

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

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

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

Date:  
September 27, 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 June 2022 reporting period at the above-referenced site.

Phone:  
518.250.7300

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

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

### **System Performance**

A total of 721,122 gallons of leachate were collected and treated through the system during June 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 16.7 gallons per minute (gpm). Leachate recovery well RW-1 is not operated because the current treatment system is not designed to treat volatile organic compounds (VOCs) or polychlorinated biphenyls (PCBs).

Our ref:  
30055713

### **System Operation Summary**

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

Weekly O&M Log (Attachment B) was completed to record system readings and document system performance.

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

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of Filter Sludge were generated during June 2022.
- Mowed all brush on and around landfill using brush hog.
- Cleared brush around landfill vents, piezometers, groundwater monitoring wells, extraction well stations, constructed wetland treatment systems (CWTS), and landfill perimeter fences.
- Removed vegetation (brush and trees) and debris from the mid-cap and northern perimeter swales.
- Excavated accumulated sediment from approximately 100-feet of the mid-cap swale. The excavated material was placed in the Cell 1 drying bed.
- Placed and graded approximately 15 cubic yards (yd<sup>3</sup>) of new rip-rap in the mid-cap swale. Rip-rap was obtained from Peckham Materials, a New York State Department of Transportation (NYSDOT) - approved aggregate source.
- Collected routine monthly and quarterly treatment system samples.

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

## SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on June 28, 2022 from the following treatment system locations:

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

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

The samples were submitted to Con-Test/Pace Analytical for analysis of Target Compound List (TCL) VOCs, 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 June 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, VOCs were detected in the EW-1, EW-2, and EW-3 samples. VOCs were not detected greater than the respective compound quantitation limits in the remaining seven samples.

### **PCBs**

PCB Aroclor 1016 was detected in the EW-1 sample (783 µg/L, estimated). PCB Aroclor 1221 was detected in EW-3 (1.43 µg/L), EW-4 (0.431 µg/L), Influent (0.592 µg/L), and Clarifier Catch (0.709 µg/L) samples. No other PCBs were detected at concentrations greater than their respective reporting limits during the June 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 0.17 milligrams per liter (mg/L) (Cell-1) to a maximum of 120 mg/L (EW-3). The PPE iron concentration of 4.1 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 June 2022. Additional metal concentrations are shown on Table 1.

### **Conventional Chemistry**

As shown on Table 1, TDS concentrations ranged from 340 mg/L (Clarifier Catch) to 730 mg/L (EW-2), and TSS concentrations ranged from 2.4 mg/L (Cell 1 Effluent) to 350 mg/L (EW-3). 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 July 2022:

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

NYSDEC Site No. 558001  
Payson Long  
September 27, 2022

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

Sincerely,

Arcadis of New York, Inc.



Andy Vitolins, P.G.  
Vice President

Copies:

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

Enclosures:

**Attachment A** – NYSDEC Daily Inspection Reports  
**Attachment B** – Arcadis Weekly O&M Logs  
**Table 1** – June 2022 Treatment System Analytical Data

# ATTACHMENT A

NYSDEC Daily Inspection Reports



# DAILY INSPECTION REPORT

Report No. 103

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 6/2/2022

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>  Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Jeremy Wyckoff, Todd Carignan		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Sunny	AM	Sunny	PM				
<b>Temperature</b>	68 °F	AM	77 °F	PM				
<b>Wind</b>	7 MPH WNW	AM	4 MPH W	PM				
<b>Health &amp; Safety</b> If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA	
<b>Health &amp; Safety Comments</b> None at this time.								
<b>Summary of Work Performed</b>		Arrived at site:	0710	Departed Site:	1730			
<ul style="list-style-type: none"> <li>- Cleared brush around landfill vents, piezometers, and mid-cap swale south of LP-2.</li> <li>- Removed vegetation, debris, and sediment from mid-cap swale, cleared down to geofabric.</li> <li>- Transported the removed debris to Cell 1 Drying Bed.</li> <li>- Placed new rip-rap and re-graded to cover geofabric in the mid-cap swale.</li> <li>- Noted beaver activity nearby the southern Unnamed Pond.</li> </ul>								
<b>Equipment/Material Tracking</b> If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>	
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Jeremy Wyckoff		Arcadis		Geologist		10.3		
Todd Carignan		Arcadis		Engineer		6.0		
Doug Richmond		Arcadis		Field Supervisor		5.0		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Takevchi TB230 Mini Excavator		United Rentals			1	6.0 hours		
Bobcat T550 Track Loader		Sunbelt Rentals			1	4.0 hours		
<b>Material Description</b>		<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
Light stone fill rip-rap		6/1/2022	N/A	N/A	N/A		1	21.5
<b>Equipment/Material Tracking Comments:</b> None at this time.								

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

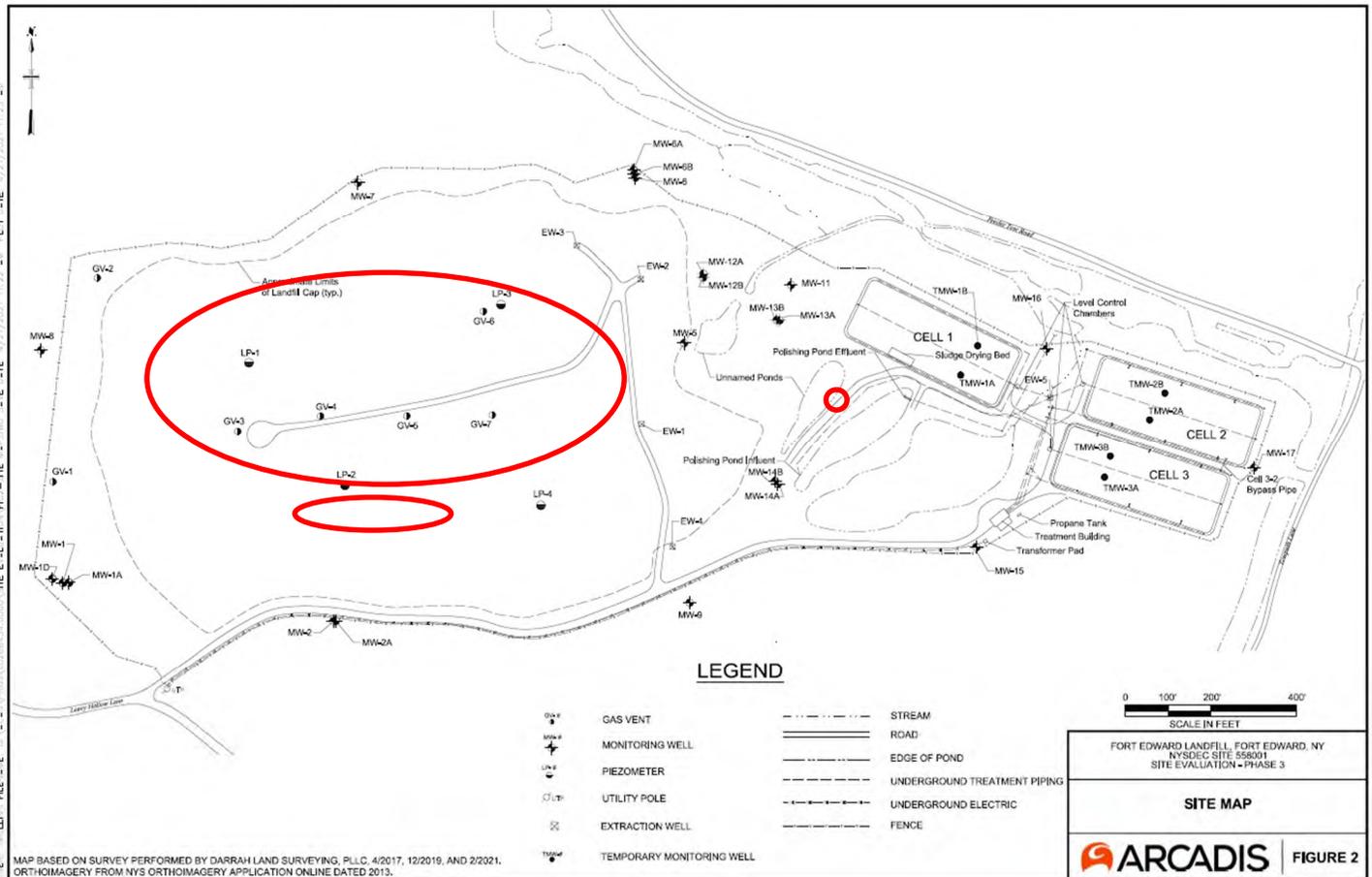
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 2nd, 2022.

**DAILY INSPECTION REPORT**

Report No. 103 Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4  
Date: 6/2/2022

Site Photographs (Descriptions Below)	
	
View of excavated mid-cap swale.	View of new rip-rap in mid-cap swale.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Jeremy Wyckoff, Todd Carignan	<b>Date:</b> 6/2/2022

**DAILY HEALTH CHECKLIST**

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

**REMEDIAL ACTIVITIES AT PROPERTIES**

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

**NUISANCE CHECKLIST**

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

# DAILY INSPECTION REPORT

Report No. 104

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 6/3/2022

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>  Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Jeremy Wyckoff, Todd Carignan		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Sunny	AM	Sunny	PM				
<b>Temperature</b>	65 °F	AM	73 °F	PM				
<b>Wind</b>	9 MPH SSW	AM	11 MPH WNW	PM				
<b>Health &amp; Safety</b> If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA	
<b>Health &amp; Safety Comments</b> None at this time.								
<b>Summary of Work Performed</b>		Arrived at site:	0730	Departed Site:	1430			
<ul style="list-style-type: none"> <li>- Cleared large trees around the northern perimeter swale and MW-7 using chainsaw and excavator. Staged cut trees near the perimeter swale until a woodchipper is available.</li> <li>- Removed vegetation, debris, and sediment from the northern perimeter swale.</li> <li>- Mowed select areas around the Constructed Wetland Treatment System (CWTS) where wild parsnip was observed.</li> <li>- Staged rental equipment nearby access gate for pick-up.</li> </ul>								
<b>Equipment/Material Tracking</b> If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>	
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Jeremy Wyckoff		Arcadis		Geologist		7.0		
Doug Richmond		Arcadis		Field Supervisor		7.0		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Takevchi TB230 Mini Excavator		United Rentals			1	2.8 hours		
Bobcat T550 Track Loader		Sunbelt Rentals			1	1.4 hours		
<b>Material Description</b>		<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
<b>Equipment/Material Tracking Comments:</b> None at this time.								

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

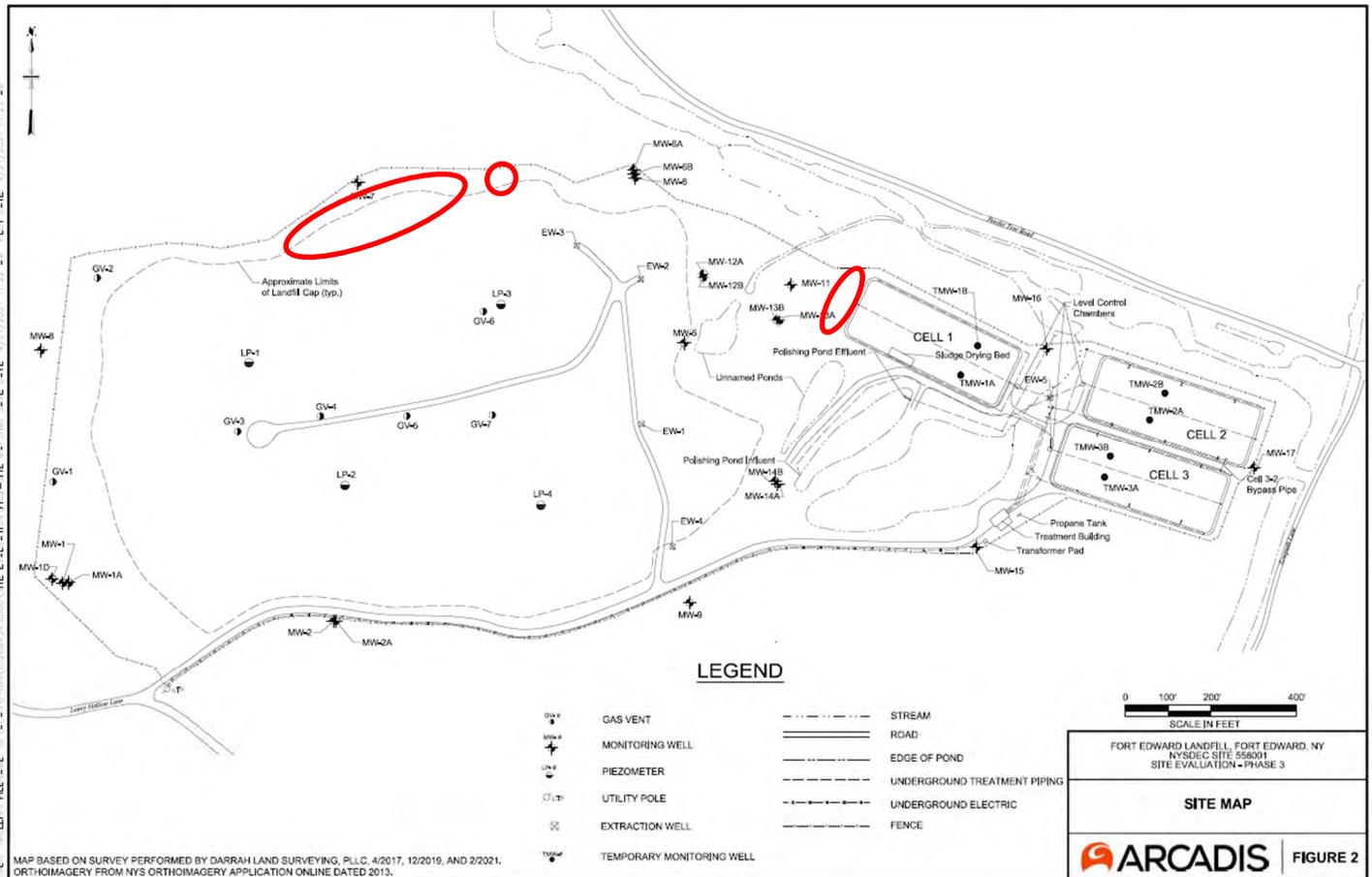
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 3rd, 2022.

# DAILY INSPECTION REPORT

Report No. 104

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 6/3/2022

## Site Photographs (Descriptions Below)



View of large trees removed from the northern perimeter swale.



View of cut tree staging area.

### Comments

None at this time.

**Site Inspector(s):** Jeremy Wyckoff, Doug Richmond

**Date:** 6/3/2022

## 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"/>
<b>Comments:</b> None at this time.		

**DAILY INSPECTION REPORT**

Report No. 104 Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 4  
Date: 6/3/2022

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

**NUISANCE CHECKLIST**

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



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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

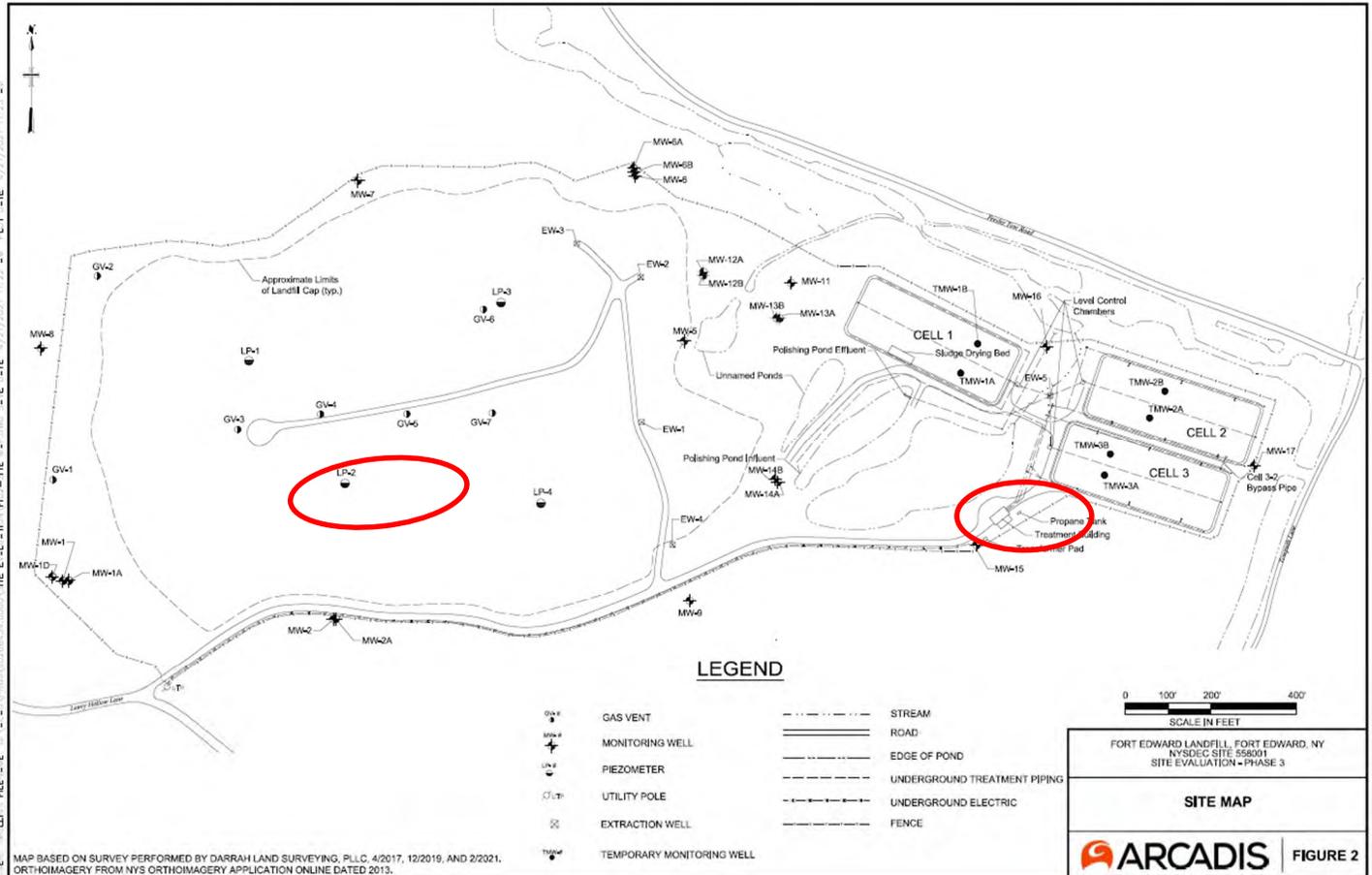
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 7th, 2022.

**DAILY INSPECTION REPORT**

Report No. 105

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4  
Date: 6/7/2022

Site Photographs (Descriptions Below)	
	
View of dried/processed Filter Sludge in the Filter Press.	View of landfill where grass seed was applied.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 6/7/2022

**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"/>
<b>Comments:</b>		
None at this time.		

# DAILY INSPECTION REPORT

Report No. 105

Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 4  
Date: 6/7/2022

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

## NUISANCE CHECKLIST

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



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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

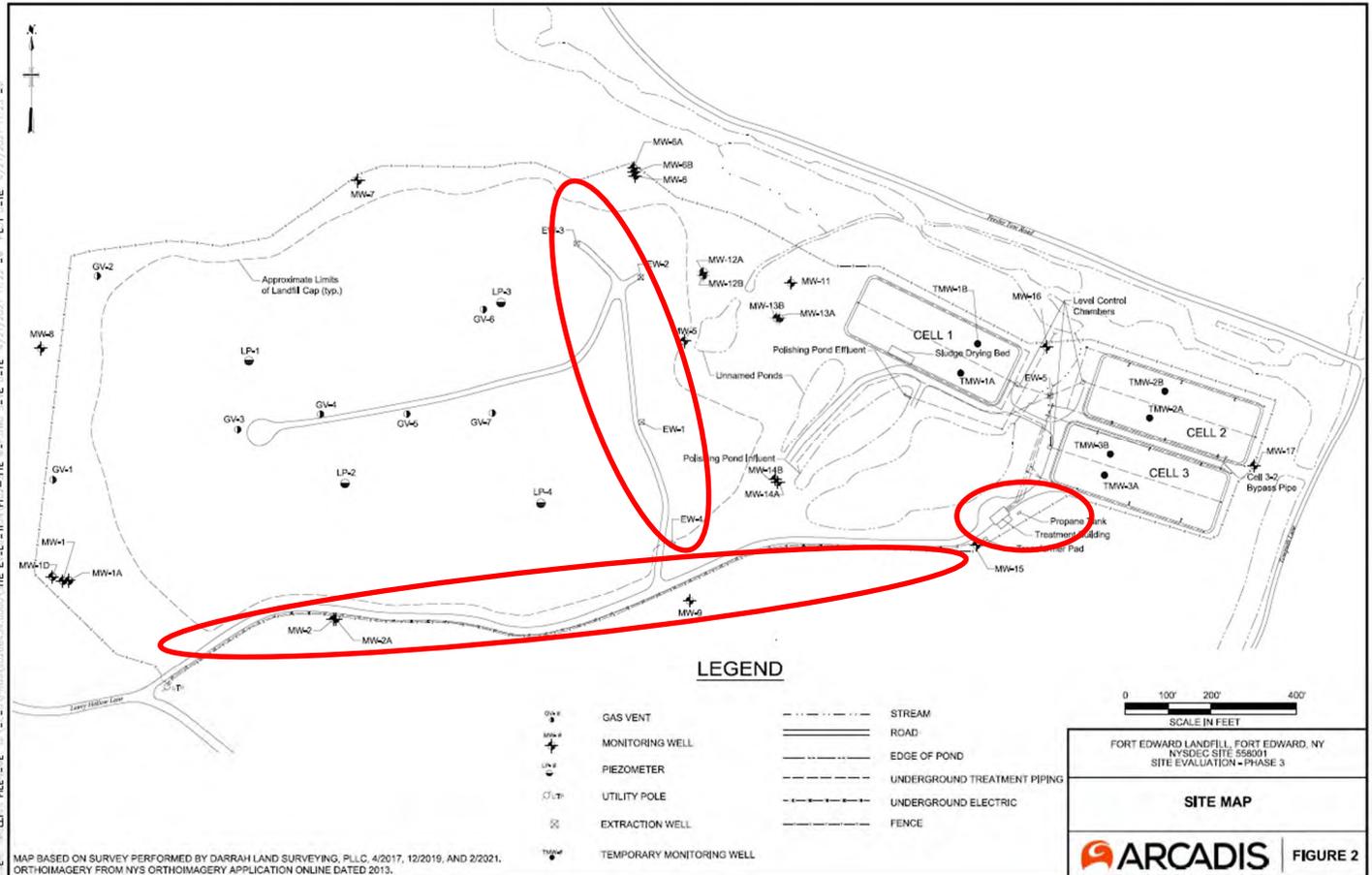
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 14th, 2022.

**DAILY INSPECTION REPORT**

Report No. 106

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4  
Date: 6/14/2022

Site Photographs (Descriptions Below)	
	
View of dried/processed Filter Sludge in the Filter Press.	View of IPC plates prior to cleaning.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 6/14/2022

**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"/>
<b>Comments:</b>		
None at this time.		

**REMEDIAL ACTIVITIES AT PROPERTIES**

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

**NUISANCE CHECKLIST**

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

# DAILY INSPECTION REPORT

Report No. 107

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 6/21/2022

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>  Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Patrick Harrington, Jason Gutowski		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Cloudy	AM	Cloudy	PM				
<b>Temperature</b>	57 °F	AM	65 °F	PM				
<b>Wind</b>	0 MPH	AM	0 MPH	PM				
<b>Health &amp; Safety</b> If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA	
<b>Health &amp; Safety Comments</b> None at this time.								
<b>Summary of Work Performed</b>		Arrived at site:	0750	Departed Site:	1910			
<ul style="list-style-type: none"> <li>- Restarted system following power failure.</li> <li>- Teal's truck on-site to deliver two 55-gallon drums of Aries 2130.</li> <li>- Completed prefill and partial onstream of the Filter Press.</li> <li>- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>- Containerized one 55-gallon drum of Filter Press Filter Sludge.</li> <li>- Cleared brush on landfill using brush hog.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> </ul>								
<b>Equipment/Material Tracking</b> If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>	
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Patrick Harrington		Arcadis		Geologist		10.25		
Jason Gutowski		Arcadis		Field Tech		11.2		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Skid Steer		Bobcat of Saratoga			1	10 hrs		
<b>Material Description</b>		<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
Aries 2130		2 Drums	N/A	N/A	N/A		N/A	0.54
<b>Equipment/Material Tracking Comments:</b> None at this time.								

# DAILY INSPECTION REPORT

Report No. 107

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 6/21/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

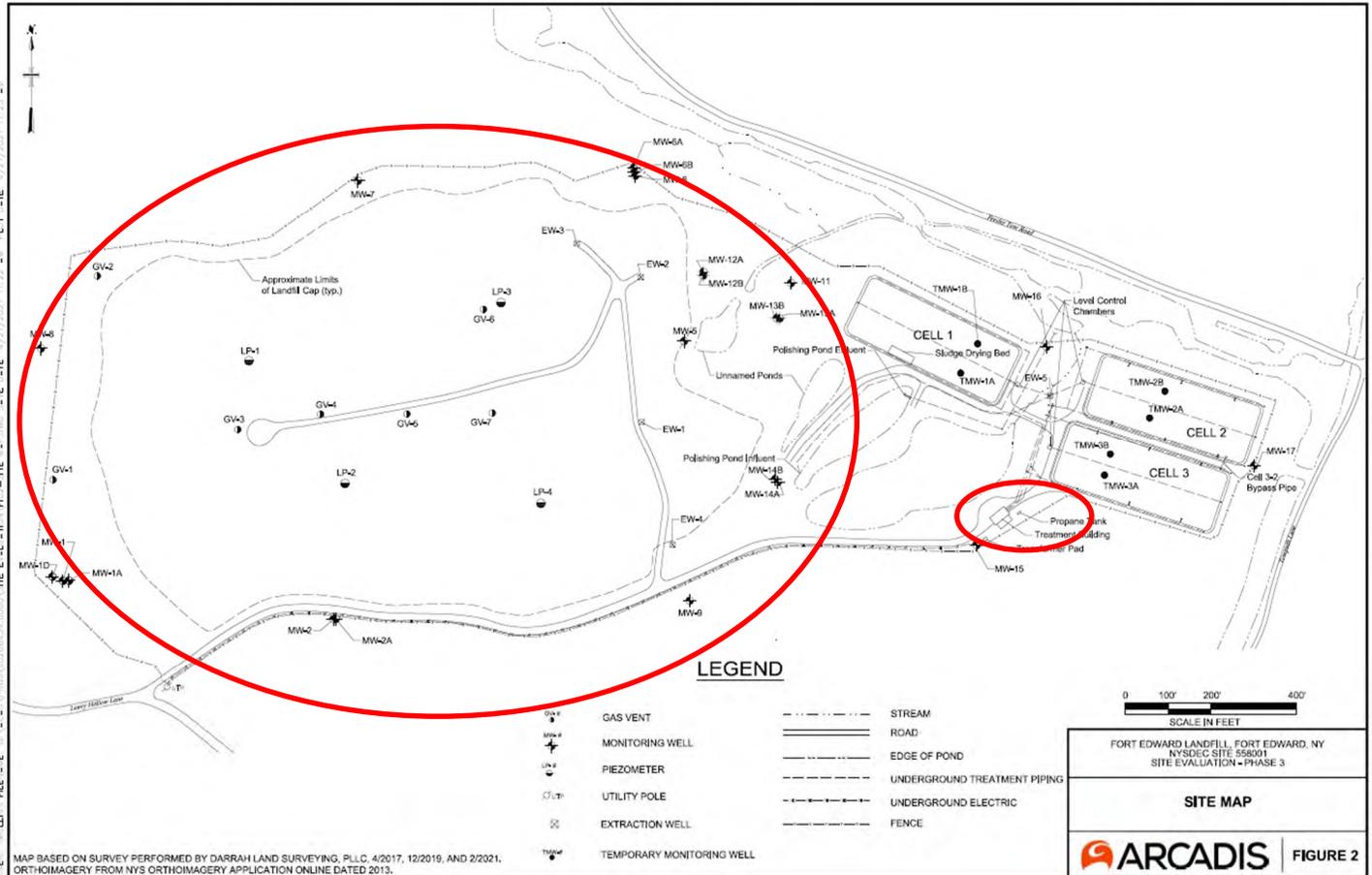
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 21st, 2022.

**DAILY INSPECTION REPORT**

Report No. 107

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4  
Date: 6/21/2022

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to cleaning.	View of CO FD-7 post brush removal.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington, Jason Gutowski	<b>Date:</b> 6/21/2022

**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"/>
<b>Comments:</b>		
None at this time.		

# DAILY INSPECTION REPORT

Report No. 107

Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 4  
Date: 6/21/2022

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

## NUISANCE CHECKLIST

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

# DAILY INSPECTION REPORT

Report No. 108

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 6/22/2022

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation				<b>NYSDEC Contract No. D009804</b>  Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspectors: Patrick Harrington, Jason Gutowski	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Cloudy	PM			
<b>Temperature</b>	60 °F	AM	63 °F	PM			
<b>Wind</b>	12 MPH SE	AM	0 MPH	PM			
<b>Health &amp; Safety</b>							
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b>							
None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:	0455	Departed Site:	1820		
<ul style="list-style-type: none"> <li>- Cleared brush around landfill and constructed wetland treatment cells (CWTS).</li> <li>- Removed cut trees from mid-cap swale staging area.</li> <li>- Cleared branches overhanging landfill perimeter fence.</li> <li>- Completed onstream of the Filter Press.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> </ul>							
<b>Equipment/Material Tracking</b>							
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Patrick Harrington		Arcadis		Geologist		10.25	
Jason Gutowski		Arcadis		Field Tech		13.4	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
Skid Steer		Bobcat of Saratoga			1	9.0 hours	
<b>Material Description</b>	<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
<b>Equipment/Material Tracking Comments:</b>							
None at this time.							

# DAILY INSPECTION REPORT

Report No. 108

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 6/22/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

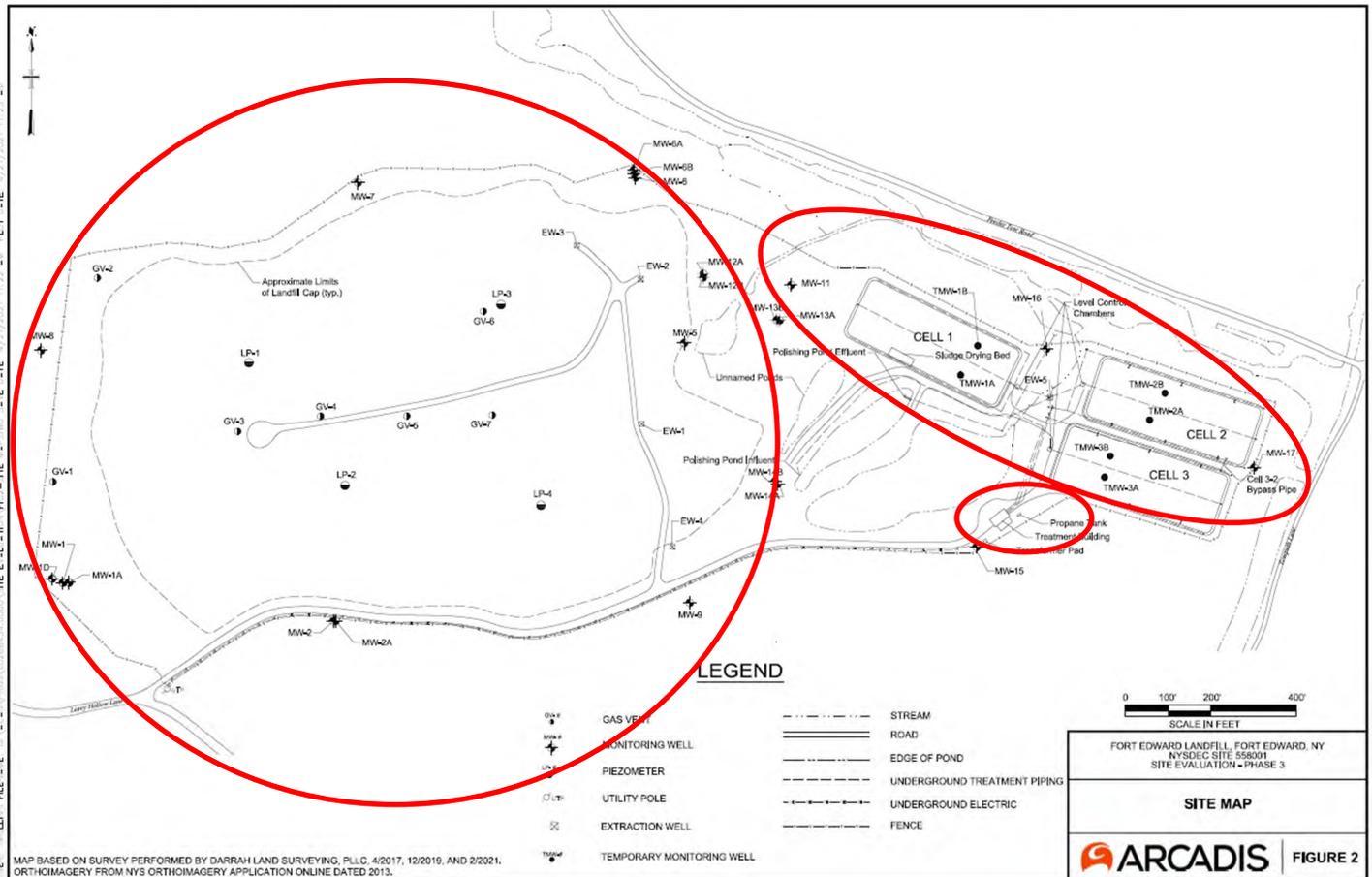
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 22nd, 2022.

Site Photographs (Descriptions Below)	
	
View of small trees growing in swale before removal.	View of swale after tree removal.
	
View of overgrown landfill perimeter fence.	View after removing overgrown vegetation from landfill perimeter fence.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington, Jason Gutowski	<b>Date:</b> 6/22/2022

# DAILY INSPECTION REPORT

Report No. 108

Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 4  
Date: 6/22/2022

## DAILY HEALTH CHECKLIST

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

## REMEDIAL ACTIVITIES AT PROPERTIES

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

## NUISANCE CHECKLIST

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



# DAILY INSPECTION REPORT

Report No. 109

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 6/23/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

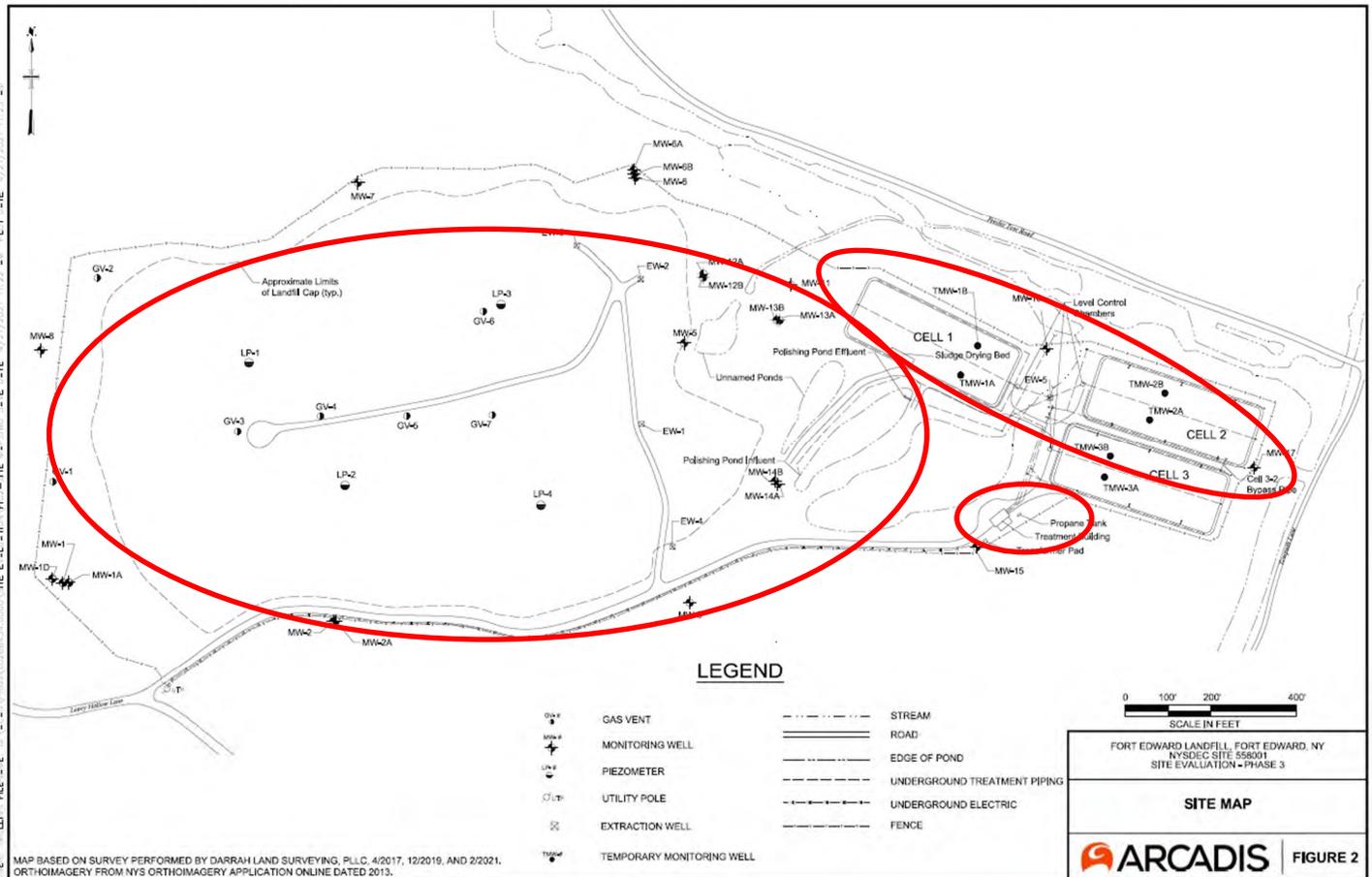
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 23rd, 2022.

**DAILY INSPECTION REPORT**

Report No. 109

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4  
Date: 6/23/2022

Site Photographs (Descriptions Below)	
	
View of mowed landfill from MW-8.	Additional view of mowed landfill.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Jason Gutowski	<b>Date:</b> 6/23/2022

**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"/>
<b>Comments:</b>		
None at this time.		

# DAILY INSPECTION REPORT

Report No. 109

Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 4  
Date: 6/23/2022

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

## NUISANCE CHECKLIST

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

# DAILY INSPECTION REPORT

Report No. 110

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 6/28/2022

NYSDEC Division of Environmental Remediation						<b>NYSDEC Contract No. D009804</b>  Superintendent: NYSDEC PM: Payson Long Consultant PM: Andy Vitolins, P.G. Consultant Site Inspector: Patrick Harrington		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Sunny	AM	Sunny	PM				
<b>Temperature</b>	62 °F	AM	75 °F	PM				
<b>Wind</b>	0 MPH	AM	0 MPH	PM				
<b>Health &amp; Safety</b> If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA	
<b>Health &amp; Safety Comments</b> None at this time.								
<b>Summary of Work Performed</b>		Arrived at site:	0850	Departed Site:	2025			
<ul style="list-style-type: none"> <li>- Completed routine monthly and quarterly Treatment System sampling. Sample coolers delivered to Pace Analytical.</li> <li>- Completed blowdown and cake discharge of the Filter Press.</li> <li>- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> </ul>								
<b>Equipment/Material Tracking</b> If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>	
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Patrick Harrington		Arcadis		Geologist		11.5		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
<b>Material Description</b>		<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
<b>Equipment/Material Tracking Comments:</b> None at this time.								

# DAILY INSPECTION REPORT

Report No. 110

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 6/28/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

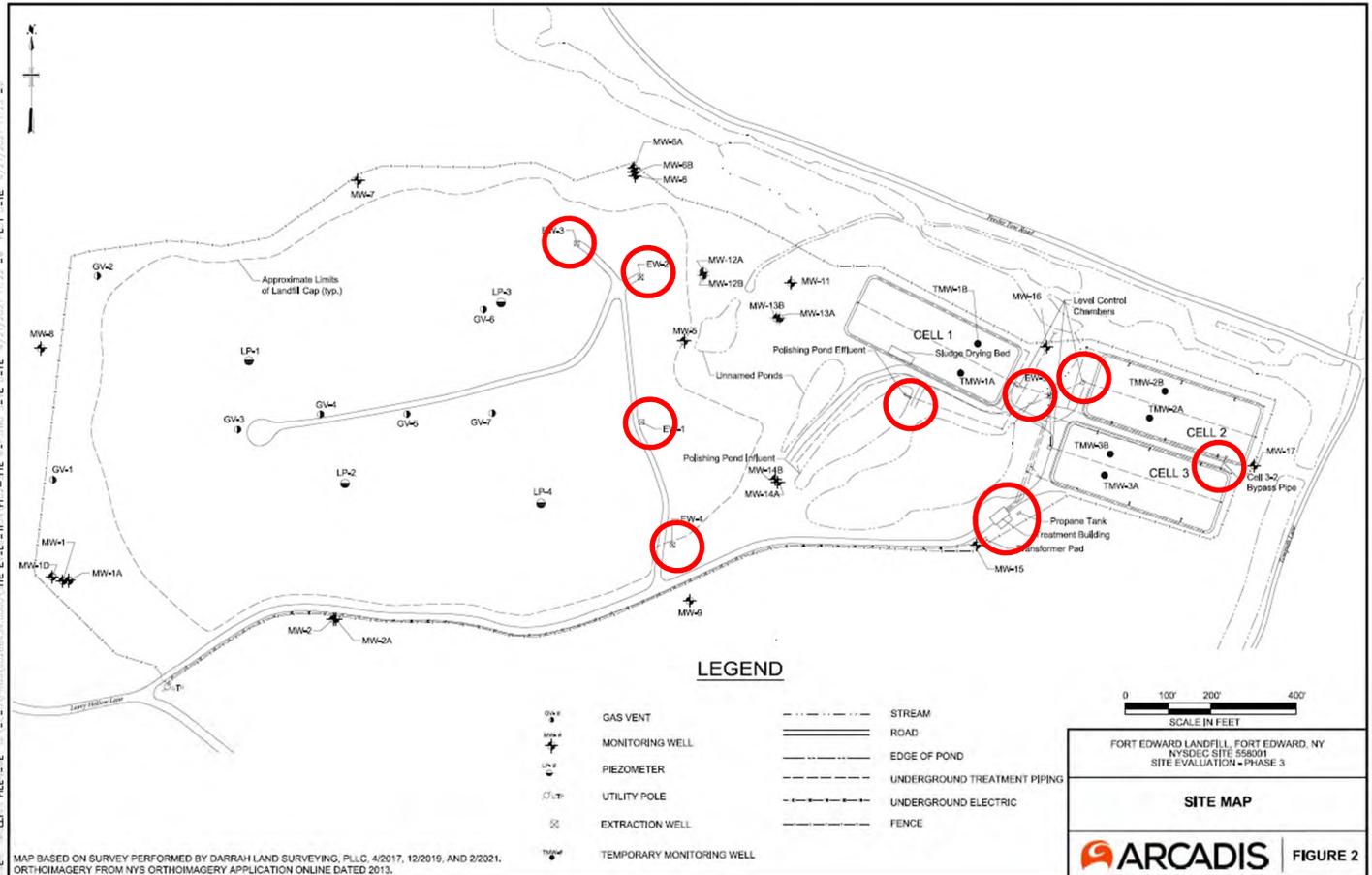
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on June 28th, 2022.

# DAILY INSPECTION REPORT

Report No. 110

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 6/28/2022

Site Photographs (Descriptions Below)	
	
View of dried/processed Filter Sludge in the Filter Press.	View of IPC plates prior to cleaning.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 6/28/2022

## DAILY HEALTH CHECKLIST

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

**REMEDIAL ACTIVITIES AT PROPERTIES**

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

**NUISANCE CHECKLIST**

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

# ATTACHMENT B

Arcadis Weekly O&M Logs



# Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 6/17/22

Time: 0920

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>0.00</u>	<u>14.06</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>12.00</u>	<u>2.95</u>	<u>9.13</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>14.00</u>	<u>8.92</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>15.25</u>	<u>8.19</u>	<u>11.24</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>8.91</u>	<u>NA</u>
<b>Process - (Check if OK or fill in values)</b>						
Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>		Auto rotate on/off		<u>0.0</u>
If on - record chlorine concentration (ppm)				Discharge pump operating		<u>✓</u>
Operate exhaust fan manually	<u>✓</u>			Discharge pump pressure normal		<u>✓</u>
FT-601 reading (GPM)	<u>19.72</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>0</u>
<b>Filtration (Check if OK)</b>						
Air compressor pressure in range	<u>✓</u>			Solenoid status correct for operation		<u>✓</u>
<b>Data (Check if OK)</b>						
Do Daily & Yesterday Starts make sense	<u>✓</u>					
<b>Alarms</b>						
All Alarms Enabled (Y/N)	<u>N</u>					
List any disabled and indicate why	<u>Chlorine disabled</u>					

## BUILDING/GROUNDS

<b>Air Compressor (Check if OK)</b>						
Cycle times normal for load	<u>✓</u>			Check auto drain operation		<u>✓</u>
Check oil level at least monthly	<u>✓</u>			Check dryer - alarms? Cycling?		<u>✓</u>
Belt tension	<u>✓</u>			HX fan operates with compressor?		<u>✓</u>
<b>Unit Heaters (Check if OK)</b>						
Thermostats set correctly (50-55 F)	<u>✓</u>			Propane tank level greater than 20%		<u>✓ 100</u>
Heaters working	<u>✓</u>					
<b>IPC (Y/N)</b>						
IPC discharge clear?	<u>✓</u>			Check sludge ports (Sludge Y/N)		<u>✓</u>
Floatables? (take photos if yes)	<u>✓</u>			Indicate % of sludge at each port	Upper	<u>0</u>
Coag visibly dosing?	<u>✓</u>				Mid	<u>100</u>
Floc visibly dosing?	<u>✓</u>				Lower	<u>100</u>
<b>Chemical Feed (Fill in values)</b>						
345 Sodium Permanganate	Height (in) <u>24.60</u>	mA Signal <u>4.77</u>	# of Full Drums Onsite	<u>1</u>		
2130 Coagulant	Height (in) <u>17.80</u>	Stroke Rate <u>1.0</u>	# of Full Drums Onsite	<u>0</u>		
1868 Flocculant	Volume (gal) <u>7.5</u>	Stroke Rate <u>9.5</u>	# of Full Bags Onsite	<u>0</u>		
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>PCC, Coagulant</u>		
<b>Floor Sumps (Y/N)</b>						
Sump levels normal?	<u>✓</u>			Pump runs but not emptying sump?		<u>N</u>
High-High level switches operate freely?	<u>✓</u>	(check monthly)		Back flowing after pump cycle?		<u>N</u>
Excessive sludge/sediment?	<u>0</u>					
<b>Diaphragm pumps (Check if OK)</b>						
Proper operation/flow	Thick Feed <u>✓</u>	Press Feed <u>✓</u>	Floc Feed <u>✓</u>			
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>			
<b>Filter Press (Check if OK)</b>						
Hydraulic ram operating normally	<u>✓</u>			Sorbent pads replaced?		<u>N</u>
Hydraulic pressure normal	<u>✓</u>			How many total filled Haz drums onsite?		<u>2</u>
Significant leaks?	<u>N</u>			How many Haz drums filled & closed today?		<u>1</u>
<b>General/Housekeeping</b>						
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	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>					
<b>Grounds</b>						
Mow/trim around building, structures, wells, bollards, control panels and cleanouts				Clear woody vegetation from swales and cap		
Shovel doorways, apply ice melt				Look for damage fencing/gates		
Confirm gates and doorways locked				Confirm storage container locked		



# Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff PH

Date 6/14/22

Time 08:00

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>0.47</u>	<u>13.96</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>13.74</u>	<u>3.20</u>	<u>5.63</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>12.53</u>	<u>4.07</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>3.25</u>	<u>3.55</u>	<u>11.78</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>2.34</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>OK</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>12.54</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>
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List any disabled and indicate why Chlorine disabled

## BUILDING/GROUNDS

### Air Compressor (Check if OK)

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

### Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>✓ 75%</u>
Heaters working	<u>✓</u>		

### IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>0</u>
Coag visibly dosing?	<u>✓</u>	Mid	<u>30</u>
Floc visibly dosing?	<u>✓</u>	Lower	<u>60</u>

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>23.70</u>	mA Signal <u>10.35</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>16.35</u>	Stroke Rate <u>10.30</u>	# of Full Drums Onsite	<u>0</u>
1688 Flocculant	Volume (gal) <u>500</u>	Stroke Rate <u>91</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>Turbidant, 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)

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

### Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>2</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>0</u>

### General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>0</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>✓</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>✓</u>	Removed trash?	<u>✓</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



# Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PH

Date: 6/21/22

Time: 0845

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

## HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)	
Pump Status/Flow	EW-1	N	N	N	0.00	14.02	0.00
Run pumps in "Manual" to confirm flow, if needed.	EW-2	Y	Y	N	17.25	6.51	5.72
Confirm pumps are operating between setpoints	EW-3	Y	Y	N	20.42	8.87	NA
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	27.72	22.68	16.93
If pumps on, is water flowing into IPC (Y/N)?	EW-5	Y	Y	N	NA	12.51	NA

## Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	NA	A2	NA	Auto rotate on/off	✓
If on - record chlorine concentration (ppm)					Discharge pump operating	✓
Operate exhaust fan manually					Discharge pump pressure normal	✓
FT-801 reading (GPM)		2109			Building temp accurate	✓
Chemical rates normal for flow?		✓			Mixers operating?	✓
Catch tank display level=actual?		✓			Other Alarms (Y/N)	N

## Filtration (Check if OK)

Air compressor pressure in range	✓	Solenoid status correct for operation	✓
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## Data (Check if OK)

Do Daily & Yesterday Starts make sense	✓
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## Alarms

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

## BUILDING/GROUNDS

### Air Compressor (Check if OK)

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

### Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	✓	Propane tank level greater than 20%	✓
Heaters working	✓ - Gas off		

### IPC (Y/N)

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

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in)	23 3/4	mA Signal	5.05	# of Full Drums Onsite	1
2130 Coagulant	Height (in)	14.5	Stroke Rate	12.7	# of Full Drums Onsite	2
1668 Flocculant	Volume (gal)	390	Stroke Rate	105	# of Full Bags Onsite	0
Dosing pumps at normal rate?		Y			Chemicals needed?	FLOC

### Floor Sumps (Y/N)

Sump levels normal?	Y	Pump runs but not emptying sump?	N
High-High level switches operate freely?	Y (check monthly)	Back flowing after pump cycle?	N

### Excessive sludge/sediment?

Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	✓	✓	✓
Regulators working properly	✓	✓	✓
Exhaust mufflers	✓	✓	✓

### Filter Press (Check if OK)

Hydraulic ram operating normally	✓	Sorbent pads replaced?	N
Hydraulic pressure normal	✓	How many total filled Haz drums onsite?	3
Significant leaks?	✓	How many Haz drums filled & closed today?	1

### General/Housekeeping

Wipe down dirty equipment/piping	✓	Any leaks?	N	Waste drums needed?	N
Sweep and/or wash floors	✓	Lights working?	Y	Drum labels needed?	N
Fire extinguisher inspection (monthly)	✓	Exit signs working?	Y	Removed trash?	N
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
<b>Clarifier Catch Tank</b>			Low-Low	Level (off)	Level (on)	High-High
			0.5	1	2	3.25

**Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

**Discharge Pumps**

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

**Air compressor**

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

**Regulators**

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

**Notes:**

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# Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 6/25/17

Time: 2:45

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

## HMI SCREENS

### Extraction Wells

Pump Status/Flow	EW-1	EW-2	EW-3	EW-4	EW-5	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Run pumps in "Manual" to confirm flow if needed	✓	✓	✓	✓	✓	Y	N	N	0.5	13.71	0
Confirm pumps are operating between setpoints	✓	✓	✓	✓	✓	Y	Y	N	19.01	2.46	6.04
Confirm pressure with pump cycling & not high/low	✓	✓	✓	✓	✓	Y	Y	N	17.21	3.73	NA
If pumps on, is water flowing into IPC (Y/N)?	✓	✓	✓	✓	✓	Y	Y	N	21.32	7.14	10.47
						Y	Y	N	NA	3.14	NA

### Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	NA	A2	NA	Auto rotate on/off	ON
If on - record chlorine concentration (ppm)		1.1			Discharge pump operating	✓
Operate exhaust fan manually		✓			Discharge pump pressure normal	✓
FT-801 reading (GPM)		16.62			Building temp accurate	✓
Chemical rates normal for flow?		✓			Mixers operating?	✓
Catch tank display level=actual?		✓			Other Alarms (Y/N)	N

### Filtration (Check if OK)

Air compressor pressure in range	✓	Solenoid status correct for operation	✓
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### Data (Check if OK)

Do Daily & Yesterday Starts make sense	✓
Alarm	
All Alarms Enabled (Y/N)	N
List any disabled and indicate why	Chlorine disabled

## BUILDING/GROUNDS

### Air Compressor (Check if OK)

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

### Unit Heaters (Check if OK)

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

### IPC (Y/N)

IPC discharge clear?	✓	Check sludge ports (Sludge Y/N)	Y
Floating? (take photos if yes)	N	Indicate % of sludge at each port	Upper: 0 Mid: 75 Lower: 100
Coag visibly dosing?	✓		
Floc visibly dosing?	✓		

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in)	23.42	mA Signal	4.93	# of Full Drums Onsite	1
2130 Coagulant	Height (in)	10	Stroke Rate	16.2	# of Full Drums Onsite	3
1668 Flocculant	Volume (gal)	3.07	Stroke Rate	64	# of Full Bags Onsite	0
Dosing pumps at normal rate?	✓			Chemicals needed?	Floc	

### Floc/Sumps (Y/N)

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

### Diaphragm pumps (Check if OK)

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

### Filter Press (Check if OK)

Hydraulic ram operating normally	✓	Sorbent pads replaced?	N
Hydraulic pressure normal	✓	How many total filled Haz drums onsite?	3
Significant leaks?	✓	How many Haz drums filled & closed today?	0

### General/Housekeeping

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

### Grounds

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

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	45	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	38
EW-5	NA	NA	1	3	10	20
<b>Clarifier Catch Tank</b>			Low-Low 0.5	Level (off) 1	Level (on) 2	High-High 3.25

**Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

**Discharge Pumps**

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

**Air compressor**

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

**Regulators**

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

**Notes:**

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# TABLES



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

Location	EW-1	EW-2	EW-3	EW-4	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Cell 1 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022
<b>Volatile Organic Compounds (µg/L)</b>											
ACETONE	1200 U	100 U	100 U	50 U	50 U	50 U	100 U	100 U	100 U	--	50 U
BENZENE	25 U	3.9	2.7	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
BROMOCHLOROMETHANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
BROMODICHLOROMETHANE	12 U	1.0 U	1.0 U	0.5 U	0.5 U	0.50 U	1.0 U	1.0 U	1.0 U	--	0.50 U
BROMOFORM	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
BROMOMETHANE	50 U	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	4.0 U	4.0 U	4.0 U	--	2.0 U
2-BUTANONE (MEK)	500 U	40 U	40 U	20 U	20 U	20 U	40 U	4.0 U	4.0 U	--	20 U
CARBON DISULFIDE	120 U	10 U	10 U	5.0 U	5.0 U	5.0 U	10 U	10 U	10 U	--	5.0 U
CARBON TETRACHLORIDE	120 U	10 U	10 U	5.0 U	5.0 U	5.0 U	10 U	10 U	10 U	--	5.0 U
CHLOROBENZENE	25 U	2.2	24	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
CHLORODIBROMOMETHANE	12 U	1.0 U	1.0 U	0.5 U	0.5 U	0.50 U	1.0 U	1.0 U	1.0 U	--	0.50 U
CHLOROETHANE	50 U	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	4.0 U	4.0 U	4.0 U	20	2.0 U
CHLOROFORM	50 U	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	4.0 U	4.0 U	4.0 U	150	2.0 U
CHLOROMETHANE	50 U	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	4.0 U	4.0 U	4.0 U	--	2.0 U
CYCLOHEXANE	120 U	10 U	10 U	5.0 U	5.0 U	5.0 U	10 U	10 U	10 U	--	5.0 U
1,2-DIBROMO-3-CHLOROPROPANE	120 U	10 U	10 U	5.0 U	5.0 U	5.0 U	10 U	10 U	10 U	--	5.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	12 U	1.0 U	1.0 U	0.5 U	0.5 U	0.50 U	1.0 U	1.0 U	1.0 U	--	0.50 U
1,2-DICHLOROBENZENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,3-DICHLOROBENZENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,4-DICHLOROBENZENE	25 U	2.0 U	5.7	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
DICHLORODIFLUOROMETHANE	50 U	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	4.0 U	4.0 U	4.0 U	--	2.0 U
1,1-DICHLOROETHANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	30	1.0 U
1,2-DICHLOROETHANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,1-DICHLOROETHENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	730	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
TRANS-1,2-DICHLOROETHENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,2-DICHLOROETHENE (TOTAL)	730	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	30	1.0 U
1,2-DICHLOROPROPANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	12 U	1.0 U	1.0 U	0.5 U	0.5 U	0.50 U	1.0 U	1.0 U	1.0 U	--	0.50 U
TRANS-1,3-DICHLOROPROPENE	12 U	1.0 U	1.0 U	0.5 U	0.5 U	0.50 U	1.0 U	1.0 U	1.0 U	--	0.50 U
ETHYLBENZENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
2-HEXANONE	250 U	20 U	20 U	10 U	10 U	10 U	20 U	20 U	20 U	--	10 U
ISOPROPYLBENZENE (CUMENE)	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
METHYL ACETATE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
METHYL TERT-BUTYL ETHER (MTBE)	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
METHYL CYCLOHEXANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
METHYLENE CHLORIDE	120 U	10 U	10 U	5.0 U	5.0 U	5.0 U	10 U	10 U	10 U	50	5.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	250 U	20 U	20 U	10 U	10 U	10 U	20 U	20 U	20 U	--	10 U
STYRENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,1,2,2-TETRACHLOROETHANE	12 U	1.0 U	1.0 U	0.5 U	0.5 U	0.50 U	1.0 U	1.0 U	1.0 U	--	0.50 U
TETRACHLOROETHENE (PCE)	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
TOLUENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,2,3-TRICHLOROBENZENE	120 U	10 U	10 U	5.0 U	5.0 U	5.0 U	10 U	10 U	10 U	--	5.0 U
1,2,4-TRICHLOROBENZENE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,1,1-TRICHLOROETHANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,1,2-TRICHLOROETHANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
TRICHLOROETHENE (TCE)	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
TRICHLOROFLUOROMETHANE	50 U	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	4.0 U	4.0 U	4.0 U	--	2.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
VINYL CHLORIDE	3600 V-06	4.0 U	4.0 U	2.0 U	2.0 U	2.0 U	4.0 U	4.0 U	4.0 U	50	2.0 U
XYLENES, TOTAL	25 U	2.0 U	2.0 U	1.0 U	1.0 U	1.0 U	2.0 U	2.0 U	2.0 U	--	1.0 U
1,4-DIOXANE	1200 U	100 U	100 U	50 U	50 U	50 U	100 U	100 U	100 U	--	50 U
TOTAL VOCs	4330.0	6.1	32.4	ND	ND	ND	ND	ND	ND	--	ND

**Notes:**

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

"--" - Value does not exist for analyte.

1,2-dichloroethene (total) is the sum of cis-1,2-dichloroethene and trans-1,2-dichloroethene.

**Definitions:**

µg/L - micrograms per liter.

ND - Non-detect.

U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.

V-06 - Continuing calibration verification (CCV) did not meet method specifications and was biased on the high side for this compound.

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

Location	EW-1	EW-2	EW-3	EW-4	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Cell 1 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022	6/28/2022
<b>Polychlorinated Biphenyls (µg/L)</b>											
PCB-1016 (AROCLOR 1016)	783 R-05	0.0502 U/R-05	0.0502 U/R-05	0.0506 U/R-05	0.0504 U/R-05	0.0504 U/R-05	0.0504 U/R-05	0.0504 U/R-05	0.0506 U	--	0.0506 U
PCB-1221 (AROCLOR 1221)	75.2 U	0.0752 U	1.43	0.431	0.592	0.709	0.0756 U	0.0756 U	0.0759 U	--	0.0759 U
PCB-1232 (AROCLOR 1232)	69.1 U	0.0691 U	0.0691 U	0.0697 U	0.0694 U	0.0694 U	0.0694 U	0.0694 U	0.0697 U	--	0.0697 U
PCB-1242 (AROCLOR 1242)	72.6 U	0.0726 U	0.0726 U	0.0733 U	0.0729 U	0.0729 U	0.0729 U	0.0729 U	0.0733 U	--	0.0733 U
PCB-1248 (AROCLOR 1248)	84.2 U	0.0842 U	0.0842 U	0.0850 U	0.0846 U	0.0846 U	0.0846 U	0.0846 U	0.085 U	--	0.085 U
PCB-1254 (AROCLOR 1254)	74.2 U	0.0742 U	0.0742 U	0.0750 U	0.0746 U	0.0746 U	0.0746 U	0.0746 U	0.075 U	--	0.075 U
PCB-1260 (AROCLOR 1260)	59.1 U/R-05	0.0591 U/R-05	0.0591 U/R-05	0.0597 U/R-05	0.0594 U/R-05	0.0594 U/R-05	0.0594 U/R-05	0.0594 U/R-05	0.0597 U	--	0.0597 U
<b>Metals (mg/L)</b>											
ALUMINIUM	0.08	0.05 U	0.05 U	0.05 U	0.05 U	1.1	0.05 U	0.05 U	0.05 U	--	0.05 U
ANTIMONY	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	--	0.05 U
ARSENIC	0.01 U	0.065	0.042	0.014	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.15	0.01 U
BARIUM	0.29	0.32	0.47	0.05 U	0.05 U	0.05 U	0.05 U	0.057	0.056	3.5	0.05 U
BERYLLIUM	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	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	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.001	0.004 U
CALCIUM	140	120	80	83	82	80	90	110	100	--	88
CHROMIUM, TOTAL	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.21	0.01 U
COBALT	0.01 U	0.01 U	0.012	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.005	0.01 U
COPPER	0.036	0.025	0.014	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.018	0.024	0.01 U
IRON	29	76	120	38	5.7	2.7	0.81	9.0	0.17	0.3	4.1
LEAD	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.0032	0.01 U
MAGNESIUM	37	40	35	19	19	18	16	18	15	--	19
MANGANESE	1.7	0.79	0.29	1.6	1.5	1.6	0.19	1.1	0.96	--	1.7
MERCURY	0.0001 U	0.0001 U	0.0001 U	0.0001 U	0.0001 U	0.0001 U	0.0001 U	0.0001 U	0.00048	0.0008	0.0001 U
NICKEL	0.01 U	0.011	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.015	0.0096	0.01 U
POTASSIUM	4.5	2.9	31	2.1	2.1	2.3	5.6	2.4	2.0 U	--	2.0 U
SELENIUM	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	--	0.05 U
SILVER	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	0.01 U	--	0.01 U
SODIUM	62	100	58	43	44	43	39	42	8.3	--	42
THALLIUM	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	0.05 U	--	0.05 U
VANADIUM	0.012	0.014	0.027	0.01 U	0.01 U	0.01 U	0.01 U	0.011	0.01 U	0.014	0.01 U
ZINC	0.022	0.033	0.026	0.015	0.025	0.012	0.01 U	0.01 U	0.01 U	0.17	0.01 U
<b>Conventional Chemistry (mg/L)</b>											
TOTAL DISSOLVED SOLIDS	720	730	470	370	380	340	390	430	360	500	390
TOTAL SUSPENDED SOLIDS	88	170	350	260	6.2	8.8	2.6	4.0	2.4	50	14.0

**Notes:**

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

"--" - Value does not exist for analyte.

**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.

R-05 - Laboratory fortified blank duplicate RPD is outside of control limits. Reduced precision is anticipated for a reported value for this compound.

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