.6

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.

ND - Non-detect.

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

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

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	10/19/2021	10/19/2021	10/19/2021	10/19/2021		10/19/2021
Polychlorinated Biphenyls (µg/L)						
PCB-1016 (AROCOR 1016)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1221 (AROCOR 1221)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1232 (AROCOR 1232)	1.9	2.0	0.89	0.25 J	--	0.5 U
PCB-1242 (AROCOR 1242)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1248 (AROCOR 1248)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1254 (AROCOR 1254)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1260 (AROCOR 1260)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1262 (AROCOR 1262)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1268 (AROCOR 1268)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
Metals (mg/L)						
ALUMINUM	0.2 U	0.85	0.2 U	0.0972 J	--	0.104 J
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	0.0442	0.035	0.0551	0.513	3.5	0.0495
BERYLLIUM	0.002 U	0.002 U	0.002 U	0.002 U	--	0.002 U
CADMIUM	0.00083 J	0.002 U	0.002 U	0.002 U	0.001	0.002 U
CALCIUM	73.2	72	101	88.5	--	84.1
CHROMIUM, TOTAL	0.004 U	0.004 U	0.004 U	0.004 U	0.21	0.004 U
COBALT	0.0023 J	0.0023 J	0.0015 J	0.001 J	0.005	0.0011 J
COPPER	0.01 U	0.0024 J	0.01 U	0.01 U	0.024	0.002 J
IRON	19.4	4.57	5.09	8.19	0.3	5.59
LEAD	0.004 J	0.01 U	0.01 U	0.01 U	0.0032	0.003 J
MAGNESIUM	18.7	18.7	19.5	16.6	--	17.2
MANGANESE	1.47	1.25	1.33	1.12	--	1.2
MERCURY	0.0002 U	0.00005 JB	0.0002 U	0.0002 U	0.0008	0.0002 U
NICKEL	0.01 U	0.0055 J	0.0018 J	0.0027 J	0.0096	0.0024 J
POTASSIUM	2.41	2.45	2.93	3.43	--	2.59
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	45.7	53.5	48	38	--	32.1
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	0.0016 J	0.014	0.005 U
ZINC	0.0282 B	0.012 B	0.0044 JB	0.0027 JB	0.17	0.0042 JB
Conventional Chemistry (mg/L)						
TOTAL ORGANIC CARBON	3.6	3.5	10.4	19.1	--	18
TOTAL DISSOLVED SOLIDS	99	656	473	443	500	404
TOTAL SUSPENDED SOLIDS	65.6	27.6	38	5.6	50	32.4

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.

Definitions:

B - Compound was found in the blank and sample.

J - The concentration is an approximate value.

mg/L - milligrams per liter.

µg/L - micrograms per liter.

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

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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, intersecting the horizontal line.