

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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Subject:

March 2022 Monthly Report
Fort Edward Landfill
NYSDEC Site No. 558001
Contract No. D009804-7

Date:

May 17, 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 March 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

Our ref:

30055713

System Performance

A total of 643,522 gallons of leachate were collected and treated through the system during March 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 14.4 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 March 2022 operating period:

- Iron and solids sludge processing was performed throughout the month. Three 55-gallon drums of Filter Sludge were generated during March 2022.
- Adjusted sodium permanganate pump dosing settings to further decrease flowrate of the pump.
- Based on decreased flow rates, the leachate collection well EW-4 pump was removed, cleaned, and diagnosed. A section of wiring on the primary EW-4 pump was damaged thus the maintenance pump was connected to the pitless adapter and variable frequency drive (VFD).
- Replaced the air compressor regulator, pressure switch and relief valve, and check valve.
- Collected routine monthly and quarterly treatment system samples.
- Conducted Water Supply sampling in the surrounding area of the site for emerging contaminants perfluorinated alkyl substances and 1,4-dioxane. Details of this sampling event will be provided within the Water Supply Sampling Report.

Additional details of activities completed in March 2022 are provided in Attachment A.

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on March 15, 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).

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 second quarter of 2022.

The monthly and quarterly 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 March 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 conventional chemistry. Iron exceeded the Fort Edward SPDES Permit Limit at the Polishing Pond Effluent sampling location. Additional details of the system analytical results are provided below.

VOCs

As shown in Table 1, VOCs were detected in the EW-1, EW-2, and EW-3 samples. VOCs were not detected in the remaining seven samples at concentrations greater than the compound quantitation limit.

PCBs

PCB Aroclor 1242 was detected in the EW-1 (541 micrograms per liter [$\mu\text{g/L}$]) and EW-2 (2.0 $\mu\text{g/L}$) samples during the March 2022 sampling event. There were no PCBs detected in the Polishing Pond Effluent sample during the March 2022 sampling event. The Fort Edward SPDES Equivalency Permit does not include a limit for PCBs.

Metals

Iron concentrations ranged from a maximum of 59.4 milligrams per liter (mg/L) (EW-2) to a minimum of 0.127 mg/L (Cell 1 Effluent). The Polishing Pond Effluent iron concentration of 0.945 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L. There were no other metal concentrations which exceeded the Fort Edward SPDES Equivalency Permit Limits in March 2022. Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 386 mg/L (Polishing Pond Effluent) to 765 mg/L (EW-1), and TSS concentrations ranged from non-detect in multiple samples to 66 mg/L (EW-1). 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 April 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

May 17, 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 – March 2022 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Report No. 83

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/1/2022

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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: Patrick Harrington, Colby Churchill, Rachael Thomas | |
| Site Location: Hudson Falls, New York | | | | | | | |
| Weather Conditions | | | | | | | |
| General Description | Cloudy | AM | Rain | PM | | | |
| Temperature | 20 °F | AM | 30 °F | PM | | | |
| Wind | 9 MPH S | AM | 10 MPH SE | 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: | | 2000 |
| <ul style="list-style-type: none"> - Added hydraulic fluid to the Filter Press due to low hydraulic fluid levels. - Gauged sludge levels in EW-4. - Repeatedly transferred sludge from the Inclined Plate Clarifier (IPC) to the Thickener Tank. - Completed blowdown, cake discharge, and subsequent prefill of the Filter Press. - Performed routine housekeeping and chemical inspection within the Treatment System Building. - Calibrated Horiba water quality meter prior to water supply sampling. - Visited residences to schedule water supply sampling. - Determined well pump at 29 Wolf St. is inoperable and therefore will not be sampled. | | | | | | | |
| 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 | |
| Patrick Harrington | | Arcadis | | Geologist | | 11.25 | |
| Colby Churchill | | Arcadis | | Engineer | | 8.2 | |
| Rachael Thomas | | Arcadis | | Engineer | | 8.2 | |
| | | | | | | | |
| | | | | | | | |
| 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. 83

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 3/1/2022

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

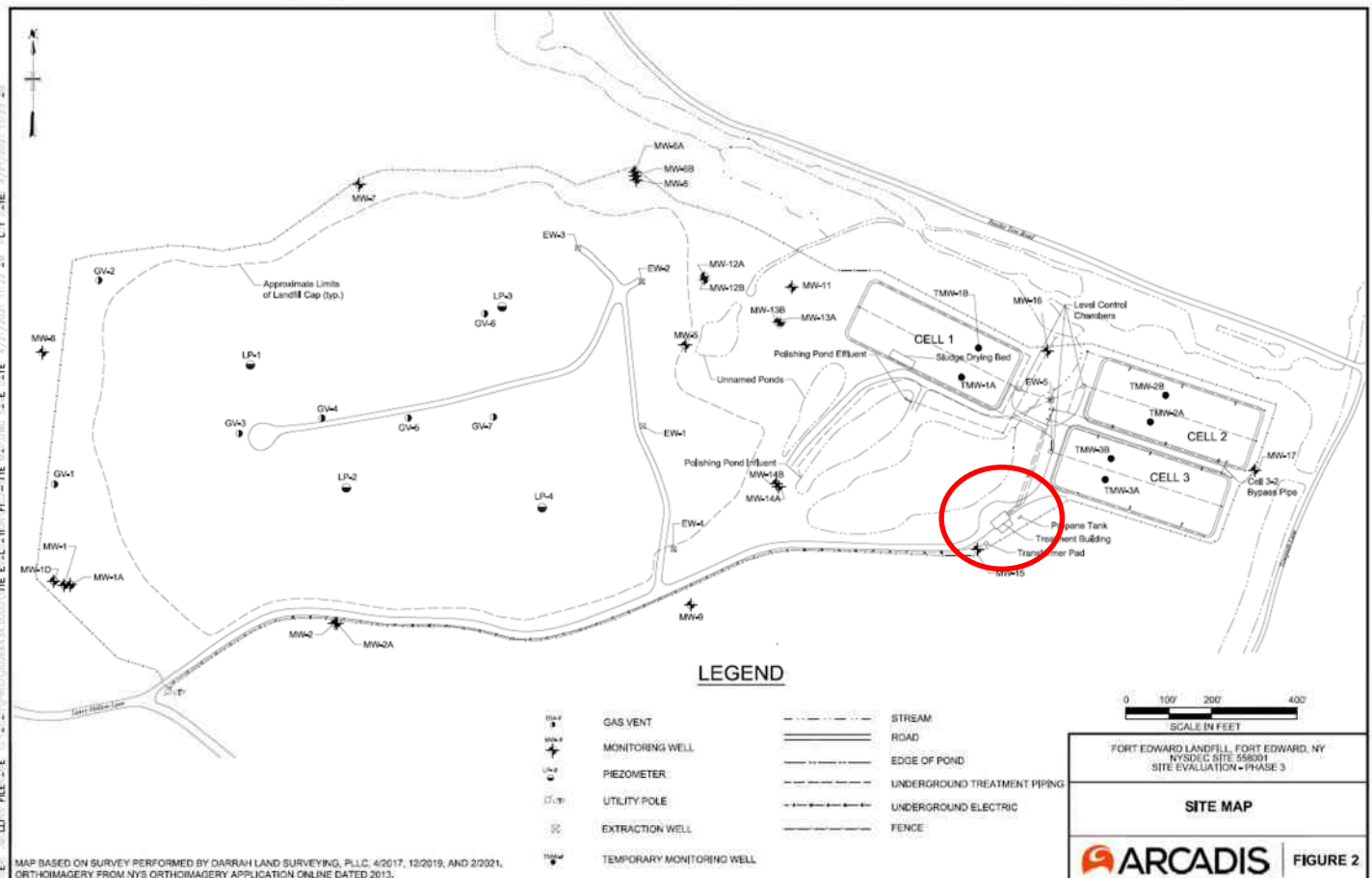
| Site Representatives | |
|----------------------|--------------|
| Name | Representing |
| | |
| | |
| | |
| | |

| 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 onsite March 1, 2022.

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 83

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/1/2022

| Site Photographs (Descriptions Below) | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |
| View of IPC plates prior to washing. | View of IPC plates after washing. |
| Comments | |
| None at this time. | |
| Site Inspector(s): Patrick Harrington, Colby Churchill, Rachael Thomas Date: 3/1/2022 | |

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. | | |

DAILY INSPECTION REPORT

Report No. 83

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/1/2022

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 checked="" type="checkbox"/> | No <input 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 checked="" type="checkbox"/> | N/A <input 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. 84

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 3/2/2022

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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: Rachael Thomas, Colby Churchill | |
| Weather Conditions | | | | | | | | | |
| General Description | Cloudy | AM | Cloudy | PM | | | | | |
| Temperature | 30 °F | AM | 36 °F | PM | | | | | |
| Wind | 10 MPH WNW | AM | 12 MPH WNW | 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: | 0900 | | Departed Site: | 1200 | | | |
| <ul style="list-style-type: none"> - Calibrated Horiba water quality meter prior to water supply sampling. - Collected sample and MS/MSD sample from 111 Perkins Dr. for analysis of PFAS and 1,4-Dioxane. - Delivered sample cooler to Pace Analytical. | | | | | | | | | |
| 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 | | | |
| Rachael Thomas | | Arcadis | | Engineer | | 3.0 | | | |
| Colby Churchill | | Arcadis | | Engineer | | 3.0 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Equipment Description | | Contractor/Vendor | | | Quantity | Used | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Material Description | Imported/ Delivered to Site | Exported off Site | Waste Profile (If Applicable) | Source or Disposal Facility (If Applicable) | | Daily Loads | Daily Weight (tons)* | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| *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. 84

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 3/2/2022

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

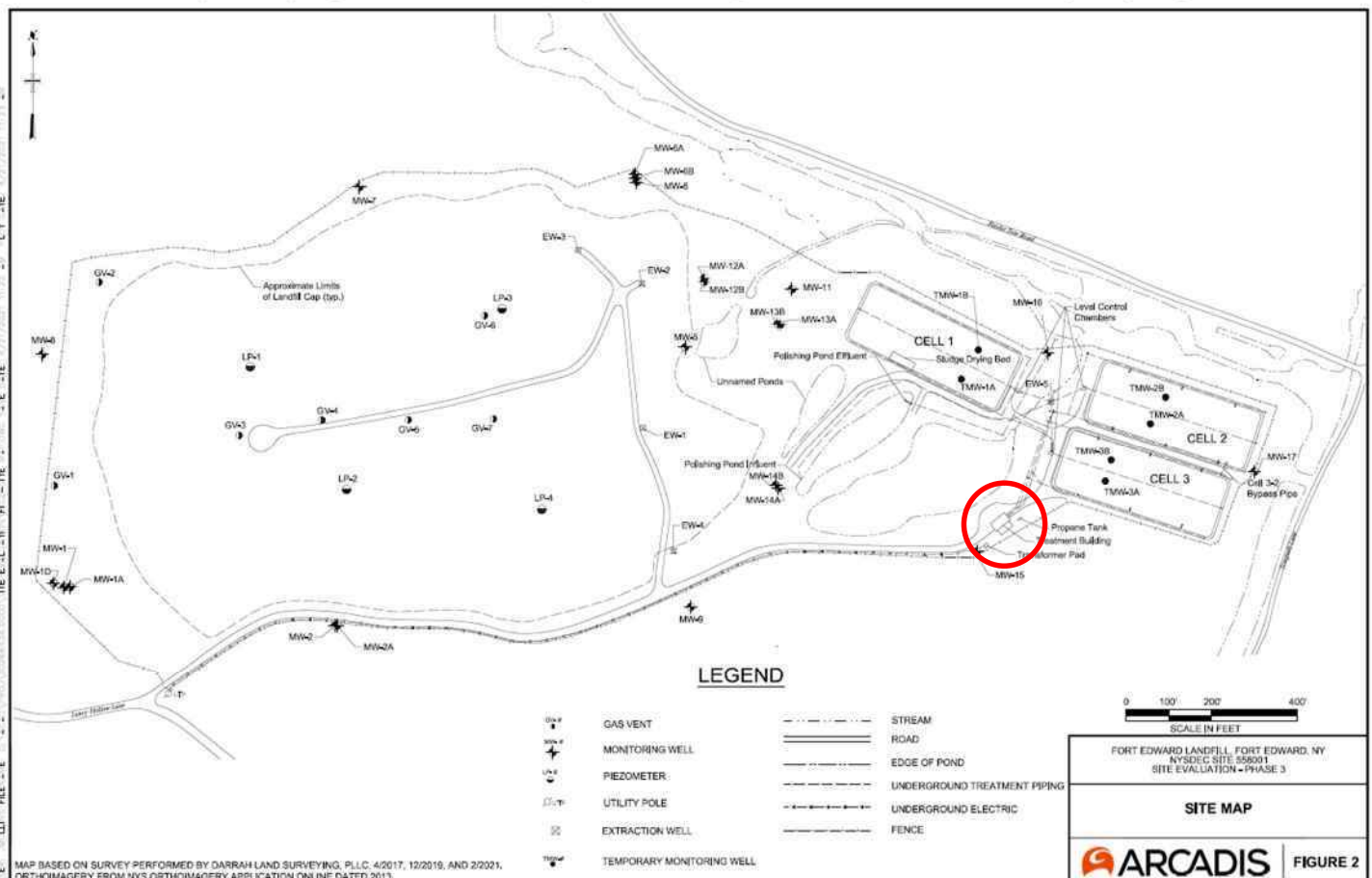
| Site Representatives | |
|----------------------|--------------|
| Name | Representing |
| | |
| | |
| | |
| | |

| 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 onsite March 2, 2022.

DAILY INSPECTION REPORT

Report No. 84

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 3/2/2022

Site Photographs (Descriptions Below)



View of WS-111-Perkins Dr. sample.



View of 29 Wolf St. groundwater well.



View of 29 Wolf St. groundwater pump info.

Comments

None at this time.

Site Inspector(s): Colby Churchill, Rachael Thomas

Date: 3/2/2022

DAILY INSPECTION REPORT

Report No. 84

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/2/2022

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"/> |
| <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 checked="" type="checkbox"/> | No <input 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 checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| If yes, has Contractor been notified? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| <u>Comments:</u> None at this time. | | | |



DAILY INSPECTION REPORT

Page 1 of 4

Report No. 85

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/8/2022

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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: Patrick Harrington, Jeremy Wyckoff | |
| Weather Conditions | | | | | | | | | |
| General Description | Cloudy | AM | Sunny | PM | | | | | |
| Temperature | 33 °F | AM | 36 °F | PM | | | | | |
| Wind | 17MPH NW | AM | 14 MPH W | PM | | | | | |
| Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments". | | | | | | | | | |
| Were there any changes to the Health & Safety Plan? | | | | | *Yes | No <input checked="" type="checkbox"/> | NA | | |
| Were there any exceedances of the perimeter air monitoring reported on this date? | | | | | *Yes | No | NA <input checked="" type="checkbox"/> | | |
| Were there any nuisance issues reported/observed on this date? | | | | | *Yes | No <input checked="" type="checkbox"/> | NA | | |
| Health & Safety Comments None at this time. | | | | | | | | | |
| Summary of Work Performed | | Arrived at site: | 0815 | Departed Site: | 1715 | | | | |
| <ul style="list-style-type: none"> - Removed and pressure washed EW-4 pump screen. - Observed damaged wire on primary EW-4 pump. - Reinstalled EW-4 pump screen and connected maintenance pump to the VFD (variable frequency drive) and pitless adapter. - Verified EW-4 was pumping at normal flow rate after cleaning and re-installation. | | | | | | | | | |
| 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 | | | |
| Patrick Harrington | | Arcadis | | Geologist | | 9.0 | | | |
| Jeremy Wyckoff | | Arcadis | | Geologist | | 9.0 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Equipment Description | | | Contractor/Vendor | | | Quantity | | Used | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Material Description | | Imported/ Delivered to Site | Exported off Site | Waste Profile (If Applicable) | Source or Disposal Facility (If Applicable) | | Daily Loads | 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. 85 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 3/8/2022

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

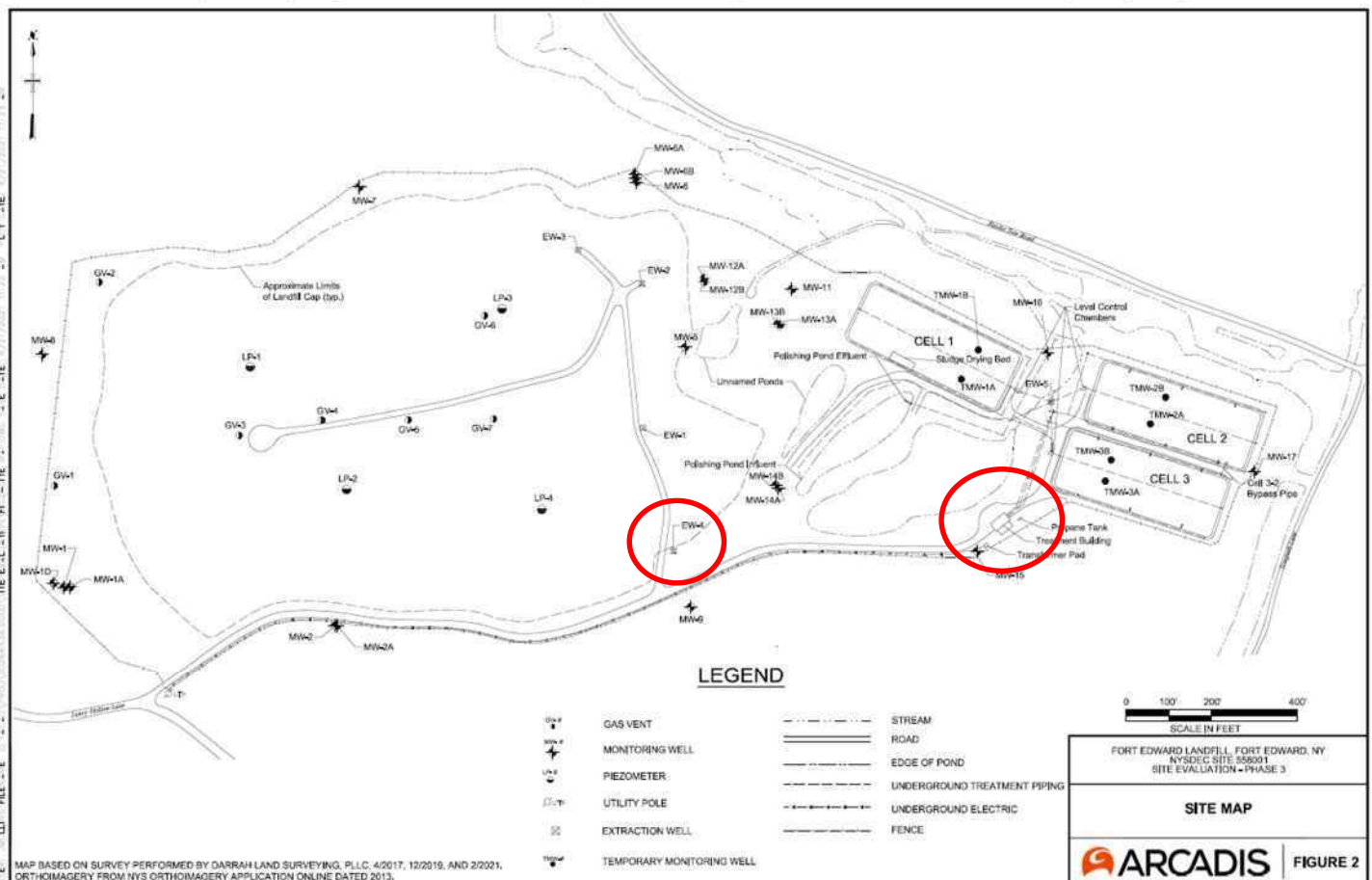
| Site Representatives | |
|----------------------|--------------|
| Name | Representing |
| | |
| | |
| | |
| | |

| 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 areas indicate the locations of work performed on March 8, 2022.

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 85

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/8/2022

Site Photographs (Descriptions Below)

View of clogged EW-4 pump screen.



View of damaged wire on EW-4 pump.

Comments

None at this time.

Site Inspector(s): Patrick Harrington, Jeremy Wyckoff**Date:** 3/8/2022**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. | | |

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 85

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/8/2022

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 checked="" type="checkbox"/> | No <input 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. 86

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 3/15/2022

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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: Patrick Harrington, Colby Churchill | |
| Site Location: Hudson Falls, New York | | | | | | | |
| Weather Conditions | | | | | | | |
| General Description | Cloudy | AM | Rain | PM | | | |
| Temperature | 45 °F | AM | 51 °F | PM | | | |
| Wind | 4 MPH SW | AM | 6 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: | | 0830 | Departed Site: | | 2000 |
| <ul style="list-style-type: none"> - Completed routine monthly and quarterly Treatment System sampling. Sample coolers delivered to Pace Analytical. - Replaced sodium permanganate pump tubing and adjusted dosing settings. - Disassembled, cleaned, and re-assembled air compressor regulator to resolve air leak. - Repeatedly transferred sludge from the Inclined Plate Clarifier (IPC) to the Thickener Tank. - Completed prefill and onstream of the Filter Press. - 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 | |
| Patrick Harrington | | Arcadis | | Geologist | | 11.5 | |
| Colby Churchill | | Arcadis | | Engineer | | 5.0 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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. 86

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 3/15/2022

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

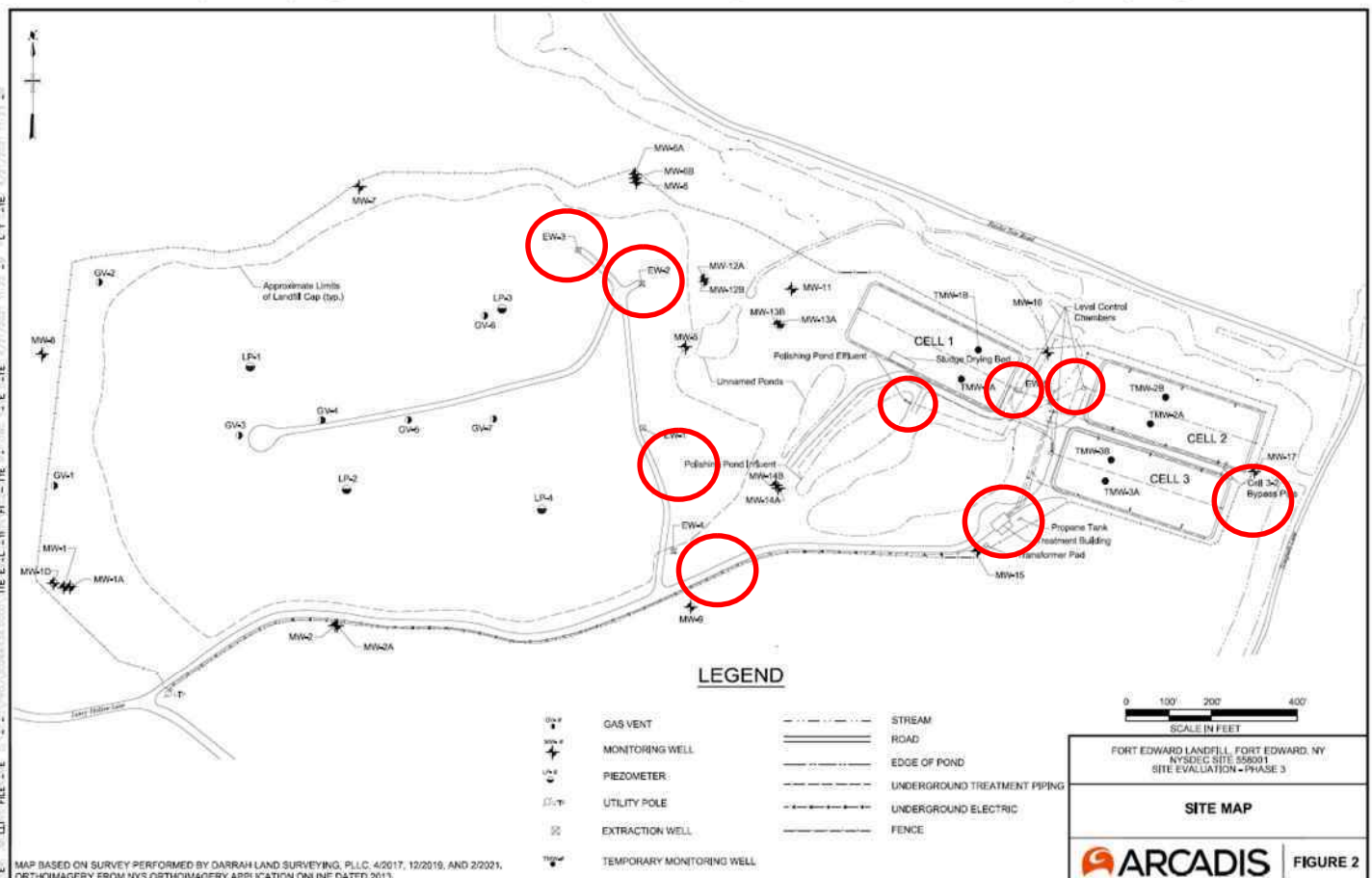
| Site Representatives | |
|----------------------|--------------|
| Name | Representing |
| | |
| | |
| | |
| | |

| 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 areas indicate the locations of work performed on March 15, 2022.

DAILY INSPECTION REPORT

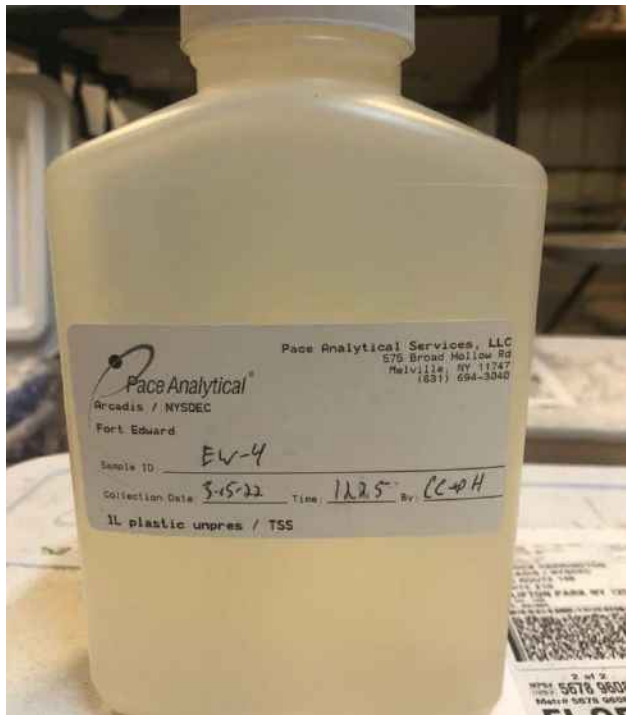
Report No. 86

Fort Edward Landfill - NYSDEC Site No. 558001

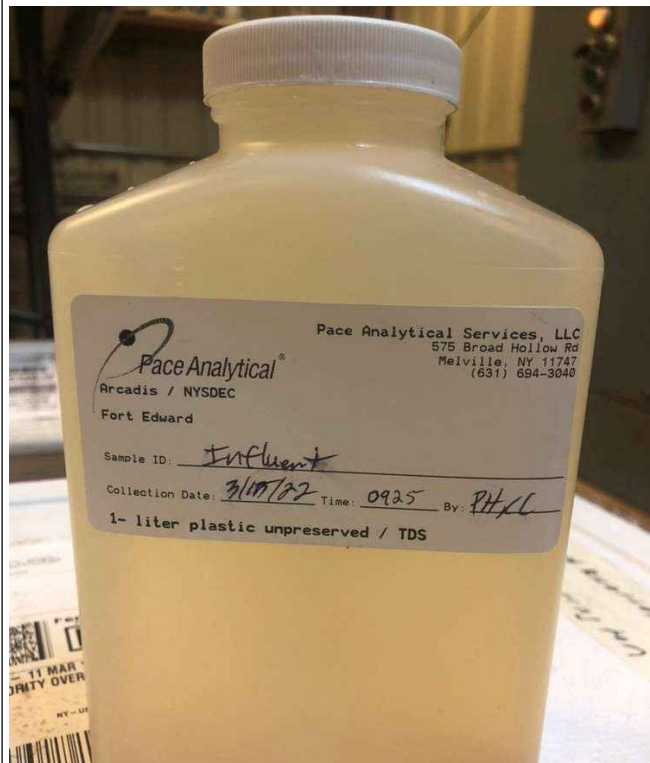
Page 3 of 4

Date: 3/15/2022

Site Photographs (Descriptions Below)



View of EW-4 sample.



View of Influent sample.



View of air compressor regulator after repair.

Comments

None at this time.

Site Inspector(s): Patrick Harrington, Colby Churchill

Date: 3/15/2022

DAILY INSPECTION REPORT

Report No. 86

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/15/2022

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"/> |
| <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 checked="" type="checkbox"/> | No <input 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. 87

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 3/22/2022

| | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 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: Patrick Harrington | |
| Weather Conditions | | | | | | | | | |
| General Description | Sunny | AM | Sunny | PM | | | | | |
| Temperature | 35 °F | AM | 39 °F | PM | | | | | |
| Wind | 10 MPH W | AM | 12 MPH NW | 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: | | 1815 | |
| <ul style="list-style-type: none"> - Completed blowdown, cake discharge, and subsequent prefill of the Filter Press. - Adjusted dosing settings of the sodium permanganate pump. - Repeatedly transferred sludge from the Inclined Plate Clarifier (IPC) to the Thickener Tank. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - Trimmed overhanging branches and corrected patches of missing gravel on the landfill access road. - 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 | | | |
| Patrick Harrington | | Arcadis | | Geologist | | 9.5 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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. 87 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 3/22/2022

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

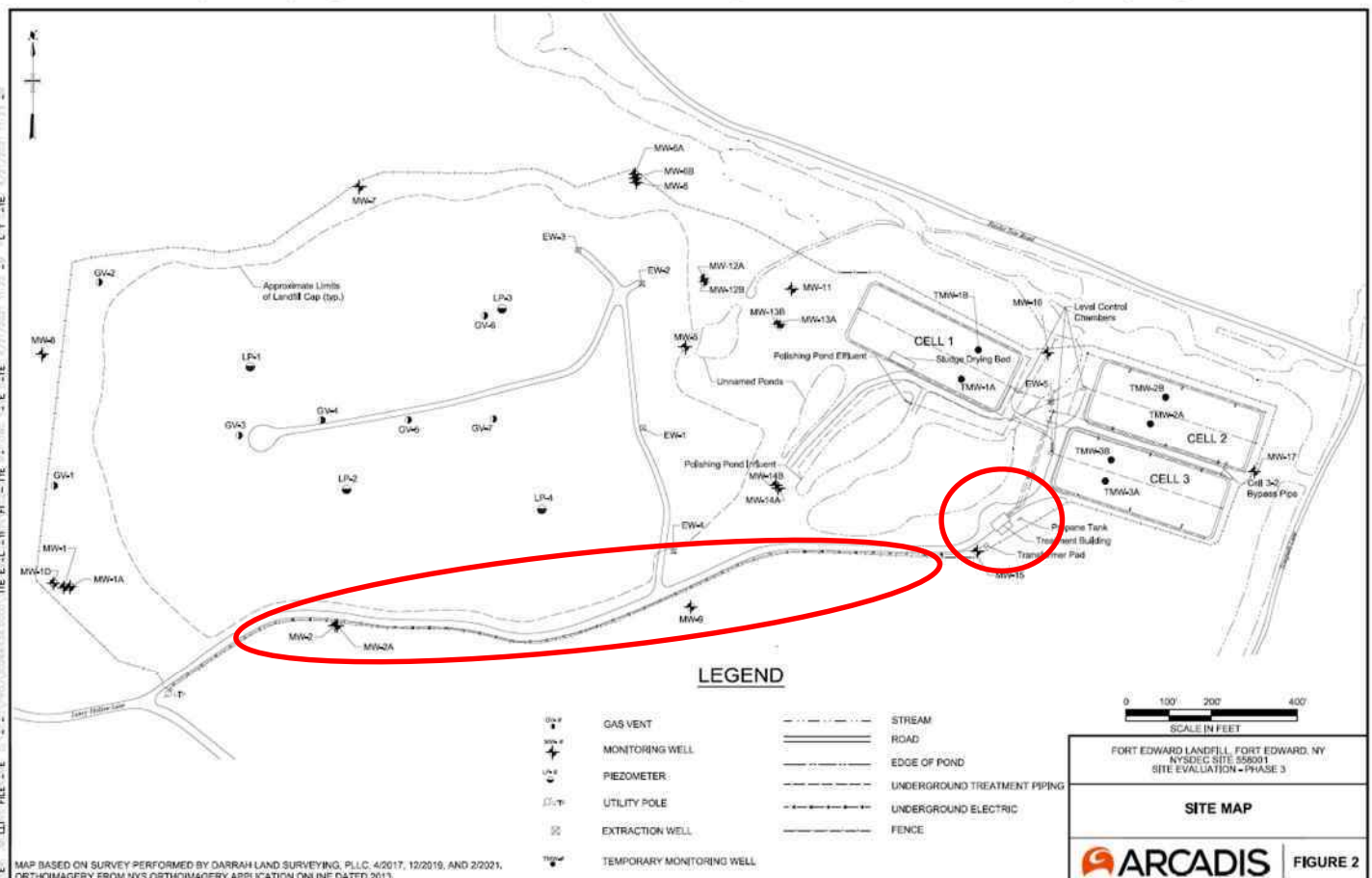
| Site Representatives | |
|----------------------|--------------|
| Name | Representing |
| | |
| | |
| | |
| | |

| 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 areas indicate the locations of work performed on March 22, 2022.



DAILY INSPECTION REPORT

Report No. 87

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 3/22/2022

| Site Photographs (Descriptions Below) | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |
| View of agitated iron scaling in IPC plate chamber. | View of agitated iron scaling in Clarifier Catch Tank. |
| Comments None at this time. | |
| Site Inspector(s): Patrick Harrington | Date: 3/22/2022 |

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. | | |

DAILY INSPECTION REPORT

Report No. 87

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/22/2022

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 checked="" type="checkbox"/> | No <input 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. 88

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 3/29/2022

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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: Patrick Harrington | |
| Site Location: Hudson Falls, New York | | | | | | | |
| Weather Conditions | | | | | | | |
| General Description | Sunny | AM | Sunny | PM | | | |
| Temperature | 17 °F | AM | 29 °F | PM | | | |
| Wind | 12 MPH W | AM | 12 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: | | 0845 | Departed Site: | | 1915 |
| <ul style="list-style-type: none"> - Replaced air compressor pressure switch, relief valve, and regulator. - Removed, cleaned, and reinstalled check valve. Check valve continues to leak after cleaning. - Completed blowdown, cake discharge, and subsequent prefill and onstream of the Filter Press. - Containerized one 55-gallon drum of Filter Press Filter Sludge. - 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 | |
| Patrick Harrington | | Arcadis | | Geologist | | 10.5 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| *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. 88

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 3/29/2022

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

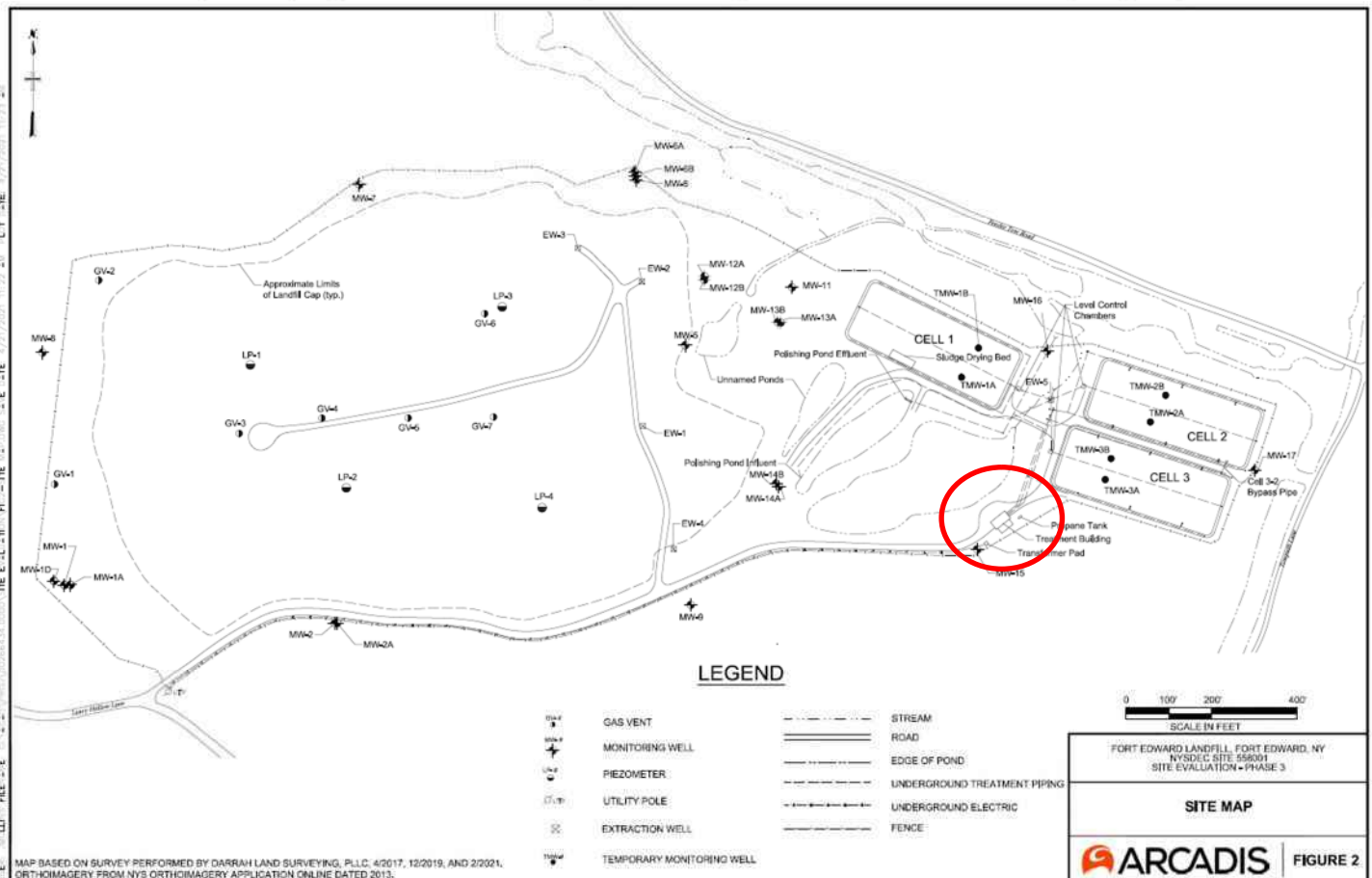
| Site Representatives | |
|----------------------|--------------|
| Name | Representing |
| | |
| | |
| | |
| | |

| 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 March 29, 2022.

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 88

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/29/2022

Site Photographs (Descriptions Below)

View of Filter Cake in the Filter Press.



View of old, faulty air compressor check valve.

Comments

None at this time.

Site Inspector(s): Patrick Harrington**Date:** 3/29/2022**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. | | |

DAILY INSPECTION REPORT

Page 4 of 4

Report No. 88

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 3/29/2022

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 checked="" type="checkbox"/> | No <input 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: PH, CC, BT Date: 3/11/22

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>N</u> | <u>Y</u> | <u>0.62</u> | <u>19.0</u> | <u>12.0</u> |
| Run pumps in "Manual" to confirm flow, if needed. | EW-2 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>19.84</u> | <u>12.0</u> | <u>13.09</u> |
| Confirm pumps are operating between setpoints | EW-3 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>18.45</u> | <u>8.80</u> | <u>NA</u> |
| Confirm pressure with pump cycling & not high/low | EW-4 <u>N</u> | <u>N</u> | <u>N</u> | <u>0</u> | <u>14.4</u> | <u>0</u> |
| If pumps on, is water flowing into IPC (Y/N)? <u>Y</u> | EW-5 <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>NA</u> | <u>9.06</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) | | | Discharge pump operating | <u>✓</u> |
| Operate exhaust fan manually | <u>✓</u> | | Discharge pump pressure normal | <u>✓</u> |
| FT-801 reading (GPM) | <u>16.62</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>N</u> |
| List any disabled and indicate why | <u>Chlorine disabled</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>60%</u> |
| Heaters working | <u>✓</u> | | |

IPC (Y/N)

| | | | |
|----------------------------------|----------|---------------------------------|------------------|
| IPC discharge clear? | <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>✓</u> | at each port | Mid <u>100</u> |
| Floc visibly dosing? | <u>✓</u> | | Lower <u>100</u> |

Chemical Feed (Fill in values)

| | | | | |
|------------------------------|---------------------------|------------------------|------------------------|----------|
| 345 Sodium Permanganate | Height (in) <u>29</u> | mA Signal <u>400</u> | # of Full Drums Onsite | <u>1</u> |
| 2130 Coagulant | Height (in) <u>27 3/4</u> | Stroke Rate <u>40</u> | # of Full Drums Onsite | <u>1</u> |
| 1668 Flocculant | Volume (gal) <u>475</u> | Stroke Rate <u>100</u> | # of Full Bags Onsite | <u>1</u> |
| Dosing pumps at normal rate? | <u>✓</u> | | Chemicals needed? | <u>1</u> |

Floor Sumps (Y/N)

| | | | |
|------------------------------------------|----------|----------------------------------|----------|
| Sump levels normal? | <u>✓</u> | Pump runs but not emptying sump? | <u>N</u> |
| High-High level switches operate freely? | <u>✓</u> | Back flowing after pump cycle? | <u>N</u> |
| Excessive sludge/sediment? | <u>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>1</u> |
| Significant leaks? | <u>N</u> | How many Haz drums filled & closed today? | <u>1</u> |

General/Housekeeping

| | | | | | |
|----------------------------------------|----------|---------------------|----------|---------------------|----------|
| Wipe down dirty equipment/piping | <u>✓</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 | 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 leftover coagulant to new drum. Initial height 27 3/4, New height 32 1/2

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH, JW

Date: 3/8/22

Time: 0815

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

HMI SCREENS

Extraction Wells

| | Online (Y/N) | Auto | Manual | Flow (gpm) | Level (ft) | (psi) |
|---------------------------------------------------|---------------|----------|----------|------------|------------|------------|
| Pump Status/Flow | EW-1 <u>N</u> | <u>N</u> | <u>N</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| Run pumps in "Manual" to confirm flow, if needed. | EW-2 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| Confirm pumps are operating between setpoints | EW-3 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>N/A</u> | <u>N/A</u> | <u>NA</u> |
| Confirm pressure with pump cycling & not high/low | EW-4 <u>N</u> | <u>N</u> | <u>N</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| If pumps on, is water flowing into IPC (Y/N)? | EW-5 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>NA</u> | <u>N/A</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>N/A</u> |
| If on - record chlorine concentration (ppm) | <u>N/A</u> | | Discharge pump operating | <u>NA</u> |
| Operate exhaust fan manually | <u>NA</u> | | Discharge pump pressure normal | <u>N/A</u> |
| FT-801 reading (GPM) | <u>N/A</u> | | Building temp accurate | <u>N/A</u> |
| Chemical rates normal for flow? | <u>N/A</u> | | Mixers operating? | <u>N/A</u> |
| Catch tank display level=actual? | <u>N/A</u> | | Other Alarms (Y/N) | <u>N/A</u> |

Filtration (Check if OK)

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

Data (Check if OK)

Do Daily & Yesterday Starts make sense N/A

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

IPC (Y/N)

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

Chemical Feed (Fill in values)

| | | | |
|------------------------------|------------------------|-----------------------|----------------------------------|
| 345 Sodium Permanganate | Height (in) <u>NA</u> | mA Signal <u>NA</u> | # of Full Drums Onsite <u>NA</u> |
| 2130 Coagulant | Height (in) <u>NA</u> | Stroke Rate <u>NA</u> | # of Full Drums Onsite <u>NA</u> |
| 1668 Flocculant | Volume (gal) <u>NA</u> | Stroke Rate <u>NA</u> | # of Full Bags Onsite <u>NA</u> |
| Dosing pumps at normal rate? | <u>NA</u> | | Chemicals needed? <u>NA</u> |

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

| 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:

Did not run system, did not complete O&M today. Spent the whole day repairing EW-4 pump

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH, CC

Date: 3/15/22

Time: 0830

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

HMI SCREENS

Extraction Wells

| | Online (Y/N) | Auto | Manual | Flow (gpm) | Level (ft) | (psi) |
|--------------------------------------------------------|---------------|----------|----------|--------------|--------------|--------------|
| Pump Status/Flow | EW-1 <u>N</u> | <u>N</u> | <u>N</u> | <u>0.60</u> | <u>17.05</u> | <u>0</u> |
| Run pumps in "Manual" to confirm flow, if needed. | EW-2 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>20.67</u> | <u>1.01</u> | <u>10.58</u> |
| Confirm pumps are operating between setpoints | EW-3 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>16.67</u> | <u>7.83</u> | <u>NA</u> |
| Confirm pressure with pump cycling & not high/low | EW-4 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>28.75</u> | <u>7.20</u> | <u>6.57</u> |
| If pumps on, is water flowing into IPC (Y/N)? <u>Y</u> | EW-5 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>NA</u> | <u>9.85</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) | | | Discharge pump operating | <u>✓</u> |
| Operate exhaust fan manually | <u>✓</u> | | Discharge pump pressure normal | <u>✓</u> |
| FT-801 reading (GPM) | <u>24.50</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>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>N</u> |
| List any disabled and indicate why | <u>chlorine disabled</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>✓ 35%</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>50%</u> Mid <u>100%</u> Lower <u>100%</u> |
| Coag visibly dosing? | <u>✓ Y</u> | | |
| Floc visibly dosing? | <u>✓ Y</u> | | |

Chemical Feed (Fill in values)

| | | | | |
|------------------------------|-------------------------|-------------------------|------------------------|----------|
| 345 Sodium Permanganate | Height (in) <u>29.4</u> | mA Signal <u>4.40</u> | # of Full Drums Onsite | <u>1</u> |
| 2130 Coagulant | Height (in) <u>26.5</u> | Stroke Rate <u>1590</u> | # of Full Drums Onsite | <u>1</u> |
| 1688 Flocculant | Volume (gal) <u>200</u> | Stroke Rate <u>88</u> | # of Full Bags Onsite | <u>1</u> |
| Dosing pumps at normal rate? | <u>Y</u> | Chemicals needed? | <u>N/A</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>1</u> |
| Significant leaks? | <u>N</u> | How many Haz drums filled & closed today? | <u>0</u> |

General/Housekeeping

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

Grounds

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

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

Date: 3/27/22

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 | | | | | | |
| Run pumps in "Manual" to confirm flow, if needed. | EW-1 <u>N</u> | <u>N</u> | <u>Y</u> | <u>0</u> | <u>13.89</u> | <u>1.3</u> |
| Confirm pumps are operating between setpoints | EW-2 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>19.5</u> | <u>6.66</u> | <u>16.9</u> |
| Confirm pressure with pump cycling & not high/low | EW-3 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>11.8</u> | <u>9.68</u> | <u>NA</u> |
| If pumps on, is water flowing into IPC (Y/N)? | EW-4 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>2609</u> | <u>9.06</u> | <u>7.28</u> |
| | EW-5 <u>Y</u> | <u>Y</u> | <u>N</u> | <u>NA</u> | <u>7.67</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>N/A</u> | | Discharge pump operating | <u>✓</u> |
| Operate exhaust fan manually | <u>✓</u> | | Discharge pump pressure normal | <u>✓</u> |
| FT-801 reading (GPM) | <u>25.25</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>N</u> | | |
|--------------------------|----------|--|--|

List any disabled and indicate why Chlorine disabled

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>75</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>Y</u> | Indicate % of sludge | Upper <u>0</u> |
| Coag visibly dosing? | <u>Y</u> | at each port | Mid <u>100</u> |
| Floc visibly dosing? | <u>Y</u> | | Lower <u>100</u> |

Chemical Feed (Fill in values)

| | | | |
|------------------------------|---------------------------|-------------------------|---------------------------------|
| 345 Sodium Permanganate | Height (in) <u>28 1/4</u> | mA Signal <u>4.00</u> | # of Full Drums Onsite <u>1</u> |
| 2130 Coagulant | Height (in) <u>22</u> | Stroke Rate <u>1490</u> | # of Full Drums Onsite <u>2</u> |
| 1668 Flocculant | Volume (gal) <u>375</u> | Stroke Rate <u>82</u> | # of Full Bags Onsite <u>2</u> |
| Dosing pumps at normal rate? | <u>NO</u> | Chemicals needed? | <u>None</u> |

Floor Sumps (Y/N)

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

Excessive sludge/sediment? N

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 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/VON" 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: PH

Date: 3/29/22

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>N</u> | <u>N</u> | <u>0</u> | <u>13.89</u> |
| Run pumps in "Manual" to confirm flow, if needed. | EW-2 | <u>Y</u> | <u>Y</u> | <u>N</u> | <u>21.30</u> | <u>7.21</u> |
| Confirm pumps are operating between setpoints | EW-3 | <u>Y</u> | <u>Y</u> | <u>N</u> | <u>11.75</u> | <u>NA</u> |
| Confirm pressure with pump cycling & not high/low | EW-4 | <u>Y</u> | <u>Y</u> | <u>N</u> | <u>25.48</u> | <u>7.97</u> |
| If pumps on, is water flowing into IPC (Y/N)? <u>Y</u> | EW-5 | <u>Y</u> | <u>Y</u> | <u>N</u> | <u>NA</u> | <u>NA</u> |

Process - (Check if OK or fill in values)

| | | | | | | |
|---------------------------------------------|----|--------------|----|------------|--------------------------------|-----------|
| Chlorine Alarm status (on/off) | A1 | <u>N/A</u> | A2 | <u>N/A</u> | Auto rotate on/off | <u>On</u> |
| If on - record chlorine concentration (ppm) | | | | | Discharge pump operating | <u>Y</u> |
| Operate exhaust fan manually | | <u>✓</u> | | | Discharge pump pressure normal | <u>Y</u> |
| FT-801 reading (GPM) | | <u>20.49</u> | | | Building temp accurate | <u>Y</u> |
| Chemical rates normal for flow? | | <u>✓</u> | | | Mixers operating? | <u>Y</u> |
| Catch tank display level=actual? | | <u>✓</u> | | | Other Alarms (Y/N) | <u>N</u> |

Filtration (Check if OK)

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

Data (Check if OK)

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

Alarms

| | |
|------------------------------------|--------------------------|
| All Alarms Enabled (Y/N) | <u>N</u> |
| List any disabled and indicate why | <u>chlorine disabled</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>60</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>Y</u> | Indicate % of sludge | Upper <u>20</u> |
| Coag visibly dosing? | <u>Y</u> | at each port | Mid <u>100</u> |
| Floc visibly dosing? | <u>Y</u> | | Lower <u>100</u> |

Chemical Feed (Fill in values)

| | | | | | | |
|------------------------------|--------------|--------------|-------------|-------------------|------------------------|----------|
| 345 Sodium Permanganate | Height (in) | <u>28.42</u> | mA Signal | <u>4.43</u> | # of Full Drums Onsite | <u>1</u> |
| 2130 Coagulant | Height (in) | <u>17.5</u> | Stroke Rate | <u>12.5</u> | # of Full Drums Onsite | <u>2</u> |
| 1668 Flocculant | Volume (gal) | <u>400</u> | Stroke Rate | <u>76</u> | # of Full Bags Onsite | <u>1</u> |
| Dosing pumps at normal rate? | <u>Y</u> | | | Chemicals needed? | <u>N/A</u> | |

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

| | | | |
|----------------------------------|----------|-------------------------------------------|----------|
| Hydraulic ram operating normally | <u>✓</u> | Sorbent pads replaced? | <u>N</u> |
| Hydraulic pressure normal | <u>✓</u> | How many total filled Haz drums onsite? | <u>3</u> |
| Significant leaks? | <u>N</u> | How many Haz drums filled & closed today? | <u>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:

TABLES



Table 1. March 2022 Treatment System Analytical Data, Fort Edward Landfill,
Hudson Falls, New York. NYSDEC Site No. 558001

| Location | EW-1 | EW-2 | EW-3 | EW-4 | Influent | Clarifier Catch | Cell 3 Bypass | Cell 2 Effluent | Cell 1 Effluent | Fort Edward SPDES Equivalency Permit Limit | Polishing Pond Effluent |
|-----------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------------|---------------|-----------------|-----------------|--------------------------------------------|-------------------------|
| Date | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | | 3/15/2022 |
| Volatile Organic Compounds (µg/L) | | | | | | | | | | | |
| ACETONE | 5.0 U | 5.0 U | 25.2 | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 5.0 U | -- | 5.0 U |
| BENZENE | 1.5 | 3.9 | 3.0 | 1.0 U | 1.0 U | 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 | 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 | 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 | 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 | 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 | 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 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| CHLOROBENZENE | 1.1 | 1.6 | 20.9 | 1.0 U | 1.0 U | 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 | 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 | 1.0 U | 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 | 1.0 U | 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 | 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 | 1.0 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 | 1.0 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 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,2-DICHLOROBENZENE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,3-DICHLOROBENZENE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,4-DICHLOROBENZENE | 1.0 U | 1.0 U | 5.7 | 1.0 U | 1.0 U | 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 | 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 | 1.0 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 | 1.0 U | 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 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,1-DICHLOROETHENE | 4.3 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| CIS-1,2-DICHLOROETHENE | 671 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| TRANS-1,2-DICHLOROETHENE | 2.7 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,2-DICHLOROETHENE (TOTAL) | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 30 | 1.0 U |
| 1,2-DICHLOROPROPANE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| CIS-1,3-DICHLOROPROPENE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| TRANS-1,3-DICHLOROPROPENE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| ETHYLBENZENE | 1.7 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 2-HEXANONE | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 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 | 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 | 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 | 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 | 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 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 50 | 1.0 U |
| METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE) | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 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 | 1.0 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 | 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 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| TOLUENE | 1.1 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,2,4-TRICHLOROBENZENE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,1,1-TRICHLOROETHANE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| 1,1,2-TRICHLOROETHANE | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| TRICHLOROETHENE (TCE) | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 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 | 1.0 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 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | -- | 1.0 U |
| VINYL CHLORIDE | 2,790 | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 1.0 U | 50 | 1.0 U |
| XYLENES, TOTAL | 3.0 U | 3.0 U | 3.0 U | 3.0 U | 3.0 U | 3.0 U | 3.0 U | 3.0 U | 3.0 U | -- | 3.0 U |
| TOTAL VOCs | 3,473.4 | 5.5 | 54.8 | ND | ND | 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:

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. March 2022 Treatment System Analytical Data, Fort Edward Landfill
Hudson Falls, New York. NYSDEC Site No. 558001

| Location | EW-1 | EW-2 | EW-3 | EW-4 | Influent | Clarifier Catch | Cell 3 Bypass | Cell 2 Effluent | Cell 1 Effluent | Fort Edward SPDES Equivalency Permit Limit | Polishing Pond Effluent |
|-----------------------------------------|-----------|-----------|-----------|-----------|-----------|--------------------|------------------|--------------------|--------------------|-----------------------------------------------------|-------------------------------|
| Date | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | 3/15/2022 | | 3/15/2022 |
| Polychlorinated Biphenyls (µg/L) | | | | | | | | | | | |
| PCB-1016 (AROCLOR 1016) | 47.2 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | -- | 0.94 U |
| PCB-1221 (AROCLOR 1221) | 47.2 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | -- | 0.94 U |
| PCB-1232 (AROCLOR 1232) | 47.2 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | -- | 0.94 U |
| PCB-1242 (AROCLOR 1242) | 541 | 2.0 | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | -- | 0.94 U |
| PCB-1248 (AROCLOR 1248) | 47.2 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | -- | 0.94 U |
| PCB-1254 (AROCLOR 1254) | 47.2 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | -- | 0.94 U |
| PCB-1260 (AROCLOR 1260) | 47.2 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | 0.94 U | -- | 0.94 U |
| Metals (mg/L) | | | | | | | | | | | |
| ALUMINUM | 0.2 U | 0.2 U | 0.2 U | 0.2 U | 0.2 U | 1.61 | 0.2 U | 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 | 0.06 U | 0.06 U | 0.06 U | 0.06 U | -- | 0.06 U |
| ARSENIC | 0.01 U | 0.0285 | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 0.15 | 0.01 U |
| BARIUM | 0.304 | 0.208 | 0.238 | 0.2 U | 0.2 U | 0.2 U | 0.2 U | 0.2 U | 0.2 U | 3.5 | 0.2 U |
| BERYLLIUM | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 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 | 0.0025 U | 0.0025 U | 0.0025 U | 0.0025 U | 0.0025 U | 0.001 | 0.0025 U |
| CALCIUM | 146 | 118 | 73.4 | 74.4 | 78.2 | 76.8 | 95.9 | 91.8 | 78.9 | -- | 67.7 |
| CHROMIUM, TOTAL | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 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 | 0.05 U | 0.05 U | 0.05 U | 0.05 U | 0.05 U | 0.005 | 0.05 U |
| COPPER | 0.0369 | 0.0414 | 0.0273 | 0.025 U | 0.025 U | 0.025 U | 0.025 U | 0.025 U | 0.025 U | 0.024 | 0.025 U |
| IRON | 27.4 | 59.4 | 51 | 9.01 | 9.53 | 4.7 | 0.875 | 5.46 | 0.127 | 0.3 | 0.945 |
| LEAD | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 0.005 U | 0.0032 | 0.005 U |
| MAGNESIUM | 40.3 | 41.8 | 34.7 | 17.6 | 18.8 | 18.6 | 17.4 | 16.5 | 12.3 | -- | 1.41 |
| MANGANESE | 1.67 | 0.913 | 0.251 | 1.32 | 1.41 | 1.42 | 1.01 | 0.967 | 0.0436 | -- | 0.23 |
| MERCURY | 0.0002 U | 0.0002 U | 0.0002 U | 0.0002 U | 0.0002 U | 0.0002 U | 0.0002 U | 0.0002 U | 0.0002 U | 0.0008 | 0.0002 U |
| NICKEL | 0.04 U | 0.0604 | 0.04 U | 0.04 U | 0.04 U | 0.04 U | 0.04 U | 0.04 U | 0.04 U | 0.0096 | 0.04 U |
| POTASSIUM | 5.23 | 5.0 U | 29.5 | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 5.0 U | 5.0 U | -- | 5.0 U |
| SELENIUM | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 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 | 0.01 U | 0.01 U | 0.01 U | 0.01 U | -- | 0.01 U |
| SODIUM | 65 | 95.8 | 54.8 | 40.3 | 42.6 | 42 | 38.4 | 34.1 | 6.89 | -- | 25.3 |
| THALLIUM | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 0.01 U | 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 | 0.05 U | 0.05 U | 0.05 U | 0.05 U | 0.05 U | 0.014 | 0.05 U |
| ZINC | 0.02 U | 0.02 U | 0.0338 | 0.02 U | 0.0306 | 0.02 U | 0.02 U | 0.02 U | 0.02 U | 0.17 | 0.02 U |
| Conventional Chemistry (mg/L) | | | | | | | | | | | |
| TOTAL DISSOLVED SOLIDS | 765 | 751 | 571 | 406 | 413 | 429 | 468 | 422 | 425 | 500 | 386 |
| TOTAL SUSPENDED SOLIDS | 66 | 56 | 46 | 14 | 12 | 22 | 10 U | 10 | 10 U | 50 | 10 U |

Notes:
 Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Polishing Pond Effluent are highlighted in yellow.
 "--" - Value does not exist for analyte.

Definitions:
 mg/L - milligrams per liter.
 µg/L - micrograms per liter.
 U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.

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