

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

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Subject:
January 2022 Monthly Report
Fort Edward Landfill
NYSDEC Site No. 558001
Contract No. D009804-7

Date:
March 7, 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 January 2022 reporting period at the above-referenced site.

Phone:
518.250.7300

Email:
andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

System Performance

A total of 663,201 gallons of leachate were collected and treated through the system during January 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 14.9 gallons per minute (gpm).

Our ref:
30055713

System Operation Summary

During each site visit, Arcadis personnel completed a NYSDEC Daily Inspection Report (Attachment A) to summarize site conditions and work performed. 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 January 2022 operating period:

- On January 11, 2022, NIMS placed sand on landfill access roads to improve traction and prevent new ice from forming.
- Iron and solids sludge processing was performed throughout the month. Three 55-gallon drums of Filter Sludge were generated during January 2022.
- Cleaned excess sediment from the New Sump.
- Collected routine monthly treatment system samples.

Additional details of activities completed in January 2022 are provided in Appendix A.

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on January 11, 2022 from the following treatment system locations:

- Influent (i.e., combined flow from extraction wells EW-1, EW-2, EW-3, and EW-4);
- Clarifier Catch Tank discharge;
- Cell 3 Bypass (i.e., treatment Cell 3 discharge into the Cell 2/3 bypass pipe);
- Cell 2 Effluent (i.e., treatment Cell 2 discharge into the effluent collection chamber); and
- Polishing Pond Effluent (PPE).

No samples were collected from extraction wells EW-1, EW-2, EW-3, leachate collection well EW-4, or Cell 1 Chamber (treatment Cell 1 discharge into the effluent collection chamber). Samples from these locations are collected on a quarterly basis and will be sampled again in the first quarter 2022.

The monthly samples were submitted to Pace Analytical 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 January 2022 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 PCBs. 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 not detected greater than the compound quantitation limit in any of the January 2022 samples.

PCBs

PCB 1232 was detected in the Influent and Clarifier Catch Tank samples at 0.83 micrograms per liter ($\mu\text{g/L}$) estimated and 0.91 $\mu\text{g/L}$ estimated, respectively. No other PCBs were detected at concentrations greater than their respective reporting limits during the January 2022 sampling event.

Metals

Iron concentrations ranged from a maximum of 12.5 milligrams per liter (mg/L) (Influent) to a minimum of 0.542 mg/L (Polishing Pond Effluent). The PPE iron concentration of 0.542 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L. Nickel concentrations ranged from a maximum of 0.0221 mg/L estimated (Influent) to a minimum of 0.0148 mg/L estimated (Cell 2 Effluent). The PPE nickel concentration of 0.0173 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 January 2022. Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 410 mg/L (Clarifier Catch Tank) to 523 mg/L (Polishing Pond Effluent), and TSS concentrations ranged from 1.6 mg/L estimated (Polishing Pond Effluent) to 18 mg/L (Cell 2 Effluent). The TDS concentration detected in the January 2022 Polishing Pond Effluent sample (523 mg/L) was in exceedance of the Fort Edward SPDES Permit Limit of 500 mg/L. 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 February 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.



Andy Vitolins, P.G.
Vice President

Copies:
Jeffrey Dyber, NYSDEC
Jeremy Wyckoff, P.G., Arcadis

NYSDEC Site No. 558001
Payson Long
March 7, 2022

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 – January 2022 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports



DAILY INSPECTION REPORT

Report No. 73 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 1/4/2022

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	Cloudy	AM	Clear	PM			
Temperature	22 °F	AM	26 °F	PM			
Wind	6 MPH SSW	AM	2 MPH SSE	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1805		
<ul style="list-style-type: none"> - Completed blowdown of Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Completed additional prefill, onstream, and blowdown. - Cleaned excess sediment from New Sump. - Repeatedly transferred sludge from the Inclined Plate Clarifier (IPC) to the 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		9.4	
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. 73

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 1/4/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





Red outlined area indicates the location of work performed on January 4, 2022.

DAILY INSPECTION REPORT

Report No. 73

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 1/4/2022

Site Photographs (Descriptions Below)	
	
View of New Sump after cleaning.	View of Dried Filter Sludge.
Comments	
None at this time.	
Site Inspector(s): Colby Churchill	Date: 1/4/2022

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

Report No. 74 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 1/11/2022

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	Sunny	PM			
Temperature	2 °F	AM	1 °F	PM			
Wind	12 MPH W	AM	0 MPH	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0820	Departed Site:	1615		
<ul style="list-style-type: none"> - Completed routine monthly Treatment System sampling. Sample coolers were picked up by Pace courier. - Completed 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. - NIMS plow truck onsite to apply sand on landfill access roads. - 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	
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. 74

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 1/11/2022

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

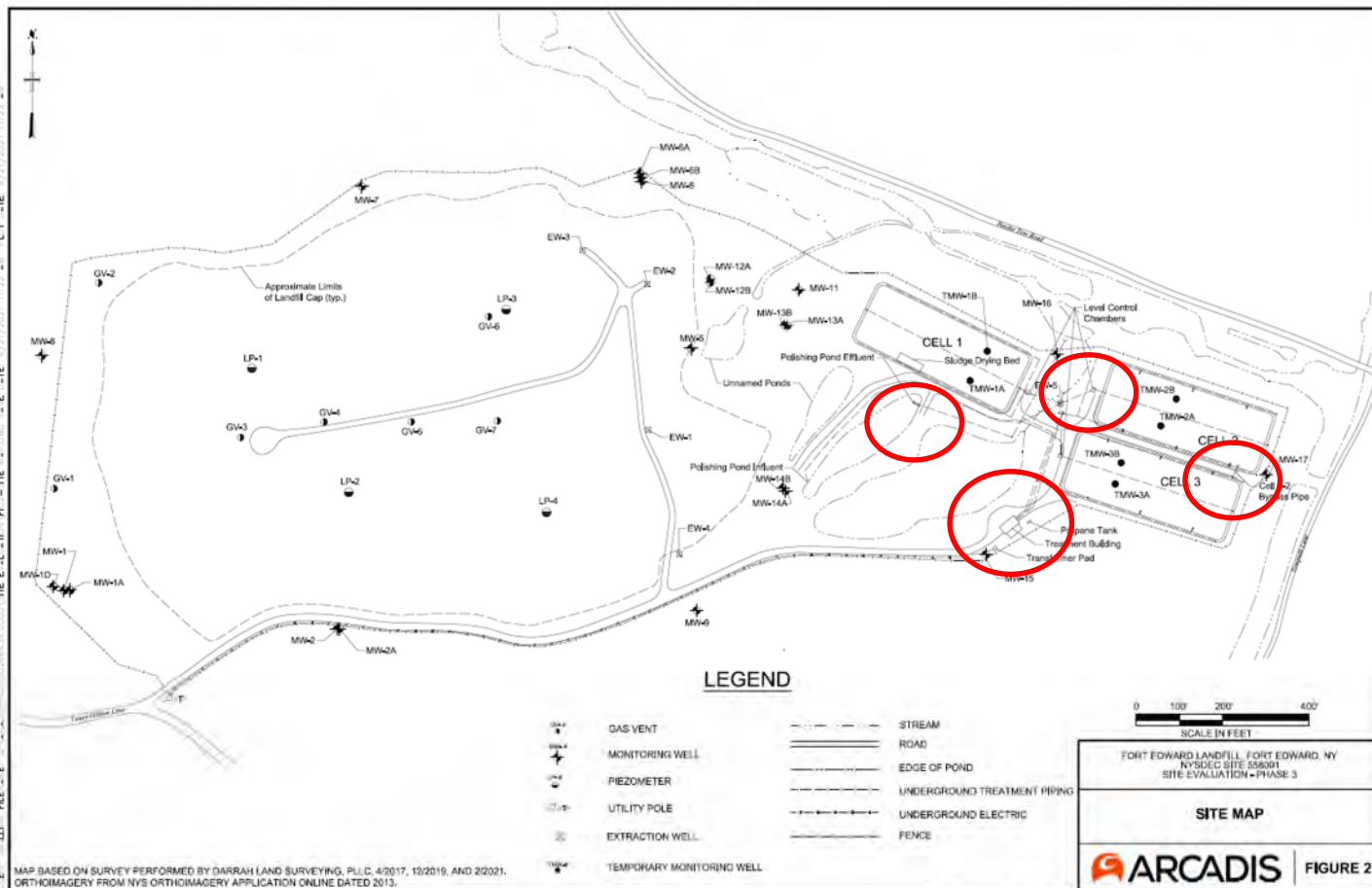
Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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



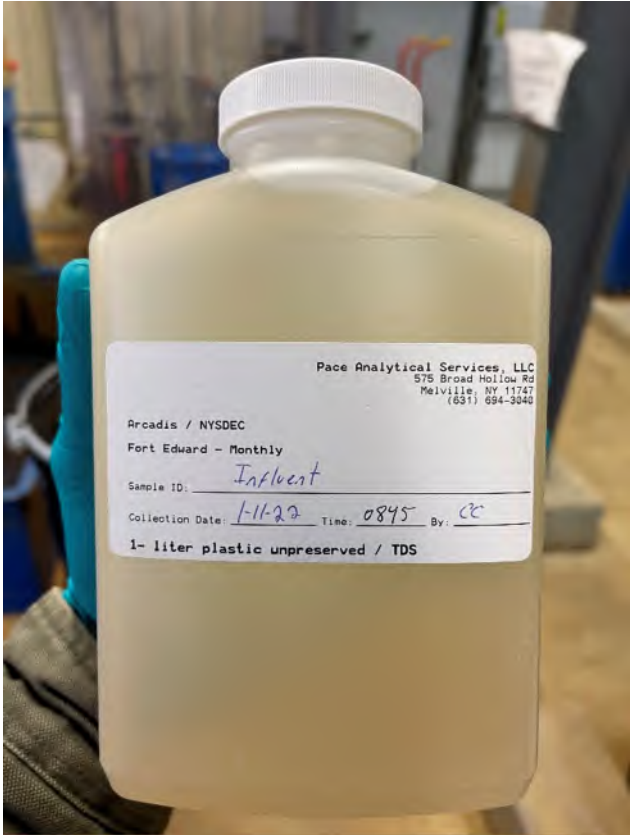

Red outlined area indicates the location of work performed on January 11, 2022.

DAILY INSPECTION REPORT

Report No. 74

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 1/11/2022

Site Photographs (Descriptions Below)	
	
View of Influent sample.	View of IPC Influent and mixing chambers.
Comments	
None at this time.	
Site Inspector(s): Colby Churchill	Date: 1/11/2022

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

DAILY INSPECTION REPORT

Report No. 75 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 1/18/2022

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	18 °F	AM	18 °F	PM			
Wind	13 MPH WNW	AM	10 MPH NNW	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:	0820	Departed Site:	1735		
<ul style="list-style-type: none"> - Updated onsite Health and Safety Plan (HASP) with the 2022-2023 version. - Completed onstream, blowdown, and cake discharge of the Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Completed additional prefill and onstream of the Filter Press. - Identified slow leak coming from the threaded union on pipe at the top of the Thickener Tank. This leak does not affect Treatment System operation, will repair at a later date. - 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		9.3	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

Report No. 75

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 1/18/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





Red outlined area indicates the location of work performed on January 18, 2022.

DAILY INSPECTION REPORT

Report No. 75

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4
Date: 1/18/2022

Site Photographs (Descriptions Below)	
	
View of leaking threaded union at the top of the Thickener Tank.	View of IPC plates after spray down.
Comments	
None at this time.	
Site Inspector(s): Colby Churchill	Date: 1/18/2022

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT

Report No. 76

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 1/25/2022

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	Cloudy	AM	Cloudy	PM			
Temperature	2 °F	AM	25 °F	PM			
Wind	3 MPH NNE	AM	3 MPH ENE	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:	1000	Departed Site:	1730		
<ul style="list-style-type: none"> - Completed blowdown of the Filter Press. - Completed additional prefill, onstream, and partial blowdown of the Filter Press. - Refilled diluted sodium permanganate mixture drum. - 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		7.5	
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. 76

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 1/25/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

Issues Pending
None at this time.

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

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





Red outlined area indicates the location of work performed on January 25, 2022.

DAILY INSPECTION REPORT

Report No. 76

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 1/25/2022

Site Photographs (Descriptions Below)	
	
View of clear IPC discharge.	View of IPC plates after spray down.
Comments	
None at this time.	
Site Inspector(s): Colby Churchill	Date: 1/25/2022

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

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

NUISANCE CHECKLIST

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

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: CC

Date: 1-4-22

Time: 0845

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>14.01</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	-	<u>22.75</u>	<u>9.56</u>	<u>8.27</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	-	<u>14.29</u>	<u>9.43</u>	NA
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	-	<u>30.77</u>	<u>9.84</u>	<u>9.16</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	-	NA	<u>8.30</u>	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>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>29.87</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>Y</u>			Other Alarms (Y/N)		<u>Y - chlorine trans.</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 - 25%</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>80%</u>
Floc visibly dosing?	<u>Y</u>				Lower	<u>100%</u>
Chemical Feed (Fill in values)						
³⁴⁵ 2130 Coagulant <u>NaMnO₄</u>	Height (in)	<u>20"</u>	mA Signal	<u>7.1</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Height (in)	<u>27.5"</u>	Stroke Rate	<u>14.4</u>	# of Full Drums Onsite	<u>3</u>
	Volume (gal)	<u>325.2</u>	Stroke Rate	<u>11</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?				Chemicals needed?		<u>none</u>
Floor Sumps (Y/N)						
Sump levels normal?	<u>Y</u>			Pump runs but not emptying sump?		<u>N</u>
High-High level switches operate freely? (check monthly)	<u>Y</u>			Back flowing after pump cycle?		<u>N</u>
Excessive sludge/sediment?	<u>Y - new sump</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>5</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>✓</u>	Waste drums needed?
Sweep and/or wash floors	<u>✓</u>			Lights working?	<u>✓</u>	Drum labels needed?
Fire extinguisher inspection (monthly)	<u>✓</u>			Exit signs working?	<u>✓</u>	Removed trash?
Sludge in Clarifier Catch Tank?	<u>No</u>					
Grounds						
Mow/trim around building, structures, wells, bollards, control panels and cleanouts				Clear woody vegetation from swales and cap		
Shovel doorways, apply ice melt				Look for damage fencing/gates		
Confirm gates and doorways locked				Confirm storage container locked		

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

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:

- cleaned excessive sediment from new sump.

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: CC

Date: 1-11-22

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>13.90</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>21.79</u>	<u>7.38</u>	<u>2.21</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>19.93</u>	<u>8.77</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>30.74</u>	<u>9.42</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>8.30</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>29.0</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 - Chlorine Trans Fail</u>

Filtration (Check if OK)

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

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

All Alarms Enabled (Y/N)	<u>X</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 - 65%</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> Mid <u>75%</u> Lower <u>Low %</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

305 Bleach - <u>NaMDO₄</u>	Height (in) <u>15"</u>	mA Signal <u>7.0</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>23.75"</u>	Stroke Rate <u>21.3</u>	# of Full Drums Onsite	<u>3</u>
1668 Flocculant	Volume (gal) <u>360</u>	Stroke Rate <u>104</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>-</u>	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>6</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>✓</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	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

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 samples

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: CC

Date: 1-18-22

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>13.88</u>	<u>1.33</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>21.63</u>	<u>6.22</u>	<u>8.67</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>18.81</u>	<u>8.70</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>30.79</u>	<u>22.29</u>	<u>36.07</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>8.69</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>30.51</u>		Building temp accurate			<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?			<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)			<u>Y - EW-4 P. sensor 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-50%</u>
Heaters working	<u>✓</u>					
IPC (Y/N)						
IPC discharge clear?	<u>Y</u>	<u>✓</u>	Check sludge ports (Sludge Y/N)			<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>		Indicate % of sludge			Upper <u>0%</u>
Coag visibly dosing?	<u>Y</u>		at each port			Mid <u>75%</u>
Floc visibly dosing?	<u>Y</u>		Lower			<u>100%</u>
Chemical Feed (Fill in values)						
345 305 Bleach $NaNO_2$	Height (in)	<u>12.0"</u>	mA Signal	<u>6.8</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in)	<u>21.25"</u>	Stroke Rate	<u>18.8</u>	# of Full Drums Onsite	<u>3</u>
1668 Flocculant	Volume (gal)	<u>430</u>	Stroke Rate	<u>111</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>-</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>3</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>Y</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

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:

- slow leak from threaded union on pipe
 entering the top of Thickener Tank (see photos)

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: CC

Date: 1-25-22

Time: 1000

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>13.81</u>	<u>1.91</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>21.61</u>	<u>6.30</u>	<u>9.53</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>-</u>	<u>19.35</u>	<u>9.90</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>7.65</u>	<u>10.85</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>9.80</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>29.92</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

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-30%</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>25%</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)						
345-205 Bleach <u>NaMaO4</u> Height (in) <u>32"</u>	mA Signal <u>6.8</u>	# of Full Drums Onsite	<u>1</u>			
2130 Coagulant Height (in) <u>16.25"</u>	Stroke Rate <u>18.3</u>	# of Full Drums Onsite	<u>3</u>			
1668 Flocculant Volume (gal) <u>385</u>	Stroke Rate <u>106</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>-</u>	(check monthly)	Back flowing after pump cycle?		<u>N</u>		
Excessive sludge/sediment? <u>N</u>						
Diaphragm pumps (Check if OK)						
Proper operation/flow <u>✓</u>	Thick Feed	Press Feed	Floc Feed			
Regulators working properly <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Exhaust mufflers <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Filter Press (Check if OK)						
Hydraulic ram operating normally <u>✓</u>		Sorbent pads replaced?		<u>N</u>		
Hydraulic pressure normal <u>✓</u>		How many total filled Haz drums onsite?		<u>7</u>		
Significant leaks? <u>✓</u>		How many Haz drums filled & closed today?		<u>0</u>		
General/Housekeeping						
Wipe down dirty equipment/piping <u>✓</u>		Any leaks?	<u>✓</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>Y</u>
Sludge in Clarifier Catch Tank? <u>N</u>						
Grounds						
Mow/trim around building, structures, wells, bollards, control panels and cleanouts		Clear woody vegetation from swales and cap				
Shovel doorways, apply ice melt		Look for damage fencing/gates				
Confirm gates and doorways locked		Confirm storage container locked				

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Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

- $NaMnO_4$ drum had ~ 6" of volume left,
so $NaMnO_4$ (Aries 345) mixture drum was
refilled

• added 9 gal of Aries 345 and 35.75 gal
of water to drum for 20% mixture

TABLES



Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	1/11/2022	1/11/2022	1/11/2022	1/11/2022		1/11/2022
Volatile Organic Compounds (µg/L)						
ACETONE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
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	1.0 U	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	1.0 U	1.0 U	1.0 U	--	1.0 U
DICHLORODIFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROETHENE (TOTAL)	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,3-DICHLOROPROPENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
ETHYLBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-HEXANONE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
ISOPROPYLBENZENE (CUMENE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL ACETATE	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	ND	ND	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.

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	1/11/2022	1/11/2022	1/11/2022	1/11/2022		1/11/2022
Polychlorinated Biphenyls (µg/L)						
PCB-1016 (AROCLOR 1016)	0.94 U	0.94 U	0.94 U	0.98 U	--	0.94 U
PCB-1221 (AROCLOR 1221)	0.94 U	0.94 U	0.94 U	0.98 U	--	0.94 U
PCB-1232 (AROCLOR 1232)	0.83 J	0.91 J	0.94 U	0.98 U	--	0.94 U
PCB-1242 (AROCLOR 1242)	0.94 U	0.94 U	0.94 U	0.98 U	--	0.94 U
PCB-1248 (AROCLOR 1248)	0.94 U	0.94 U	0.94 U	0.98 U	--	0.94 U
PCB-1254 (AROCLOR 1254)	0.94 U	0.94 U	0.94 U	0.98 U	--	0.94 U
PCB-1260 (AROCLOR 1260)	0.94 U	0.94 U	0.94 U	0.98 U	--	0.94 U
Metals (mg/L)						
ALUMINUM	0.0331 J	0.855	0.2 U	0.2 U	--	0.2 U
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	0.0345 J	0.0245 J	0.044 J	0.0383 J	3.5	0.03 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	78.5	70.6	103	99.4	--	102
CHROMIUM, TOTAL	0.01 U	0.01 U	0.01 U	0.01 U	0.21	0.01 U
COBALT	0.05 U	0.05 U	0.05 U	0.05 U	0.005	0.05 U
COPPER	0.0043 J	0.004 J	5.2 J	3.7 J	0.024	0.025 U
IRON	12.5	1.6	4.48	6.82	0.3	0.542
LEAD	0.005 U	0.005 U	0.005 U	0.005 U	0.0032	0.005 U
MAGNESIUM	18.8	17	18.9	17.8	--	21
MANGANESE	1.41	1.92	1.34	1.21	--	0.215
MERCURY	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0008	0.0002 U
NICKEL	0.0221 J	0.0192 J	0.0175 J	0.0148 J	0.0096	0.0173 J
POTASSIUM	3.04 J	3.72 J	3.62 J	3.32 J	--	4.06 J
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	45.7	43.3	46.3	42.5	--	46.4
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	0.0135 J	0.02 U	0.02 U	0.02 U	0.17	0.02 U
Conventional Chemistry (mg/L)						
TOTAL DISSOLVED SOLIDS	417	410	506	419	500	523
TOTAL SUSPENDED SOLIDS	14	6.8	14	18	50	1.6 J

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A decorative graphic consisting of three thin orange lines: one horizontal line extending across the width of the page, and two parallel diagonal lines extending from the bottom left towards the top right.