

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.  
855 Route 146  
Suite 210  
Clifton Park  
New York 12065  
Tel 518 250 7300  
Fax 518 371 2757  
[www.arcadis.com](http://www.arcadis.com)

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

Date:  
September 29, 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 July 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 665,679 gallons of leachate were collected and treated through the system during July 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 14.9 gallons per minute (gpm). 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 also completed to record system readings and document system performance.

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

- Iron and solids sludge processing was performed throughout the month. One 55-gallon drum of Filter Sludge was generated during July 2022.
- Cleared blockage in EW-4 pump intake.
- Replaced defective float switch in the decant tank.
- Replaced defective variable frequency drive (VFD) and motor starter relay for the floc mixer.
- Diagnosed communications issues between extraction wells and the program logic controller (PLC).
- Collected routine monthly treatment system samples.

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

## SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on July 19, 2022 from the following treatment system locations:

- Influent (i.e., combined flow from extraction wells EW-2 and EW-3 and leachate collection well EW-4);
- Clarifier Catch Tank (CCT) 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).

The monthly 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 upon receipt of the electronic data deliverables from the laboratory.

### System Analytical Results

During the July 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 PPE sampling location. Additional details of the system analytical results are provided below.

#### VOCs

As shown in Table 1, toluene was detected in the PPE sample at 1.5 micrograms per liter ( $\mu\text{g/L}$ ). No other VOCs were detected greater than the respective reporting limits in the July 2022 monthly samples.

#### PCBs

Aroclor 1232 was detected in the Influent sample ( $0.280 \mu\text{g/L}$ ) and in the Clarifier Catch sample ( $0.304 \mu\text{g/L}$ ). No other PCBs were detected at concentrations greater than the respective detection limits during

the July 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 0.68 milligrams per liter (mg/L) (Cell 3 Bypass) to a maximum of 15 mg/L (Clarifier Catch). The PPE iron concentration of 4.5 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L, but was in the range of previous results at this location. As shown in Table 1, iron concentrations increased from 7.6 mg/L in the Influent sample to 15 mg/L in the CCT sample, indicating that iron removal was not occurring in the inclined plate clarifier (IPC). Based on a review of the treatment system O&M data, the issue was traced to a problem with the chemical oxidant (sodium permanganate (NaMNO<sub>4</sub>)) feed system that occurred at some point between the previous O&M event (July 12, 2022) and the day that the July monthly treatment system samples were collected (July 19, 2022). The issue was corrected and normal treatment system chemical dosing was restored on July 19, 2022, following collection of the treatment system samples. There were no other metal concentrations from the monthly samples which exceeded the Fort Edward SPDES Equivalency Permit Limits in July 2022. Additional metal concentrations are shown on Table 1.

### **Conventional Chemistry**

As shown on Table 1, TDS concentrations ranged from 180 mg/L (Influent) to 440 mg/L (Cell 2 Effluent), and TSS concentrations ranged from 2.4 mg/L (Cell 2 Effluent) to 26 mg/L (Clarifier Catch). During the July 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 180 to 4,900 mg/L and non-detect to 591 mg/L, respectively.

## **NEXT REPORTING PERIOD PLANNED ACTIVITIES**

The following activities are anticipated for August 2022:

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

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

Sincerely,

Arcadis of New York, Inc.



Andy Vitolins, P.G.  
Vice President

Copies:

NYSDEC Site No. 558001  
Payson Long  
September 29, 2022

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** –Weekly O&M Logs

**Table 1** – July 2022 Treatment System Analytical Data

Arcadis of New York, Inc.

855 Route 146

Suite 210

Clifton Park, New York 12065

Tel 518 250 7300

Fax 518 371 2757

[www.arcadis.com](http://www.arcadis.com)

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.

# ATTACHMENT A

NYSDEC Daily Inspection Reports





# DAILY INSPECTION REPORT

Report No. 111

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/5/2022

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 Inspector: Patrick Harrington	
<b>Site Location:</b> Hudson Falls, New York						
<b>Weather Conditions</b>						
<b>General Description</b>	Light Rain	AM	Rain	PM		
<b>Temperature</b>	63 °F	AM	65 °F	PM		
<b>Wind</b>	0 MPH	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:	0910	Departed Site:	1850	
☐ Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank. ☐ Completed prefill, onstream, blowdown, and cake discharge of the Filter Press. ☐ Containerized one 55-gallon drum of Filter Press Filter Sludge. ☐ Performed routine housekeeping and chemical inspection within the Treatment System Building. ☐ Mowed grass along the landfill access road.						
<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	9.75		
<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. 111 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/5/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

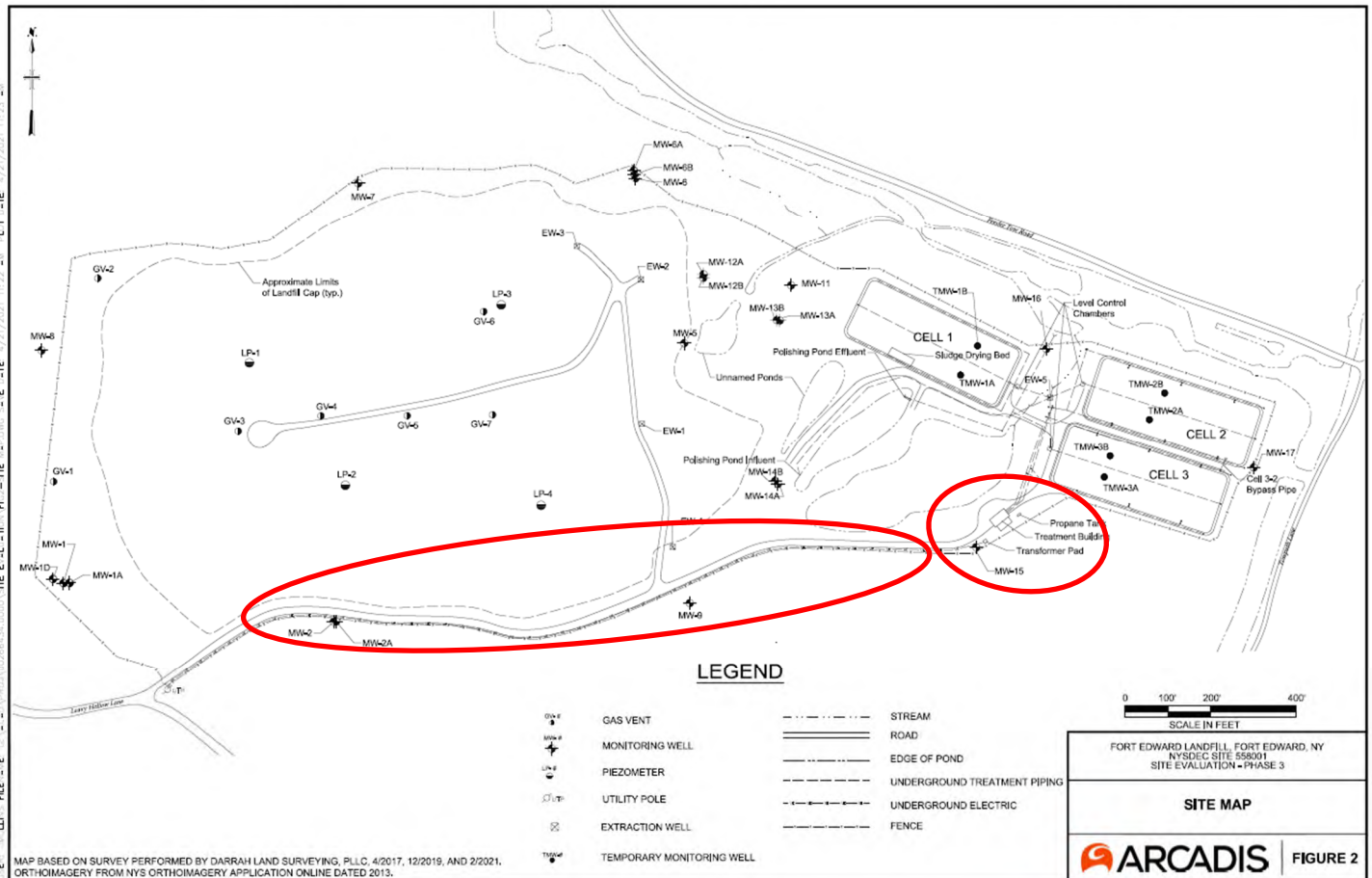
  

Issues Pending
None at this time.

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

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





Red outlined areas indicate the locations of work performed on July 5th, 2022.



# DAILY INSPECTION REPORT

Report No. 111 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/5/2022

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> 7/5/2022

## 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.		

# DAILY INSPECTION REPORT

Report No. 111

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/5/2022

## 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

Date: 7/12/2022

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 Inspector: Patrick Harrington, Jeremy Wyckoff		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Partly Sunny	AM	Thunderstorms	PM				
<b>Temperature</b>	71 °F	AM	83 °F	PM				
<b>Wind</b>	3 MPH N	AM	10 MPH S	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:	0830	Departed Site:	1745			
☐ Repeatedly transferred sludge from the Inclined Plate Clarifier (IPC) to the Thickener Tank. ☐ Completed prefill, onstream, and blowdown of the Filter Press. ☐ Diagnosed low flow issue and subsequently improved flow for EW-4. ☐ Observed loss of communications to EW-1 and EW-2 following thunderstorm. Started diagnosis of issue. ☐ Performed routine housekeeping and chemical inspection within the Treatment System Building.								
<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		9.25		
Jeremy Wyckoff		Arcadis		Geologist		9.0		
<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: 7/12/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

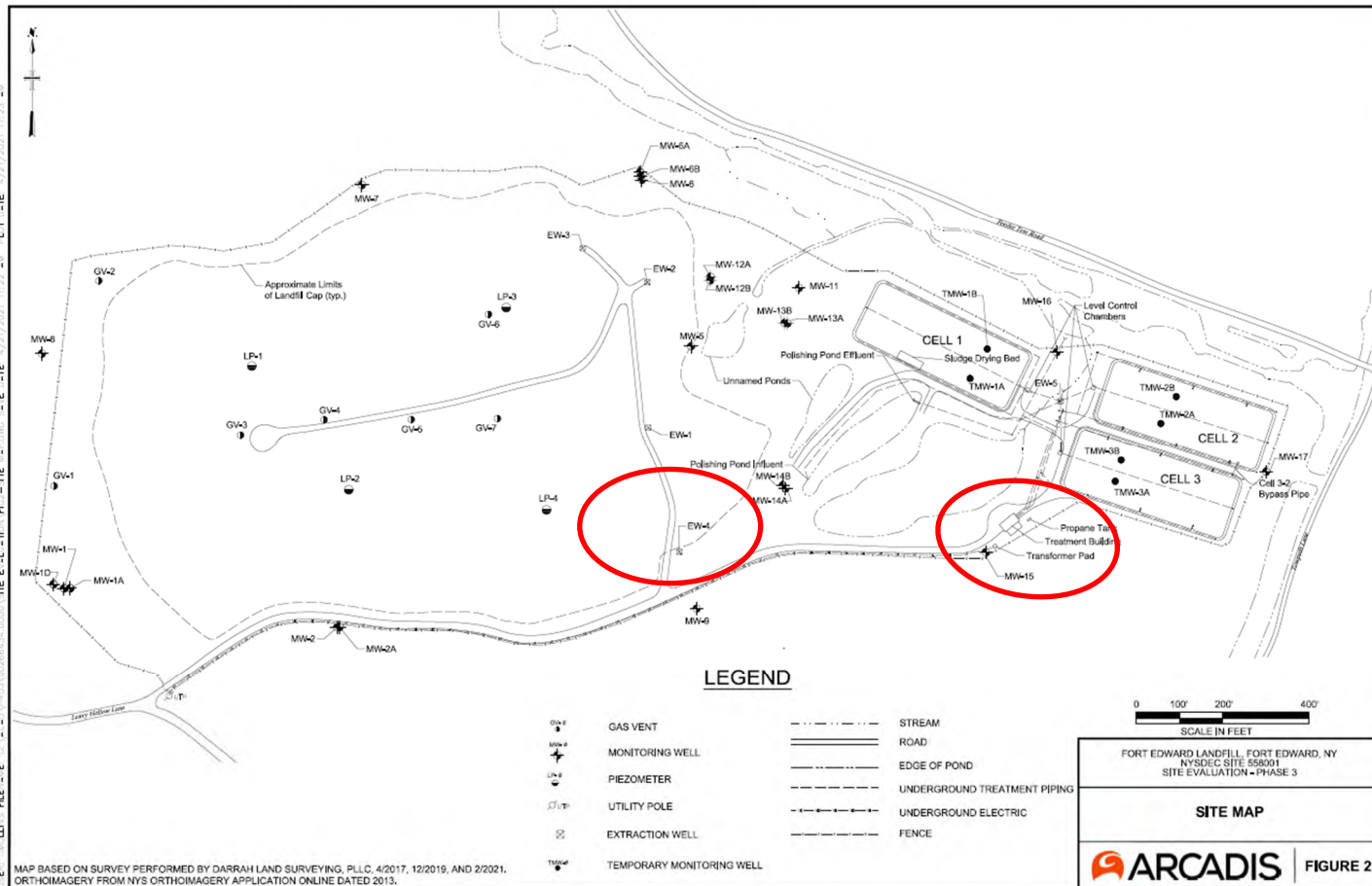
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on July 12th, 2022.





# DAILY INSPECTION REPORT

Report No. 110

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 7/12/2022

Site Photographs (Descriptions Below)	
	
View of PLC while diagnosing EW-1 and EW-2 communications.	View of IPC plates prior to cleaning.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington, Jeremy Wyckoff	<b>Date:</b> 7/12/2022

## 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.		

# DAILY INSPECTION REPORT

Report No. 110

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/12/2022

## 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. 113 Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4  
Date: 7/13/2022

NYSDEC Division of Environmental Remediation			Department of Environmental Conservation		<b>NYSDEC Contract No. D009804</b>		
<b>Site Location:</b> Hudson Falls, New York					Superintendent:  NYSDEC PM: Payson Long  Consultant PM: Andy Vitolins, P.G.  Consultant Site Inspector: Jasmine Mullins, Jeremy Wyckoff		
<b>Weather Conditions</b>							
<b>General Description</b>	Partly Cloudy	AM	Partly Cloudy	PM			
<b>Temperature</b>	75 °F	AM	87 °F	PM			
<b>Wind</b>	6 MPH WNW	AM	7 MPH SW	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:	0800	Departed Site:	1140		
☐ Conducted tailgate health & safety meeting. ☐ Diagnosing communication issue between EW-1/EW-2 and Treatment System Building HMI. ☐ Discovered problem with the analog inputs at EW-1 and EW-2. The sensors were operating correctly. ☐ Applied wasp spray to communication box at EW-2.							
<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>				
Jasmine Mullins	Arcadis	Engineer	3.7				
Jeremy Wyckoff	Arcadis	Geologist	3.7				
<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. 113

Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4  
Date: 7/13/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

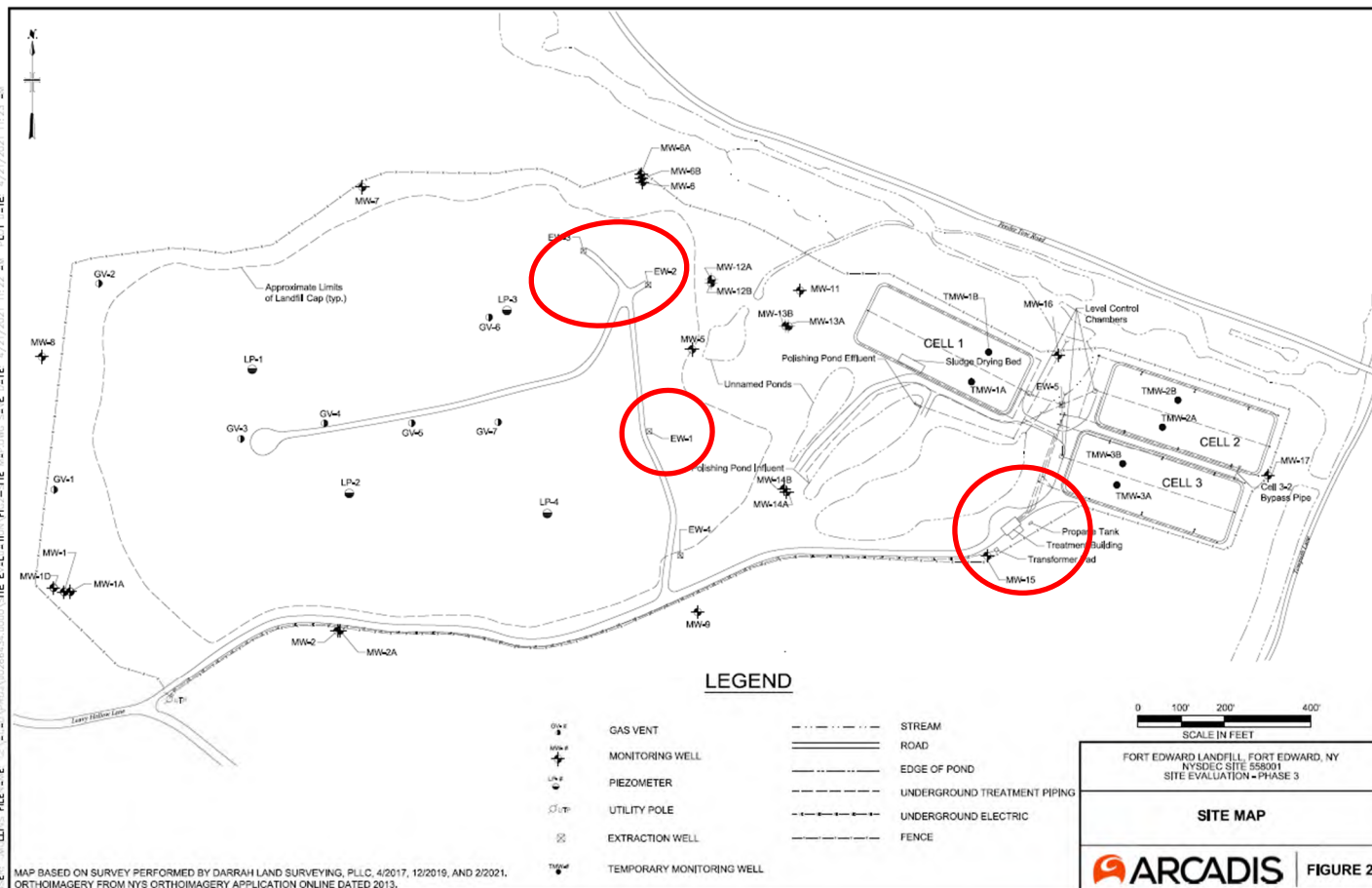
  

Issues Pending
None at this time.

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

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



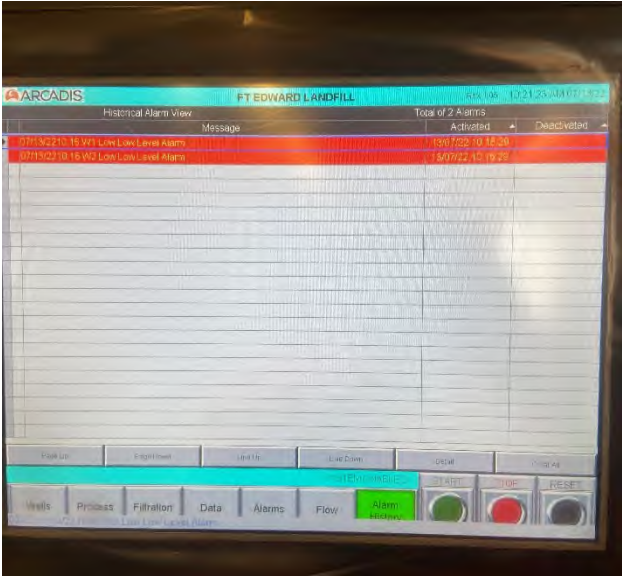

Red outlined areas indicate the locations of work performed on July 13th, 2022.



# DAILY INSPECTION REPORT

Report No. 113 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/13/2022

Site Photographs (Descriptions Below)	
	
View of EW-1 and EW-2 alarms after clearing alarms.	View of wasp nest in EW-2 communication box.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Jasmine Mullins, Jeremy Wyckoff	<b>Date:</b> 7/13/2022

## 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. 114

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/19/2022

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 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>	73 °F	AM	87 °F	PM				
<b>Wind</b>	0 MPH	AM	16 MPH WSW	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:	0930	Departed Site:	2030			
☐ Completed routine monthly Treatment System sampling. Sample coolers were delivered to Pace Analytical. ☐ Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank. ☐ Performed routine housekeeping and chemical inspection within the Treatment System Building. ☐ Completed blowdown, cake discharge, and prefill of the Filter Press. ☐ Brought new coagulant drum online. Triple rinsed the empty drum and staged in the empty drum staging area. ☐ Conducted mowing of brush at select areas around the constructed wetland treatment cells (CWTS).								
<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		
<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. 114 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/19/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

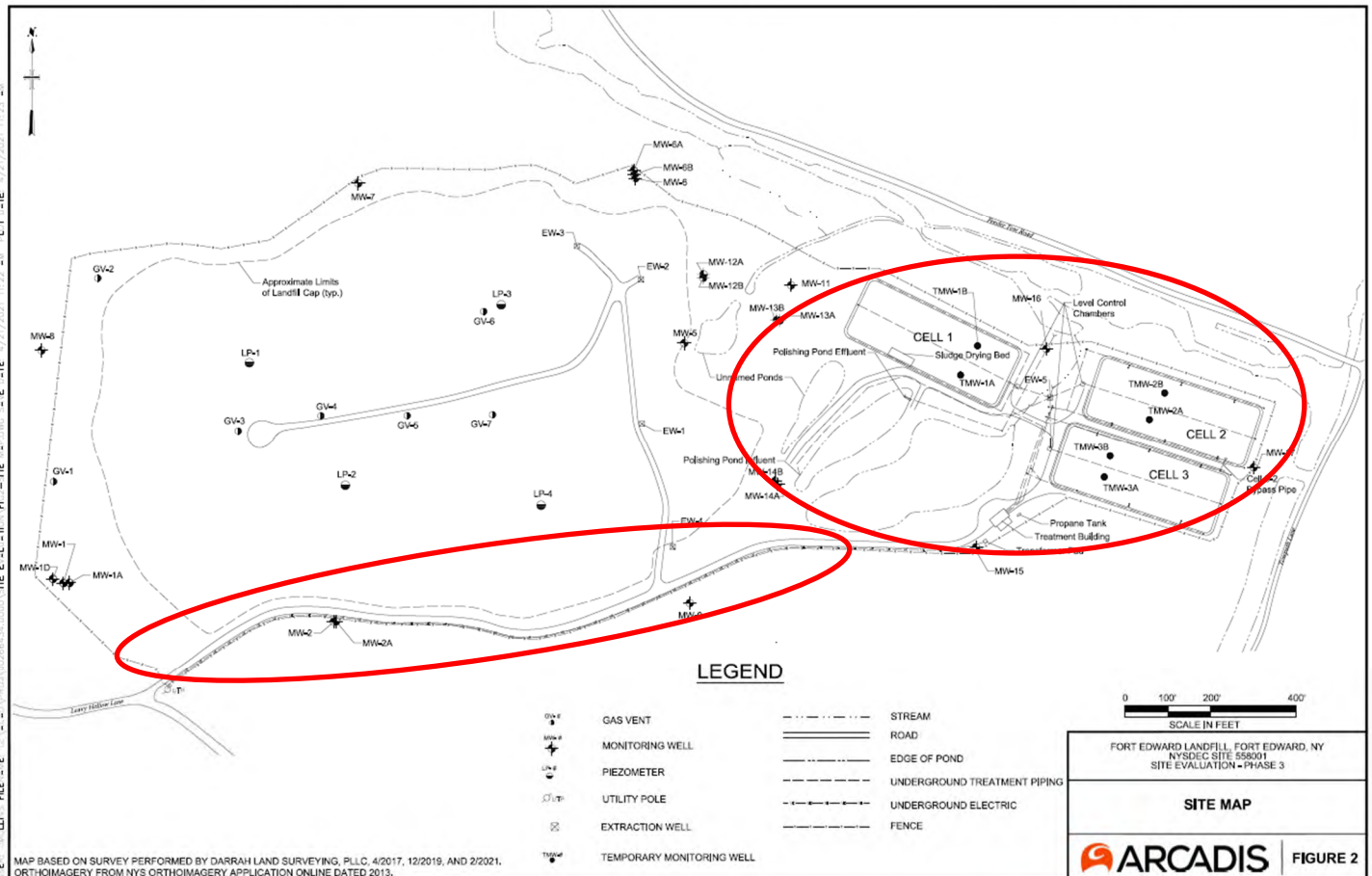
  

Issues Pending
None at this time.

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

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





Red outlined areas indicate the locations of work performed on July 19th, 2022.



**DAILY INSPECTION REPORT**

Report No. 114 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/19/2022

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> 7/19/2022

**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. 115

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/26/2022

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 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>	66 °F	AM	74 °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:	0830	Departed Site:	1750			
☐ Investigated and replaced floc mixer VFD ☐ Repaired leak in propane line outside treatment building ☐ Mowed grass ☐ Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank. ☐ Performed routine housekeeping and chemical inspection within the Treatment System Building. ☐ Completed onstream and blowdown of the Filter Press.								
<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		9.3		
<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. 115

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/26/2022

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

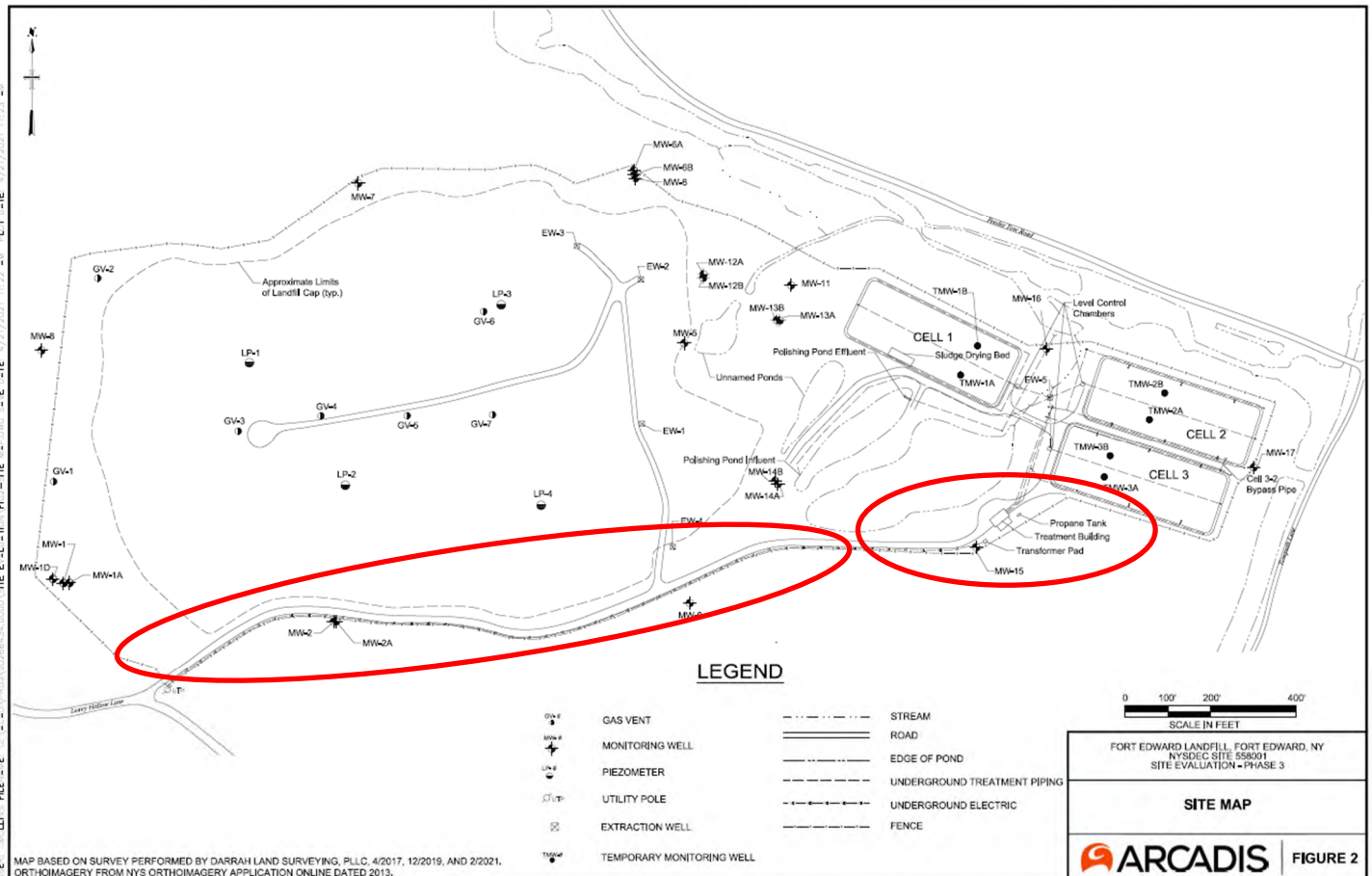
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on July 26th, 2022.



# DAILY INSPECTION REPORT

Report No. 115 Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/26/2022

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to cleaning	View of propane line leak repair
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 7/26/2022

## 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. 115

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/26/2022

## 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. 116

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 7/27/2022

NYSDEC Division of Environmental Remediation		NEW YORK STATE		Department of Environmental Conservation		50		<b>NYSDEC Contract No.                  D009804</b>  Superintendent:  NYSDEC PM: Payson Long  Consultant PM: Andy Vitolins, P.G.  Consultant Site Inspector: Patrick Harrington, Jeremy Wyckoff	
<b>Site Location:</b> Hudson Falls, New York									
<b>Weather Conditions</b>									
<b>General Description</b>	Mostly Cloudy	AM	Mostly Cloudy	PM					
<b>Temperature</b>	59 °F	AM	76 °F	PM					
<b>Wind</b>	0 MPH	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:	0820	Departed Site:	1915			
<ul style="list-style-type: none"> <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> <li>- Completed blowdown, cake discharge, and prefill of the Filter Press</li> <li>- Repaired motor controls for floc tank mixer</li> <li>- Replaced float switch for decant tank pump</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		10.9		
Jeremy Wyckoff		Arcadis			Geologist		10.9		
<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.									
<b>Visitors to Site</b>									

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

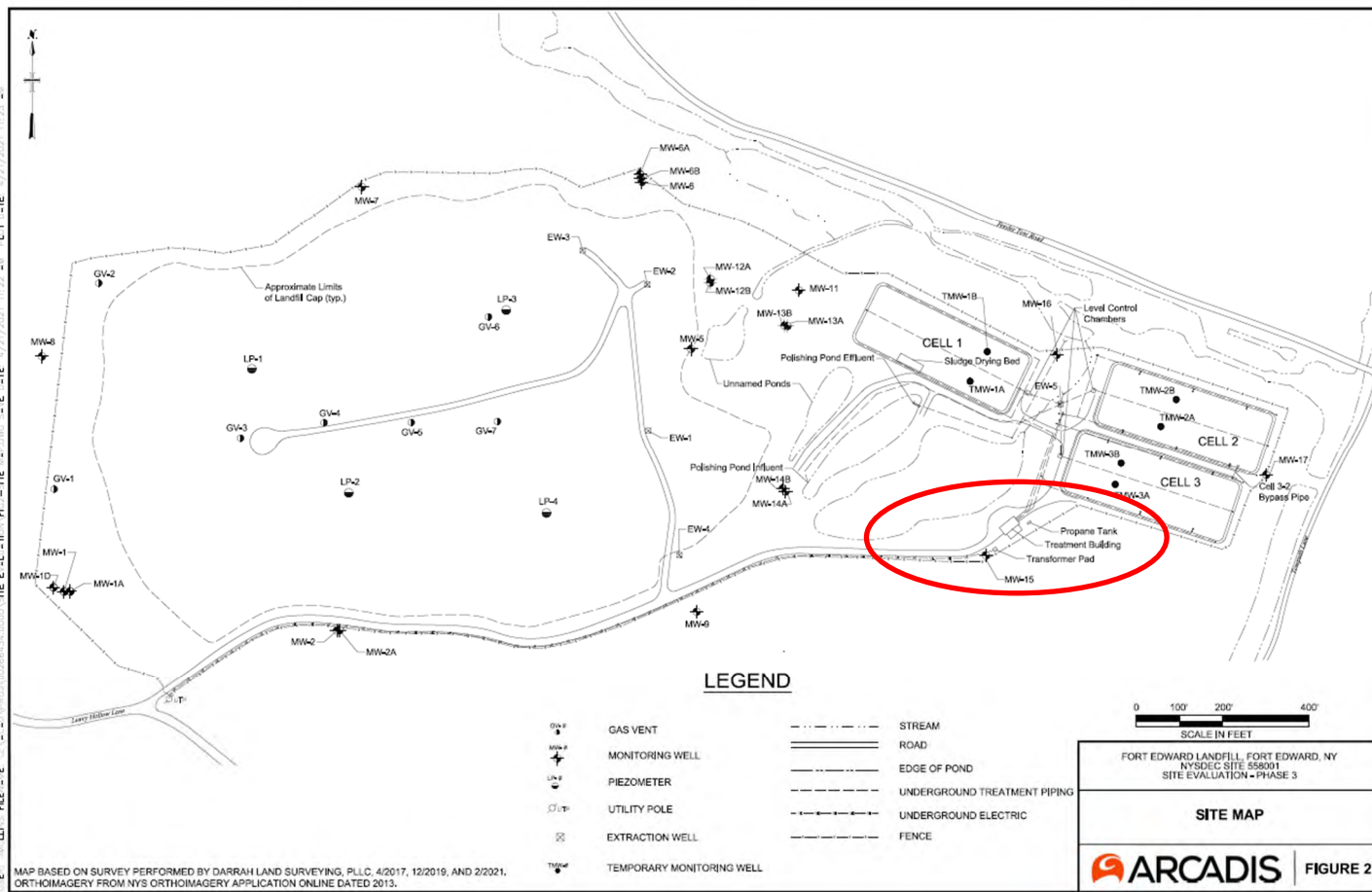
  

Issues Pending
None at this time.

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

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



Red outlined areas indicate the locations of work performed on July 27th, 2022.



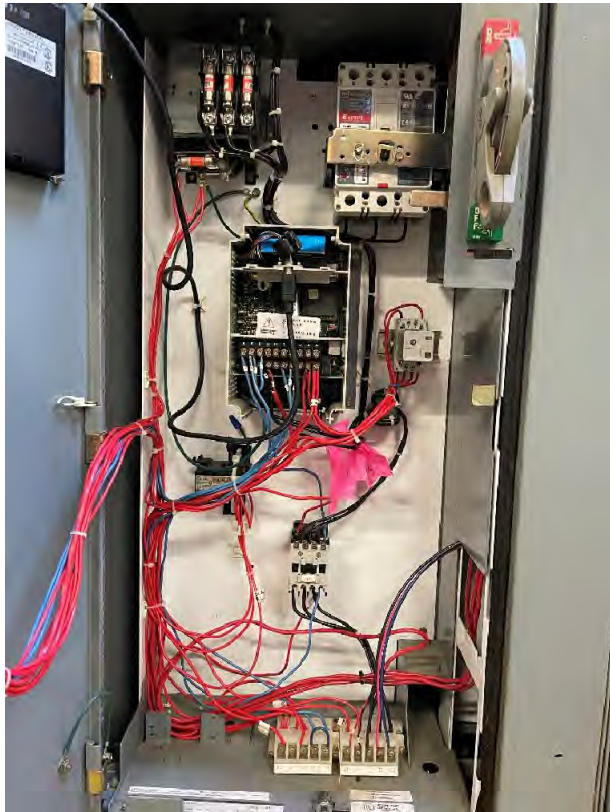
# DAILY INSPECTION REPORT

Report No. 116

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4  
Date: 7/27/2022

## Site Photographs (Descriptions Below)



View of new VFD and motor starter relay for Floc Mixer



View of new decant tank float switch

### Comments

None at this time.

Site Inspector(s): Patrick Harrington

Date: 7/26/2022

## 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: 7/15/22

Time: 0410

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)	(psl)	
Pump Status/Flow	EW-1	<u>N</u>	<u>N</u>	<u>N</u>	<u>0.00</u>	<u>14.89</u>	<u>0.00</u>
Run pumps in "Manual" to confirm flow, if needed	EW-2	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>16.57</u>	<u>9.15</u>	<u>6.44</u>
Confirm pumps are operating between setpoints	EW-3	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>14.54</u>	<u>3.98</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.92</u>	<u>7.10</u>	<u>11.23</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>2.82</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>off</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>12.70</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>	
<b>Filtration (Check if OK)</b>							
Air compressor pressure in range		<u>Y</u>			Solenoid status correct for operation	<u>Y</u>	
<b>Data (Check if OK)</b>							
Do Daily & Yesterday Starts make sense		<u>Y</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>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>
<b>Unit Heaters (Check if OK)</b>						
Thermostats set correctly (50-55 F)		<u>Y</u>			Propane tank level greater than 20%	<u>Y</u>
Heaters working		<u>Y</u>				
<b>IPC (Y/N)</b>						
IPC discharge clear?		<u>Y</u>			Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)		<u>N</u>			Indicate % of sludge at each port	Upper <u>0</u>
Coag visibly dosing?		<u>Y</u>				Mid <u>100</u>
Floc visibly dosing?		<u>Y</u>				Lower <u>90</u>
<b>Chemical Feed (Fill in values)</b>						
345 Sodium Permanganate	Height (in)	<u>22.34</u>	mA Signal	<u>4.62</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in)	<u>6.5</u>	Stroke Rate	<u>10.5</u>	# of Full Drums Onsite	<u>2</u>
1668 Flocculant	Volume (gal)	<u>390</u>	Stroke Rate	<u>12.1</u>	# of Full Bags Onsite	<u>0</u>
Dosing pumps at normal rate?		<u>Y</u>			Chemicals needed?	<u>Floc</u>
<b>Floor Sumps (Y/N)</b>						
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>Y</u>				
<b>Diaphragm pumps (Check if OK)</b>						
Proper operation/flow	Thick Feed	<u>Y</u>	Press Feed	<u>Y</u>	Floc Feed	<u>Y</u>
Regulators working properly		<u>Y</u>				
Exhaust mufflers		<u>Y</u>				
<b>Filter Press (Check if OK)</b>						
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>4</u>
Significant leaks?		<u>Hydraulic leak increasing</u>			How many Haz drums filled & closed today?	<u>1</u>
<b>General/Housekeeping</b>						
Wipe down dirty equipment/piping		<u>Y</u>	Any leaks?	<u>Y</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>Y</u>
Sludge in Clarifier Catch Tank?		<u>N</u>				
<b>Grounds</b>						
Mow/trim around building, structures, walls, 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 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 SF	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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# Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PH, JW

Date: 7/12/22

Time: 0830

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

## HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>0.00</u>	<u>14.12</u>	<u>0.00</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.72</u>	<u>4.51</u>	<u>7.34</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.90</u>	<u>8.22</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.24</u>	<u>4.01</u>	<u>12.92</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>9.20</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>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>15.59</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>✓</u>
Heaters working	<u>✓ Bas off</u>		

### IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>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>21 1/2</u>	mA Signal <u>4.80</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>6 3/4</u>	Stroke Rate <u>9.7</u>	# of Full Drums Onsite	<u>2</u>
1668 Flocculant	Volume (gal) <u>340</u>	Stroke Rate <u>86</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>—</u>

### Floor Sumps (Y/N)

Sump levels normal?	<u>Y</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Y</u>	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>4</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>Y</u>
Sludge in Clarifier Catch Tank?	<u>N</u>				

### Grounds

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



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
			Low-Low	Level (off)	Level (on)	High-High
<b>Clarifier Catch Tank</b>			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:**

*lost communication with EW-1 and EW-2 after thunderstorm*

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# Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 7/14/22

Time: 0930

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>NA</u>	<u>0</u>
Run pumps in "Manual" to confirm flow, if needed	EW-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>NA</u>	<u>0</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>1272</u>	<u>46.84</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>22912</u>	<u>8.57</u>	<u>11.21</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>4.36</u>	<u>NA</u>

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

Chlorine Alarm status (on/off)	A1 <u>N/A</u>	A2 <u>N/A</u>	Auto rotate on/off	<u>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>14.71</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>Y</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>✓</u>
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### Heaters working

	<u>1 - OFF</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>3</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>21.62</u>	mA Signal <u>4.49</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>31</u>	Stroke Rate <u>116</u>	# of Full Drums Onsite	<u>1</u>
1868 Flocculant	Volume (gal) <u>90</u>	Stroke Rate <u>45</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>None</u>	

### Floor Sumps (Y/N)

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

### Excessive sludge/sediment?

	<u>N</u>
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### Diaphragm pumps (Check if OK)

	Thick Feed	Pres 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>4</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 floor	<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>Y</u>
Sludge in Clarifier Catch Tank?	<u>N</u>				

### Grounds

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

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	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%	98	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:**

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# Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PH

Date: 7/26/22

Time: 0830

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

## HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>13.31</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>2.19</u>	<u>NA</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>8.13</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>09</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>Y</u>		Building temp accurate	<u>Y</u>
Chemical rates normal for flow?	<u>Y</u>		Mixers operating?	<u>N</u>
Catch tank display level=actual?	<u>Y</u>		Other Alarms (Y/N)	<u>Y</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 75%</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 at each port	Upper <u>0</u> Mid <u>100</u> Lower <u>80</u>
Coag visibly dosing?	<u>Y</u>		
Floc visibly dosing?	<u>Y</u>		

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>20 1/2</u>	mA Signal <u>4.00</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>31 1/2</u>	Stroke Rate <u>0</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>170</u>	Stroke Rate <u>0</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>Y</u>		Chemicals needed?	<u>None</u>

### Floor Sumps (Y/N)

Sump levels normal?	<u>Y</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely? (check monthly)	<u>Y</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>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>4</u>
Significant leaks?	<u>Y</u>	How many Haz drums filled & closed today?	<u>0</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>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:**

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Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 7/27/22

Time: 0820

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

**HMI SCREENS**

**Extraction Wells**

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>11.62</u>	<u>8.25</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>24.46</u>	<u>19.73</u>	<u>15.54</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>8.21</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>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>20.19</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>✓</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>✓</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>5</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>90</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>90</u>

**Chemical Feed (Fill in values)**

345 Sodium Permanganate	Height (in) <u>21</u>	mA Signal <u>4.99</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>30 3/4</u>	Stroke Rate <u>12.2</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>300</u>	Stroke Rate <u>62</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?	<u>None</u>

**Floor Sumps (Y/N)**

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>✓</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<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>5</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>1</u>

**General/Housekeeping**

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>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>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	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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# TABLES



Table 1. July 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	7/19/2022	7/19/2022	7/19/2022	7/19/2022		7/19/2022
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
BROMOCHLOROMETHANE	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	--	0.50 U
BROMOFORM	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
BROMOMETHANE	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
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
CHLOROENZENE	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
DICHLORODIFLUOROMETHANE	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
1,1-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROETHANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TRANS-1,2-DICHLOROETHENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-DICHLOROETHENE (TOTAL)	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,2-DICHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	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
1,1,2,2-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	1.0 U	1.0 U	--	1.5
1,2,3-TRICHLOROBENZENE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 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	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
VINYL CHLORIDE	2.0 U/L-04/V-05	2.0 U/L-04/V-05	2.0 U/L-04/V-05	2.0 U/L-04/V-05	50	2.0 U/L-04/V-05
XYLENES, TOTAL	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,4-DIOXANE	50 U	50 U	50 U	50 U	--	50 U
TOTAL VOCs	ND	ND	ND	ND	--	1.5

**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.

L-04 - Laboratory fortified blank/control sample recovery and duplicate recovery are outside of control limits. Reported value for this compound is likely biased on the low side.

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

Table 1. July 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	7/19/2022	7/19/2022	7/19/2022	7/19/2022		7/19/2022
<b>Polychlorinated Biphenyls (µg/L)</b>						
PCB-1016 (AROCLOR 1016)	0.0511 U	0.0514 U	0.0516 U	0.0509 U	--	0.0506 U
PCB-1221 (AROCLOR 1221)	0.0767 U	0.077 U	0.0774 U	0.0763 U	--	0.0759 U
PCB-1232 (AROCLOR 1232)	0.280	0.304	0.0711 U	0.0701 U	--	0.0697 U
PCB-1242 (AROCLOR 1242)	0.0740 U	0.0744 U	0.0747 U	0.0737 U	--	0.0733 U
PCB-1248 (AROCLOR 1248)	0.0858 U	0.0862 U	0.0867 U	0.0854 U	--	0.085 U
PCB-1254 (AROCLOR 1254)	0.0757 U	0.0761 U	0.0764 U	0.0753 U	--	0.075 U
PCB-1260 (AROCLOR 1260)	0.0603 U	0.0606 U	0.0609 U	0.060 U	--	0.0597 U
<b>Metals (mg/L)</b>						
ALUMINUM	0.05 U	3.4	0.05 U	0.061	--	0.054
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 U	0.054	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	87	83	37	110 MS-19	--	87
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	0.01 U	0.01 U	0.01 U	0.024	0.01 U
IRON	7.6	15	0.68	9.6	0.3	4.5
LEAD	0.01 U	0.01 U	0.01 U	0.01 U	0.0032	0.01 U
MAGNESIUM	20	20	7.2	19	--	19
MANGANESE	1.5	1.6	0.36	1.1	--	0.91
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	19.0	2.0 U	--	2.0 U
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	46	46	17	41	--	42
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	0.012	0.014	0.01 U
ZINC	0.022	0.010	0.01 U	0.01 U	0.17	0.01 U
<b>Conventional Chemistry (mg/L)</b>						
TOTAL DISSOLVED SOLIDS	180	300	230	440	500	280
TOTAL SUSPENDED SOLIDS	8.3	26	5.6	2.4	50	9.6

**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.

MS-19 - Sample to spike ratio is greater than or equal to 4:1. Spiked amount is not representative of the native amount in the sample. Meaningful recoveries cannot be calculated.