

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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Clifton Park  
New York 12065  
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[www.arcadis.com](http://www.arcadis.com)

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

Date:  
December 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 November 2021 reporting period at the above-referenced site.

Phone:  
518.250.7300

Email:  
[andy.vitolins@arcadis.com](mailto:andy.vitolins@arcadis.com)

## **LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE**

Our ref:  
30055713

### **System Performance**

A total of 510,978 gallons of leachate were collected and treated through the system during November 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 11.8 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. A Arcadis Weekly O&M Log (Attachment B) was completed to record system readings and document system performance.

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

- Iron and solids sludge processing was performed throughout the month. Four 55-gallon drums of Filter Sludge were generated during November 2021.
- On November 23, 2021, six drums of Filter Press Filter Sludge and eleven 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).
- Removed, cleaned, and reinstalled old sump pump check valve after cleaning piping of blockage.
- Collected routine monthly and quarterly treatment system samples.

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

## SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on November 16, 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).

Samples were also collected from extraction wells EW-1, EW-2, EW-3, leachate collection well EW-4, and Cell 1 Effluent (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 first quarter of 2022.

The monthly and quarterly 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 Tank samples were also analyzed for total organic carbon (TOC).

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

## System Analytical Results

During the November 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 in the EW-1, EW-2, EW-3, Influent, Clarifier Catch Tank, and Cell 3 Bypass samples. VOCs were not detected in the Polishing Pond Effluent at concentrations greater than the compound quantitation limit.

### PCBs

PCB Aroclor 1232 was detected in the EW-1 (2,100 micrograms per liter [ $\mu\text{g/L}$ ]), EW-2 (0.86  $\mu\text{g/L}$ ), EW-3 (2.5  $\mu\text{g/L}$ ), EW-4 (1.1  $\mu\text{g/L}$ ), Influent (1.6  $\mu\text{g/L}$ ), and Clarifier Catch Tank (1.6  $\mu\text{g/L}$ ) samples during the November 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 November 2021 sampling event.

### Metals

Iron concentrations ranged from a maximum of 197 milligrams per liter (mg/L) (EW-2) to a minimum of 0.799 mg/L (Cell 1 Effluent). The PPE iron concentration of 1.56 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 November 2021. Additional metal concentrations are shown on Table 1.

### Conventional Chemistry

As shown on Table 1, total organic carbon was detected in the Influent and Clarifier Catch Tank samples at 3.3 mg/L and 3.0 mg/L, respectively. TDS concentrations ranged from 288 mg/L (EW-4) to 716 mg/L (EW-1), and TSS concentrations ranged from non-detect in several samples to 65.2 mg/L (EW-3). 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 591 mg/L, respectively.

### NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for December 2021:

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

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

Sincerely,

Arcadis of New York, Inc.



Vice President

Copies:

Jeffrey Dyber, NYSDEC  
Jeremy Wyckoff, P.G., Arcadis  
Jasmine Mullins, E.I.T., Arcadis  
Todd Carignan, Arcadis  
File

NYSDEC Site No. 558001

Payson Long

December 15, 2021

Enclosures:

**Attachment A** – NYSDEC Daily Inspection Reports

**Attachment B** – Arcadis Weekly O&M Logs

**Attachment C** – Waste Disposal Documents

**Table 1** – November 2021 Treatment System Analytical Data

# ATTACHMENT A

NYSDEC Daily Inspection Reports





# DAILY INSPECTION REPORT

Report No. 63

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 11/02/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>	
<b>Site Location:</b> Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
<b>Weather Conditions</b>							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	39 °F	AM	46 °F	PM			
Wind	6 MPH SSW	AM	11 MPH W	PM			
<b>Health &amp; Safety</b> 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
<b>Health &amp; Safety Comments</b> None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0805	Departed Site:		1715
<ul style="list-style-type: none"> <li>- Removed and containerized excessive sludge from New Sump.</li> <li>- Disconnected Old Sump piping to remove blockage within ball and check valves.</li> <li>- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank.</li> <li>- Completed onstream, blowdown, prefill, and a partial onstream of the Filter Press.</li> <li>- Filled and containerized one 55-gallon drum of Filter Press Filter Sludge.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System building.</li> </ul>							
<b>Equipment/Material Tracking</b> 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"/>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Colby Churchill		Arcadis		Jr. Engineer		9.2	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>
							<b>Daily Weight (tons)*</b>

\*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. 63

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 11/02/2021

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

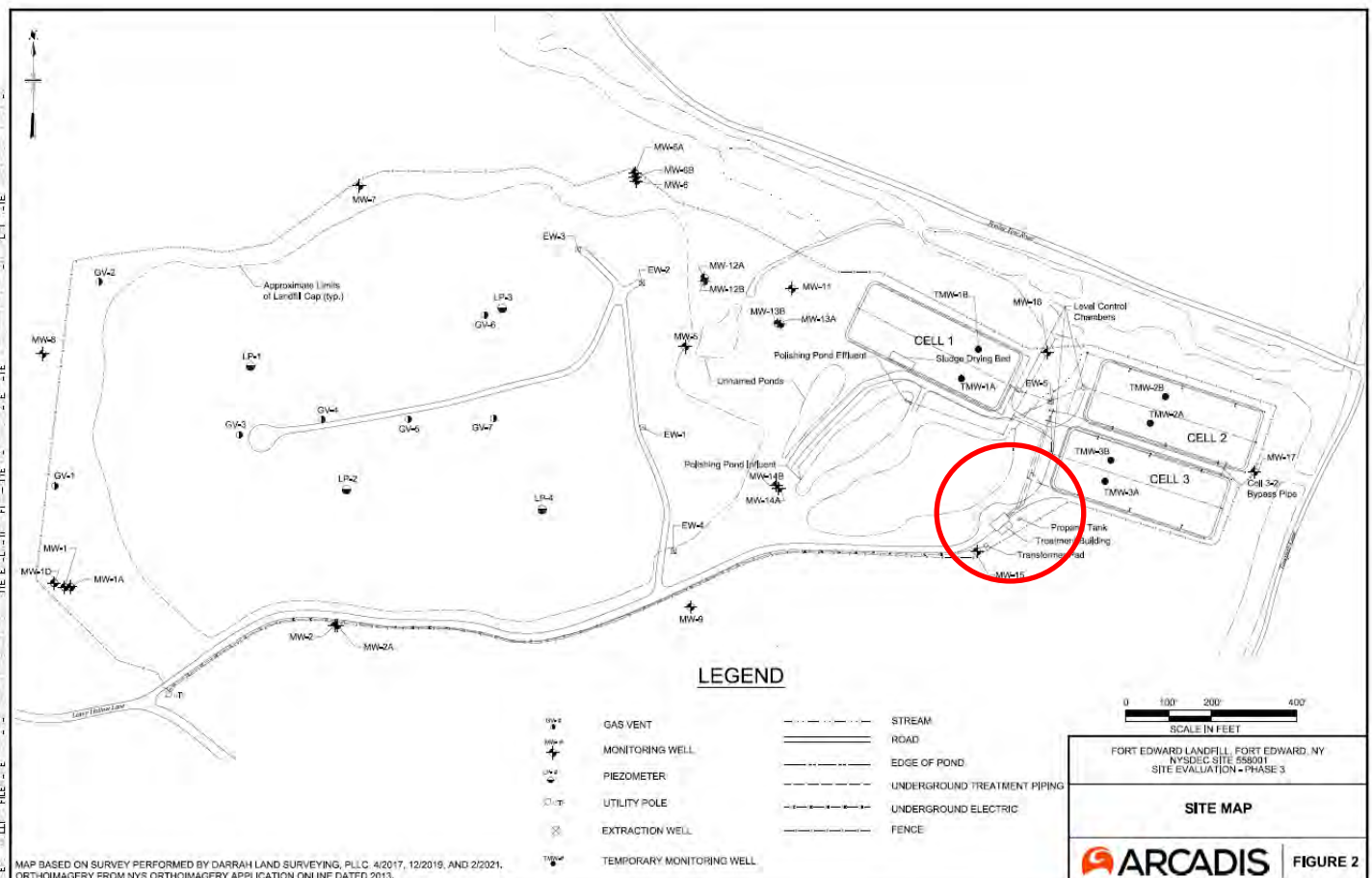
Site Representatives	
Name	Representing

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 November 2, 2021.



**DAILY INSPECTION REPORT**

Report No. 63

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 11/02/2021

**Site Photographs (Descriptions Below)**

View of IPC discharge ports.



View of IPC plates following spray down.

**Comments**

None at this time.

**Site Inspector(s):** Colby Churchill**Date:** 11/02/2021**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"/>
<b>Comments:</b> None at this time.		



**DAILY INSPECTION REPORT**

Report No. 63

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/02/2021

**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"> <li>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.</li> <li>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.</li> </ul>	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. 64

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 11/09/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>	
<b>Site Location:</b> Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
<b>Weather Conditions</b>							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	39 °F	AM	57 °F	PM			
Wind	1 MPH E	AM	1 MPH S	PM			
<b>Health &amp; Safety</b> 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
<b>Health &amp; Safety Comments</b> None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0755	Departed Site:		1805
<ul style="list-style-type: none"> <li>- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank.</li> <li>- Completed onstream, blowdown, prefill, and a partial onstream of the Filter Press.</li> <li>- Containerized two 55-gallon drums of Filter Press Filter Sludge.</li> <li>- Prepped sample coolers and bottle ware for monthly and quarterly treatment system sampling.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System building.</li> </ul>							
<b>Equipment/Material Tracking</b> 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"/>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Colby Churchill		Arcadis		Jr. Engineer		10.2	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>	<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
*On-Site scale for off-site shipment, delivery ticket for material received							
<b>Equipment/Material Tracking Comments:</b>  None at this time.							

# DAILY INSPECTION REPORT

Report No. 64

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4  
Date: 11/09/2021

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

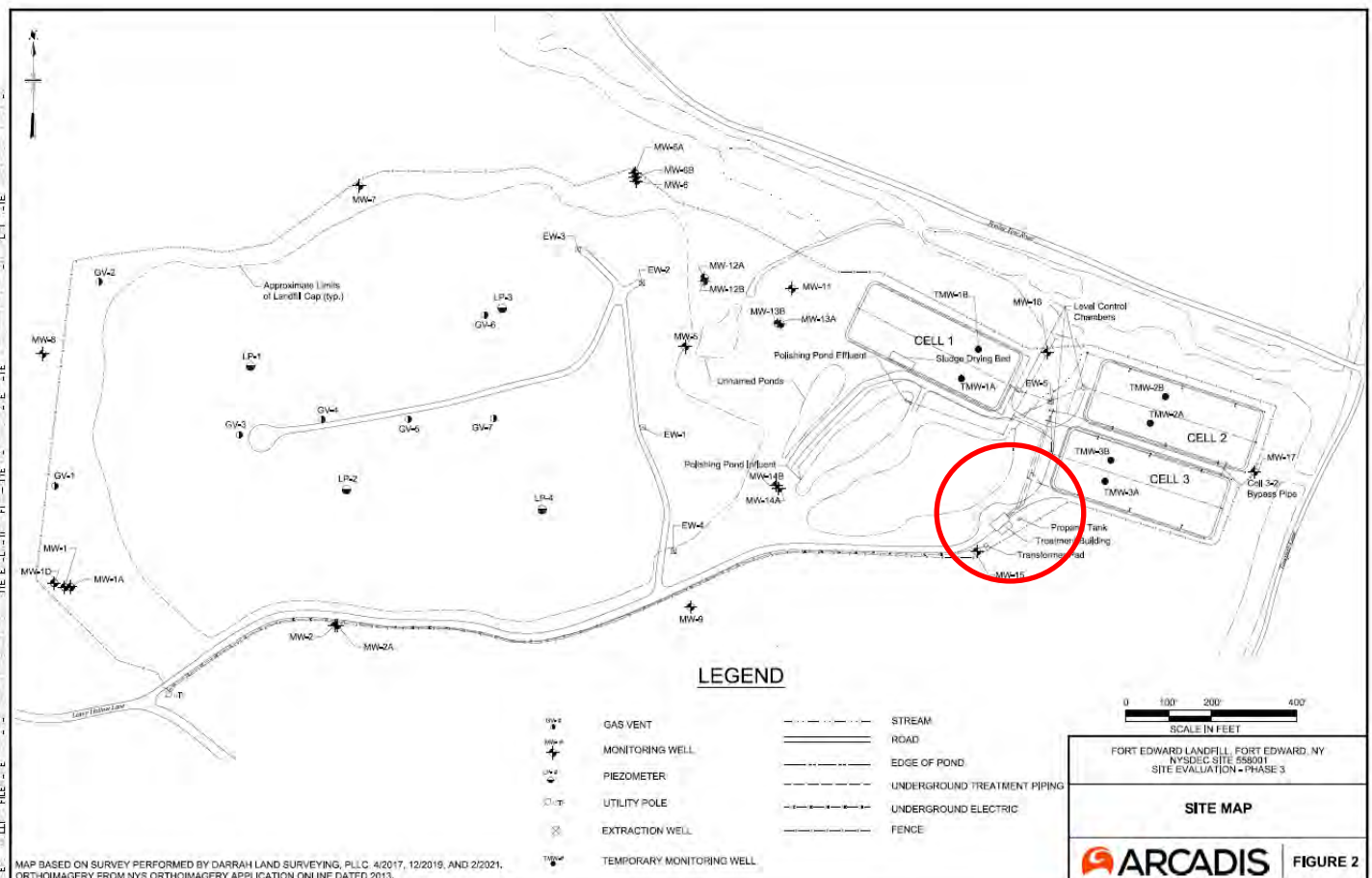
Site Representatives	
Name	Representing

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 November 9, 2021.

**DAILY INSPECTION REPORT**

Page 3 of 4

Report No. 64

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/09/2021

**Site Photographs (Descriptions Below)**

View of Filter Press Filter Sludge following blowdown.



View of Filter Press Filter Sludge Drums staged on-site.

**Comments**

None at this time.

**Site Inspector(s):** Colby Churchill**Date:** 11/09/2021**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"/>
<b>Comments:</b> None at this time.		

**DAILY INSPECTION REPORT**

Report No. 64

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/09/2021

**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"> <li>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.</li> <li>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.</li> </ul>	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. 65

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 11/16/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>	
<b>Site Location:</b> Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
<b>Weather Conditions</b>							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	33 °F	AM	43 °F	PM			
Wind	3 MPH SW	AM	7 MPH WSW	PM			
<b>Health &amp; Safety</b> 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
<b>Health &amp; Safety Comments</b> None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0820	Departed Site:		1645
<ul style="list-style-type: none"> <li>- Completed monthly and quarterly Treatment System sampling.</li> <li>- Delivered sample coolers to Eurofins TestAmerica in Albany.</li> <li>- Containerized approximately four gallons of Influent leachate/groundwater for continued ARIES Chemical testing.</li> <li>- Transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank and decanted tank.</li> <li>- Completed Prefill and Onstream of Filter Press.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System building.</li> </ul>							
<b>Equipment/Material Tracking</b> 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"/>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Colby Churchill		Arcadis		Jr. Engineer		8.4	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
*On-Site scale for off-site shipment, delivery ticket for material received							
<b>Equipment/Material Tracking Comments:</b>  None at this time.							

# DAILY INSPECTION REPORT

Report No. 65

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 11/16/2021

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

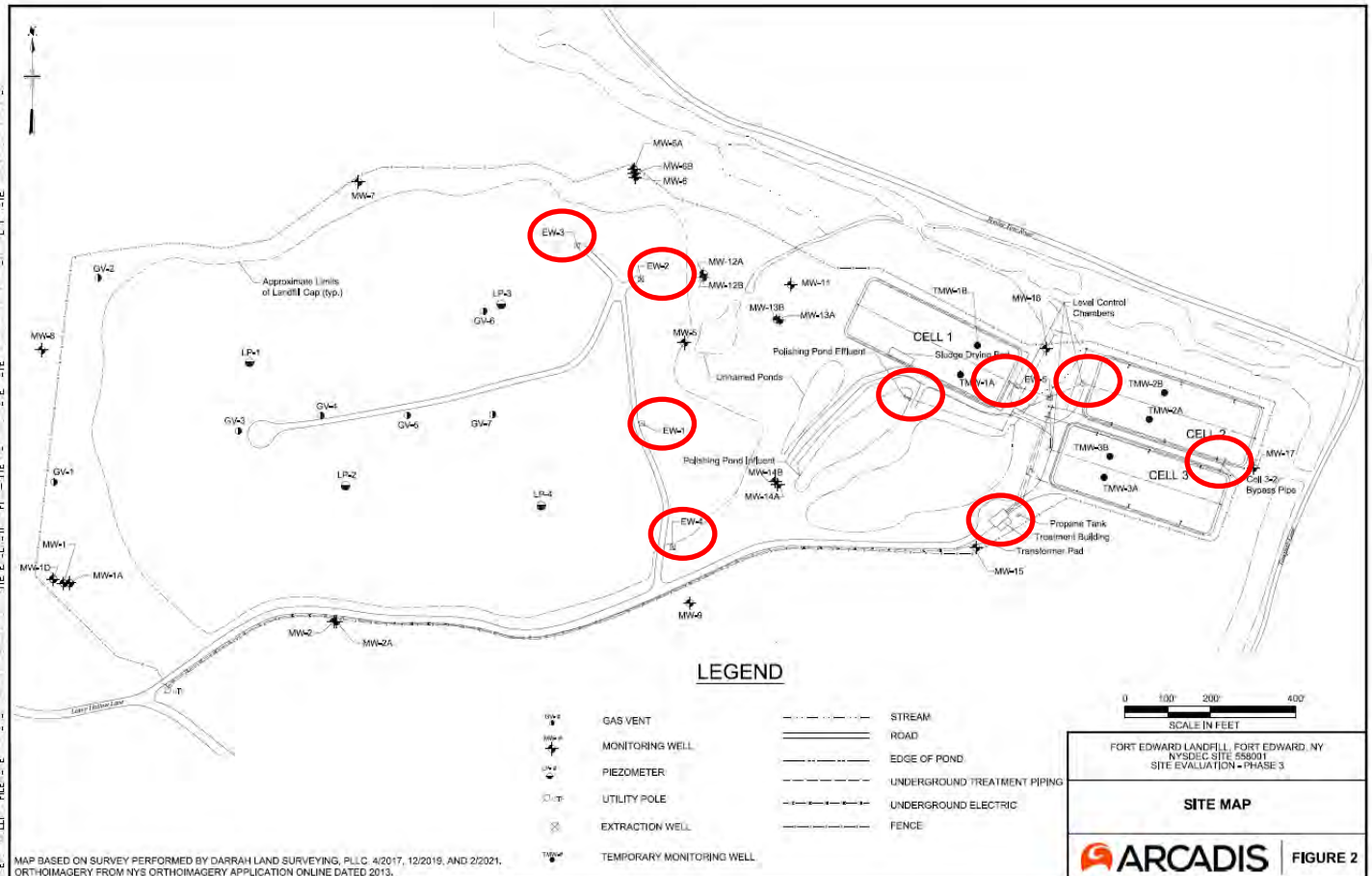
Site Representatives	
Name	Representing

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 November 16, 2021.



# DAILY INSPECTION REPORT

Report No. 65

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 11/16/2021

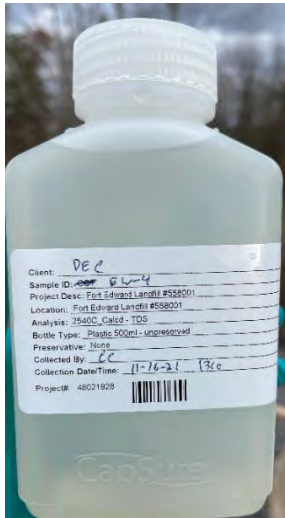
## Site Photographs (Descriptions Below)



View of influent IPC mixing chambers.



View of clear IPC discharge.



View of EW-4 sample.

## Comments

None at this time.

Site Inspector(s): Colby Churchill

Date: 11/16/2021

**DAILY INSPECTION REPORT**

Report No. 65

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/16/2021

**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"> <li>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.</li> <li>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.</li> </ul>	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. 66

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 11/23/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>	
<b>Site Location:</b> Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill, Jasmine Mullins	
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Cloudy	PM			
<b>Temperature</b>	33 °F	AM	43 °F	PM			
<b>Wind</b>	3 MPH SW	AM	7 MPH WSW	PM			
<b>Health &amp; Safety</b> 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
<b>Health &amp; Safety Comments</b> None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0750	Departed Site:		1730
<ul style="list-style-type: none"><li>– Clean Harbors onsite for pickup and offsite disposal of 6 Filter Sludge drums and 11 empty plastic chemical drums.</li><li>– Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank.</li><li>– Completed onstream, blowdown, and cake discharge of Filter Press.</li><li>– Completed additional prefill and onstream of Filter Press.</li><li>– Performed routine housekeeping and chemical inspection within the Treatment System building.</li></ul>							
<b>Equipment/Material Tracking</b> 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"/>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Colby Churchill		Arcadis		Jr. Engineer		9.6	
Jasmine Mullins		Arcadis		Engineer		3.2	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
*On-Site scale for off-site shipment, delivery ticket for material received							
<b>Equipment/Material Tracking Comments:</b>  None at this time.							

Department of  
Environmental  
Conservation

# DAILY INSPECTION REPORT

Report No. 66

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4  
Date: 11/23/2021

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

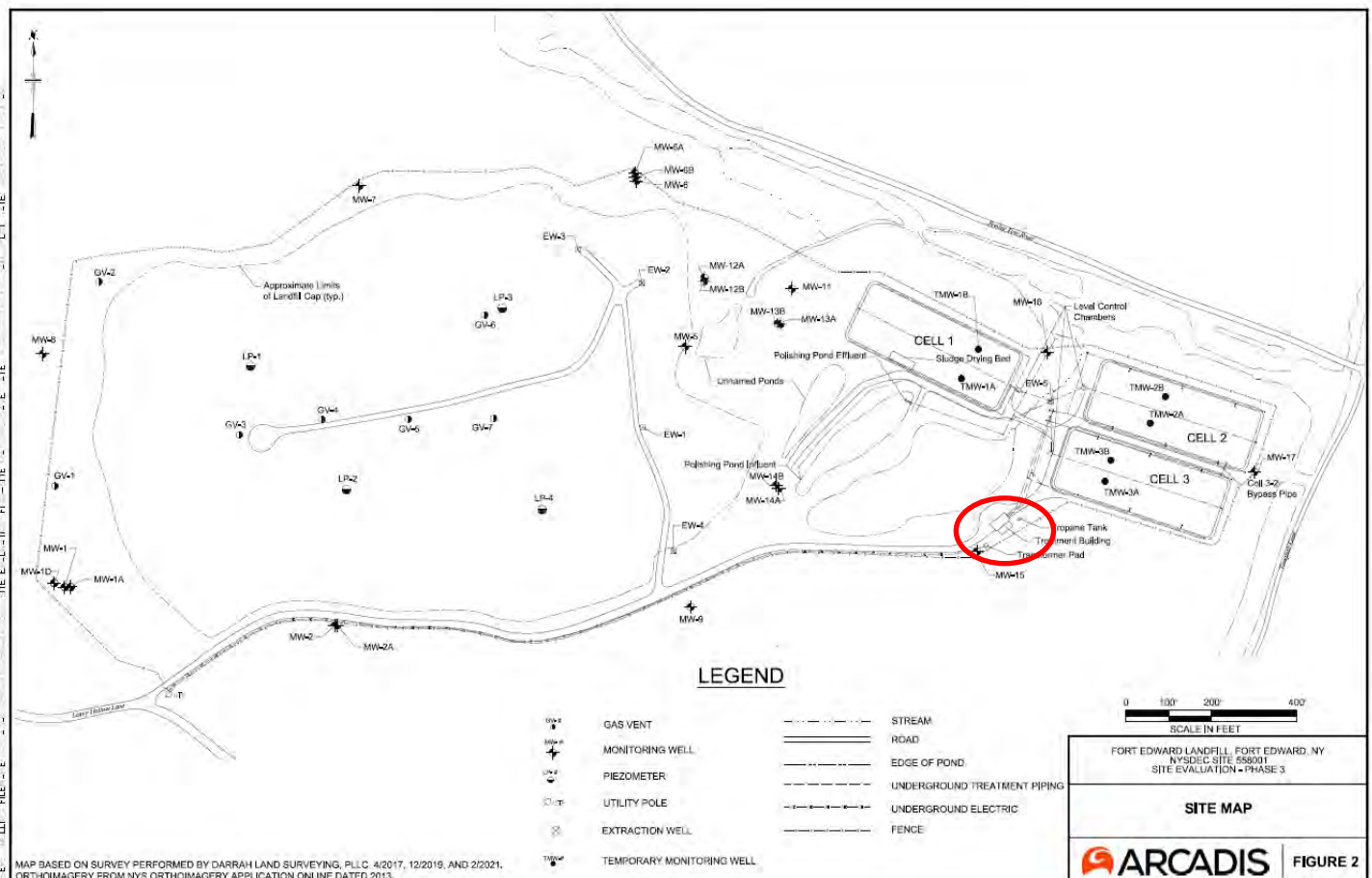
Site Representatives	
Name	Representing

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 November 23, 2021.



**DAILY INSPECTION REPORT**

Page 3 of 4

Report No. 66

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/23/2021

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to cleaning.	View of Clean Harbors truck.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Colby Churchill, Jasmine Mullins	<b>Date:</b> 11/23/2021

**DAILY HEALTH CHECKLIST**

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

**DAILY INSPECTION REPORT**

Page 4 of 4

Report No. 66

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/23/2021

**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"> <li>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.</li> <li>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.</li> </ul>	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. 67

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 11/30/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>	
<b>Site Location:</b> Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
<b>Weather Conditions</b>							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	28 °F	AM	30 °F	PM			
Wind	5 MPH S	AM	4 MPH SSE	PM			
<b>Health &amp; Safety</b> 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
<b>Health &amp; Safety Comments</b> None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0830	Departed Site:		1730
<ul style="list-style-type: none"> <li>- Treatment System offline upon arrival due to a power failure alarm.</li> <li>- Completed blowdown and cake discharge of Filter Press.</li> <li>- Containerized one 55-gallon drum of Filter Press Filter Sludge.</li> <li>- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank.</li> <li>- Completed additional prefill, onstream, and blowdown of Filter Press.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System building.</li> </ul>							
<b>Equipment/Material Tracking</b> 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"/>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Colby Churchill		Arcadis		Jr. Engineer		9.0	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
*On-Site scale for off-site shipment, delivery ticket for material received							
<b>Equipment/Material Tracking Comments:</b>  None at this time.							



# DAILY INSPECTION REPORT

Report No. 67 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4  
Date: 11/30/2021

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

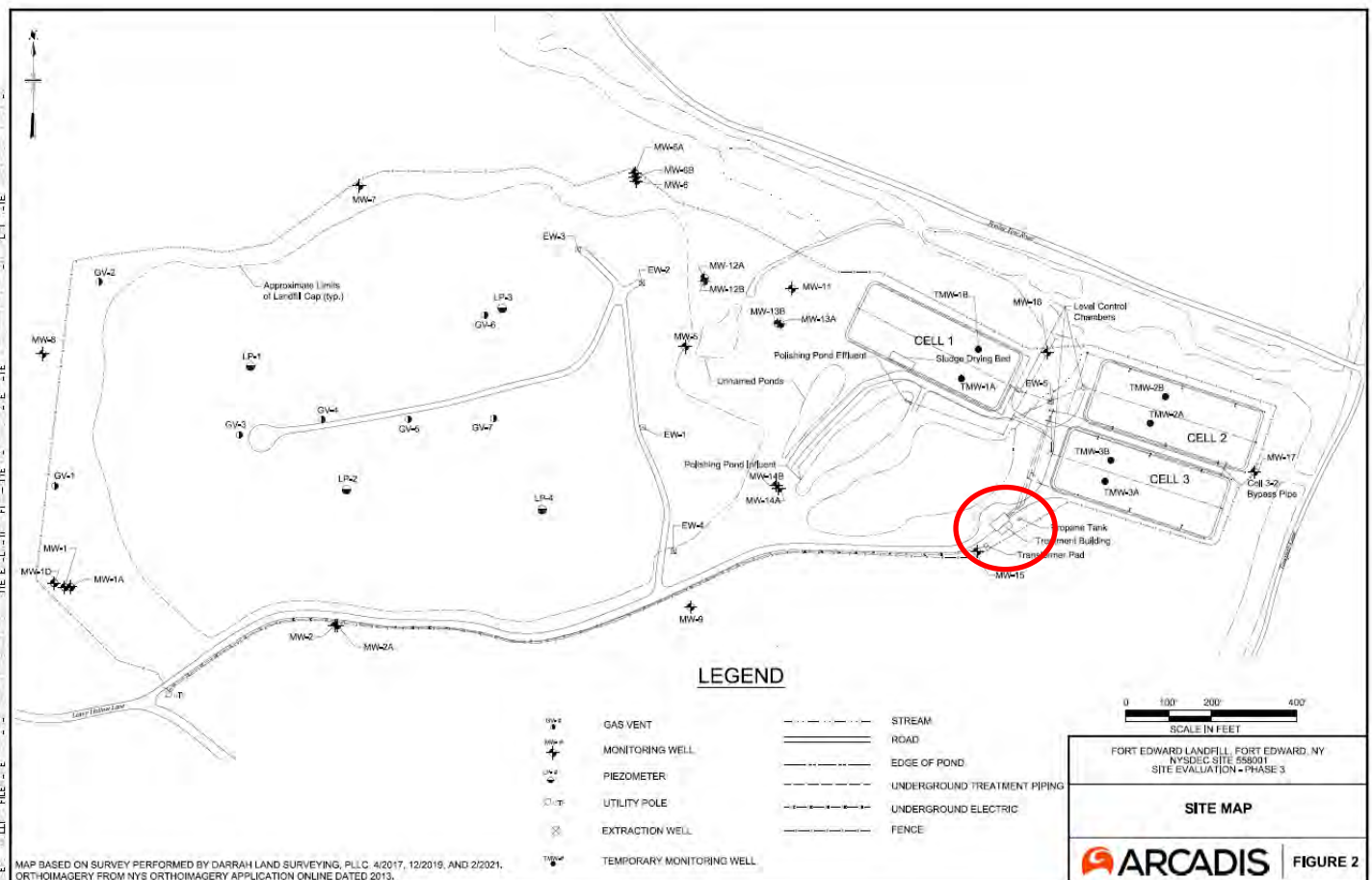
Site Representatives	
Name	Representing

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 November 30, 2021.

**DAILY INSPECTION REPORT**

Page 3 of 4

Report No. 67

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/30/2021

**Site Photographs (Descriptions Below)**

View of EW-4 variable frequency drive (VFD) power loss screen.



View of Filter Press Filter Sludge following blowdown.

**Comments**

None at this time.

**Site Inspector(s):** Colby Churchill**Date:** 11/30/2021**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"/>
<b>Comments:</b> None at this time.		

**DAILY INSPECTION REPORT**

Page 4 of 4

Report No. 67

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 11/30/2021

**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"> <li>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.</li> <li>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.</li> </ul>	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: Colby Churchill Date: 11-2-2021Time: 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>0.0</u>	<u>13.89</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>19.93</u>	<u>9.73</u>	<u>9.51</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.03</u>	<u>6.53</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>9.27</u>	<u>8.23</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.19</u>	<u>NA</u>
<b>Process - (Check if OK or fill in values)</b>						
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>Y</u>	
FT-801 reading (GPM)	<u>45.65</u>		Building temp accurate		<u>Y</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>chlorine transmitter</u>	
<b>Filtration (Check if OK)</b>						
Air compressor pressure in range	<u>✓</u>		Solenoid status correct for operation		<u>Y</u>	
<b>Data (Check if OK)</b>						
Do Daily & Yesterday Starts make sense	<u>✓</u>					
<b>Alarms</b>						
All Alarms Enabled (Y/N)	<u>yes</u>					
List any disabled and indicate why	<u>-</u>					

**BUILDING/GROUNDS**

<b>Air Compressor (Check if OK)</b>			
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>
<b>Unit Heaters (Check if OK)</b>			
Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>✓ ~ 58%</u>
Heaters working	<u>✓</u>		
<b>IPC (Y/N)</b>			
IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	<u>✓</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>✓</u>		
Floc visibly dosing?	<u>✓</u>		
<b>Chemical Feed (Fill in values)</b>			
305 Bleach	Height (in) <u>30.5"</u>	mA Signal <u>8.4</u>	# of Full Drums Onsite <u>1</u>
2130 Coagulant	Height (in) <u>32.25"</u>	Stroke Rate <u>28.3</u>	# of Full Drums Onsite <u>0</u>
1668 Flocculant	Volume (gal) <u>340 gal</u>	Stroke Rate <u>165</u>	# of Full Bags Onsite <u>1</u>
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>Coagulant</u>
<b>Floor Sumps (Y/N)</b>			
Sump levels normal?	<u>Y</u>	Pump runs but not emptying sump?	<u>Y - old sump</u>
High-High level switches operate freely?	<u>Y</u> (check monthly)	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>Y - new sump</u>		
<b>Diaphragm pumps (Check if OK)</b>			
Proper operation/flow	<u>✓</u>	Thick Feed	Press Feed
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>
<b>Filter Press (Check if OK)</b>			
Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>4</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>1</u>
<b>General/Housekeeping</b>			
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>Y</u>
Fire extinguisher inspection (monthly)	<u>-</u>	Exit signs working?	<u>Y</u>
Sludge in Clarifier Catch Tank?	<u>N</u>	Waste drums needed?	<u>N</u>
		Drum labels needed?	<u>N</u>
		Removed trash?	<u>Y</u>
<b>Grounds</b>			
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
<b>Clarifier Catch Tank</b>			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:**

- transferred ~ 7" of bleach from the old drum into current drum
- Brought new ~~the~~ coagulant drum online and transferred ~ 4" of coagulant from old drum into new drum
- cleaned excessive sludge from new sump pit
- old sump running, but not pumping. Cleared blockage now operating as normal



# Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: CC Date: 11-9-21

Time: 0755

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>0.0</u>	<u>14.05</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>23.51</u>	<u>9.28</u>	<u>6.71</u>
Confirm pumps are operating between setpoints		EW-3	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>19.45</u>	<u>8.62</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>9.75</u>	<u>7.69</u>
If pumps on, is water flowing into IPC (Y/N)?	<u>Y</u>	EW-5	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.74</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>✓</u>	
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal				<u>✓</u>	
FT-801 reading (GPM)	<u>40.01</u>		Building temp accurate				<u>✓</u>	
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?				<u>✓</u>	
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)				<u>N</u>	
Filtration (Check if OK)								
Air compressor pressure in range	<u>✓</u>		Solenoid status correct for operation				<u>✓</u>	
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>-</u>							

## BUILDING/GROUNDS

<b>Air Compressor (Check if OK)</b>						Check auto drain operation		<u>✓</u>
Cycle times normal for load	<u>Y</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>Y</u>							
<b>Unit Heaters (Check if OK)</b>						Propane tank level greater than 20%		<u>✓ 45%</u>
Thermostats set correctly (50-55 F)	<u>✓</u>							
Heaters working	<u>✓</u>							
<b>IPC (Y/N)</b>						Check sludge ports (Sludge Y/N)		<u>Y</u>
IPC discharge clear?	<u>Y</u>					Indicate % of sludge		Upper <u>~10%</u>
Floatables? (take photos if yes)	<u>N</u>					at each port		Mid <u>50%</u>
Coag visibly dosing?	<u>Y</u>							Lower <u>100%</u>
Floc visibly dosing?	<u>Y</u>							
<b>Chemical Feed (Fill in values)</b>								
305 Bleach	Height (in)	<u>21.25"</u>	mA Signal	<u>8.2</u>	# of Full Drums Onsite	<u>1</u>		
2130 Coagulant	Height (in)	<u>28.75"</u>	Stroke Rate	<u>27.2</u>	# of Full Drums Onsite	<u>0</u>		
1668 Flocculant	Volume (gal)	<u>340 gal</u>	Stroke Rate	<u>170</u>	# of Full Bags Onsite	<u>1</u>		
Dosing pumps at normal rate?					Chemicals needed?	<u>coagulant</u>		
<b>Floor Sumps (Y/N)</b>								
Sump levels normal?	<u>Y</u>					Pump runs but not emptying sump?		<u>N</u>
High-High level switches operate freely?	<u>-</u>	(check monthly)				Back flowing after pump cycle?		<u>N</u>
Excessive sludge/sediment?	<u>N</u>							
<b>Diaphragm pumps (Check if OK)</b>				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>			
<b>Filter Press (Check if OK)</b>								
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>2</u>
<b>General/Housekeeping</b>								
Wipe down dirty equipment/piping	<u>✓</u>		Any leaks?	<u>N</u>	Waste drums needed?		<u>Y</u>	
Sweep and/or wash floors	<u>✓</u>		Lights working?	<u>✓</u>	Drum labels needed?		<u>N</u>	
Fire extinguisher inspection (monthly)	<u>✓</u>		Exit signs working?	<u>✓</u>	Removed trash?		<u>N</u>	
Sludge in Clarifier Catch Tank?	<u>N</u>							
<b>Grounds</b>								
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
<b>Clarifier Catch Tank</b>			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:**


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# Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: Colby Churchill Date: 11-16-21

Time: 0820

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>0.0</u>	<u>13.86</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>22.31</u>	<u>8.07</u>	<u>6.59</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>19.19</u>	<u>9.57</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>30.75</u>	<u>8.36</u>	<u>9.57</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>NA</u>	<u>7.73</u>	<u>NA</u>
<b>Process - (Check if OK or fill in values)</b>						
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>11</u>	
Operate exhaust fan manually	<u>✓</u>	Discharge pump pressure normal			<u>11</u>	
FT-801 reading (GPM)	<u>43.03</u>	Building temp accurate			<u>11</u>	
Chemical rates normal for flow?	<u>✓</u>	Mixers operating?			<u>11</u>	
Catch tank display level=actual?	<u>✓</u>	Other Alarms (Y/N)			<u>2</u>	
<b>Filtration (Check if OK)</b>						
Air compressor pressure in range	<u>✓</u>	Solenoid status correct for operation			<u>✓</u>	
<b>Data (Check if OK)</b>						
Do Daily & Yesterday Starts make sense	<u>✓</u>					
<b>Alarms</b>						
All Alarms Enabled (Y/N)	<u>Y</u>					
List any disabled and indicate why	<u>-</u>					

## BUILDING/GROUNDS

<b>Air Compressor (Check if OK)</b>			
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>
<b>Unit Heaters (Check if OK)</b>			
Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>✓ 75%</u>
Heaters working	<u>✓</u>		
<b>IPC (Y/N)</b>			
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>Trace</u> Mid <u>25%</u> Lower <u>100%</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		
<b>Chemical Feed (Fill in values)</b>			
305 Bleach	Height (in) <u>12.0"</u>	mA Signal <u>8.0</u>	# of Full Drums Onsite <u>1</u>
2130 Coagulant	Height (in) <u>29.5"</u>	Stroke Rate <u>26.6</u>	# of Full Drums Onsite <u>0</u>
1668 Flocculant	Volume (gal) <u>385</u>	Stroke Rate <u>157</u>	# of Full Bags Onsite <u>1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>Coagulant</u>
<b>Floor Sumps (Y/N)</b>			
Sump levels normal?	<u>Y</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Y</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>		
<b>Diaphragm pumps (Check if OK)</b>			
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>
<b>Filter Press (Check if OK)</b>			
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>✓</u>	How many Haz drums filled & closed today?	<u>0</u>
<b>General/Housekeeping</b>			
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>Y</u>
Fire extinguisher inspection (monthly)	<u>-</u>	Exit signs working?	<u>Y</u>
Sludge in Clarifier Catch Tank?	<u>N</u>	Waste drums needed?	<u>Y</u>
		Drum labels needed?	<u>N</u>
		Removed trash?	<u>N</u>
<b>Grounds</b>			
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
<b>Clarifier Catch Tank</b>			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:**

- Collected monthly & quarterly samples today



## Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: CC / JM Date: 11-23-21Time: 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>0.0</u>	<u>14.05</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	-	<u>20.94</u>	<u>8.15</u>	<u>10.51</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	-	<u>19.17</u>	<u>9.19</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	-	<u>30.77</u>	<u>7.00</u>	<u>8.35</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	-	<u>NA</u>	<u>7.94</u>	<u>NA</u>
<b>Process - (Check if OK or fill in values)</b>						
Chlorine Alarm status (on/off)	A1 <u>on</u>	A2 <u>on</u>	Auto rotate on/off		<u>on</u>	
If on - record chlorine concentration (ppm)	<u>1.5</u>		Discharge pump operating		<u>Y</u>	
Operate exhaust fan manually	<u>Y</u>		Discharge pump pressure normal		<u>Y</u>	
FT-801 reading (GPM)	<u>41.20</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>Y - ambient chlorine transmitter fail</u>	
<b>Filtration (Check if OK)</b>						
Air compressor pressure in range	<u>Y</u>		Solenoid status correct for operation		<u>Y</u>	
<b>Data (Check if OK)</b>						
Do Daily & Yesterday Starts make sense	<u>Y</u>					
<b>Alarms</b>						
All Alarms Enabled (Y/N)	<u>Y</u>					
List any disabled and indicate why						

**BUILDING/GROUNDS**

<b>Air Compressor (Check if OK)</b>			
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>
<b>Unit Heaters (Check if OK)</b>			
Thermostats set correctly (50-55 F)	<u>Y</u>	Propane tank level greater than 20%	<u>Y 65%</u>
Heaters working	<u>Y</u>		
<b>IPC (Y/N)</b>			
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>Trace</u> Mid <u>50%</u> Lower <u>100%</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		
<b>Chemical Feed (Fill in values)</b>			
305 Bleach	Height (in) <u>29.5"</u>	mA Signal <u>7.8</u>	# of Full Drums Onsite <u>0</u>
2130 Coagulant	Height (in) <u>21.0"</u>	Stroke Rate <u>25.8</u>	# of Full Drums Onsite <u>0</u>
1668 Flocculant	Volume (gal) <u>360 gal</u>	Stroke Rate <u>148</u>	# of Full Bags Onsite <u>1</u>
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>bleach + coag</u>
<b>Floor Sumps (Y/N)</b>			
Sump levels normal?	<u>Y</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>
Excessive sludge/sediment?	<u>N</u>		
<b>Diaphragm pumps (Check if OK)</b>			
Proper operation/flow	<u>Y</u>	Thick Feed	Press Feed
Regulators working properly	<u>Y</u>	<u>Y</u>	<u>Y</u>
Exhaust mufflers	<u>Y</u>	<u>Y</u>	<u>Y</u>
<b>Filter Press (Check if OK)</b>			
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>0</u>
Significant leaks?	<u>Y</u>	How many Haz drums filled & closed today?	<u>0</u>
<b>General/Housekeeping</b>			
Wipe down dirty equipment/piping	<u>Y</u>	Any leaks?	<u>Y</u>
Sweep and/or wash floors	<u>Y</u>	Lights working?	<u>Y</u>
Fire extinguisher inspection (monthly)	<u>Y</u>	Exit signs working?	<u>Y</u>
Sludge in Clarifier Catch Tank?	<u>N</u>	Waste drums needed?	<u>N</u>
		Drum labels needed?	<u>N</u>
		Removed trash?	<u>N</u>
<b>Grounds</b>			
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
<b>Clarifier Catch Tank</b>			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 old bleach next week
- clean Harbors waste pickup today
- 6 Filter Sludge drums + 11 empty, plastic chemical drums



## Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: CCDate: 11-30-21Time: 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>N</u>	-	-	0.0	14.02	9.57
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	-	21.54	8.99	9.11
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	-	16.76	6.17	NA
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	-	30.78	21.62	17.27
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	-	NA	10.59	NA
<b>Process - (Check if OK or fill in values)</b>						
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>✓</u>	
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal		<u>✓</u>	
FT-801 reading (GPM)	<u>37.47</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>Yes - Power loss, ambient chlorine</u>		<u>EW-4 A1</u>	
<b>Filtration (Check if OK)</b>						
Air compressor pressure in range	<u>✓</u>		Solenoid status correct for operation		<u>✓</u>	
<b>Data (Check if OK)</b>						
Do Daily & Yesterday Starts make sense	<u>Y</u>					
<b>Alarms</b>						
All Alarms Enabled (Y/N)	<u>Y</u>					
List any disabled and indicate why	<u>-</u>					

**BUILDING/GROUNDS**

<b>Air Compressor (Check if OK)</b>			
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>
<b>Unit Heaters (Check if OK)</b>			
Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>Y 50%</u>
Heaters working	<u>✓</u>		
<b>IPC (Y/N)</b>			
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>0%</u>
Coag visibly dosing?	<u>Y</u>		Mid <u>75%</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100%</u>
<b>Chemical Feed (Fill in values)</b>			
305 Bleach	Height (in) <u>26.5"</u>	mA Signal <u>8.1</u>	# of Full Drums Onsite <u>0</u>
2130 Coagulant	Height (in) <u>18.5"</u>	Stroke Rate <u>30.0</u>	# of Full Drums Onsite <u>0</u>
1668 Flocculant	Volume (gal) <u>375 gal</u>	Stroke Rate <u>153</u>	# of Full Bags Onsite <u>1</u>
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>Coag + bleach</u>
<b>Floor Sumps (Y/N)</b>			
Sump levels normal?	<u>Y</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Y</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>	(check monthly)	
<b>Diaphragm pumps (Check if OK)</b>			
Proper operation/flow	<u>✓</u>	Thick Feed	Press Feed
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>
<b>Filter Press (Check if OK)</b>			
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>✓</u>	How many Haz drums filled & closed today?	<u>1</u>
<b>General/Housekeeping</b>			
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>✓</u>
Sludge in Clarifier Catch Tank?	<u>✓</u>	Waste drums needed?	<u>N</u>
		Drum labels needed?	<u>N</u>
		Removed trash?	<u>Y</u>
<b>Grounds</b>			
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	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:**

- System offline upon arrival due to Powerloss alarm.  
System restarted
- transferred 4.0" of old bleach into current drum



# ATTACHMENT C

Waste Disposal Documents



Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NYR000235424</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800)483-3718</b>	4. Manifest Tracking Number <b>016421979 FLE</b>	
5. Generator's Name and Mailing Address <b>RTS INC, Fort Edward Landfill 414 Pavy Hollow Lane Hudson Falls, NY 12839</b>			Generator's Site Address (if different than mailing address) <b>SAME</b>			
Generator's Phone: <b>45181250-7308</b> <b>ATTN: Jasmine Mullins</b>						
6. Transporter 1 Company Name <b>Clean Harbors Environmental Services, Inc</b>			U.S. EPA ID Number <b>MA1039322250</b>			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Spring Grove Resource Recovery Inc 4879 Spring Grove Avenue Cincinnati, OH 45212</b>			U.S. EPA ID Number <b>OH00000816629</b>			
Facility's Phone: <b>(513)681-5730</b>						
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
		No.	Type			
1.	<b>RG, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG III</b>	<b>6</b>	<b>DM</b>	<b>102</b>	<b>K</b>	<b>B007</b>
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information						
<p>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.</p> <p>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.</p>						
Generator's/Offor's Printed/Typed Name <b>Jasmine Mullins - behalf of RTS INC</b>		Signature <i>[Signature]</i>		Month <b>11</b>	Day <b>23</b>	Year <b>2021</b>
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 1 Printed/Typed Name <b>DAVE MACDONALD</b>		Signature <i>[Signature]</i>		Month <b>11</b>	Day <b>23</b>	Year <b>21</b>
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
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			
Facility's Phone: _____						
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. <b>H141</b>	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

1095934

WORK ORDER NO. 105875165

DOCUMENT NO.

## 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 <u>Spring Grove Resource Recovery Inc.</u>			SHIPPER <u>ATTN: Jasmine Mullins NYSDEC Fort Edward Landfill</u>		
FACILITY EPA ID # <u>012000816629</u>			SHIPPER EPA ID # <u>NYR000235424</u>		
ADDRESS <u>Spring Grove Avenue</u>			ADDRESS <u>W. 100 Hollow Lane</u>		
CITY <u>Cannan</u>	STATE <u>CT</u>	ZIP <u>06023</u>	CITY <u>Hudson Falls</u>	STATE <u>NY</u>	ZIP <u>12839</u>
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS	TOTAL QUANTITY	UNIT WT/VOL
<u>3-355</u>	<u>DM</u>	<u>X</u>	A. <u>RESIDUE LAST CONTAINED UN1263, PAINT RELATED MATERIAL S, PG II</u>	<u>40</u>	<u>P</u>
<u>11x55</u>	<u>DF</u>	<u>X</u>	B. <u>RESIDUE LAST CONTAINED UN1263, PAINT RELATED MATERIAL S, PG II</u>	<u>165</u>	<u>P</u>
			C.		
			D.		
			E.		
			F.		
			G.		
			H.		
SPECIAL HANDLING INSTRUCTIONS <u>EMERGENCY PHONE # (800) 483-3718 GENERATOR NYSDEC Fort Edward Landfill</u> <u>ACH2215904ERG#128B CH2215904ERG#129</u>					

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 <u>Jasmine Mullins</u>	SIGN <u>Jasmine Mullins</u>	DATE <u>11/23/2021</u>
TRANSPORTER 1	PRINT <u>DAVE MACDONALD</u>	SIGN <u>Dave MacDonald</u>	DATE <u>11/23/21</u>
TRANSPORTER 2	PRINT	SIGN	DATE
RECEIVED BY	PRINT	SIGN	DATE

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



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: NYSDEC Fort Edward Landfill

EPA ID No. NY000235424

Signature: [Signature]

Date: 11/23/2021

Manifest No.: 016421979 FLE

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:

a. 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

b. 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





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

Location	EW-1	EW-2	EW-3	EW-4	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Cell 1 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021		11/16/2021
<b>Volatile Organic Compounds (µg/L)</b>											
ACETONE	800 U	20 U	20 U	10 U	3.6 J	3.3 J	3.4 J	10 U	10 U	--	10 U
BENZENE	80 U	3.9	2.9	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMODICHLOROMETHANE	80 U	2.0 U	2.0 U	1.0 U	0.4 J	0.51 J	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMOFORM	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMOMETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-BUTANONE (MEK)	800 U	20 U	20 U	10 U	10 U	10 U	10 U	10 U	10 U	--	10 U
CARBON DISULFIDE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CARBON TETRACHLORIDE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLOROBENZENE	80 U	2.0	21	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLORODIBROMOMETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLOROETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	20	1.0 U
CHLOROFORM	80 U	2.0 U	2.0 U	1.0 U	1.0	1.2	1.0 U	1.0 U	1.0 U	150	1.0 U
CHLOROMETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CYCLOHEXANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DIBROMO-3-CHLOROPROPANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROBENZENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3-DICHLOROBENZENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,4-DICHLOROBENZENE	80 U	2.0 U	5.3	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
DICHLOROBROMOMETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
DICHLORODIFLUOROMETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	800	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,2-DICHLOROETHENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROETHENE (TOTAL)	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROPROPANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,3-DICHLOROPROPENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
ETHYLBENZENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-HEXANONE	400 U	10 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
ISOPROPYLBENZENE (CUMENE)	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL ACETATE	200 U	5.0 U	5.0 U	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U	2.5 U	--	2.5 U
METHYL TERT-BUTYL ETHER (MTBE)	80 U	0.55 J	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL CYCLOHEXANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYLENE CHLORIDE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	50	1.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	400 U	10 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
STYRENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1,2-TETRACHLOROETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TETRACHLOROETHENE (PCE)	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TOLUENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,4-TRICHLOROBENZENE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1-TRICHLOROETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-TRICHLOROETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROETHENE (TCE)	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROFLUOROMETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	80 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
VINYL CHLORIDE	3,100	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	50	1.0 U
XYLENES, TOTAL	160 U	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
TOTAL VOCs	3,900	6.45	29.2	ND	5.0	5.01	3.4	ND	ND	--	ND

**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. November 2021 Treatment System Analytical Data, Fort Edward Landfill**  
**Fort Edward, New York. NYSDEC Site No. 558001**

Location	EW-1	EW-2	EW-3	EW-4	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Cell 1 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021	11/16/2021		11/16/2021
<b>Polychlorinated Biphenyls (µg/L)</b>											
PCB-1016 (AROCLOR 1016)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1221 (AROCLOR 1221)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1232 (AROCLOR 1232)	2,100	0.86	2.5	1.1	1.6	1.6	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1242 (AROCLOR 1242)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1248 (AROCLOR 1248)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1254 (AROCLOR 1254)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1260 (AROCLOR 1260)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1262 (AROCLOR 1262)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
PCB-1268 (AROCLOR 1268)	250 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
<b>Metals (mg/L)</b>											
ALUMINUM	0.0703 J	0.2 U	0.082 J	0.2 U	4.6	0.814	0.2 U	0.0933 J	0.262	--	0.107 J
ANTIMONY	0.02 U	0.02 U	0.021	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	--	0.02 U
ARSENIC	0.015 U	0.0167	0.0258	0.015 U	0.015 U	0.015 U	0.015 U	0.015 U	0.015 U	0.15	0.015 U
BARIUM	0.427	0.127	0.762	0.0367	0.0348	0.0303	0.0208	0.0421	0.0463	3.5	0.0292
BERYLLIUM	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	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	0.002 U	0.002 U	0.002 U	0.002 U	0.002 U	0.001	0.002 U
CALCIUM	159	116	78.5	78.5	72.6	73.1	49	86.7	101	--	79
CHROMIUM, TOTAL	0.0018 J	0.004 U	0.0028 J	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.0014 J	0.21	0.004 U
COBALT	0.0018 J	0.0037 J	0.0123	0.0019 J	0.002 J	0.0018 J	0.004 U	0.0012 J	0.0025 J	0.005	0.004 U
COPPER	0.0099 J	0.012	0.0172	0.01 U	0.01 U	0.0017 J	0.01 U	0.01 U	0.0102	0.024	0.0016 J
IRON	41.3	197	164	11.6	9.07	1.32	1.5	10.1	0.799	0.3	1.56
LEAD	0.0084 J	0.0107	0.0248	0.0043 J	0.0045 J	0.003 J	0.01 U	0.01 U	0.01 U	0.0032	0.01 U
MAGNESIUM	41.9	40.2	34	19.2	18.1	18.4	9.02	15.6	14.7	--	15.9
MANGANESE	1.86	0.899	0.284	1.48	1.34	1.12	1.03	1.03	0.287	--	0.22
MERCURY	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0008	0.0002 U
NICKEL	0.0047 J	0.0096 J	0.0083 J	0.01 U	0.01 U	0.0015 J	0.01 U	0.0027 J	0.0065 J	0.0096	0.002 J
POTASSIUM	5.38	2.23	29.1	2.13	2.52	2.43	21.1	2.38	0.953	--	4.07
SELENIUM	0.025 U	0.025 U	0.0141 J	0.025 U	0.025 U	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	0.006 U	0.006 U	0.006 U	0.006 U	--	0.006 U
SODIUM	71	95.5	57.1	45.8	56.3	53.3	20.2	31.7	9.61	--	30.1
THALLIUM	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	0.02 U	--	0.02 U
VANADIUM	0.005 U	0.005 U	0.0294	0.005 U	0.005 U	0.005 U	0.005 U	0.0016 J	0.005 U	0.014	0.005 U
ZINC	0.0092 J	0.0096 J	0.0167	0.0021 J	0.038	0.0077 J	0.0046 J	0.01 U	0.0047 J	0.17	0.01 U
<b>Conventional Chemistry (mg/L)</b>											
TOTAL ORGANIC CARBON	NA	NA	NA	NA	3.3	3.0	NA	NA	NA	--	NA
TOTAL DISSOLVED SOLIDS	716	667	483	288	443	451	317	467	375	500	411
TOTAL SUSPENDED SOLIDS	40.4	42.4	65.2	13.6	26	4.0 U	4.0 U	4.0 U	4.0 U	50	4.0

**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.

mg/L - milligrams per liter.

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.

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