

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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New York 12065
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www.arcadis.com

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

Date:
January 18, 2022

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 December 2021 reporting period at the above-referenced site.

Phone:
518.250.7300

Email:
andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

Our ref:
30055713

System Performance

A total of 657,941 gallons of leachate were collected and treated through the system during December 2021. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 14.7 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 December 2021 operating period:

- On December 21, 2021, NIMS placed sand on landfill access roads to improve traction and prevent new ice from forming.
- On December 21, 2021, Arcadis replaced the existing Aries 305 Bleach drum with Aries 345 Sodium Permanganate. This replacement was chosen to eliminate chlorine gas production in and to reduce health and safety risks and equipment damage.
- Iron and solids sludge processing was performed throughout the month. Three 55-gallon drums of Filter Sludge were generated during December 2021.
- Updated the National Fire Protection Association (NFPA) placard on the Treatment System building exterior in accordance with the sodium permanganate safety data sheet (SDS).
- Repaired the landfill mid-cap swale gabion caging facing leachate collection well EW-4.
- Collected routine monthly treatment system samples.

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on December 14, 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 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 December 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 and nickel exceeded the Fort Edward SPDES Permit Limits 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 Influent, Clarifier Catch Tank, Cell 2 Effluent, and Polishing Pond Effluent samples. VOCs were not detected in the Polishing Pond Effluent at concentrations greater than the compound quantitation limit.

PCBs

PCBs were not detected at concentrations greater than the reporting limit of 1.0 micrograms per liter (µg/L) during the December 2021 sampling event.

Metals

Iron concentrations ranged from a maximum of 10.6 milligrams per liter (mg/L) (Influent) to a minimum of 0.836 mg/L (Polishing Pond Effluent). The PPE iron concentration of 0.836 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L. Nickel concentrations ranged from a maximum of 0.025 milligrams per liter (mg/L) (Influent) to a minimum of 0.0136 mg/L estimated (Cell 2 Effluent). The PPE nickel concentration of 0.017 mg/L estimated exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.0096 mg/L.

There were no other metal concentrations which exceeded the Fort Edward SPDES Equivalency Permit Limits in December 2021. Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 402 mg/L (Cell 3 Bypass) to 570 mg/L (Influent), and TSS concentrations ranged from non-detect in several samples to 28 mg/L (Influent). These data are consistent with the results from previous sampling events. Since September 2016, TDS and TSS have ranged from 210 to 4,900 mg/L and non-detect to 591 mg/L, respectively.

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for January 2022:

- 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

NYSDEC Site No. 558001

Payson Long

January 18, 2022

Copies:

Jeffrey Dyber, NYSDEC

Jeremy Wyckoff, P.G., Arcadis

Jasmine Mullins, E.I.T., Arcadis

Todd Carignan, Arcadis

File

Enclosures:

Attachment A – NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

Table 1 – December 2021 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Report No. 68

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 12/07/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
Weather Conditions							
General Description	Sunny	AM	Cloudy	PM			
Temperature	32 °F	AM	28 °F	PM			
Wind	6 MPH WNW	AM	7 MPH W	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0830	Departed Site:		1650
<ul style="list-style-type: none"> - Payson Long and associates of NYSDEC were on-site from 1115 to 1145 for a site walk. - Completed prefill, onstream, blowdown, and cake discharge of the Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Completed subsequent prefill of the Filter Press. - Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Performed routine housekeeping and chemical inspection within the Treatment System building. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Colby Churchill		Arcadis		Jr. Engineer		8.4	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 68

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 12/07/2021

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

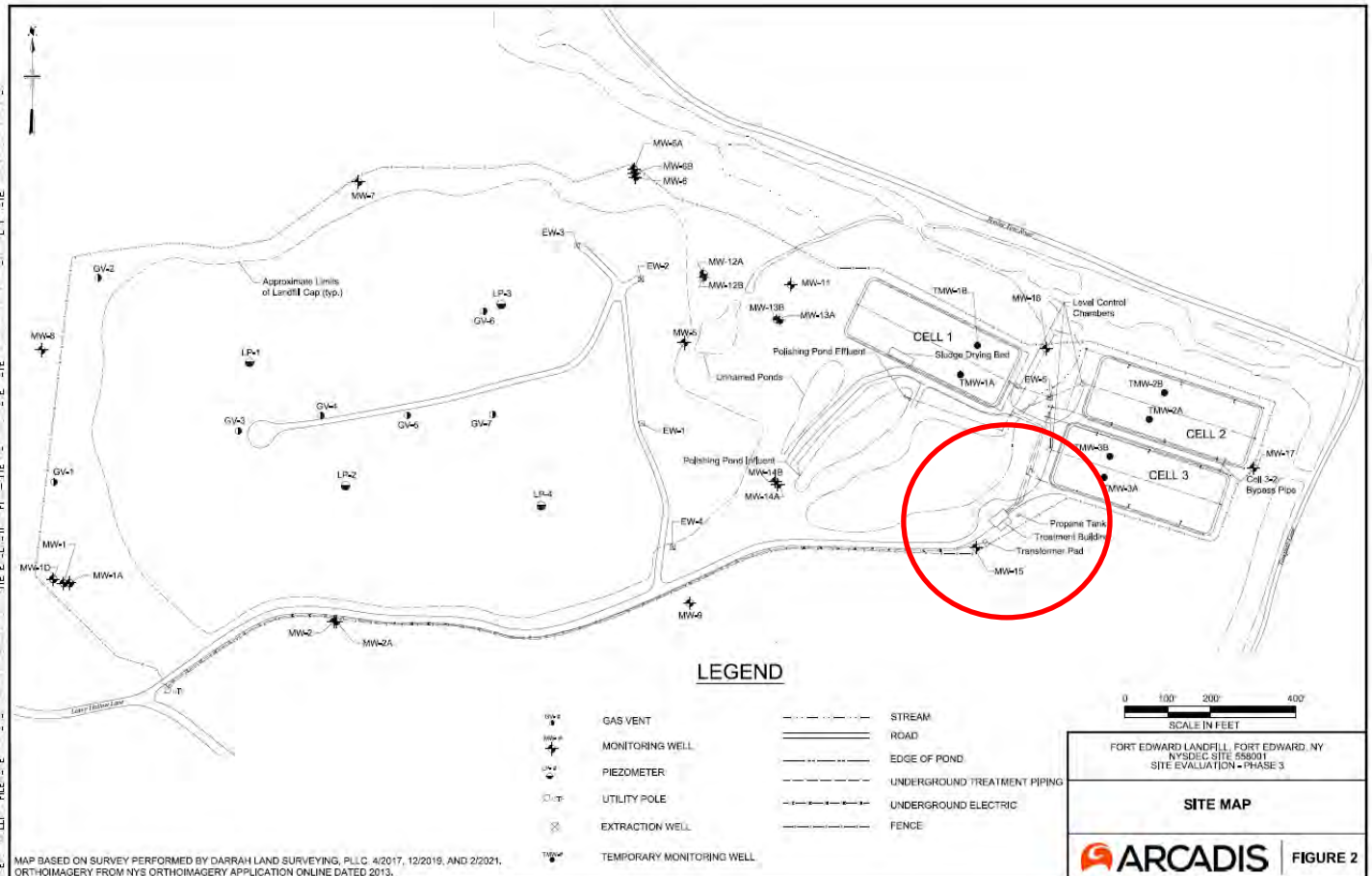
Site Representatives	
Name	Representing
Payson Long	NYSDEC

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 December 7, 2021.

DAILY INSPECTION REPORT

Report No. 68

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 12/07/2021

Site Photographs (Descriptions Below)

View of IPC plates before cleaning.



View of clear IPC discharge.

Comments

None at this time.

Site Inspector(s): Colby Churchill**Date:** 12/07/2021**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

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Report No. 68

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/07/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 69

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 12/14/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	36 °F	AM	48 °F	PM			
Wind	8 MPH NNW	AM	6 MPH NE	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0800	Departed Site:		1705
<ul style="list-style-type: none"> - Completed routine monthly Treatment System sampling. Sample coolers were picked up by Pace courier. - Completed onstream, blowdown, and cake discharge of the Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Completed subsequent prefill and partial onstream of the Filter Press. - Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Performed routine housekeeping and chemical inspection within the Treatment System building. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Colby Churchill		Arcadis		Jr. Engineer		9.1	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 69

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 12/14/2021

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

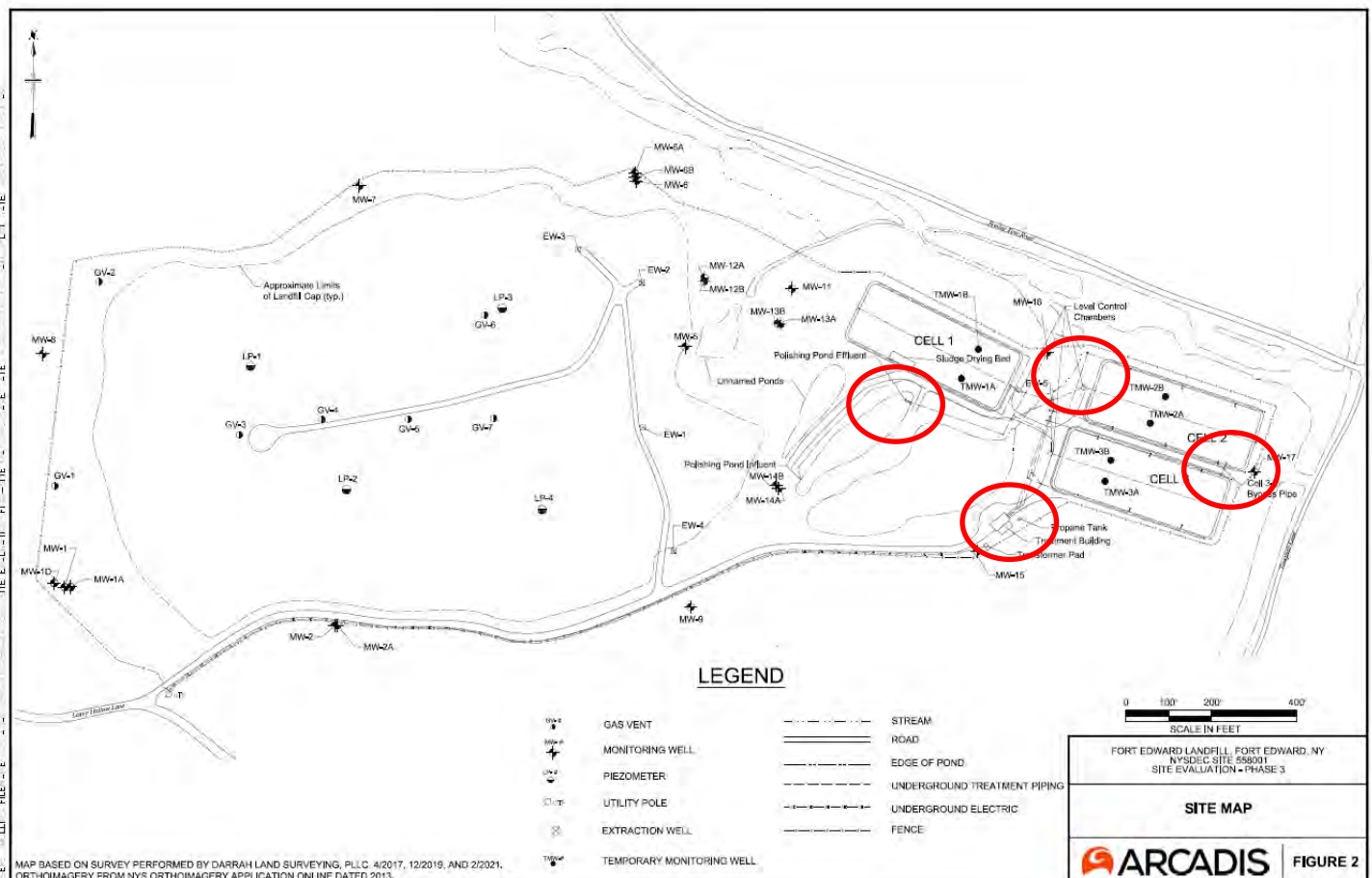
Site Representatives	
Name	Representing

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 December 14, 2021.

DAILY INSPECTION REPORT

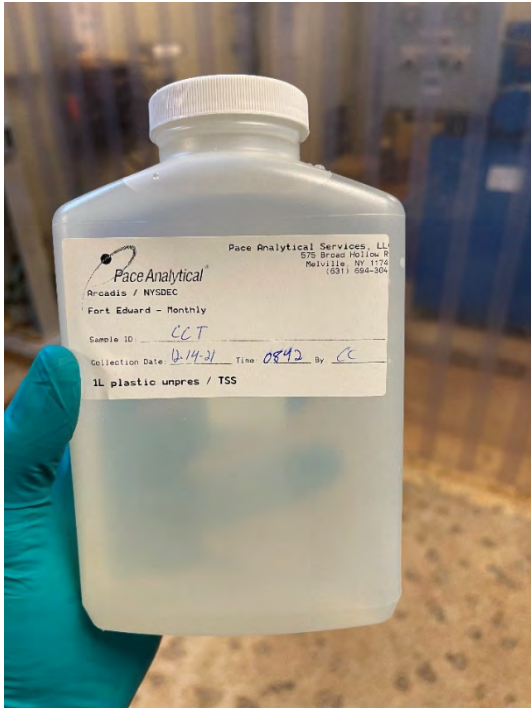
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Fort Edward Landfill - NYSDEC Site No. 558001

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Date: 12/14/2021

Site Photographs (Descriptions Below)



View of Clarifier Catch Tank (CCT) sample.



View of Filter Press Filter Sludge during cake discharge.



View of IPC mixing chambers.



View of IPC discharge.

Comments

None at this time.

Site Inspector(s): Colby Churchill

Date: 12/14/2021

DAILY INSPECTION REPORT

Report No. 69

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/14/2021

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 70

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 12/21/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill, Jasmine Mullins	
Weather Conditions							
General Description	Cloudy	AM	Clear	PM			
Temperature	27 °F	AM	32 °F	PM			
Wind	6 MPH NW	AM	5 MPH N	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0755	Departed Site:	2000		
<ul style="list-style-type: none"> - NIMS plow truck onsite to apply sand to landfill access roads. - Teal's trailer onsite for delivery of two ARIES 345 Sodium Permanganate 55-gallon drums and four ARIES 2130 Coagulant 55-gal drums. - Stern's Towing wrecker onsite to tow out Teal's trailer which got stuck in the snow around Cell 3. - Replaced ARIES 305 (Bleach) with ARIES 345. - Updated National Fire Protection Association (NFPA) placard outside of the Treatment System building. - Repeatedly transferred sludge from the Incline Plate Clarifier (IPC) to the Thickener Tank. - Completed onstream and blowdown of the Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Completed subsequent prefill and partial onstream of the Filter Press. - Repaired a portion of the landfill mid-cap swale gabion caging facing extraction well EW-4. - Sprayed down the inside of the Clarifier Catch Tank (CCT). - Performed routine housekeeping within the Treatment System building. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Colby Churchill		Arcadis		Jr. Engineer		12.1	
Jasmine Mullins		Arcadis		Engineer		12.1	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 70

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 12/21/2021

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

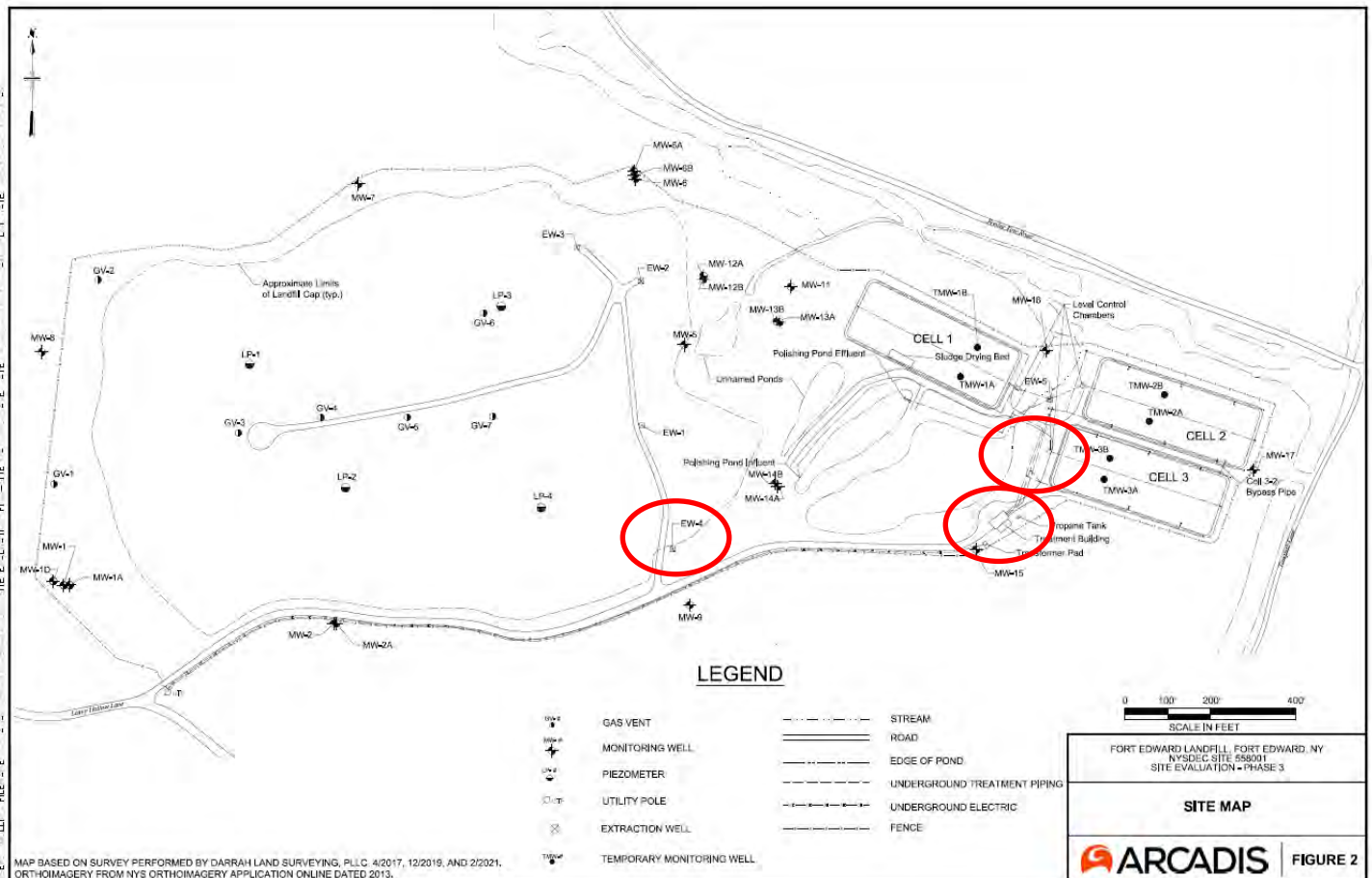
Site Representatives	
Name	Representing

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 December 21, 2021.

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 70

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/21/2021

Site Photographs (Descriptions Below)

View of new ARIES 345 drum online.



View of updated NFPA placard.

Comments

None at this time.

Site Inspector(s): Colby Churchill, Jasmine Mullins**Date:** 12/21/2021**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 70

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/21/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 71

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/23/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804 Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Cloudy	PM			
Temperature	37 °F	AM	39 °F	PM			
Wind	5 MPH W	AM	3 MPH W	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		1145	Departed Site:		1245
- Upon arrival, Aries 345 Sodium Permanganate was dosing as normal. - Confirmed proper operation of the Aries 345 dosing pump. - Completed inspection of sludge ports, Inclined Plate Clarifier (IPC), Clarifier Catch Tank (CCT), and Polishing Pond. - Delivered supplies to the site.							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Colby Churchill		Arcadis		Jr. Engineer		1.0	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 71

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 12/23/2021

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

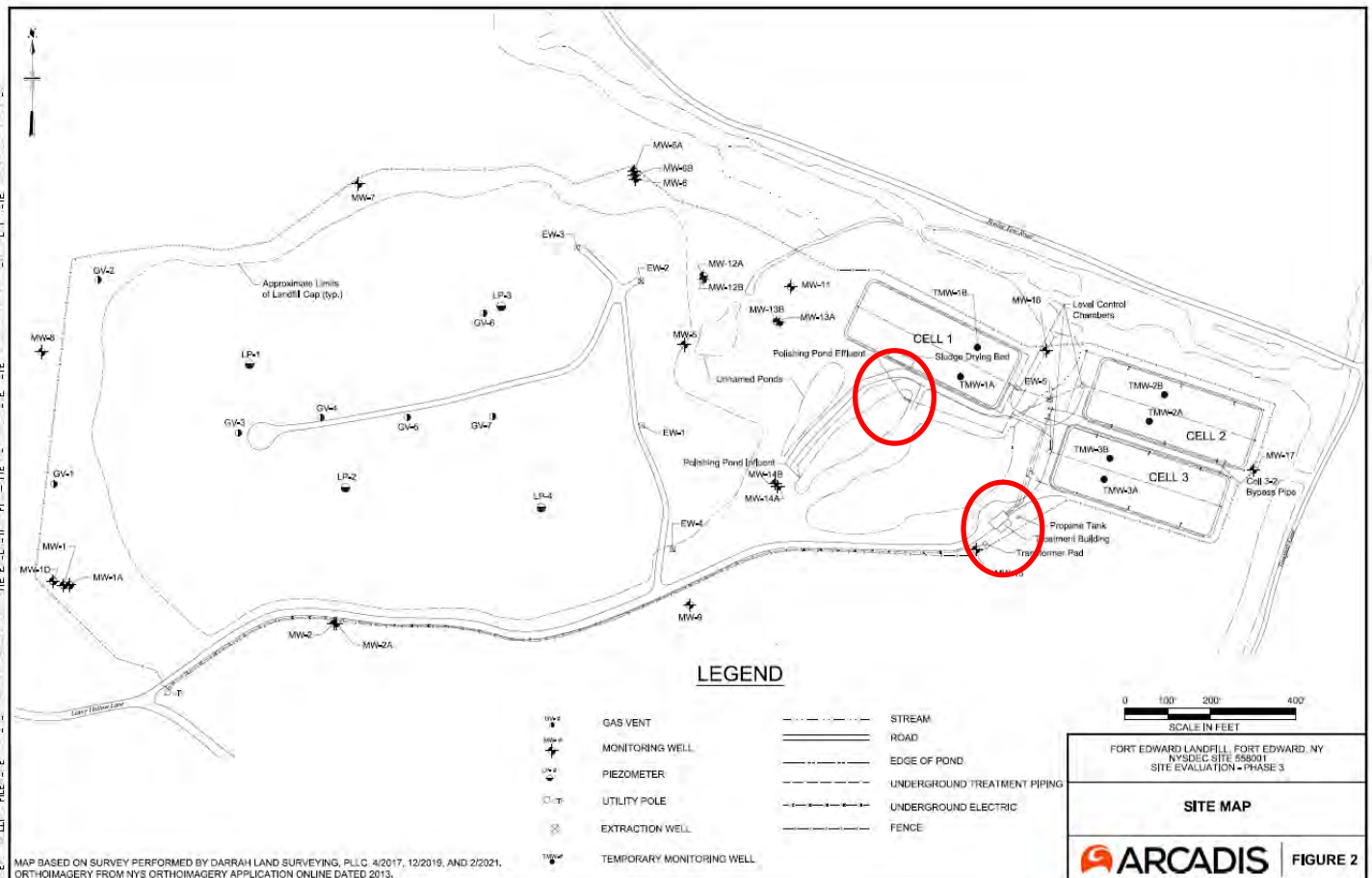
Site Representatives	
Name	Representing

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 December 23, 2021.

DAILY INSPECTION REPORT

Page 3 of 4

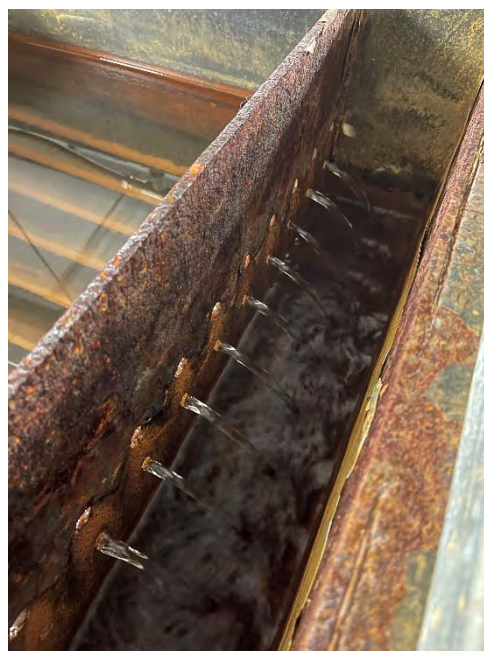
Report No. 71

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/23/2021

Site Photographs (Descriptions Below)

View of Sodium Permanganate pump.



View of clear IPC discharge.

Comments

None at this time.

Site Inspector(s): Colby Churchill**Date:** 12/23/2021**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"/>
Comments:		
None at this time.		

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 71

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/23/2021

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"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None at this time.		

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 72

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 12/28/2021

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York						Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Colby Churchill	
Weather Conditions							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	22 °F	AM	35 °F	PM			
Wind	2 MPH WSW	AM	4 MPH SW	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0830	Departed Site:		1715
<ul style="list-style-type: none"> - Completed blowdown of the Filter Press. - Completed subsequent prefill, onstream, and partial blowdown of the Filter Press. - Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to Thickener Tank. - Transferred approximately 3 inches of coagulant from the old drum into the current drum. - Triple rinsed, removed old drum labels, and staged empty drums behind the Treatment System building. - Performed routine housekeeping and chemical inspection within the Treatment System building. 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Colby Churchill		Arcadis		Jr. Engineer		8.8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

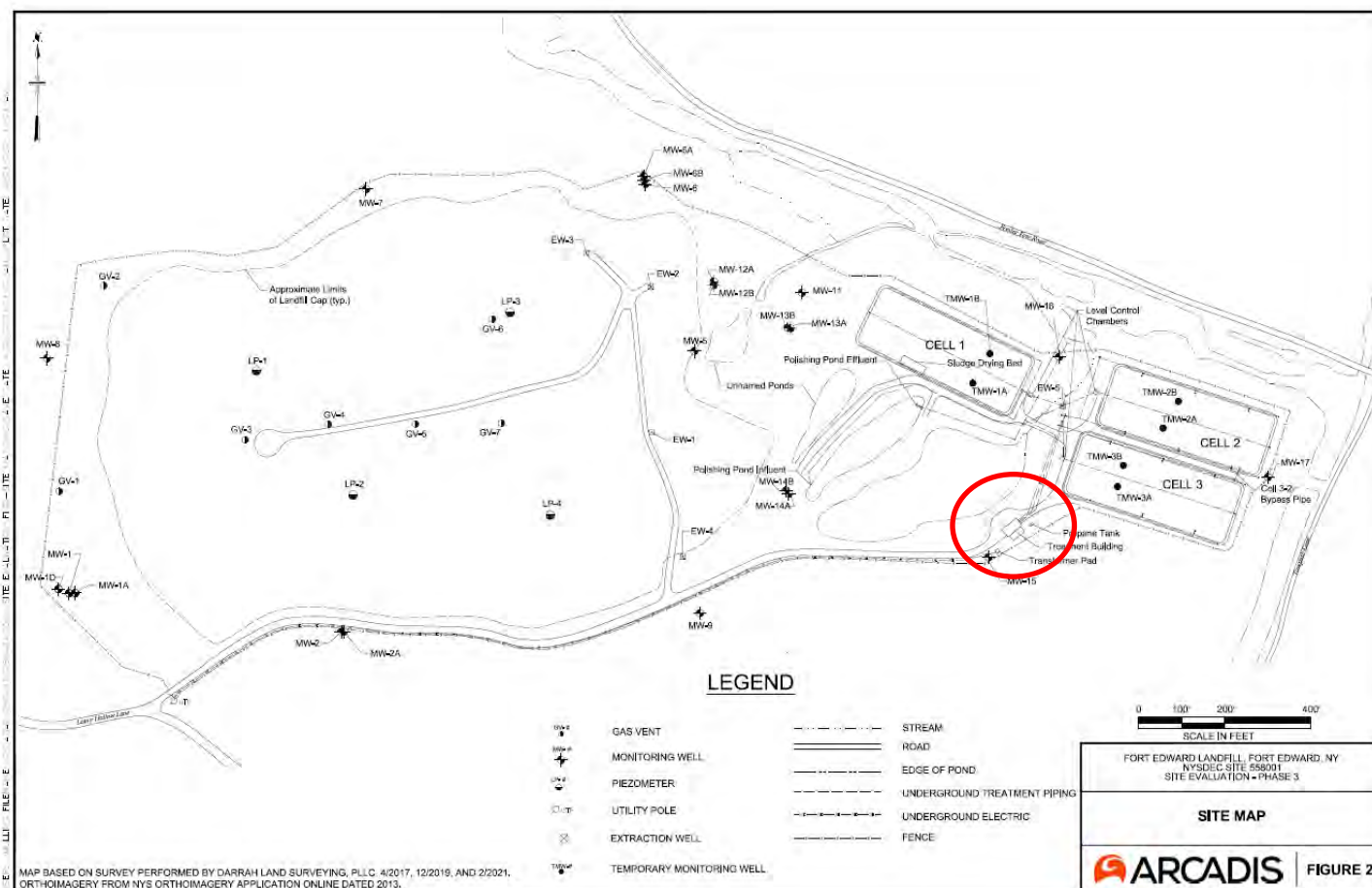
Report No. 72

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 12/28/2021

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 December 28, 2021.

DAILY INSPECTION REPORT

Report No. 72

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 12/28/2021

Site Photographs (Descriptions Below)



View of Filter Press Filter Sludge during cake discharge.



View of IPC mixing chambers.

Comments

None at this time.

Site Inspector(s): Colby Churchill

Date: 12/28/2021

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.		

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 72

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 12/28/2021

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: CCDate: 12-7-21Time: 0830

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

HMI SCREENS

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Extraction Wells						
Pump Status/Flow	EW-1 <u>N</u>	<u>-</u>	<u>-</u>	<u>0.0</u>	<u>13.87</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>21.78</u>	<u>9.98</u>	<u>7.49</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>20.40</u>	<u>9.88</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>30.77</u>	<u>9.79</u>	<u>7.12</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>9.02</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>Y-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>38.21</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>Y - ambient Cl transmitter fail</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

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>Y - 38%</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>trace</u>
Coag visibly dosing?	<u>Y</u>		Mid <u>75%</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100%</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>15.5"</u>	mA Signal <u>7.6</u>	# of Full Drums Onsite	<u>0</u>
2130 Coagulant	Height (in) <u>13.5"</u>	Stroke Rate <u>23.8</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal) <u>280.21</u>	Stroke Rate <u>141</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>Y</u>		Chemicals needed?	<u>Coag + Flocculant</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>2</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: CC

Date: 12-14-21

Time: 1030

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	13.73	0.0
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	-	21.44	8.29	6.94
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	-	20.31	7.15	NA
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	-	20.76	9.70	8.01
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	-	NA	6.83	NA
Process - (Check if OK or fill in values)						
Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off		<u>✓</u>	
If on - record chlorine concentration (ppm)	<u>-</u>		Discharge pump operating		<u>✓</u>	
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal		<u>✓</u>	
FT-801 reading (GPM)	<u>36.42</u>		Building temp accurate		<u>✓</u>	
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?		<u>✓</u>	
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)		<u>Y - ambient Chlorine transmitter fail</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

Air Compressor (Check if OK)				Check auto drain operation		<u>✓</u>
Cycle times normal for load	<u>✓</u>			Check dryer - alarms? Cycling?	<u>✓</u>	
Check oil level at least monthly	<u>✓</u>			HX fan operates with compressor?	<u>✓</u>	
Belt tension	<u>✓</u>					
Unit Heaters (Check if OK)				Propane tank level greater than 20%		<u>Y - 68%</u>
Thermostats set correctly (50-55 F)	<u>✓</u>					
Heaters working	<u>✓</u>					
IPC (Y/N)				Check sludge ports (Sludge Y/N)		<u>Y</u>
IPC discharge clear?	<u>Y</u>			Indicate % of sludge at each port	Upper <u>trace</u>	
Floatables? (take photos if yes)	<u>N</u>				Mid <u>75%</u>	
Coag visibly dosing?	<u>Y</u>				Lower <u>100%</u>	
Floc visibly dosing?	<u>Y</u>					
Chemical Feed (Fill in values)				Chemicals needed?		<u>Coag + bleach have been ordered</u>
305 Bleach	Height (in) <u>6.5</u>	mA Signal <u>7.4</u>	# of Full Drums Onsite	<u>0</u>		
2130 Coagulant	Height (in) <u>8.5</u>	Stroke Rate <u>22.2</u>	# of Full Drums Onsite	<u>0</u>		
1668 Flocculant	Volume (gal) <u>315</u>	Stroke Rate <u>130</u>	# of Full Bags Onsite	<u>1</u>		
Dosing pumps at normal rate?	<u>✓</u>					
Floor Sumps (Y/N)				Pump runs but not emptying sump?		<u>N</u>
Sump levels normal?	<u>Y</u>			Back flowing after pump cycle?	<u>N</u>	
High-High level switches operate freely?	<u>Y</u>	(check monthly)				
Excessive sludge/sediment?	<u>N</u>					
Diaphragm pumps (Check if OK)						
Proper operation/flow	<u>✓</u>	Thick Feed	Press Feed	Floc Feed		
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>		
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>		
Filter Press (Check if OK)				Sorbent pads replaced?		<u>N</u>
Hydraulic ram operating normally	<u>✓</u>			How many total filled Haz drums onsite?	<u>3</u>	
Hydraulic pressure normal	<u>✓</u>			How many Haz drums filled & closed today?	<u>1</u>	
Significant leaks?	<u>✓</u>					
General/Housekeeping				Waste drums needed?		<u>N</u>
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Drum labels needed?	<u>N</u>	
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Removed trash?	<u>N</u>	
Fire extinguisher inspection (monthly)	<u>-</u>	Exit signs working?	<u>✓</u>			
Sludge in Clarifier Catch Tank?	<u>N</u>					
Grounds				Clear woody vegetation from swales and cap		
Mow/trim around building, structures, wells, bollards, control panels and cleanouts				Look for damage fencing/gates		
Shovel doorways, apply ice melt				Confirm storage container locked		
Confirm gates and doorways locked						

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- Monthly samples collected today

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: CC + JM

Date: 12-21-21

Time: 0800

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

HMI SCREENS

Extraction Wells		Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	<u>✓</u>	<u>-</u>	<u>-</u>	<u>0.0</u>	<u>14.04</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow , if needed.	EW-2	<u>✓</u>	<u>✓</u>	<u>-</u>	<u>31.46</u>	<u>9.77</u>	<u>9.34</u>
Confirm pumps are operating between setpoints	EW-3	<u>✓</u>	<u>✓</u>	<u>-</u>	<u>19.60</u>	<u>9.87</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>✓</u>	<u>✓</u>	<u>-</u>	<u>30.77</u>	<u>7.77</u>	<u>8.54</u>
If pumps on, is water flowing into IPC (Y/N)? <u>✓</u>	EW-5	<u>✓</u>	<u>✓</u>	<u>-</u>	<u>NA</u>	<u>7.62</u>	<u>NA</u>
Process - (Check if OK or fill in values)							
Chlorine Alarm status (on/off)	A1	<u>off</u>	A2	<u>off</u>	Auto rotate on/off		<u>✓</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>35.50</u>			Building temp accurate		<u>✓</u>
Chemical rates normal for flow?		<u>✓</u>			Mixers operating?		<u>✓</u>
Catch tank display level=actual?		<u>✓</u>			Other Alarms (Y/N)		<u>Y - ambient Cl trans. fail</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

Air Compressor (Check if OK)					
Cycle times normal for load	<u>✓</u>		Check auto drain operation	<u>✓</u>	
Check oil level at least monthly	<u>✓</u>		Check dryer - alarms? Cycling?	<u>✓</u>	
Belt tension	<u>✓</u>		HX fan operates with compressor?	<u>✓</u>	
Unit Heaters (Check if OK)					
Thermostats set correctly (50-55 F)	<u>✓</u>		Propane tank level greater than 20%	<u>Y - 55%</u>	
Heaters working	<u>✓</u>				
IPC (Y/N)					
IPC discharge clear?	<u>Y</u>		Check sludge ports (Sludge Y/N)	<u>Y</u>	
Floatables? (take photos if yes)	<u>N</u>		Indicate % of sludge at each port	Upper <u>Trace</u>	
Coag visibly dosing?	<u>Y</u>			Mid <u>100%</u>	
Floc visibly dosing?	<u>Y</u>			Lower <u>100%</u>	
Chemical Feed (Fill in values)					
305 Bleach	Height (in) <u>50.25"</u>	mA Signal <u>7.5</u>	# of Full Drums Onsite	<u>0; N/A N/A 04 brought online</u>	
2130 Coagulant	Height (in) <u>4.5"</u>	Stroke Rate <u>21.9</u>	# of Full Drums Onsite	<u>4</u>	
1668 Flocculant	Volume (gal) <u>350</u>	Stroke Rate <u>129</u>	# of Full Bags Onsite	<u>1</u>	
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>-</u>	
Floor Sumps (Y/N)					
Sump levels normal?	<u>Y</u>		Pump runs but not emptying sump?	<u>N</u>	
High-High level switches operate freely?	<u>Y</u>	(check monthly)	Back flowing after pump cycle?	<u>N</u>	
Excessive sludge/sediment?	<u>N</u>				
Diaphragm pumps (Check if OK)					
Proper operation/flow	<u>✓</u>	Thick Feed <u>✓</u>	Press Feed <u>✓</u>	Floc Feed <u>✓</u>	
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
Filter Press (Check if OK)					
Hydraulic ram operating normally	<u>✓</u>		Sorbent pads replaced?	<u>Y</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>	
General/Housekeeping					
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</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>				
Grounds					
Mow/trim around building, structures, wells, bollards, control panels and cleanouts			Clear woody vegetation from swales and cap		
Shovel doorways, apply ice melt			Look for damage fencing/gates		
Confirm gates and doorways locked			Confirm storage container locked		

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- After 2nd batch from IPC to T.T.
 sludge ports were: upper → 0%
 mid → 50%
 lower → 80%

- Replaced bleach drum w/ new drum mixture
 of 10 gal Arjes 345 + 40 gal water.
 Starting ~~volume~~ drum height = 30.25"

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: CC Date: 12-28-21

Time: 0830

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

HMI SCREENS

Extraction Wells

Pump Status/Flow	EW-1	EW-2	EW-3	EW-4	EW-5	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Run pumps in "Manual" to confirm flow, if needed.	N	Y	Y	Y	Y	Y	Y	Y	0.0	14.08	0.0
Confirm pumps are operating between setpoints	Y	Y	Y	Y	Y	Y	Y	Y	22.70	7.91	8.71
Confirm pressure with pump cycling & not high/low	Y	Y	Y	Y	Y	Y	Y	Y	23.36	7.63	NA
If pumps on, is water flowing into IPC (Y/N)?	Y	Y	Y	Y	Y	Y	Y	Y	30.78	9.85	9.30
	Y	Y	Y	Y	Y	Y	Y	Y	NA	8.09	NA

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	OFF	A2	OFF	Auto rotate on/off	on
If on - record chlorine concentration (ppm)					Discharge pump operating	Y
Operate exhaust fan manually					Discharge pump pressure normal	Y
FT-801 reading (GPM)		40.10			Building temp accurate	Y
Chemical rates normal for flow?		Y			Mixers operating?	Y
Catch tank display level=actual?		Y			Other Alarms (Y/N)	Y

Filtration (Check if OK)

Air compressor pressure in range	Y	Solenoid status correct for operation	Y
----------------------------------	---	---------------------------------------	---

Data (Check if OK)

Do Daily & Yesterday Starts make sense	Y
--	---

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	Y	Propane tank level greater than 20%	Y - 40%
Heaters working	Y		

IPC (Y/N)

IPC discharge clear?	Y	Check sludge ports (Sludge Y/N)	Y
Floatables? (take photos if yes)	N	Indicate % of sludge at each port	Upper trace, Mid 80%, Lower 100%
Coag visibly dosing?	Y		
Floc visibly dosing?	Y		

Chemical Feed (Fill in values)

205 Bleach NaMnOy	Height (in)	26.0"	mA Signal	7.2	# of Full Drums Onsite	1
2130 Coagulant	Height (in)	32.0"	Stroke Rate	21.6	# of Full Drums Onsite	3
1668 Flocculant	Volume (gal)	375 gal	Stroke Rate	121	# of Full Bags Onsite	1
Dosing pumps at normal rate?					Chemicals needed?	N

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	Y	Sorbent pads replaced?	N
Hydraulic pressure normal	Y	How many total filled Haz drums onsite?	4
Significant leaks?	Y	How many Haz drums filled & closed today?	0

General/Housekeeping

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

Grounds

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

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
Clarifier Catch Tank			Low-Low	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 ~3.0" of coagulant from old
drum into current drum

TABLES



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

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	12/14/2021	12/14/2021	12/14/2021	12/14/2021		12/14/2021
Volatile Organic Compounds (µg/L)						
ACETONE	3.3 J	7.6	5.0 U	4.0 J	--	3.8 J
BENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMODICHLOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMOFORM	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-BUTANONE (MEK)	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
CARBON DISULFIDE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CARBON TETRACHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLOROENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLORODIBROMOMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	20	1.0 U
CHLOROFORM	1.0 U	3.7	1.0 U	1.0 U	150	1.0 U
CHLOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CYCLOHEXANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DIBROMO-3-CHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3-DICHLOROENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,4-DICHLOROENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
DICHLOROBROMOMETHANE	1.0 U	1.2	1.0 U	1.0 U	--	1.0 U
DICHLORODIFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROETHENE (TOTAL)	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
ETHYLBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-HEXANONE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
ISOPROPYLBENZENE (CUMENE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL ACETATE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL TERT-BUTYL ETHER (MTBE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL CYCLOHEXANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYLENE CHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	50	1.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
STYRENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1,2-TETRACHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TETRACHLOROETHENE (PCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TOLUENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,4-TRICHLOROENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROETHENE (TCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
VINYL CHLORIDE	1.0 U	1.0 U	1.0 U	1.0 U	50	1.0 U
XYLENES, TOTAL	3.0 U	3.0 U	3.0 U	3.0 U	--	3.0 U
TOTAL VOCs	3.3	12.5	ND	4.0	--	3.8

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

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	12/14/2021	12/14/2021	12/14/2021	12/14/2021		12/14/2021
Polychlorinated Biphenyls (µg/L)						
PCB-1016 (AROCLOR 1016)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
PCB-1221 (AROCLOR 1221)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
PCB-1232 (AROCLOR 1232)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
PCB-1242 (AROCLOR 1242)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
PCB-1248 (AROCLOR 1248)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
PCB-1254 (AROCLOR 1254)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
PCB-1260 (AROCLOR 1260)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Metals (mg/L)						
ALUMINUM	2.08	0.862	0.2 U	0.0538 J	--	0.0621 J
ANTIMONY	0.06 U	0.06 U	0.06 U	0.06 U	--	0.06 U
ARSENIC	0.01 U	0.01 U	0.01 U	0.01 U	0.15	0.01 U
BARIUM	0.0331 J	0.0282 J	0.0198 J	0.0402 J	3.5	0.0269 J
BERYLLIUM	0.005 U	0.005 U	0.005 U	0.005 U	--	0.005 U
CADMIUM	0.0025 U	0.0025 U	0.0025 U	0.0025 U	0.001	0.0025 U
CALCIUM	71.8	73.6	69.4	90.3	--	84
CHROMIUM, TOTAL	0.01 U	0.01 U	0.01 U	0.01 U	0.21	0.0019 J
COBALT	0.05 U	0.05 U	0.05 U	0.05 U	0.005	0.05 U
COPPER	0.025 U	0.004 J	0.025 U	0.025 U	0.024	0.025 U
IRON	10.6	1.52	1.84	10.3	0.3	0.836
LEAD	0.005 U	0.005 U	0.005 U	0.005 U	0.0032	0.005 U
MAGNESIUM	17.6	17.8	12.7	15.8	--	16.2
MANGANESE	1.27	1.11	0.326	1.05	--	0.122
MERCURY	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0008	0.0002 U
NICKEL	0.025 J	0.0247 J	0.0173 J	0.0136 J	0.0096	0.017 J
POTASSIUM	2.56 J	2.36 J	6.7	2.01 J	--	2.9
SELENIUM	0.01 U	0.01 U	0.01 U	0.01 U	--	0.01 U
SILVER	0.01 U	0.01 U	0.01 U	0.01 U	--	0.01 U
SODIUM	47.7	49.4	31.3	30.6	--	32.8
THALLIUM	0.01 U	0.01 U	0.01 U	0.01 U	--	0.01 U
VANADIUM	0.05 U	0.05 U	0.05 U	0.05 U	0.014	0.05 U
ZINC	0.0156 J	0.0237 J	0.02 U	0.02 U	0.17	0.02 U
Conventional Chemistry (mg/L)						
TOTAL DISSOLVED SOLIDS	570	484	402	490	500	436
TOTAL SUSPENDED SOLIDS	28	6.4	10 U	10 U	50	10

Notes:

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