

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

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Subject:

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

Date:

December 7, 2022

Contact:

Andy Vitolins, P.G.

Dear Mr. Long:

Phone:

518.250.7300

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 August 2022 reporting period at the above-referenced site.

Email:

andy.vitolins@arcadis.com

LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

Our ref:

30055713

System Performance

A total of 678,139 gallons of leachate were collected and treated through the system during August 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 15.2 gallons per minute (gpm). Leachate recovery well RW-1 is not operated because the treatment system is not designed to treat volatile organic compounds (VOCs) or polychlorinated biphenyls (PCBs).

System Operation Summary

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

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

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

- Iron and solids sludge processing was performed throughout the month. Three 55-gallon drums of Filter Sludge were generated during August 2022.
- Collected routine monthly treatment system samples.
- On August 22nd, 2022, six 55-gallon drums of Filter Press Filter Sludge and two empty 55-gallon drums were transported for off-site disposal by Clean Harbors, Inc. The disposal documents are attached to this report (Attachment C).
- Collected treatment system tap water sample for analysis of per-and polyfluoroalkyl substances (PFAS).

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

SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on August 16, 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).

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.

On August 9, 2022 a sample of the tap water from the sink in the treatment system building was collected and submitted for analysis of PFAS. The water is routinely used to clean equipment and wash down floors in the treatment system building. The results for this sample were "Not Detected" (ND) for all analytes. The results are included as Attachment D.

System Analytical Results

During the August 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

No VOCs were detected greater than the respective reporting limits in the August 2022 monthly samples.

PCBs

Aroclor 1016 was detected in the Influent sample (0.141 µg/L, estimated), the Clarifier Catch Tank sample (0.162 µg/L, estimated), and the Cell 3 Bypass sample (0.177 µg/L, estimated). No other PCBs were detected at concentrations greater than the respective detection limits during the August 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 2.1 milligrams per liter (mg/L) (PPE) to a maximum of 8.9 mg/L (Cell 2 Effluent). The PPE iron concentration of 2.1 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. There were no other metal concentrations in the monthly samples which exceeded the Fort Edward SPDES Equivalency Permit Limits in August 2022. Additional metal concentrations are shown on Table 1.

Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 300 mg/L (PPE) to 460 mg/L (Cell 3 Bypass), and TSS concentrations ranged from 4.4 mg/L (PPE) to 24 mg/L (Influent). During the August 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 September 2022:

- Continuation of iron and solids treatment and processing; and
- Routine monthly and quarterly sampling.
- Annual groundwater, surface water, and sediment sampling

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

Sincerely,

Arcadis of New York, Inc.



Andy Vitols, P.G.
Vice President

Copies:

Jeffrey Dyber, NYSDEC
Jeremy Wyckoff, P.G., Arcadis
Todd Carignan, Arcadis
File

NYSDEC Site No. 558001

Payson Long

December 7, 2022

Enclosures:

Attachment A – NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

Attachment C – Waste Disposal Documents

Attachment D – Tap Water PFAS Analytical Data

Table 1 – August 2022 Treatment System Analytical Data

ATTACHMENT A

NYSDEC Daily Inspection Reports





DAILY INSPECTION REPORT

Report No. 117

Fort Edward Landfill - NYSDEC Site No. 558001

Page 1 of 4

Date: 8/02/2022

NYSDEC Division of Environmental Remediation						NYSDEC Contract No. D009804		
Site Location: Hudson Falls, New York						Superintendent:		
Weather Conditions						NYSDEC PM: Payson Long		
General Description	Cloudy	AM	Partly Cloudy	PM	Consultant PM: Andy Vitolins, P.G.			
Temperature	76 °F	AM	78 °F	PM	Consultant Site Inspector: Patrick Harrington			
Wind	0 MPH	AM	0 MPH	PM				
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No X NA	
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No NA X	
Were there any nuisance issues reported/observed on this date?						*Yes	No X NA	
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1700			
<ul style="list-style-type: none">- 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, blowdown, cake discharge, and prefill of the Filter Press.- Mowed property- Cleaned clarifier catch tank- NYS Fire completed inspection - No issues reported								
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No X NA	
Were there any vehicles which were not tarped?						*Yes	No NA X	
Were there any vehicles which were not decontaminated prior to exiting the work site?						*Yes	No NA X	
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Patrick Harrington		Arcadis		Geologist		9		
Equipment Description		Contractor/Vendor			Quantity	Used		
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
Equipment/Material Tracking Comments: None at this time.								

DAILY INSPECTION REPORT

Report No. 117

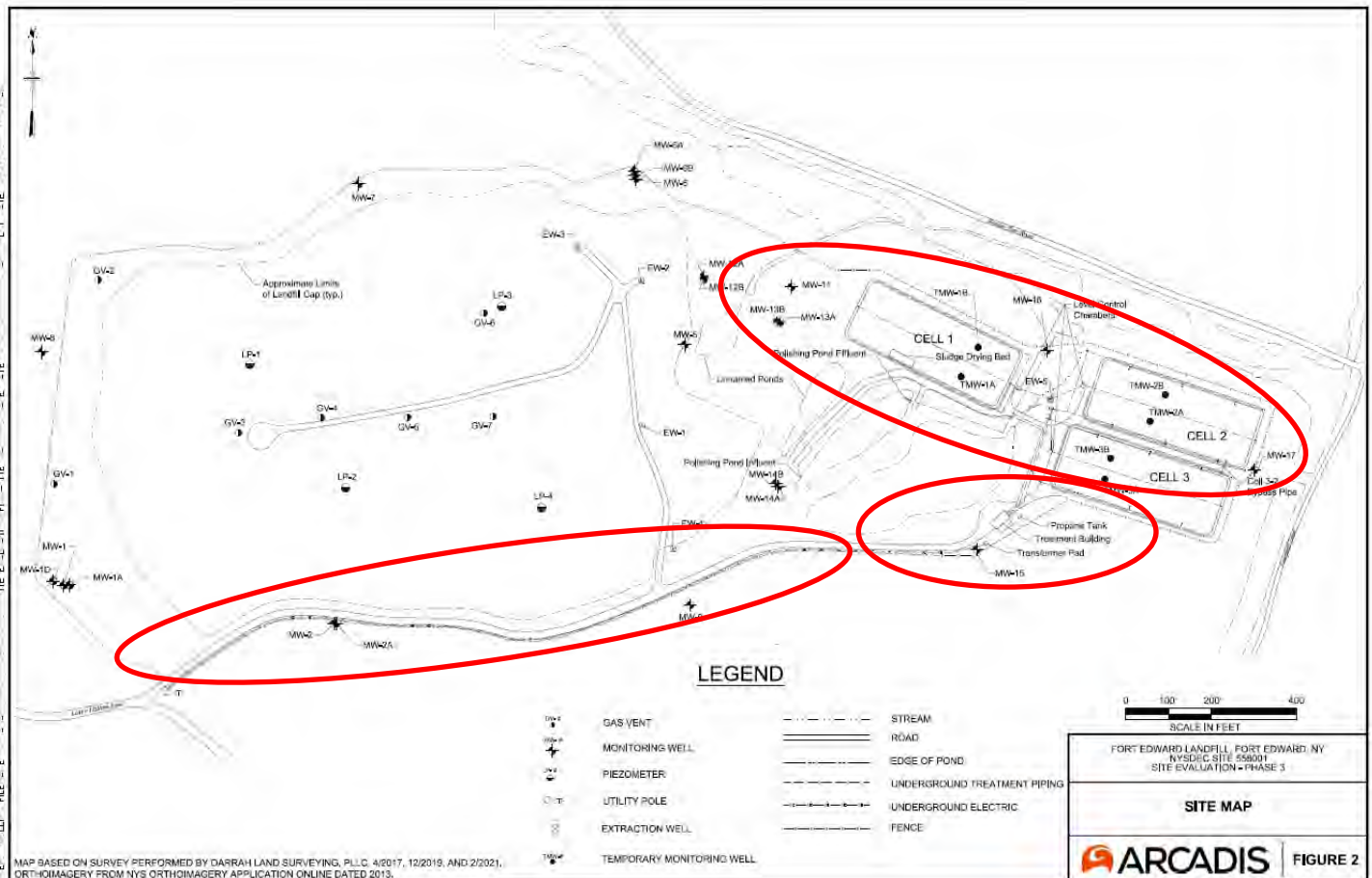
Fort Edward Landfill - NYSDEC Site No. 558001

Page 2 of 4

Date: 8/02/2022

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
?	NYS Fire Inspector	Yes X	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 August 2nd, 2022.

DAILY INSPECTION REPORT

Report No. 117

Fort Edward Landfill - NYSDEC Site No. 558001

Page 3 of 4

Date: 8/02/2022

Site Photographs (Descriptions Below)

View of IPC plates prior to cleaning



View of field near cell 1 prior to mowing

Comments

None at this time.

Site Inspector(s): Patrick Harrington**Date:** 8/02/2022**DAILY HEALTH CHECKLIST**

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

DAILY INSPECTION REPORT

Report No. 117

Fort Edward Landfill - NYSDEC Site No. 558001

Page 4 of 4

Date: 8/02/2022

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

NUISANCE CHECKLIST

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

DAILY INSPECTION REPORT - No. 118
Fort Edward, Site No. 558001

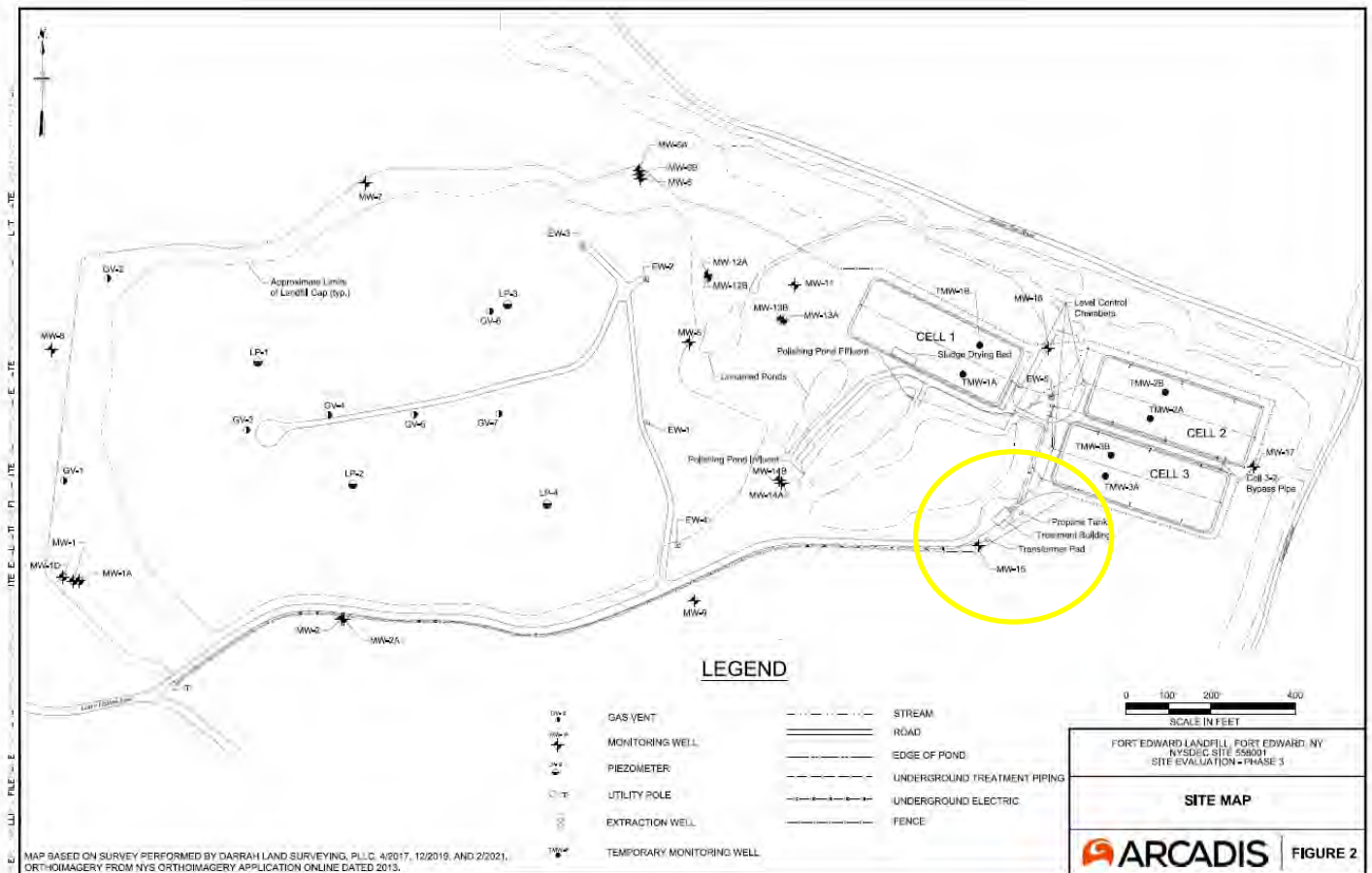
Page 1 of 6
 Date: 08/09/2022

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Jasmine Mullins	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Partly Cloudy	AM	Light Rain	PM			
Temperature	77°F	AM	75°F	PM			
Wind	0 MPH	AM	12 MPH NNW	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0925	Departed Site:	1655		
<ul style="list-style-type: none"> Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank. Performed routine housekeeping and chemical inspection within the Treatment System Building. Completed prefill and onstream of filter press Collected PFAS sample of tap water 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jasmine Mullins		Arcadis		Engineer		7.5	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*



*On-Site scale for off-site shipment, delivery ticket for material received

Equipment/Material Tracking Comments: None at this time.			
Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		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



Yellow outlined area indicates the specific location of site work performed on August 9th, 2022.

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of IPC influent
Comments None at this time.	
Site Inspector(s): Jasmine Mullins	
Date: 08-09-2022	

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: • If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. • If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None at this time.		

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Piles are securely covered when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are closed when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Comments:
None at this time.

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <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"/>
Was the temporary fabric structure closed at the end of the day?	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 type="checkbox"/>	N/A <input checked="" 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.			


RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT - No. 119
Fort Edward, Site No. 558001

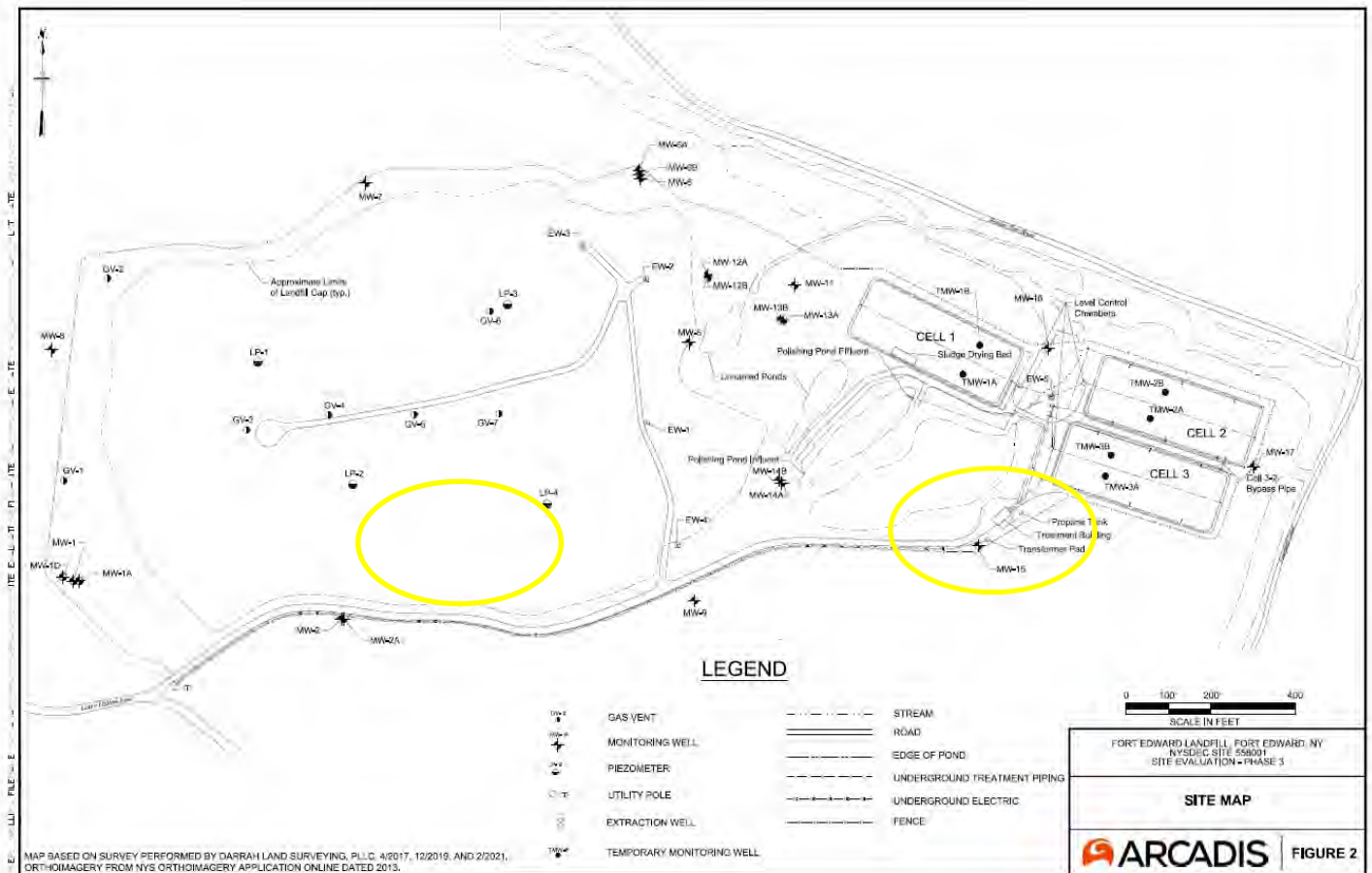
Page 1 of 6
 Date: 08/11/2022

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Jasmine Mullins	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Mostly Cloudy	AM	Scattered storms	PM			
Temperature	69 °F	AM	80 °F	PM			
Wind	0 MPH	AM	16 MPH NW	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0850	Departed Site:	1150		
<ul style="list-style-type: none"> Excavated test pits of landfill cap Reset coagulant pump GFCI 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jasmine Mullins		Arcadis		Engineer		3	
Doug Richmond		Arcadis				2	
Equipment Description		Contractor/Vendor			Quantity	Used	
Bobcat E35		Bobcat of Saratoga			1	1	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*



*On-Site scale for off-site shipment, delivery ticket for material received

Equipment/Material Tracking Comments: None at this time.			
Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		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



Yellow outlined area indicates the specific location of site work performed on August 11th, 2022.

Site Photographs (Descriptions Below)	
	
View of test pit depth	View of backfilled test pits
Comments	
None at this time.	
Site Inspector(s): Jasmine Mullins	Date: 08-11-2022

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Piles are securely covered when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are closed when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Comments:
None at this time.

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <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"/>
Was the temporary fabric structure closed at the end of the day?	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 type="checkbox"/>	N/A <input checked="" 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.			


RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT - No. 120
Fort Edward, Site No. 558001

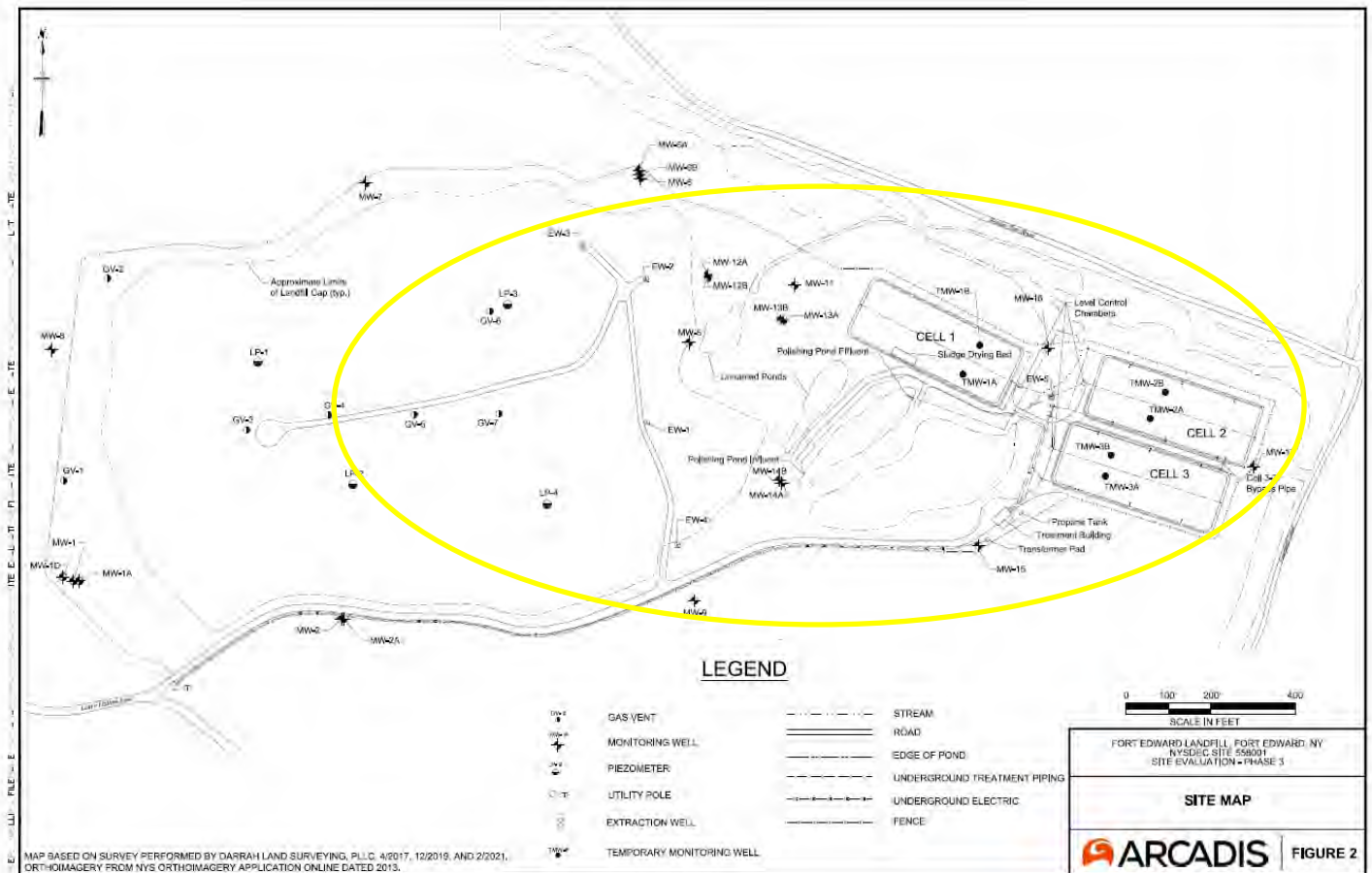
Page 1 of 6
 Date: 08/16/2022

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Patrick Harrington	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Partly Cloudy	AM	Rain	PM			
Temperature	71°F	AM	80°F	PM			
Wind	0 MPH	AM	25 MPH E	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0900	Departed Site:	1900		
<ul style="list-style-type: none"> Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank. Performed routine housekeeping and chemical inspection within the Treatment System Building. Completed prefill and onstream steps of the Filter Press. Completed monthly sampling event Mowed property 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Patrick Harrington		Arcadis		Geologist		10	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*On-Site scale for off-site shipment, delivery ticket for material received

Equipment/Material Tracking Comments: None at this time.			
Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		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



Yellow outlined area indicates the specific location of site work performed on August 16th, 2022.

Site Photographs (Descriptions Below)	
	
IPC plates prior to spray down	IPC plates after spray down
	
View inside CCT	
Comments	
None at this time.	
Site Inspector(s): Patrick Harrington	Date: 08/16/2022

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Comments:
None at this time.

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	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 type="checkbox"/>	N/A <input checked="" 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.			


RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

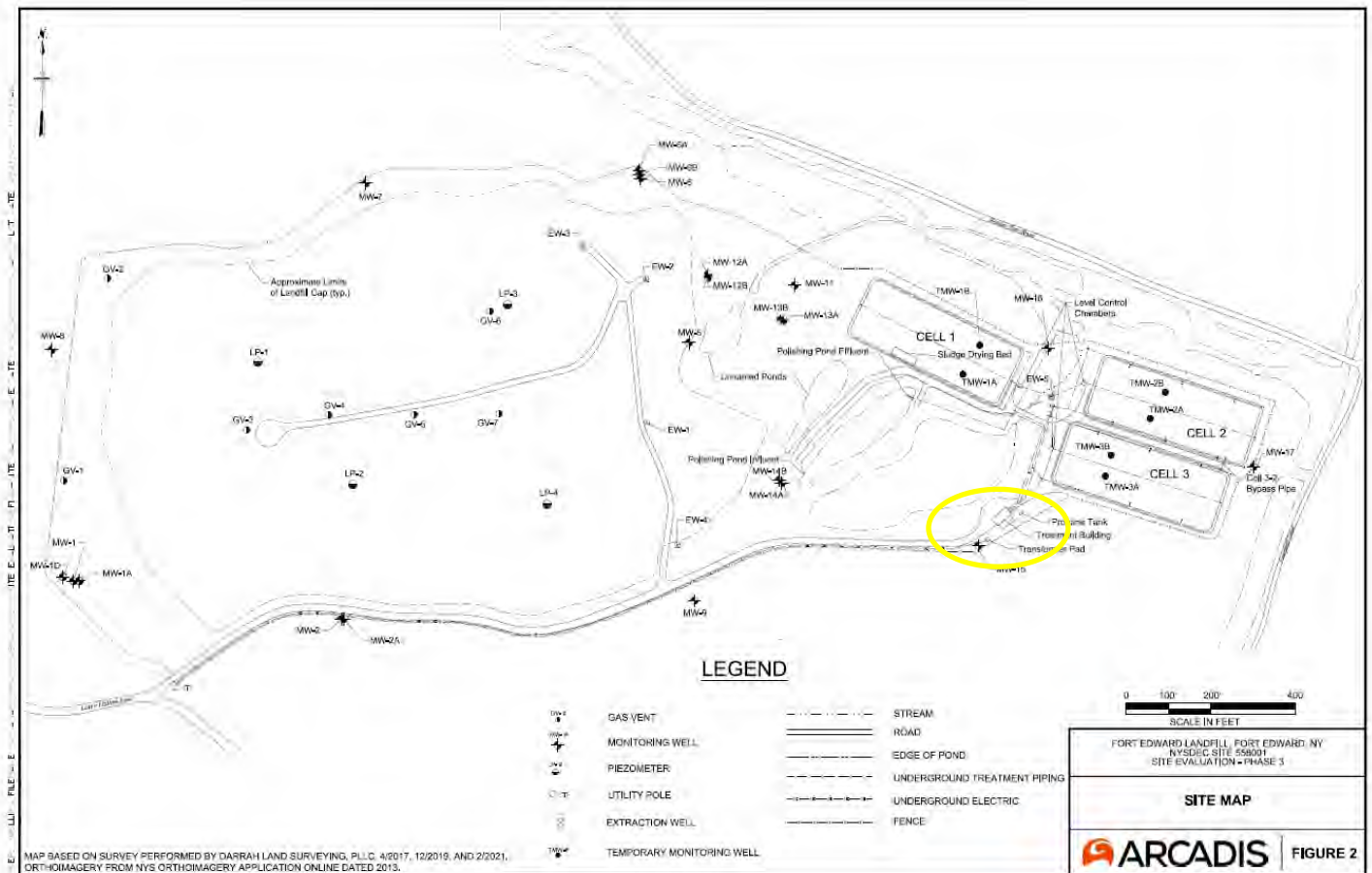
Fort Edward, Site No. 558001

Date: 08/22/2022

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Patrick Harrington	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Cloudy	AM	NA	PM			
Temperature	78°F	AM	NA	PM			
Wind	0 MPH	AM	NA	PM			
Health & Safety If any box below is checked “Yes”, provide explanation under “Health & Safety Comments”.							
Were there any changes to the Health & Safety Plan?					*Yes	No X	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA X
Were there any nuisance issues reported/observed on this date?					*Yes	No X	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	1208	Departed Site:	1240		
<ul style="list-style-type: none"> Clean Harbors onsite for waste pickup Reset PLC 							
Equipment/Material Tracking If any box below is checked “Yes”, provide explanation under “Material Tracking Comments”.							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No X	NA
Were there any vehicles which were not tarped?					*Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA X
Personnel and Equipment							
Individual Jasmine Mullins		Company Arcadis		Trade Engineer		Total Hours 0.60	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
Filter Sludge		X		UN3432	Spring Grove Resource Recovery	6 Drums	1.2
Empty Drums		X		Residue last contained UN1263	Spring Grove Resource Recovery	2 Drums	0.63
*On-Site scale for off-site shipment, delivery ticket for material received							

Equipment/Material Tracking Comments: None at this time.			
Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
Andrew Catherall	Clean Harbors	Yes <input checked="" type="checkbox"/>	No
Terrel Everett	Clean Harbors	Yes <input checked="" type="checkbox"/>	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



Yellow outlined area indicates the specific location of site work performed on August 22nd, 2022.

Site Photographs (Descriptions Below)	
	
Clean Harbors Truck	Clean Harbors Truck
Comments	
None at this time.	
Site Inspector(s): Jasmine Mullins	Date: 08/22/2022

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Comments:
None at this time.

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	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 type="checkbox"/>	N/A <input checked="" 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.			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

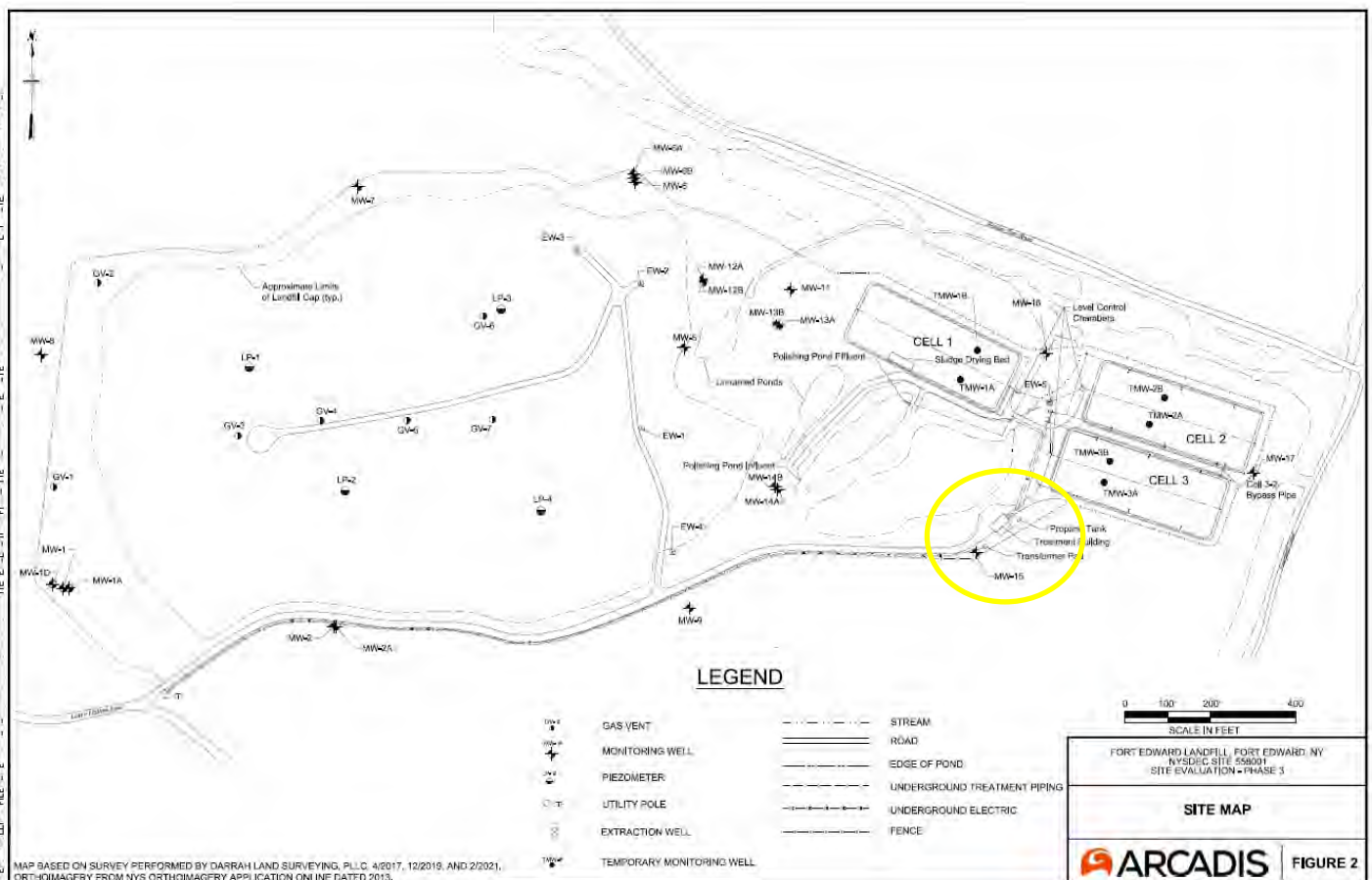
DAILY INSPECTION REPORT - No. 121
Fort Edward, Site No. 558001

Page 1 of 5
 Date: 08/23/2022



NYSDEC Division of Environmental Remediation				NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G Engineer Insp. – Patrick Harrington	
Site Location: Hudson Falls, New York									
Weather Conditions									
General Description	Cloudy	AM	Scattered Thunderstorms	PM					
Temperature	72 °F	AM	73 °F	PM					
Wind	0 MPH	AM	0 MPH	PM					
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".									
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA		
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>		
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA		
Health & Safety Comments None at this time.									
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1830				
- 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, blowdown, and cake discharge of the Filter Press. - Trimmed brush around marker wells									
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".									
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA		
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>		
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>		
Personnel and Equipment									
Individual		Company		Trade		Total Hours			
Patrick Harrington		Arcadis		Geologist		9.75			
Equipment Description		Contractor/Vendor			Quantity	Used			
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*	
*On-Site scale for off-site shipment, delivery ticket for material received									
Equipment/Material Tracking Comments: None at this time.									

Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		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



Yellow outlined area indicates the specific location of site work performed on August 23rd, 2022.

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of clarifier catch tank
Comments None at this time.	
Site Inspector(s): Patrick Harrington	
Date: 8-23-2022	

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Comments:
None at this time.

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <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"/>
Was the temporary fabric structure closed at the end of the day?	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 type="checkbox"/>	N/A <input checked="" 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.			


RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT - No. 122
Fort Edward, Site No. 558001

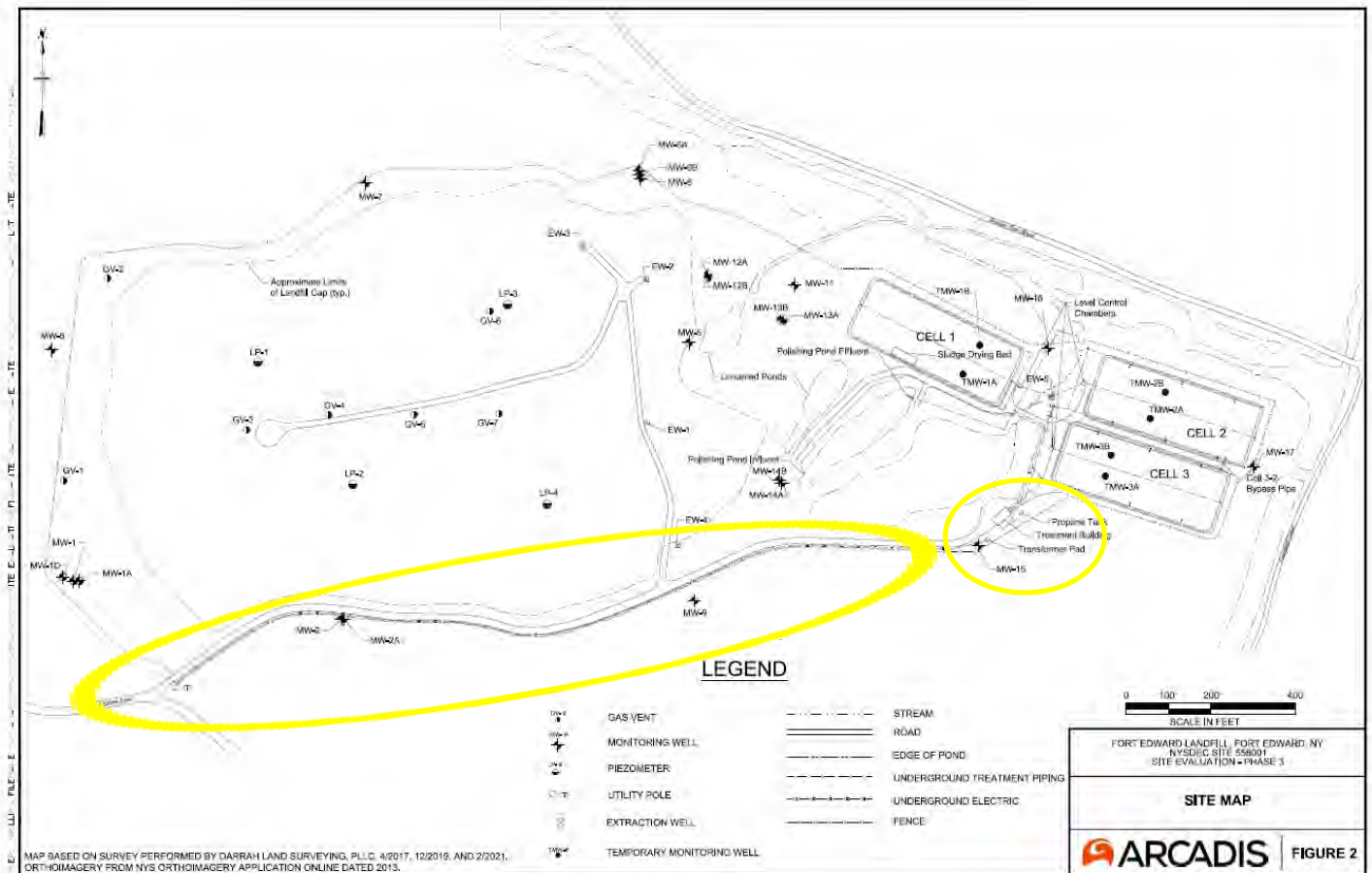
Page 1 of 6
 Date: 08/30/2022

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, PG Engineer Insp. – Patrick Harrington	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Mostly Cloudy	AM	Thunderstorms	PM			
Temperature	80°F	AM	73°F	PM			
Wind	0 MPH	AM	0 MPH	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments None at this time.							
Summary of Work Performed		Arrived at site:	0900	Departed Site:	1700		
<ul style="list-style-type: none"> - 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, blowdown, and cake discharge of the Filter Press. - Mowed grass throughout the property - Sealed gaps in building to improve insulation prior to winter 							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Patrick Harrington		Arcadis		Geologist		8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*




* On-Site scale for off-site shipment, delivery ticket for material received

Equipment/Material Tracking Comments: None at this time.			
Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		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



Yellow outlined area indicates the specific location of site work performed on August 30th, 2022.

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of IPC plates after spray down
	
View of sludge in filter press	
Comments	
None at this time.	
Site Inspector(s): Patrick Harrington	Date: 8-30-2022

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Comments:
None at this time.

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <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"/>
Was the temporary fabric structure closed at the end of the day?	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 type="checkbox"/>	N/A <input checked="" 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.			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 8/2/22

Time: 0800

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	<u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>0</u>	<u>0</u>
Run pumps in "Manual" to confirm flow, if needed.	<u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>0</u>	<u>0</u>
Confirm pumps are operating between setpoints	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.27</u>	<u>6.07</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.27</u>	<u>8.00</u>	<u>12.07</u>
If pumps on, is water flowing into IPC (Y/N)?	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.07</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>0.7</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>17.51</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

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

Data (Check if OK)

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

Alarms

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

BUILDING/GROUNDS

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>✓ 100</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>10</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>75</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>50</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>9.20</u>	mA Signal <u>4.90</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>2.712</u>	Stroke Rate <u>10.5</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>3.78</u>	Stroke Rate <u>8.8</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>N</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>✓</u>
Excessive sludge/sediment?	<u>N</u>		

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>6</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>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>Y</u>
Sludge in Clarifier Catch Tank?	<u>Y</u>				

Grounds

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

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

Clarifier Catch Tank

Low-Low	Level (off)	Level (on)	High-High
0.5	1	2	3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: J. Mullins

Date: 8/9/2022

Time: 0925

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

HMI SCREENS

Extraction Wells

Pump Status/Flow

Run pumps in "Manual" to confirm flow, if needed.

Confirm pumps are operating between setpoints

Confirm pressure with pump cycling & not high/low

If pumps on, is water flowing into IPC (Y/N)?

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)

If on - record chlorine concentration (ppm)

Operate exhaust fan manually

FT-801 reading (GPM)

Chemical rates normal for flow?

Catch tank display level=actual?

Filtration (Check if OK)

Air compressor pressure in range

Data (Check if OK)

Do Daily & Yesterday Starts make sense

Alarms

All Alarms Enabled (Y/N)

List any disabled and indicate why

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
EW-1	<u>N</u>	<u>N</u>	<u>N</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
EW-2	<u>N</u>	<u>N</u>	<u>N</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
EW-3	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>15.03</u>	<u>8.6</u>	<u>NA</u>
EW-4	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.22</u>	<u>7.82</u>	<u>14.52</u>
EW-5	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.55</u>	<u>NA</u>

A2 OFF

Auto rotate on/off

Discharge pump operating

Discharge pump pressure normal

Building temp accurate

Mixers operating?

Other Alarms (Y/N)

Solenoid status correct for operation

ON
Yes
Yes
Yes
Yes
EW-1, 2
Yes

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load

Check oil level at least monthly

Belt tension

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)

Heaters working

IPC (Y/N)

IPC discharge clear?

Floatables? (take photos if yes)

Coag visibly dosing?

Floc visibly dosing?

Chemical Feed (Fill in values)

305 Bleach

Height (in)

20.25

2130 Coagulant

Height (in)

25.00

1668 Flocculant

Volume (gal)

325

Dosing pumps at normal rate?

Floor Sumps (Y/N)

Sump levels normal?

High-High level switches operate freely?

Excessive sludge/sediment?

Diaphragm pumps (Check if OK)

Proper operation/flow

Regulators working properly

Exhaust mufflers

Filter Press (Check if OK)

Hydraulic ram operating normally

Hydraulic pressure normal

Significant leaks?

General/Housekeeping

Wipe down dirty equipment/piping

Sweep and/or wash floors

Fire extinguisher inspection (monthly)

Sludge in Clarifier Catch Tank?

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts

Shovel doorways, apply ice melt

Confirm gates and doorways locked

mA Signal 4.92

Stroke Rate 10.5

Stroke Rate 86

Notes

Notes

Notes

Chemicals needed? NO

Check auto drain operation

Check dryer - alarms? Cycling?

HX fan operates with compressor?

Propane tank level greater than 20%

Check sludge ports (Sludge Y/N)

Indicate % of sludge

at each port

Upper

Mid

Lower

Pump runs but not emptying sump?

Back flowing after pump cycle?

Sorbent pads replaced?

How many total filled Haz drums onsite?

How many Haz drums filled & closed today?

Waste drums needed?

Drum labels needed?

Removed trash?

Clear woody vegetation from swales and cap

Look for damage fencing/gates

Confirm storage container locked

Yes
GOOD

Yes
Yes

Yes
NO
Yes
Yes

Yes
20.25
25.00
325

Yes
Yes
Yes
NO

Yes
Yes
NO

Yes
Yes
Yes

Yes
Yes
NO

Yes
Yes
NO

NO

(check monthly)

Thick Feed Press Feed Floc Feed

Yes Yes Yes
Yes Yes Yes
Yes Yes Yes

Any leaks?

Lights working?

Exit signs working?

NO

Yes

Yes

✓
Cycling
Yes

Yes

Yes
0%
100%
100%

NO
NO

NO
6
0

NO
NO
EMPTY

1 1/2 drums remaining
New height of 29" 1 drum remaining
TANK NOW AT ≈ 515 GALLONS

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 8-16-22

Time: 0910

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

HMI SCREENS

Extraction Wells

Pump Status/Flow

Run pumps in "Manual" to confirm flow, if needed.

Confirm pumps are operating between setpoints.

Confirm pressure with pump cycling & not high/low.

If pumps on, is water flowing into IPC (Y/N)? Y

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off) A1 off A2 off

If on - record chlorine concentration (ppm) 12.38

Operate exhaust fan manually ✓

FT-801 reading (GPM) 11.26

Chemical rates normal for flow? ✓

Catch tank display level=actual? ✓

Filtration (Check if OK)

Air compressor pressure in range ✓

Data (Check if OK)

Do Daily & Yesterday Starts make sense ✓

Alarms

All Alarms Enabled (Y/N) N

List any disabled and indicate why Chlorine disabled

Online (Y/N)

Auto

Manual

Flow (gpm)

Level (ft)

(psi)

EW-1 N

N

N

0

0

0

EW-2 N

N

N

0

0

0

EW-3 Y

Y

N

21.47

9.75

NA

EW-4 Y

Y

N

20.29

9.10

12.38

EW-5 Y

Y

N

NA

7.91

NA

Auto rotate on/off ✓

Discharge pump operating ✓

Discharge pump pressure normal ✓

Building temp accurate ✓

Mixers operating? ✓

Other Alarms (Y/N) Y

Solenoid status correct for operation ✓

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load ✓

Check oil level at least monthly ✓

Belt tension ✓

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) ✓

Heaters working ✓

IPC (Y/N)

IPC discharge clear? Y

Floatables? (take photos if yes) N

Coag visibly dosing? Y

Floc visibly dosing? Y

Chemical Feed (Fill in values)

305 Bleach height (in) 14 1/4

2130 Coagulant height (in) 24 1/4

1668 Flocculant Volume (gal) 900

Dosing pumps at normal rate? Y

Floor Sumps (Y/N)

Sump levels normal? Y

High-High level switches operate freely? Y (check monthly)

Excessive sludge/sediment? N

Diaphragm pumps (Check if OK)

Proper operation/flow ✓

Regulators working properly ✓

Exhaust mufflers ✓

Filter Press (Check if OK)

Hydraulic ram operating normally ✓

Hydraulic pressure normal ✓

Significant leaks? N

General/Housekeeping

Wipe down dirty equipment/piping ✓

Sweep and/or wash floors ✓

Fire extinguisher inspection (monthly) ✓

Sludge in Clarifier Catch Tank? Y

Grounds

Mow/trim around building, structures, walls, bollards, control panels and cleanouts

Shovel doorways, apply ice melt

Confirm gates and doorways locked

Check auto drain operation ✓

Check dryer - alarms? Cycling? ✓

HX fan operates with compressor? ✓

Propane tank level greater than 20% ✓

Check sludge ports (Sludge Y/N) Y

Indicate % of sludge at each port

Upper 0

Mid 100

Lower 100

Notes

Notes

Notes

Chemicals needed? N

Pump runs but not emptying sump? N

Back flowing after pump cycle? N

Sorbent pads replaced? N

How many total filled Haz drums onsite? 0

How many Haz drums filled & closed today? 0

Waste drums needed? N

Drum labels needed? N

Removed trash? N

Clear woody vegetation from swales and cap

Look for damage fencing/gates

Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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	35
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 - 8.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 8/23/22

Time: 0845

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

HMI SCREENS

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>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>0</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>27.09</u>	<u>8.15</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.33</u>	<u>7.80</u>	<u>10.92</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>9.40</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>04</u>
If on - record chlorine concentration (ppm)	<u>NA</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>15.73</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>
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Heaters working

<u>✓</u>

IPC (Y/N)

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

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>18 3/4</u>	mA Signal <u>477</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>21.5</u>	Stroke Rate <u>9.7</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>350</u>	Stroke Rate <u>79</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>NOIP</u>	

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

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

General/Housekeeping

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

Fort Edward Landfill - Typical Operating Parameters

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

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

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

Notes:

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PA

Date: 8/30/22

Time: 0900

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

HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>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>NM</u>	<u>8.70</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>1277</u>	<u>9.98</u>	<u>12.86</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>8.60</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>—</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>15.46</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>✓</u>		

IPC (Y/N)

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

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>14 1/4</u>	mA Signal <u>4.75</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>18 1/4</u>	Stroke Rate <u>9.4</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>390</u>	Stroke Rate <u>76</u>	# of Full Bags Onsite	<u>—</u>
Dosing pumps at normal rate?	<u>Y</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>✓</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>2</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

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

Grounds

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

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

Clarifier Catch Tank	Low-Low	Level (off)	Level (on)	High-High
	0.5	1	2	3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

Discharge Pumps

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

Air compressor

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

Regulators

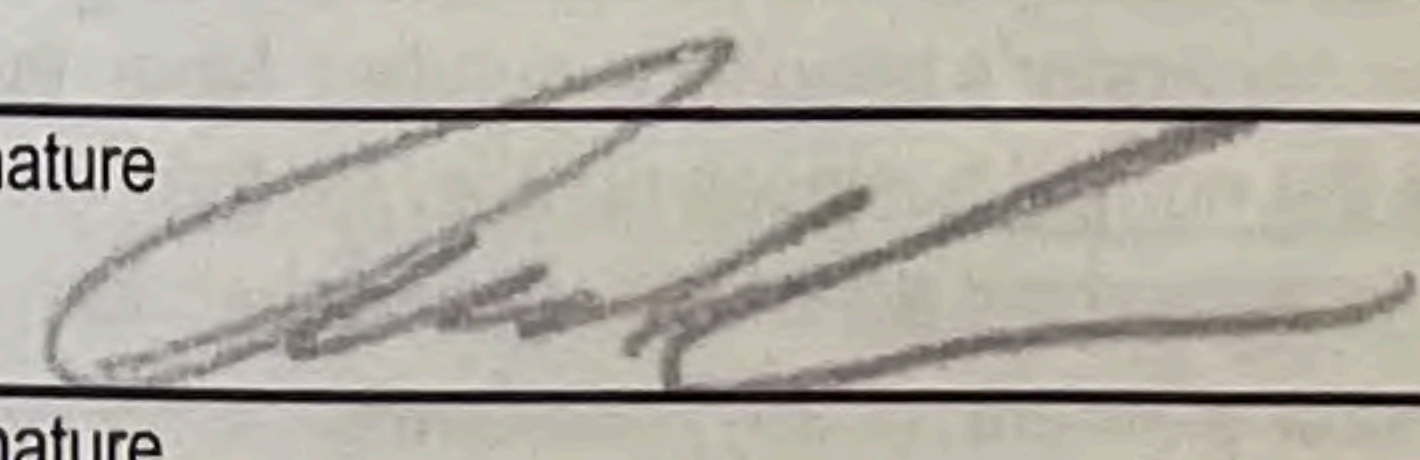
	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	
Blowdown	90 psi max

Notes:

ATTACHMENT C

Waste Disposal Documents



GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000235424	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 017166297 FLE			
	5. Generator's Name and Mailing Address NYSDEC Fort Edward Landfill 45 Leavy Hollow Lane Hudson Falls, NY 12839 Generator's Phone: (518) 250-7308				Generator's Site Address (if different than mailing address) SAME				
	6. Transporter 1 Company Name Clean Harbors Environmental Services, Inc.				U.S. EPA ID Number MAD039322250				
	7. Transporter 2 Company Name				U.S. EPA ID Number				
	8. Designated Facility Name and Site Address Spring Grove Resource Recovery Inc. 4879 Spring Grove Avenue Cincinnati, OH 45232 Facility's Phone: (513) 681-5738				U.S. EPA ID Number OHD000816629				
	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
					No.	Type			
	X	1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG III			006	DM	1092	LB	1007
		2.							
		3.							
	4.								
INT'L	14. Special Handling Instructions and Additional Information 1. CH2155648 ERG#171								
	15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
TRANSPORTER	Generator's/Offeror's Printed/Typed Name Jasmine Mullins on behalf of NYSDEC				Signature Jasmine Mullins on behalf of NYSDEC		Month Day Year 08 22 2022		
	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
DESIGNATED FACILITY	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name ANDREW CATHERALL				Signature 		Month Day Year 08 22 22		
	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	18b. Alternate Facility (or Generator)				Manifest Reference Number:				
	Facility's Phone:				U.S. EPA ID Number				
	18c. Signature of Alternate Facility (or Generator)								
	Month Day Year								
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
	1. H141		2.		3.		4.		
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
	Printed/Typed Name				Signature		Month Day Year		

TSCA MANIFEST CONTINUATION FORM

MANIFEST NUMBER: 017160297FILE GENERATOR NAME: NYSDEC Fort Edward Landfill
ADDRESS: 45 Leavy Hollow Lane
Hudson Falls, NY 12839
EPA ID NUMBER: NYR000235424

[illegible]

NOTES

1. **Type/Description:** Brief description of the unit such as:
 - (i) **Transformer** (> 500 ppm or < 500 ppm)
 - (ii) **Capacitor**
 - (iii) **Bulk Liquid/Solid** (tanker or rolloff)
 - (iv) **PCB Container** - A container in direct contact w/ PCBs, such as a drum containing PCB spill debris
 - (v) **PCB Article Container** - A container not in direct contact w/ PCBs, such as a drum containing one or more non-leaking motors, light ballasts, etc.
2. **Serial No. or Other ID No.:** Serial Number must be reported if one is present; if not, assign a unique number.
3. **Date Removed From Service For Disposal:** The date when the item was taken out of service for disposal. If more than one item (batch) is present in the container (tank), the reported date for the entire container (tank) must be the first (i.e., the earliest) date.
4. **Weight:** Volume may be reported in gallons; however, the weight in kilograms is preferred.

COPY>B:

GENERATOR-RETAINED BY GENERATOR

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

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

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

Generator Name: NYSDDEC Fort Edward Landfill

EPA ID No. NYR000735424

Signature: Hasmine Mullas on behalf of NYSDDEC

Date: 8/22/2022

Manifest No.: 017166297 FLE

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

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

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

☐ B006* (see below)

☒ B007* (see below)

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

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

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

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

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

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

Site Address : SAME

1302428

SC PPW 5/1/2022

WORK ORDER NO. 110659551

DOCUMENT NO.

STRAIGHT BILL OF LADING

TRANSPORTER 1 Clean Harbors Environmental Services, Inc. VEHICLE ID # _____

EPA ID # MAD039322250 TRANS. 1 PHONE (781) 792-5000

TRANSPORTER 2 Frank's Vacuum Truck Service VEHICLE ID # _____

EPA ID # NYD 9827 92814 TRANS. 2 PHONE _____

DESIGNATED FACILITY Spring Grove Resource Recovery Inc.			SHIPPER ATTN: Jasmine Mullins NYSDEC Fort Edward Landfill		
FACILITY EPA ID # OHD000816629			SHIPPER EPA ID # NYR000235424		
ADDRESS 4879 Spring Grove Avenue			ADDRESS 45 Leavy Hollow Lane		
CITY Cincinnati		STATE OH	ZIP 45232	CITY Hudson Falls	
				STATE NY	
				ZIP 12839	
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS	TOTAL QUANTITY	UNIT WT/VOL
2x55	OF	X	ARESIDUE LAST CONTAINED UN1263, PAINT RELATED MATERIAL, 3, PG II	56	P
			B.		
			C.		
			D.		
			E.		
			F.		
			G.		
			H.		
SPECIAL HANDLING INSTRUCTIONS EMERGENCY PHONE #: (800) 483-3718 GENERATOR: NYSDEC Fort Edward Landfill A.CH2215904ERG# 128					

SHIPPERS CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER	PRINT <u>Jasmine Mullins on behalf of NYSDEC</u>	SIGN <u>Jasmine Mullins on behalf of NYSDEC</u>	DATE <u>8/22/2022</u>
TRANSPORTER 1	PRINT <u>ANDREW CATHERALL</u>	SIGN <u>[Signature]</u>	DATE <u>8/22/2022</u>
TRANSPORTER 2	PRINT <u>Amey Saxton</u>	SIGN <u>[Signature]</u>	DATE <u>8/25/22</u>
RECEIVED BY	PRINT <u>Jade Wolff</u>	SIGN <u>[Signature]</u>	DATE <u>8.29.22</u>

Generator acknowledges that no material change has occurred either in the characteristics or in the process generating the material.

ATTACHMENT D

Tap Water Sample Analytical Results



39 Spruce Street * East Longmeadow, MA 01028 * FAX 413/525-6405 * TEL. 413/525-2332

Project Location: Ford Edward Landfill

Sample Description:

Work Order: 22H0561

Date Received: 8/10/2022

Field Sample #: Fort Edward 1

Sampled: 8/9/2022 16:45

Sample ID: 22H0561-01

Sample Matrix: Water

Semivolatile Organic Compounds by - LC/MS-MS

Analyte	Results	RL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Perfluorobutanoic acid (PFBA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorobutanesulfonic acid (PFBS)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluoropentanoic acid (PFPeA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorohexanoic acid (PFHxA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
8:2 Fluorotelomersulfonic acid (8:2FTS A)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorodecanoic acid (PFDA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorododecanoic acid (PFDoA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluoroheptanesulfonic acid (PFHpS)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
N-EtFOSAA	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
N-MeFOSAA	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorotetradecanoic acid (PFTA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorotridecanoic acid (PFTTrDA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorodecanesulfonic acid (PFDS)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorooctanesulfonamide (FOSA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorohexanesulfonic acid (PFHxS)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
6:2 Fluorotelomersulfonic acid (6:2FTS A)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluoroundecanoic acid (PFUnA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluoroheptanoic acid (PFHpA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorooctanoic acid (PFOA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorooctanesulfonic acid (PFOS)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL
Perfluorononanoic acid (PFNA)	ND	1.8	ng/L	1		SOP-454 PFAS	8/30/22	9/16/22 14:58	DRL

TABLES



**Table 1. August 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	8/16/2022	8/16/2022	8/16/2022	8/16/2022		8/16/2022
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	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
BROMOFORM	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
BROMOMETHANE	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
2-BUTANONE (MEK)	20 U	20 U	20 U	20 U	--	20 U
CARBON DISULFIDE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
CARBON TETRACHLORIDE	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
CHLOROBENZENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CHLORODIBROMOMETHANE	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 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	2.0 U	2.0 U	2.0 U	--	2.0 U
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)	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 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-DICHLOROPROPANE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
TRANS-1,3-DICHLOROPROPENE	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
1,4-DIOXANE	50 U	50 U	50 U	50 U	--	50 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	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
TETRACHLOROETHENE (PCE)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TOLUENE	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,3-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	2.0 U	2.0 U	2.0 U	50	2.0 U
XYLENES, TOTAL	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
TOTAL VOCs	ND	ND	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.
 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. August 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	8/16/2022	8/16/2022	8/16/2022	8/16/2022	8/16/2022	8/16/2022
Polychlorinated Biphenyls (µg/L)						
PCB-1016 (AROCLOR 1016)	0.141 J	0.162 J	0.177 J	0.0511 U	--	0.0509 U
PCB-1221 (AROCLOR 1221)	0.0759 U	0.0767 U	0.0763 U	0.0767 U	--	0.0763 U
PCB-1232 (AROCLOR 1232)	0.0697 U	0.0704 U	0.0701 U	0.0704 U	--	0.0701 U
PCB-1242 (AROCLOR 1242)	0.0733 U	0.0740 U	0.0737 U	0.0740 U	--	0.0737 U
PCB-1248 (AROCLOR 1248)	0.0850 U	0.0858 U	0.0854 U	0.0858 U	--	0.0854 U
PCB-1254 (AROCLOR 1254)	0.0750 U	0.0757 U	0.0753 U	0.0757 U	--	0.0753 U
PCB-1260 (AROCLOR 1260)	0.0597 U	0.0603 U	0.0600 U	0.0603 U	--	0.0600 U
Metals (mg/L)						
ALUMINUM	2.3	1.4	0.050 U	0.050 U	--	0.050 U
ANTIMONY	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
ARSENIC	0.010 U	0.010 U	0.010 U	0.010 U	0.15	0.010 U
BARIUM	0.050 U	0.050 U	0.050 U	0.061	3.5	0.050 U
BERYLLIUM	0.0040 U	0.0040 U	0.0040 U	0.0040 U	--	0.0040 U
CADMIUM	0.0040 U	0.0040 U	0.0040 U	0.0040 U	0.001	0.0040 U
CALCIUM	77	76	110	120	--	84
CHROMIUM, TOTAL	0.010 U	0.010 U	0.010 U	0.010 U	0.21	0.010 U
COBALT	0.010 U	0.010 U	0.010 U	0.010 U	0.005	0.010 U
COPPER	0.010 U	0.010 U	0.010 U	0.010 U	0.024	0.010 U
IRON	8.5	3	3.70	8.9	0.3	2.1
LEAD	0.010 U	0.010 U	0.010 U	0.010 U	0.0032	0.010 U
MAGNESIUM	19	19	21.0	20	--	22
MANGANESE	1.6	1.6	1.30	1.1	--	0.91
MERCURY	0.00010 U	0.0001	0.0002	0.0001	0.0008	0.0001
NICKEL	0.010 U	0.010 U	0.010 U	0.010 U	0.0096	0.010 U
POTASSIUM	2.1	2.4	2.0 U	2.0 U	--	2.0 U
SELENIUM	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
SILVER	0.010 U	0.010 U	0.010 U	0.010 U	--	0.010 U
SODIUM	41	41	50	46	--	46
THALLIUM	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
VANADIUM	0.010 U	0.010 U	0.010 U	0.010 U	0.014	0.010 U
ZINC	0.017	0.011	0.010 U	0.010 U	0.17	0.010 U
Conventional Chemistry (mg/L)						
TOTAL SUSPENDED SOLIDS	24	7.8	7.0	5.4	50	4.4
TOTAL DISSOLVED SOLIDS	360	370	460	400	500	300

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.

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