

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

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Subject:

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

Date:

August 1, 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 May 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 792,577 gallons of leachate were collected and treated through the system during May 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 17.8 gallons per minute (gpm).

System Operation Summary

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

The following activities were completed during the May 2022 operating period:

- Iron and solids sludge processing was performed throughout the month. Four 55-gallon drums of Filter Sludge were generated during May 2022.
- On May 24, 2022, nine 55-gallon drums of Filter Press Filter Sludge and four empty plastic 55-gallon drums were transported for off-site disposal by Clean Harbors, Inc. The disposal documents are attached to this report (Attachment C).
- Cleared brush around the Polishing Pond, Constructed Wetland Treatment System (CWTS) cells, treatment system building, and along the landfill access roads.
- Leachate collection well EW-4 pump was pulled, cleaned, and reinstalled due to decreased flow.
- Repaired leak in the roof of the Treatment System Building.
- Collected routine monthly treatment system samples.
- Conducted chemical dosing evaluation to confirm and enhance sludge settling production and iron reduction.

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on May 24, 2022 from the following treatment system locations:

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

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

The monthly samples were submitted to Pace Analytical for analysis of Target Compound List (TCL) Volatile Organic Compounds (VOCs), polychlorinated biphenyls (PCBs), Target Analyte List (TAL) metals and mercury, 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 May 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, PCBs, and conventional chemistry. Iron was the only analyte to exceed the Fort Edward SPDES Permit Limits at the Polishing Pond Effluent sampling location. Additional details of the system analytical results are provided below.

VOCs

As shown in Table 1, toluene was detected in the Cell 3 Bypass sample at 1.6 micrograms per liter ($\mu\text{g/L}$). No other VOCs were detected greater than the respective reporting limits in the May 2022 monthly samples.

PCBs

Aroclor 1016 was detected in the Influent sample ($0.135 \mu\text{g/L}$, estimated) and in the Clarifier Catch sample ($0.134 \mu\text{g/L}$, estimated). No other PCBs were detected at concentrations greater than the respective reporting limits during the May 2022 monthly sampling event. There are currently no criteria for PCBs in the Fort Edward SPDES Permit Limits.

Metals

Iron concentrations ranged from a minimum of 1.8 milligrams per liter (mg/L) (PPE) to a maximum of 8.5 mg/L (Influent). The PPE iron concentration of 1.8 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L . There were no other metal concentrations from the monthly samples which exceeded the Fort Edward SPDES Equivalency Permit Limits in May 2022. Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 420 mg/L (Influent) to 610 mg/L (Cell 3 Bypass), and TSS concentrations ranged from 2.3 mg/L (Cell 2 Effluent and PPE) to 33 mg/L (Cell 3 Bypass). During the May 2022 monthly sampling event, there were no exceedances of the Fort Edward SPDES Permit Limit for conventional chemistry. 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 June 2022:

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

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

Sincerely,

Arcadis of New York, Inc.



Andrew Vitolins, P.G.

NYSDEC Site No. 558001

Payson Long

August 1, 2022

Vice President

Copies:

Jeffrey Dyber, NYSDEC

Jeremy Wyckoff, P.G., Arcadis

Jasmine Mullins, E.I.T., Arcadis

Todd Carignan, Arcadis

File

Enclosures:

Attachment A – NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

Attachment C – Waste Disposal Documents

Table 1 – May 2022 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Page 1 of 4

Report No. 95

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/3/2022

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	Cloudy	AM	Cloudy	PM			
Temperature	50 °F	AM	55 °F	PM			
Wind	0 MPH	AM	18 MPH ESE	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:		1735
<ul style="list-style-type: none"> - Performed blowdown, cake discharge, and pre-fill of the Filter Press. - Repeatedly transferred sludge from the Inclined Plate Clarifier (IPC) to the Thickener Tank. - Cleared brush along the driveway, landfill access roads, and the Polishing Pond. - 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		8.6	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: None at this time.							

DAILY INSPECTION REPORT

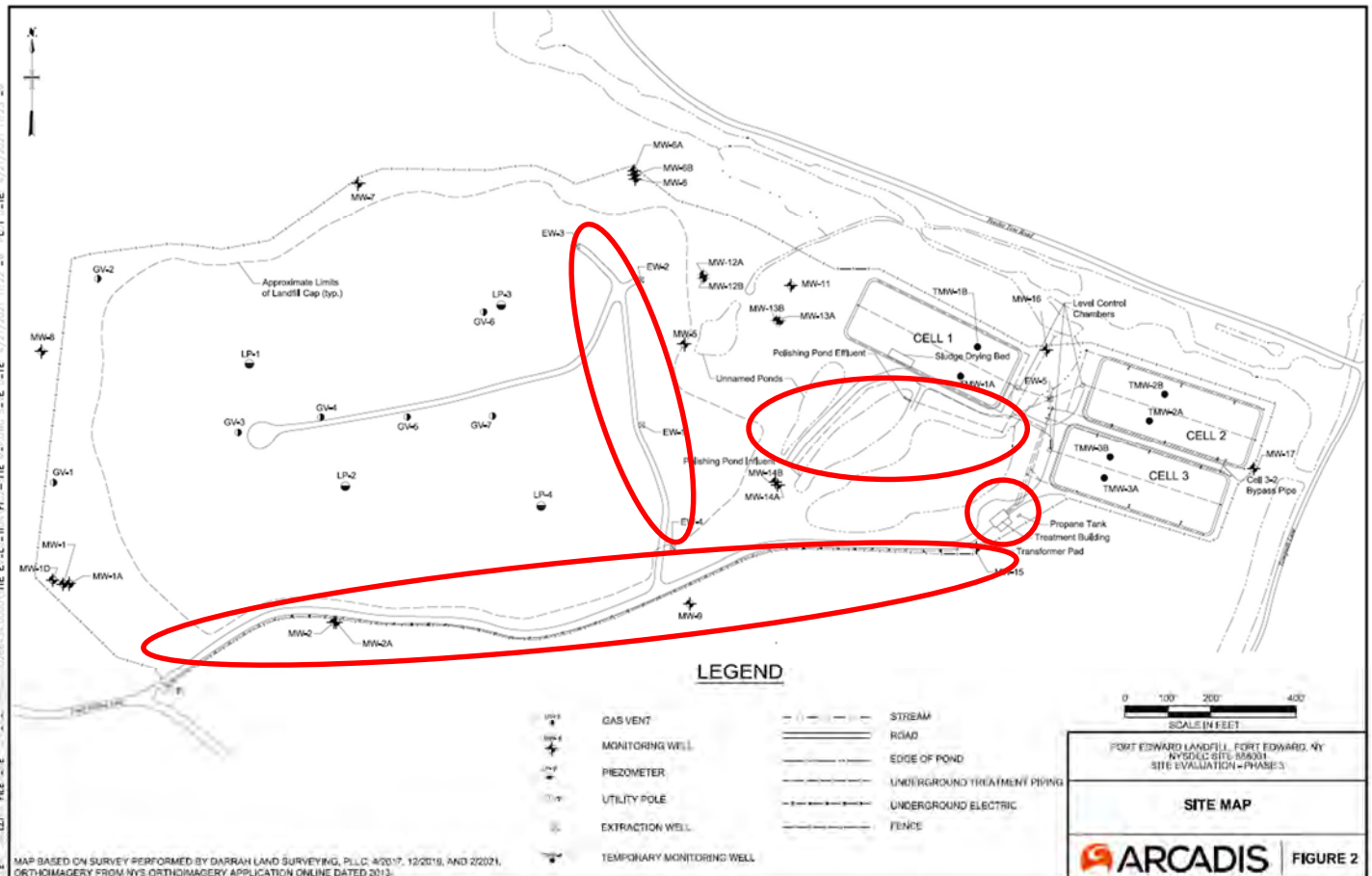
Report No. 95

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 5/3/2022

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 May 3, 2022.

DAILY INSPECTION REPORT

Report No. 95

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 5/3/2022

Site Photographs (Descriptions Below)

View of IPC plates prior to washing.



View of dried/processed Filter Sludge in the Filter Press.

Comments

None at this time.

Site Inspector(s): Patrick Harrington**Date:** 5/3/2022**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. 95

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/3/2022

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"/>
Comments: None at this time.		

NUISANCE CHECKLIST



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

DAILY INSPECTION REPORT

Report No. 96

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 5/4/2022

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	Light Rain	AM	Light Rain	PM			
Temperature	50 °F	AM	52 °F	PM			
Wind	0 MPH	AM	0 MPH	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0900	Departed Site:		1200
- Performed cake discharge of the Filter Press. - Containerized two 55-gallon drums of Filter Press Filter Sludge. - 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		3.0	
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. 96

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4
Date: 5/4/2022

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

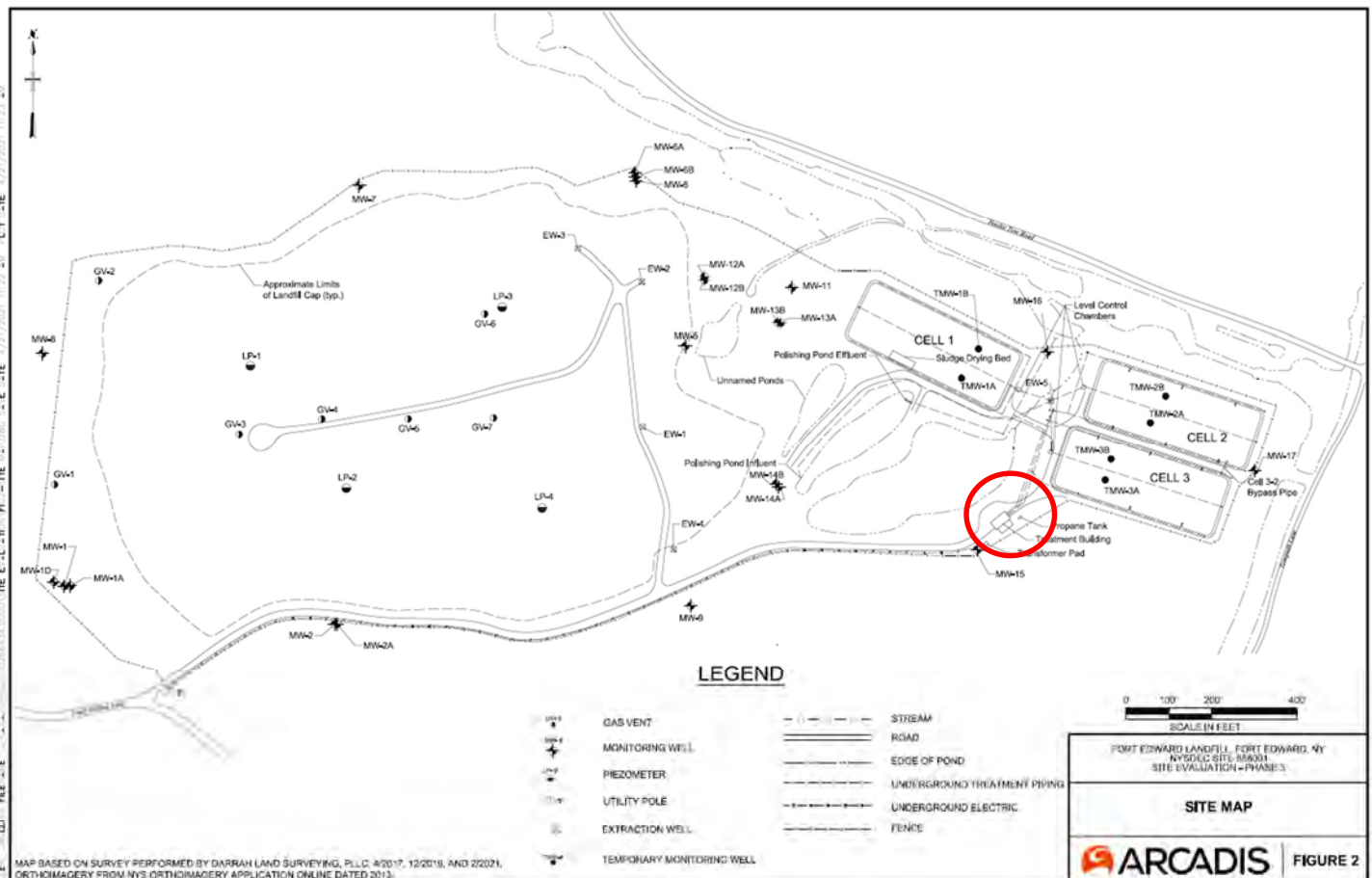
Site Representatives	
Name	Representing

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 May 4, 2022.

DAILY INSPECTION REPORT

Report No. 96

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 5/4/2022

Site Photographs (Descriptions Below)

View of dried/processed Filter Sludge in the Filter Press.

Comments

None at this time.

Site Inspector(s): Patrick Harrington**Date:** 5/4/2022**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

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Report No. 96

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/4/2022

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

Page 1 of 4

Report No. 97

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/10/2022

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York								Superintendent:	
Weather Conditions								NYSDEC PM: Payson Long	
General Description	Sunny	AM	Sunny	PM	Consultant PM: Andy Vitolins, P.G.				
Temperature	59 °F	AM	70 °F	PM	Consultant Site Inspectors: Patrick Harrington				
Wind	2 MPH N	AM	4 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:		0850		Departed Site:		1650	
<ul style="list-style-type: none">- Completed blowdown and cake discharge of the Filter Press.- Repeatedly transferred sludge from the Incline Plate Clarifier (IPC) to the Thickener Tank.- Cleared brush along landfill fencing.- 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		8.0			
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.									

Department of
Environmental
Conservation

DAILY INSPECTION REPORT

Report No. 97

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 5/10/2022

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

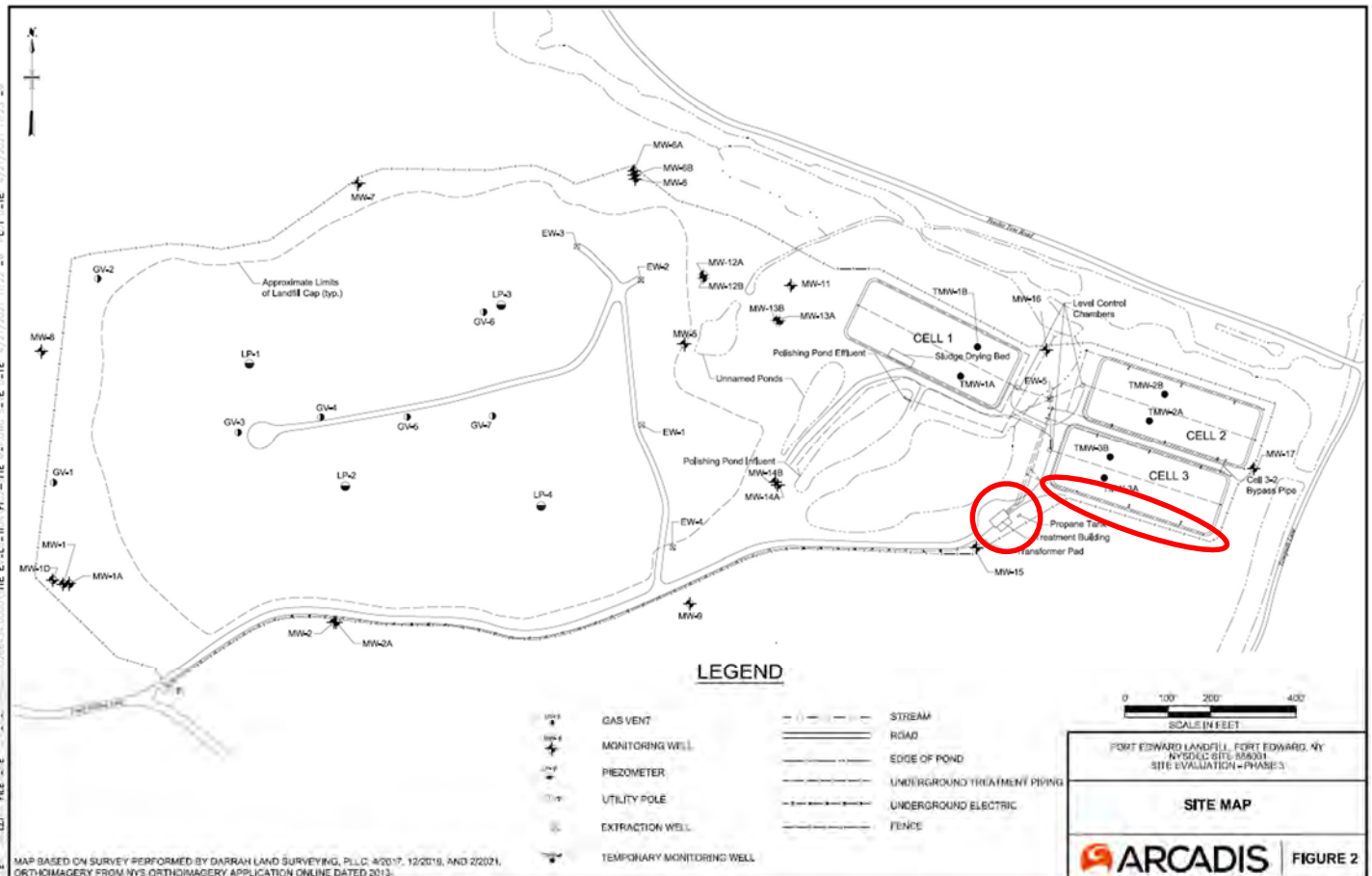
Site Representatives	
Name	Representing

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 May 10, 2022.

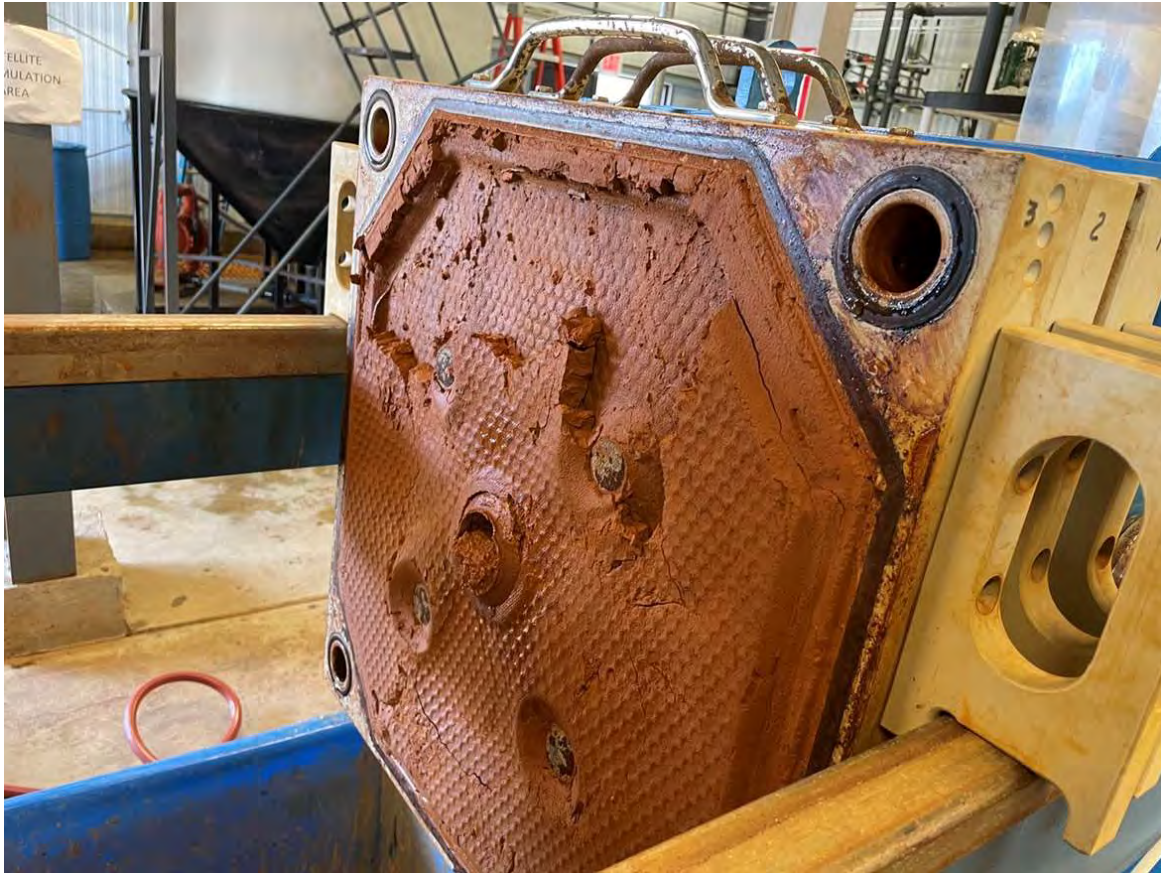
DAILY INSPECTION REPORT

Report No. 97 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 5/10/2022

Site Photographs (Descriptions Below)



View of dried/processed Filter Sludge in the Filter Press.

Comments

None at this time.

Site Inspector(s): Patrick Harrington

Date: 5/10/2022

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. 97

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/10/2022

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. 98

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4
Date: 5/17/2022

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	Cloudy	PM					
Temperature	59 °F	AM	60 °F	PM					
Wind	9 MPH W	AM	14 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:		0840		Departed Site:		1850	
<ul style="list-style-type: none"> - Pulled EW-4 pump and resolved flow issue. - Completed prefill and onstream of the Filter Press. - Repeatedly transferred sludge from the Inclined Plate Clarifier (IPC) to the Thickener Tank. - Cleared brush along perimeter fence and landfill access roads. - Cleaned within the Clarifier Catch Tank (CCT). - Increased flocculant dosing from 0.2% to 0.25%. - 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		10.2			
Jeremy Wyckoff		Arcadis		Geologist		8.75			
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. 98

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 5/17/2022

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

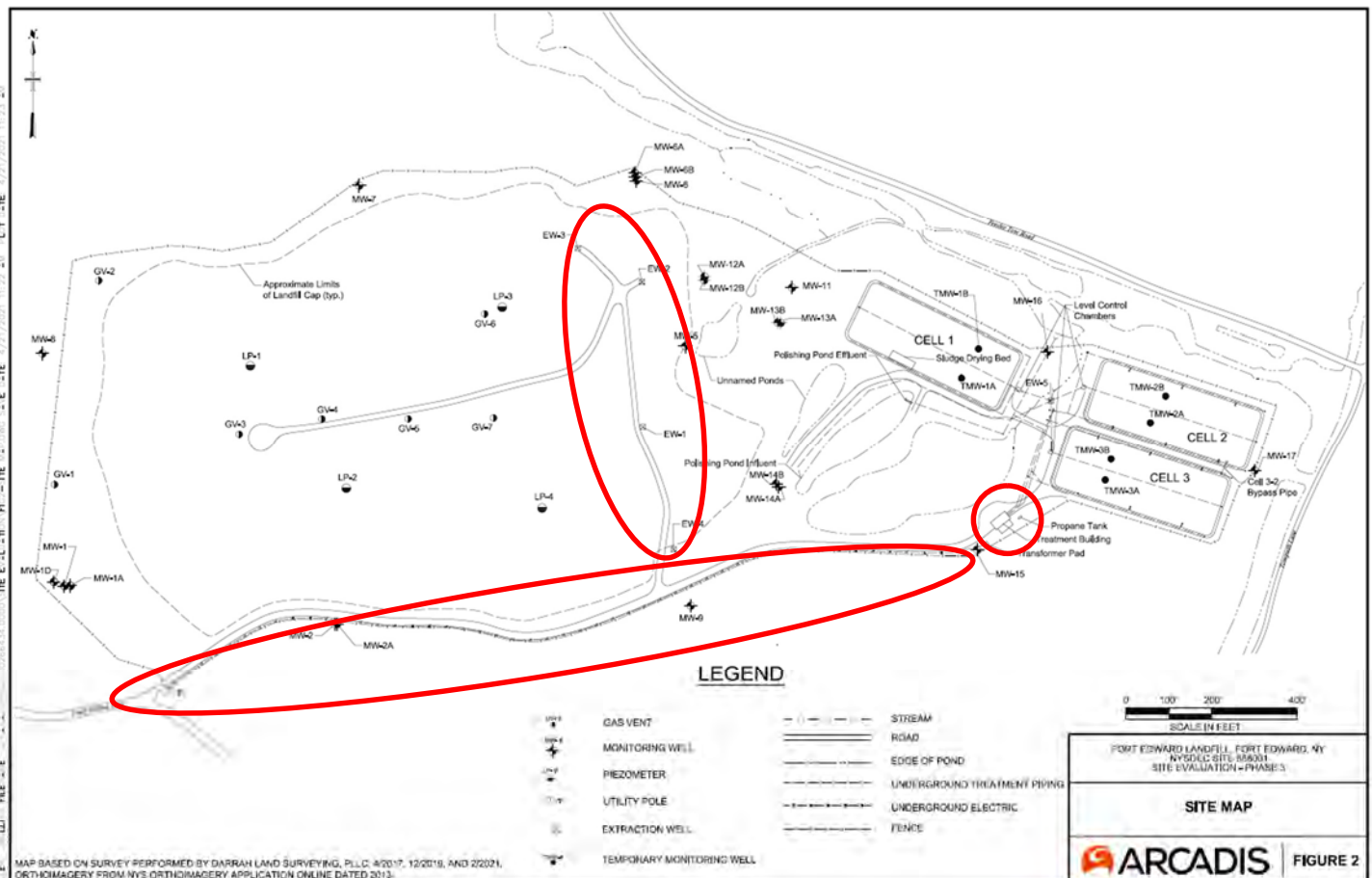
Site Representatives	
Name	Representing

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 May 17, 2022.

DAILY INSPECTION REPORT

Report No. 98

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 5/17/2022

Site Photographs (Descriptions Below)

View of IPC plates prior to cleaning.



Close-up of IPC surface prior to cleaning.

Comments

None at this time.

Site Inspector(s): Patrick Harrington, Jeremy Wyckoff**Date:** 5/17/2022**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. 98

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/17/2022

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

Page 1 of 4

Report No. 99

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/18/2022

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation				NYSDEC Contract No. D009804	
Site Location: Hudson Falls, New York								Superintendent:	
Weather Conditions								NYSDEC PM: Payson Long	
General Description	Sunny	AM	Sunny	PM	Consultant PM: Andy Vitolins, P.G.				
Temperature	55 °F	AM	60 °F	PM	Consultant Site Inspectors: Patrick Harrington				
Wind	8 MPH W	AM	5 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:		0900		Departed Site:		1630	
<ul style="list-style-type: none">- Completed blowdown and cake discharge of the Filter Press.- Containerized one 55-gallon drum of Filter Press Filter Sludge.- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.- Repaired carburetor on the brush trimmer.- 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		7.5			
Equipment Description		Contractor/Vendor				Quantity		Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*	
*On-Site scale for off-site shipment, delivery ticket for material received									
Equipment/Material Tracking Comments:									
None at this time.									

DAILY INSPECTION REPORT

Report No. 99

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 5/18/2022

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

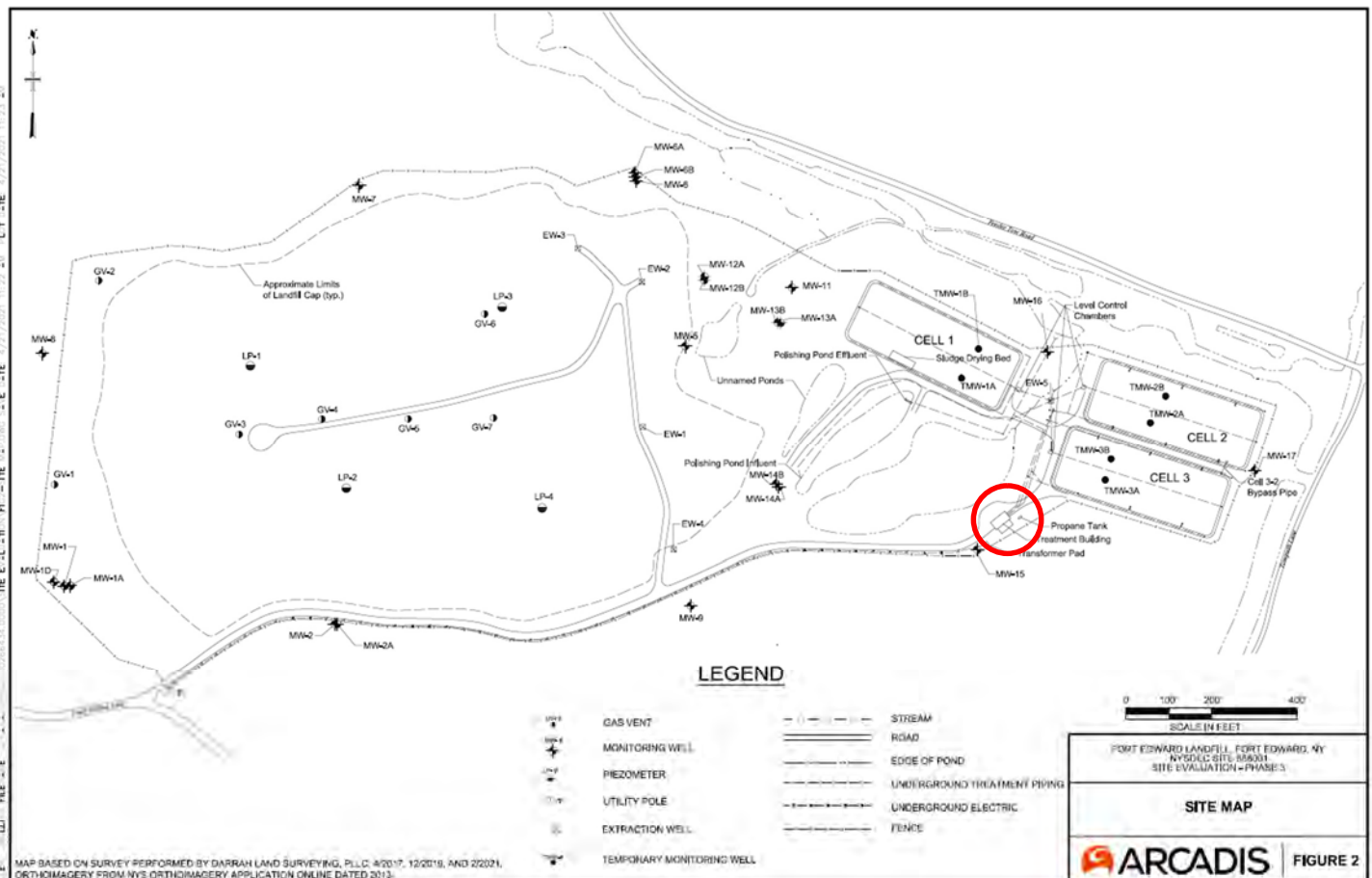
Site Representatives	
Name	Representing

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 May 18, 2022.

DAILY INSPECTION REPORT

Page 3 of 4

Report No. 99

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/18/2022

Site Photographs (Descriptions Below)

View of dried/processed Filter Sludge in the Filter Press.



View of iron scaling in IPC.

Comments

None at this time.

Site Inspector(s): Patrick Harrington**Date:** 5/18/2022**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

Report No. 99

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/18/2022

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. 100

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4

Date: 5/24/2022

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, Jasmine Mullins, Colby Churchill	
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	58 °F	AM	70 °F	PM			
Wind	8 MPH W	AM	5 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 X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?					*Yes	No X	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:		0745	Departed Site:		1705
<ul style="list-style-type: none"> - Clean Harbors onsite for pickup and offsite disposal of nine Filter Press Filter Sludge 55-gallon drums and four empty, plastic 55-gallon drums. - Completed routine monthly Treatment System sampling. Sample coolers delivered to Pace Analytical. - Completed non-routine Treatment System sampling for iron analyses. - Repaired leak in the roof of the Treatment System Building. - Completed pre-fill and onstream of the Filter Press. - Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank. - Cleared brush along landfill access roads, Polishing Pond, and Treatment Cells. - 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 X	NA
Were there any vehicles which were not tarped?					* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA X
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Patrick Harrington		Arcadis		Geologist		9.0	
Jeremy Wyckoff		Arcadis		Geologist		7.0	
Jasmine Mullins		Arcadis		Engineer		7.0	
Colby Churchill		Arcadis		Jr. 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
Filter Press Filter Sludge	--	Nine drums	B007	Spring Grove Resource Recovery		--	1.8
Empty Plastic 55-gallon drum	--	Four drums	N/A	Spring Grove Resource Recovery		--	0.04
*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. 100 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 5/24/2022

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

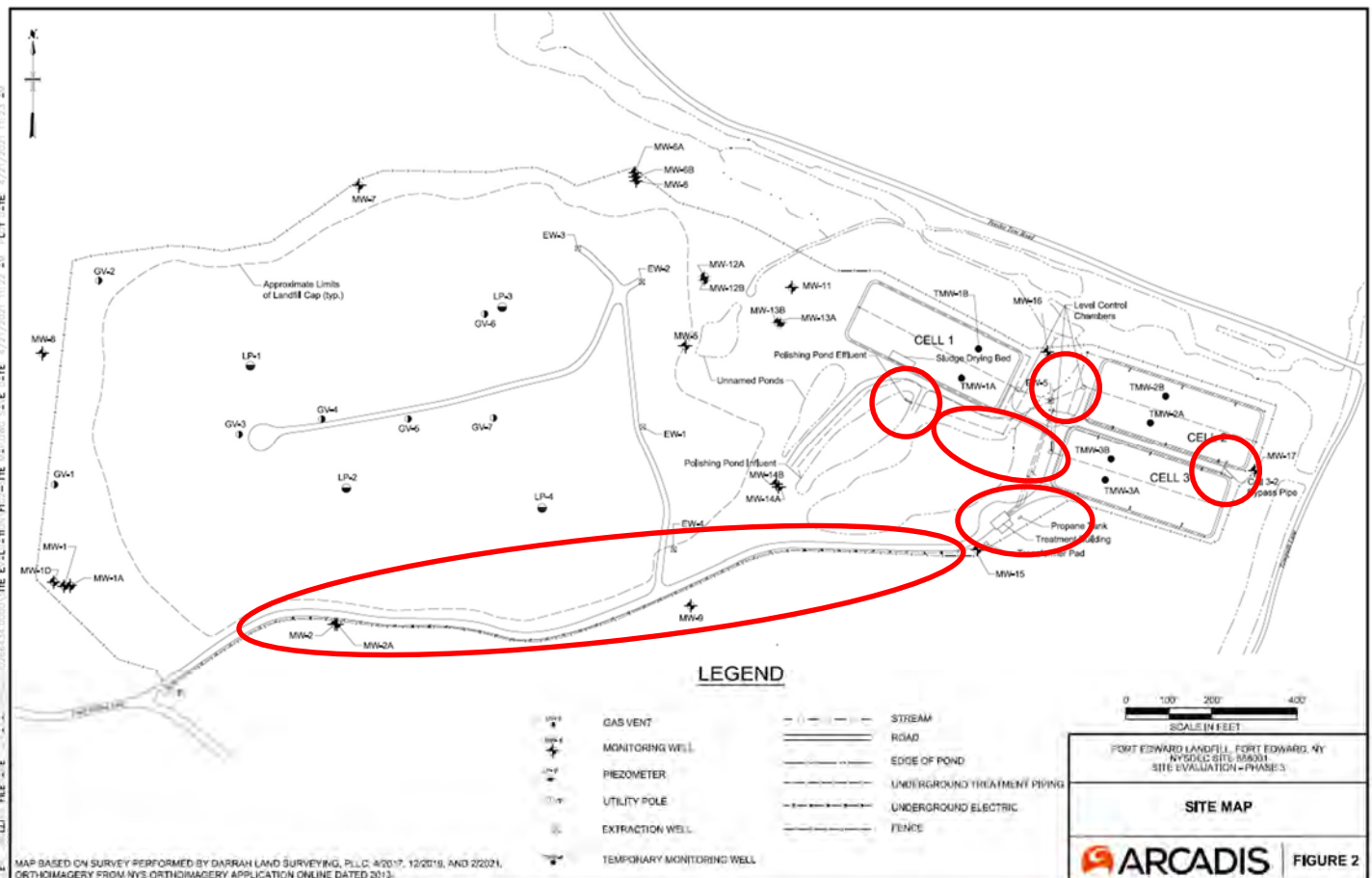
Site Representatives	
Name	Representing

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 May 24, 2022.

DAILY INSPECTION REPORT

Report No. 100

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 5/24/2022

Site Photographs (Descriptions Below)



View of PPE sample.



View of placards displayed on Clean Harbors truck.

Comments

None at this time.

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

Date: 5/24/2022

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. 100

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/24/2022

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. 101

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4

Date: 5/25/2022

NYSDEC Division of Environmental Remediation						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	60 °F	AM	74 °F	PM				
Wind	0 MPH	AM	5 MPH WSW	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:	1640			
<ul style="list-style-type: none">- Completed pre-fill and onstream of the Filter Press.- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.- Containerized one drum of Filter Press Filter Sludge.- Mowed grass along 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		7.7		
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)*
Equipment/Material Tracking Comments: None at this time.								

DAILY INSPECTION REPORT

Report No. 101

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 5/25/2022

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

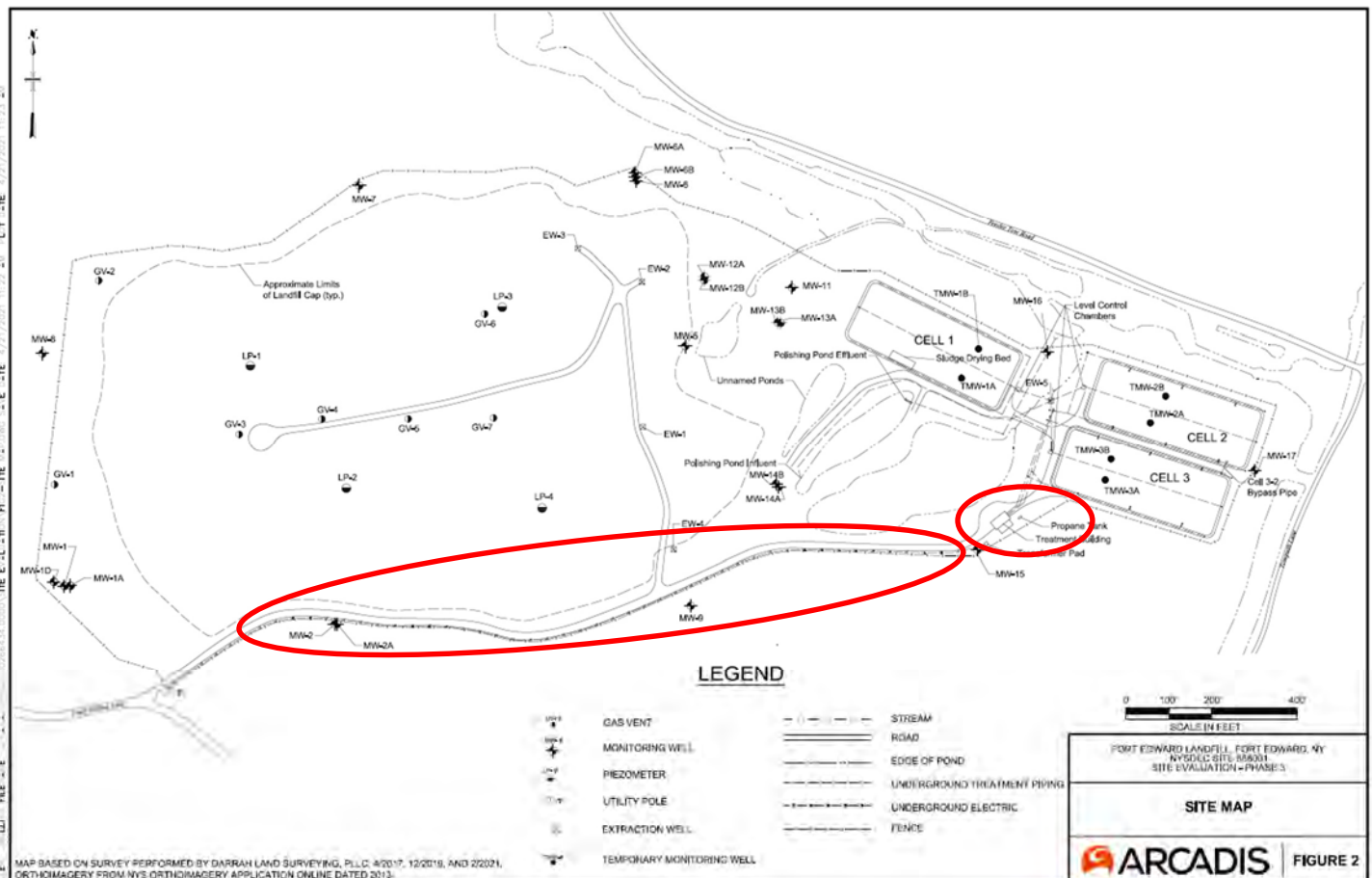
Site Representatives	
Name	Representing

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 May 25, 2022.

DAILY INSPECTION REPORT

Report No. 101

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 5/25/2022

Site Photographs (Descriptions Below)

View of IPC plates prior to cleaning.



View of dried/processed Filter Sludge.

Comments

None at this time.

Site Inspector(s): Patrick Harrington**Date:** 5/25/2022**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

Report No. 101

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/25/2022

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

Page 1 of 4

Report No. 102

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/31/2022

NYSDEC Division of Environmental Remediation						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	78 °F	AM	80 °F	PM				
Wind	6 MPH NNE	AM	9 MPH N	PM				
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA	
Health & Safety Comments None at this time.								
Summary of Work Performed		Arrived at site:		0845	Departed Site:		1645	
<ul style="list-style-type: none">- Completed cake discharge and subsequent pre-fill and onstream of the Filter Press.- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.- Cleared brush around the Treatment Building and landfill access roads.- 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		8.0		
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)*
Equipment/Material Tracking Comments: None at this time.								

DAILY INSPECTION REPORT

Report No. 102 Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 5/31/2022

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

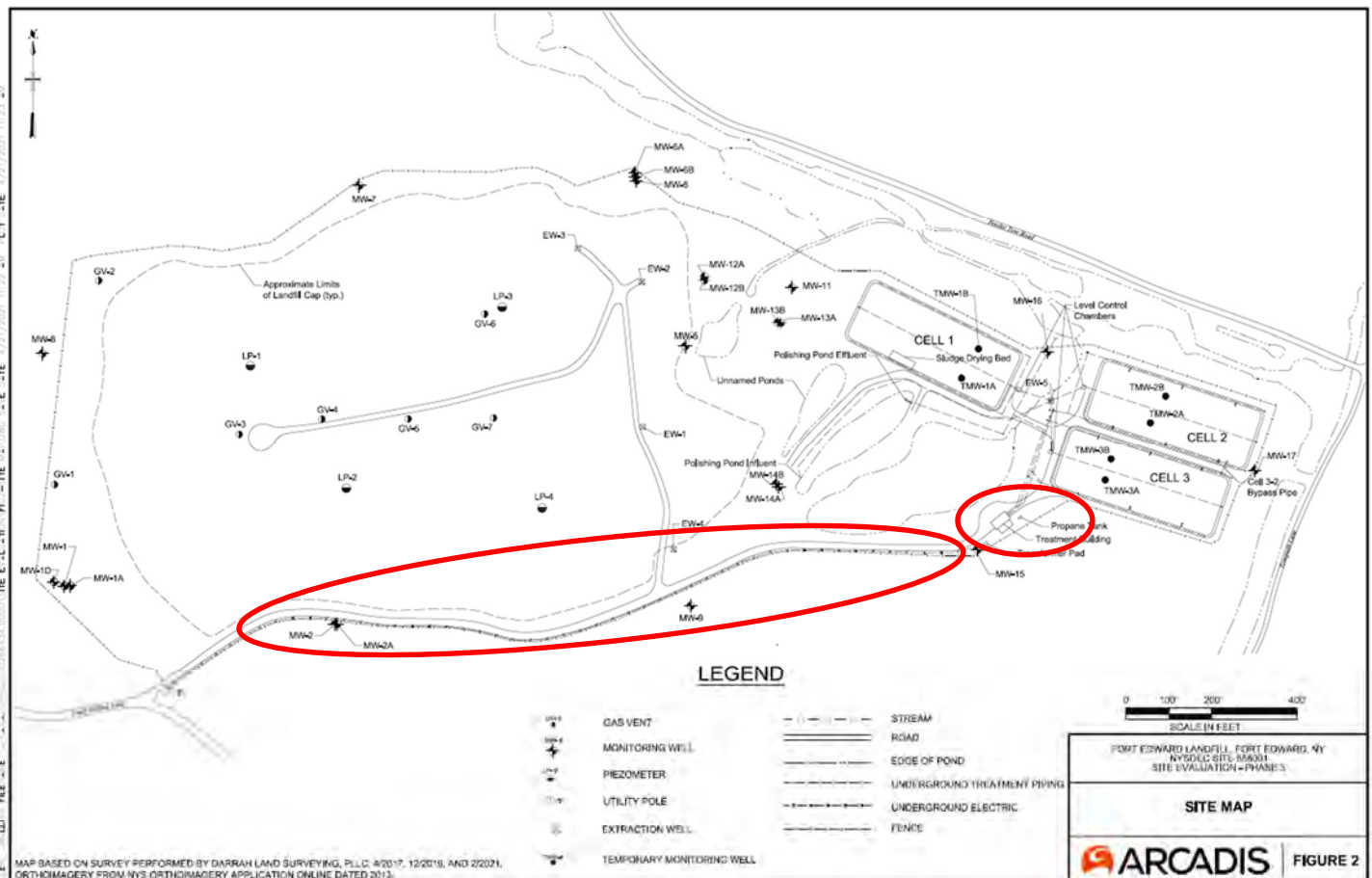
Site Representatives	
Name	Representing

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 May 31, 2022.

DAILY INSPECTION REPORT

Report No. 102

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 5/31/2022

Site Photographs (Descriptions Below)

View of IPC plates prior to cleaning.



View of dried/processed Filter Sludge in the Filter Press.

Comments

None at this time.

Site Inspector(s): Patrick Harrington**Date:** 5/31/2022**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. 102

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/31/2022

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

Date: 5-3-2022

Time: 0900

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>13.97</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>21.46</u>	<u>2.65</u>	<u>9.81</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>17.98</u>	<u>2.95</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.74</u>	<u>2.85</u>	<u>11.74</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>2.45</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>ON</u>
If on - record chlorine concentration (ppm)	<u> </u>		Discharge pump operating	<u> </u>
Operate exhaust fan manually	<u> </u>		Discharge pump pressure normal	<u> </u>
FT-801 reading (GPM)	<u>26.47</u>		Building temp accurate	<u> </u>
Chemical rates normal for flow?	<u> </u>		Mixers operating?	<u> </u>
Catch tank display level=actual?	<u> </u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense

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>25% ✓</u>
Heaters working	<u> </u>		

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>80</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>27</u>	mA Signal <u>5.33</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>16</u>	Stroke Rate <u>14.2</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>32.5</u>	Stroke Rate <u>96</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>Y</u>		Chemicals needed?	<u>NA</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>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>		

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u> </u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u> </u>	How many total filled Haz drums onsite?	<u>6</u>
Significant leaks?	<u> </u>	How many Haz drums filled & closed today?	<u>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> </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

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: PHDate: 5-4-22Time: 0900

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>14.10</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>18.55</u>	<u>4.14</u>	<u>9.38</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>17.54</u>	<u>7.31</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.73</u>	<u>7.8</u>	<u>10.74</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>6.68</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>On</u>
If on - record chlorine concentration (ppm)	<u>NA</u>		Discharge pump operating	<u>Y</u>
Operate exhaust fan manually	<u>Y</u>		Discharge pump pressure normal	<u>Y</u>
FT-801 reading (GPM)	<u>26.38</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>Y</u>
Catch tank display level=actual?	<u>Y</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense	<u>Y</u>		
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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>Y</u>	Check auto drain operation	<u>Y</u>
Check oil level at least monthly	<u>Y</u>	Check dryer - alarms? Cycling?	<u>Y</u>
Belt tension	<u>Y</u>	HX fan operates with compressor?	<u>Y</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>Y</u>	Propane tank level greater than 20%	<u>Y 25%</u>
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Heaters working

<u>Y</u>			
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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	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>80</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in)	<u>27</u>	mA Signal	<u>5.30</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in)	<u>15</u>	Stroke Rate	<u>17.2</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal)	<u>460</u>	Stroke Rate	<u>96</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?					Chemicals needed?	<u>FLOC</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>	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>Y</u>	<u>Y</u>
Regulators working properly	<u>Y</u>	<u>Y</u>	<u>Y</u>
Exhaust mufflers	<u>Y</u>	<u>Y</u>	<u>Y</u>

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>Y</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>Y</u>	How many total filled Haz drums onsite?	<u>3</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>2</u>

General/Housekeeping

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

Sludge in Clarifier Catch Tank?**Grounds**

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PHDate: 5-10-22Time: 0850

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>13.88</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>26.57</u>	<u>2.60</u>	<u>8.37</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>14.75</u>	<u>9.74</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>23.87</u>	<u>8.41</u>	<u>7.72</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.41</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>On</u>
If on - record chlorine concentration (ppm)	<u>—</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>20.05</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>
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Data (Check if OK)

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

All Alarms Enabled (Y/N)	<u>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>✓ 75%</u>
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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	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>80</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>26 1/2</u>	mA Signal <u>4.96</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>8 3/4</u>	Stroke Rate <u>15.2</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>340</u>	Stroke Rate <u>75</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>Floc</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>	Back flowing after pump cycle?	<u>N</u>

Excessive sludge/sediment?

<u>N</u>

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>3</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>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>Y</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>Y</u>	Removed trash?	<u>Y</u>
Sludge in Clarifier Catch Tank?	<u>Y</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 JWDate: 5-17-22Time: 0840

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>0.57</u>	<u>14.05</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>21.31</u>	<u>8.68</u>	<u>8.64</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>15.25</u>	<u>8.46</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.68</u>	<u>21.43</u>	<u>13.11</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>9.78</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>On</u>
If on - record chlorine concentration (ppm)	<u>✓</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>24.78</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>
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Data (Check if OK)

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

All Alarms Enabled (Y/N)	<u>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>75% ✓</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>Y</u>	Indicate % of sludge	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>80</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>26 1/4</u>	mA Signal <u>4.89</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>1.5</u>	Stroke Rate <u>19.2</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal) <u>420</u>	Stroke Rate <u>10.5</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>100, Coagulant</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>8</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>0</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>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: PADate: 5-15-22Time: 0900

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>	<u>0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>14.75</u>	<u>4.24</u>	<u>6.87</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>19.52</u>	<u>2.64</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.72</u>	<u>7.27</u>	<u>12.84</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.05</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>On</u>
If on - record chlorine concentration (ppm)	<u>5</u>		Discharge pump operating	<u>Y</u>
Operate exhaust fan manually	<u>Y</u>		Discharge pump pressure normal	<u>Y</u>
FT-801 reading (GPM)	<u>25.34</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>Y</u>
Catch tank display level=actual?	<u>Y</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense	<u>Y</u>
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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>Y</u>	Check auto drain operation	<u>Y</u>
Check oil level at least monthly	<u>Y</u>	Check dryer - alarms? Cycling?	<u>Y</u>
Belt tension	<u>Y</u>	HX fan operates with compressor?	<u>Y</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>Y</u>	Propane tank level greater than 20%	<u>76%</u>
Heaters working	<u>Y</u>		

IPC (Y/N)

IPC discharge clear?	<u>N</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>75</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>75</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in)	<u>26 1/4</u>	mA Signal	<u>5.20</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in)	<u>31.5</u>	Stroke Rate	<u>14.7</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal)	<u>300</u>	Stroke Rate	<u>105</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?		<u>✓</u>			Chemicals needed?	<u>Floc Coag</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>	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>Y</u>	<u>Y</u>
Regulators working properly	<u>Y</u>	<u>Y</u>	<u>Y</u>
Exhaust mufflers	<u>Y</u>	<u>Y</u>	<u>Y</u>

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>Y</u>	Sorbent pads replaced?	<u>Y</u>
Hydraulic pressure normal	<u>Y</u>	How many total filled Haz drums onsite?	<u>9</u>
Significant leaks?	<u>Y</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm
A1 means chlorine concentration greater than 0.5 ppm
A1 and A2 means concentration greater than 1.0 ppm
If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

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

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

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

Regulators
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, CC, JM, JW

Date: 5-24-22

Time: 0800

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>13.45</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>22.15</u>	<u>4.16</u>	<u>5.47</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>15.75</u>	<u>4.24</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.33</u>	<u>7.78</u>	<u>11.07</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.97</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>01</u>
If on - record chlorine concentration (ppm)	<u>—</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>23.26</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>
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Data (Check if OK)

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

All Alarms Enabled (Y/N)	<u>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>✓ 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>N</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>25 3/4</u>	mA Signal	<u>5.20</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in)	<u>27 3/4</u>	Stroke Rate	<u>14.4</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal)	<u>390</u>	Stroke Rate	<u>105</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?	<u>Y</u>				Chemicals needed?	<u>Coagulant, Floc</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Grounds

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

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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:

Sodium Permanganate - @ 1635 - 25 7/8

Floc @ 1645 - 475gal

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PH

Date: 05-25-22

Time: 0900

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>13.92</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>21.45</u>	<u>2.66</u>	<u>7.54</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>19.03</u>	<u>8.62</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.31</u>	<u>7.20</u>	<u>1109</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.02</u>	<u>NA</u>
Process - (Check if OK or fill in values)						
Chlorine Alarm status (on/off) A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off				<u>On</u>
If on - record chlorine concentration (ppm) <u>✓</u>		Discharge pump operating				<u>✓</u>
Operate exhaust fan manually <u>✓</u>		Discharge pump pressure normal				<u>✓</u>
FT-801 reading (GPM) <u>24.19</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>75%</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 at each port	Upper <u>0</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>25 1/4</u>	mA Signal <u>5.16</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant Height (in) <u>27 1/4</u>	Stroke Rate <u>14.4</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant Volume (gal) <u>460</u>	Stroke Rate <u>121</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate? <u>✓</u>		Chemicals needed?	<u>Floc, Coagulant</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>Y</u>	
Regulators working properly <u>✓</u>	<u>✓</u>	<u>Y</u>	
Exhaust mufflers <u>✓</u>	<u>✓</u>	<u>Y</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>✓</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/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: PHDate: 5-31-22Time: 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>0.62</u>	<u>13.74</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>20.64</u>	<u>9.26</u>	<u>10.85</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>19.24</u>	<u>9.27</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>28.31</u>	<u>7.07</u>	<u>10.99</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>9.89</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>04</u>
If on - record chlorine concentration (ppm)	<u>✓</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>2230</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>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>N</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>25</u>	mA Signal	<u>5.11</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in)	<u>23.14</u>	Stroke Rate	<u>13.6</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal)	<u>390</u>	Stroke Rate	<u>112</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?		<u>✓</u>			Chemicals needed?	<u>Floc, Coagulant</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>✓</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>✓</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:

ATTACHMENT C

Waste Disposal Documents



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000235424	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 016531566 FLE	
5. Generator's Name and Mailing Address NYSDEC Fort Edward Landfill 45 Leavy Hollow Lane Hudson Falls, NY 12839		Generator's Site Address (if different than mailing address) SAME				
Generator's Phone: (518) 250-7308 ATTN: Jasmine Mullins						
6. Transporter 1 Company Name Clean Harbors Environmental Services, Inc.		U.S. EPA ID Number MAD039322250				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Spring Grove Resource Recovery Inc. 4879 Spring Grove Avenue Cincinnati, OH 45232		U.S. EPA ID Number OHD000816629				
Facility's Phone: (513) 681-5738						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG III	009	DM	1638	K	B007 L
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. CH2155648 FRG#171						
Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf for purposes of transportation efficiency, convenience or safety.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name Colby Churchill on behalf of NYSDEC		Signature <i>[Signature]</i>		Month Day Year 05 24 22		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Spurgeon Smith		Signature <i>[Signature]</i>		Month Day Year 05 24 22		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
U.S. EPA ID Number						
18b. Alternate Facility (or Generator)						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H141		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month Day Year		

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

72 2109164660

EPA ID NUMBER: NYR000235424

[illegible]

NOTES

1. **Type/Description:** Brief description of the unit such as:

- (i) **Transformer** (> 500 ppm or < 500 ppm) (ii) **Capacitor** (iii) **Bulk Liquid/Solid** (tanker or rolloff)
(iv) **PCB Container** - A container in direct contact w/ PCBs, such as a drum containing PCB spill debris
(v) **PCB Article Container** - A container not in direct contact w/ PCBs, such as a drum containing one or more non-leaking motors, light ballasts, etc.

2. **Serial No. or Other ID No.:** Serial Number must be reported if one is present; if not, assign a unique number.

3. **Date Removed From Service For Disposal:** The date when the item was taken out of service for disposal. If more than one item (batch) is present in the container (tank), the reported date for the entire container (tank) must be the first (i.e., the earliest) date.

4. **Weight:** Volume may be reported in gallons; however, the weight in kilograms is preferred.

COPY>1:

DESTINATION STATE-MAILED BY TSDF

NEW YORK STATE GENERATOR RESTRICTED WASTE NOTIFICATION/CERTIFICATION
FOR PCB WASTES

ALL NEW YORK STATE GENERATORS WHO GENERATE PCB WASTE MUST ATTACH THIS
ADDENDUM TO CHI FORM LDR1

(THIS NOTIFICATION/CERTIFICATION IS ONLY APPLICABLE WITHIN THE STATE OF NEW
YORK)

Generator Name: NYS DEC Fort Edward Landfill
EPA ID No. NYR000235424

Signature: Colby Churchill on behalf of NYS DEC
Date: 5-24-22

Manifest No.: ~~016531562 FLE~~^{BS} 016531566 FLE

This Addendum to CHI Form LDR1 must be completed for any New York state regulated hazardous waste generated in the State of New York. This form ensures that New York State generators comply with the notification requirements of 6 NYCRR Part 376. All New York State generators shipping PCB waste which is a New York State regulated hazardous waste must check the box and indicate the applicable waste code below.

☐ CHECK HERE The waste associated with the above manifest includes New York State Regulated PCB Waste which is land restricted in the State of New York and is subject to 6 NYCRR Part 376.4(f). This waste shall be disposed of in accordance with 40 CFR Part 761. Pursuant to 376.4(f)(1)(i), B002 waste from any source other than a spill may not be stabilized or mixed with any other substance to conform with any provision of 40 CFR Part 761 regarding land disposal if the disposal occurs in the State of New York.

Check all which apply: ☐ B001 ☐ B002 ☐ B003 ☐ B004 ☐ B005

☐ B006* (see below)

☒ B007* (see below)

- Generators are required to certify that their B006 and/or B007 waste can be land disposed in accordance with 40 CFR Part 761 without further treatment if:

a. The waste is a B006, and is a transformer which has been drained and flushed pursuant to 40 CFR 761.60(b)(1)(i)(B), or

b. The waste is a B007 and does not contain PCBs which have been deliberately solidified.

☒ CHECK HERE if the B006 and/or B007 waste associated with this manifest conforms to either "a" or "b"

and is intended for land disposal, and sign this form at the top of the page. In accordance with 6 NYCRR Part 376.1(g)(1)(ii) the generator makes the following certification:

"I certify under penalty of law that I personally have examined and am familiar with the waste, through analysis and testing or through knowledge of the waste, to support this certification that the waste complies with the treatment standards specified in Part 376, section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

TABLES



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

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	5/24/2022	5/24/2022	5/24/2022	5/24/2022		5/24/2022
Volatile Organic Compounds (µg/L)						
ACETONE	50 U	50 U	50 U	50 U	--	50 U
BENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMODICHLOROMETHANE	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
BROMOFORM	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
BROMOMETHANE	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
2-BUTANONE (MEK)	20 U	20 U	20 U	20 U	--	20 U
CARBON DISULFIDE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
CARBON TETRACHLORIDE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
CHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLORODIBROMOMETHANE	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
CHLOROETHANE	2.0 U	2.0 U	2.0 U	2.0 U	20	2.0 U
CHLOROFORM	2.0 U	2.0 U	2.0 U	2.0 U	150	2.0 U
CHLOROMETHANE	2.0 U V-05	2.0 U V-05	2.0 U V-05	2.0 U V-05	--	2.0 U V-05
CYCLOHEXANE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
1,2-DIBROMO-3-CHLOROPROPANE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
1,2-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,4-DICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
DICHLOROBROMOMETHANE	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
DICHLORODIFLUOROMETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
TRANS-1,2-DICHLOROETHENE	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
1,2-DICHLOROETHENE (TOTAL)	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
TRANS-1,3-DICHLOROPROPENE	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
ETHYLBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-HEXANONE	10 U	10 U	10 U	10 U	--	10 U
ISOPROPYLBENZENE (CUMENE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL ACETATE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL TERT-BUTYL ETHER (MTBE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYL CYCLOHEXANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
METHYLENE CHLORIDE	5.0 U	5.0 U	5.0 U	5.0 U	50	5.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	10 U	10 U	10 U	10 U	--	10 U
STYRENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1,2-TETRACHLOROETHANE	0.5 U	0.5 U	0.5 U	0.5 U	--	0.5 U
TETRACHLOROETHENE (PCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TOLUENE	1.0 U	1.0 U	1.6	1.0 U	--	1.0 U
1,2,4-TRICHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,1-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-TRICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROETHENE (TCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRICHLOROFLUOROMETHANE	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
VINYL CHLORIDE	2.0 U	2.0 U	2.0 U	2.0 U	50	2.0 U
XYLENES, TOTAL	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TOTAL VOCs	ND	ND	1.6	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.

V-05 - Continuing calibration verification (CCV) did not meet method specifications and was biased on the low side.

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

Location	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	5/24/2022	5/24/2022	5/24/2022	5/24/2022		5/24/2022
Polychlorinated Biphenyls (µg/L)						
PCB-1016 (AROCLOR 1016)	0.135 J	0.134 J	0.196 U	0.194 U	--	0.196 U
PCB-1221 (AROCLOR 1221)	0.19 U	0.198 U	0.196 U	0.194 U	--	0.196 U
PCB-1232 (AROCLOR 1232)	0.19 U	0.198 U	0.196 U	0.194 U	--	0.196 U
PCB-1242 (AROCLOR 1242)	0.19 U	0.198 U	0.196 U	0.194 U	--	0.196 U
PCB-1248 (AROCLOR 1248)	0.19 U	0.198 U	0.196 U	0.194 U	--	0.196 U
PCB-1254 (AROCLOR 1254)	0.19 U	0.198 U	0.196 U	0.194 U	--	0.196 U
PCB-1260 (AROCLOR 1260)	0.19 U	0.198 U	0.196 U	0.194 U	--	0.196 U
Metals (mg/L)						
ALUMINUM	0.05 U	1.3	0.05 U	0.056	--	0.05 U
ANTIMONY	0.05 U	0.05 U	0.05 U	0.05 U	--	0.05 U
ARSENIC	0.01 U	0.01 U	0.01 U	0.01 U	0.15	0.01 U
BARIUM	0.05 U	0.05 U	0.05	0.05 U	3.5	0.05 U
BERYLLIUM	0.004 U	0.004 U	0.004 U	0.004 U	--	0.004 U
CADMIUM	0.004 U	0.004 U	0.004 U	0.004 U	0.001	0.004 U
CALCIUM	81	81	89	95	--	82
CHROMIUM, TOTAL	0.01 U	0.01 U	0.01 U	0.01 U	0.21	0.01 U
COBALT	0.01 U	0.01 U	0.01 U	0.01 U	0.005	0.01 U
COPPER	0.01 U	0.017	0.01 U	0.01 U	0.024	0.01 U
IRON	8.5	3.8	8.3	7.2	0.3	1.8
LEAD	0.01 U	0.01 U	0.01 U	0.01 U	0.0032	0.01 U
MAGNESIUM	19	19	17	16	--	18
MANGANESE	1.5	1.5	3.0	1.0	--	1.1
MERCURY	0.0001 U	0.0001 U	0.0001 U	0.0001 U	0.0008	0.0001 U
NICKEL	0.01 U	0.01 U	0.01 U	0.01 U	0.0096	0.01 U
POTASSIUM	2.2	2.4	5.2	3.6	--	2.5
SELENIUM	0.05 U	0.05 U	0.05 U	0.05 U	--	0.05 U
SILVER	0.01 U	0.01 U	0.01 U	0.01 U	--	0.01 U
SODIUM	47	47	37	33	--	39
THALLIUM	0.05 U	0.05 U	0.05 U	0.05 U	--	0.05 U
VANADIUM	0.01 U	0.01 U	0.01 U	0.01 U	0.014	0.01 U
ZINC	0.027	0.047	0.01 U	0.01 U	0.17	0.01 U
Conventional Chemistry (mg/L)						
TOTAL DISSOLVED SOLIDS	420	500	610	510	500	440
TOTAL SUSPENDED SOLIDS	9.4	6.8	33	2.3	50	2.3

Notes:

Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Polishing Pond Effluent are highlighted in yellow.

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