

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

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

Subject:

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

Date:

January 17, 2023

Contact:

Andy Vitolins, P.G.

Dear Mr. Long:

Arcadis of New York, Inc. (Arcadis) has prepared this letter report to summarize the leachate collection and treatment system operation, maintenance, and monitoring (OM&M) activities completed during the October 2022 reporting period at the above-referenced site.

Phone:

518.250.7300

Email:

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

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

### **System Performance**

A total of 483,903 gallons of leachate were collected and treated through the system during October 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 10.8 gallons per minute (gpm).

### **System Operation Summary**

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

Our ref:

30055713

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

- Iron and solids sludge processing was performed throughout the month. One 55-gallon drums of Filter Sludge was generated during October 2022.
- Collected routine monthly treatment system samples.
- Completed annual groundwater, surface water, and sediment sampling event.
- Installed cleanout on EW-4 discharge pipe, allowing a significant improvement in flow.
- Cleared blockage at Polishing Pond Effluent.

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

## SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on October 18, 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) Volatile Organic Compounds (VOCs), polychlorinated biphenyls (PCBs), Target Analyte List (TAL) metals and mercury, total dissolved solids (TDS), and total suspended solids (TSS).

The analytical results are discussed in the sections below and have been summarized in Table 1. The laboratory analytical data will be submitted to NYSDEC's EIMS Administrator in the required EQUIS EDD format.

## System Analytical Results

During the October 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 October 2022 monthly samples.

### PCBs

Aroclor 1221 was detected in the Influent sample (0.699 µg/L), the Clarifier Catch Tank sample (0.648 µg/L), and the Cell 2 Effluent sample (0.154 µg/L, estimated). No other PCBs were detected at concentrations greater than the respective detection limits during the October 2022 monthly sampling event. There are currently no criteria for PCBs in the Fort Edward SPDES Permit Limits.

## Metals

Iron concentrations ranged from a minimum of 0.55 milligrams per liter (mg/L) (Cell 3 Bypass) to a maximum of 18 mg/L (Influent). The PPE iron concentration of 4.2 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 October 2022. Additional metal concentrations are shown on Table 1.

## Conventional Chemistry

As shown on Table 1, TDS concentrations ranged from 390 mg/L (Influent and CCT) to 520 mg/L (Cell 3 Bypass), and TSS concentrations ranged from 12 mg/L (Cell 3 Bypass) to 40 mg/L (CCT). During the October 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 November 2022:

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

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

Sincerely,

Arcadis of New York, Inc.



Andy Vitolins, P.G.  
Vice President

Copies:

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

Enclosures:

**Attachment A** – NYSDEC Daily Inspection Reports

**Attachment B** – Arcadis Weekly O&M Logs

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

# ATTACHMENT A


NYSDEC Daily Inspection Reports





**DAILY INSPECTION REPORT - No. 127**  
**Fort Edward, Site No. 558001**

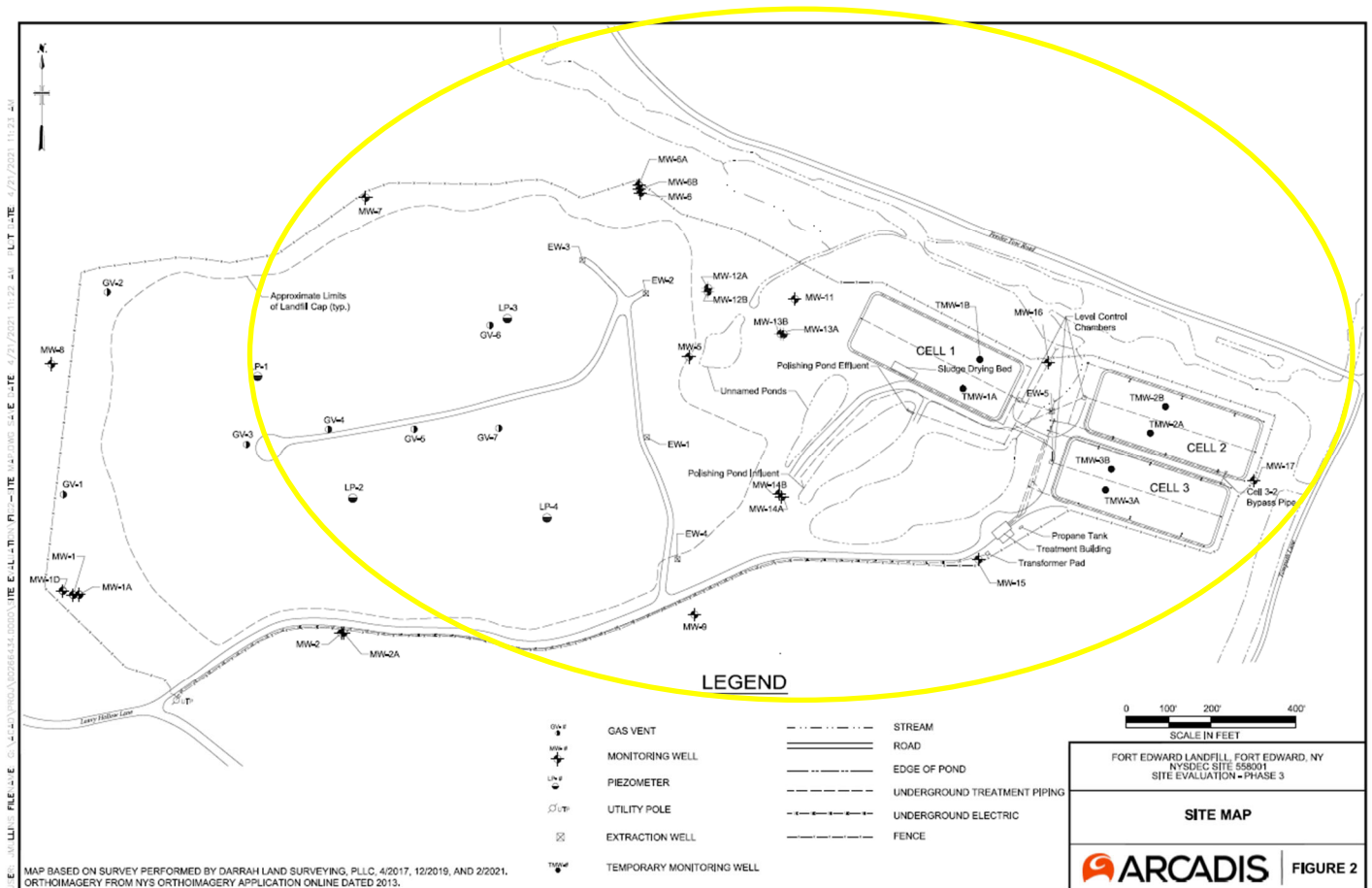
Page 1 of 6  
 Date: 10/03/2022

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		<b>Contract No. D009804-07</b> <b>DEC Insp. –</b> <b>DEC PM –</b> Payson Long, P.E. <b>Contractor Supt. –</b> <b>Engineer PM –</b> Andy Vitolins, P.G. <b>Engineer Insp. –</b> Jonathan Kullberg, Patrick Harrington, Rachael Thomas, Jeremy Wyckoff	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
General Description	Sunny	AM	Sunny	PM			
Temperature	42°F	AM	55°F	PM			
Wind	0 MPH	AM	0 MPH	PM			
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b> None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0730	Departed Site:		1815
<ul style="list-style-type: none"> <li>Surface water, sediment, and soil sampling for annual event</li> </ul>							
<b>Equipment/Material Tracking</b> <b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
<b>Personnel and Equipment</b>							
Individual		Company		Trade		Total Hours	
Jonathan Kullberg		Arcadis		Geologist		10	
Rachael Thomas		Arcadis		Engineer		10	
Jeremy Wyckoff		Arcadis		Geologist		10	
Patrick Harrington		Arcadis		Geologist		10	
Equipment Description		Contractor/Vendor			Quantity	Used	
Horiba		EcoRental			1	Yes	
Peristaltic Pump		EcoRental			1	Yes	
Water Level Meter		EcoRental			1	No	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*




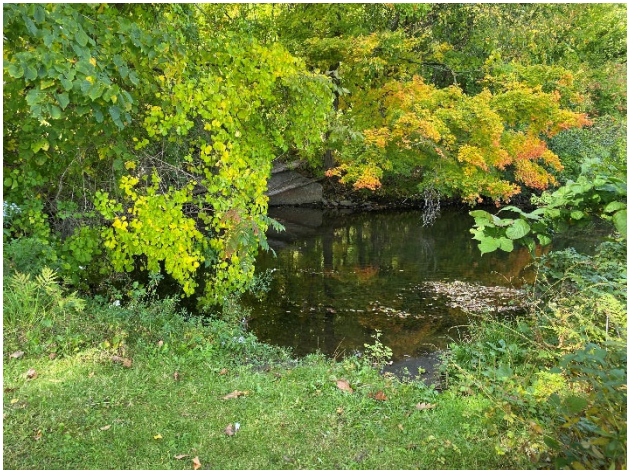
\*On-Site scale for off-site shipment, delivery ticket for material received

<b>Equipment/Material Tracking Comments:</b>  None at this time.			
<b>Visitors to Site</b>			
<b>Name</b>	<b>Representing</b>	<b>Entered Exclusion/CRZ Zone</b>	
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
<b>Project Schedule Comments</b>			
None at this time.			
<b>Issues Pending</b>			
None at this time.			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
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 October 3rd, 2022.

Site Photographs (Descriptions Below)	
	
Surface water and sediment sampling at GFFC-3.	Surface water and sediment sampling at GFFC-3.
	
View of GFFC-1 location and road adjacent to GE landfill for surface water and sediment sampling.	View of GFFC-1 location for surface water and sediment sampling.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Jonathan Kullberg, Patrick Harrington, Jeremy Wyckoff and Rachael Thomas <b>Date:</b> 10/3/2022	

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

### 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

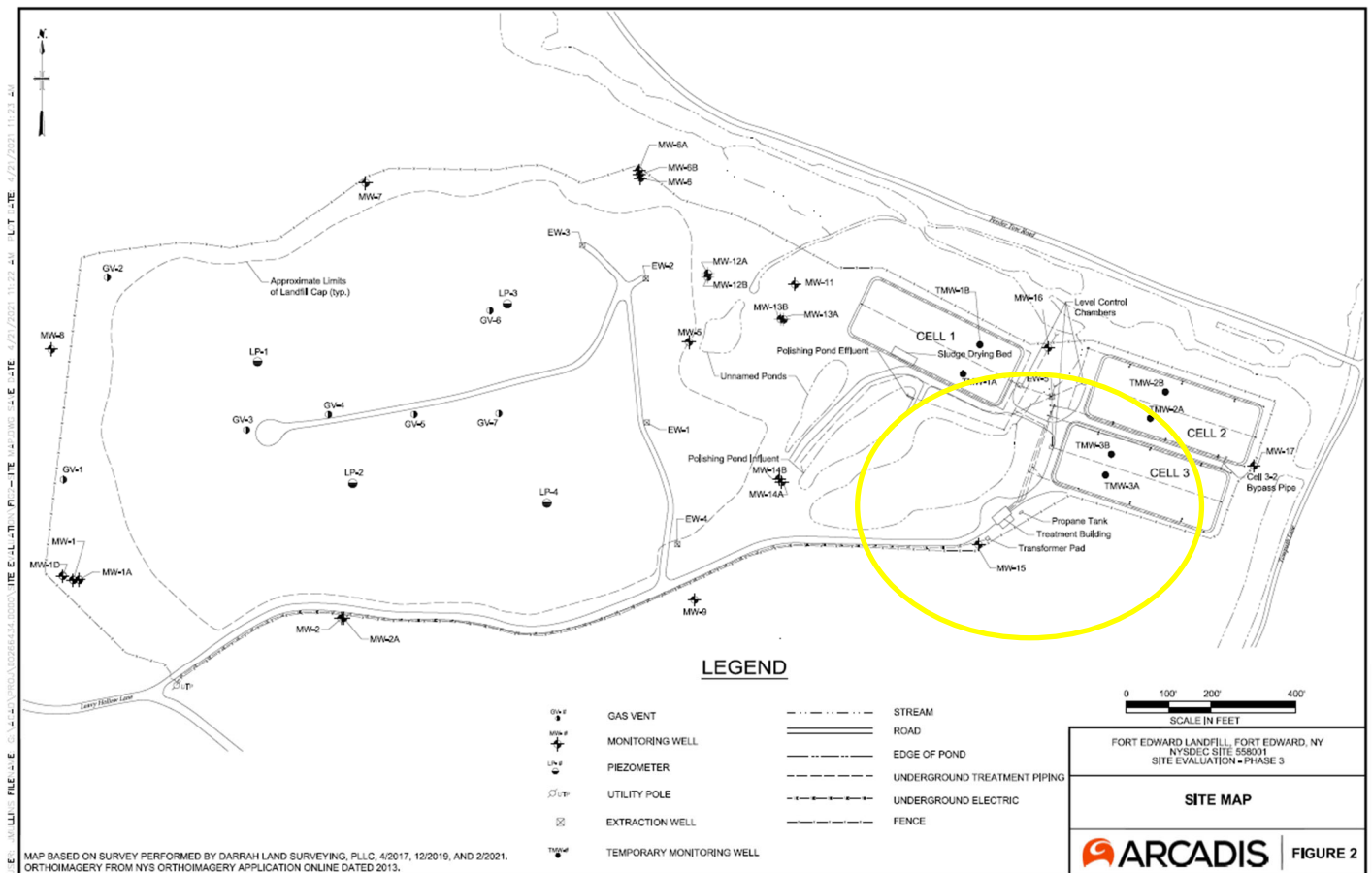
NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		<b>Contract No. D009804-07</b>  <b>DEC Insp. –</b> <b>DEC PM –</b> Payson Long, P.E.  <b>Contractor Supt. –</b> <b>Engineer PM –</b> Andy Vitolins, P.G.  <b>Engineer Insp. –</b> Patrick Harrington	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
General Description	Cloudy	AM	Mostly Cloudy	PM			
Temperature	48°F	AM	64°F	PM			
Wind	0 MPH	AM	0 MPH	PM			
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No <b>X</b>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <b>X</b>
Were there any nuisance issues reported/observed on this date?					*Yes	No <b>X</b>	NA
<b>Health &amp; Safety Comments</b>  None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0900	Departed Site:		1900
<ul style="list-style-type: none"> <li>Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> <li>Continued processing sludge in the filter press</li> <li>Investigated discharge pump failure</li> </ul>							
<b>Equipment/Material Tracking</b> <b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <b>X</b>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <b>X</b>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <b>X</b>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Patrick Harrington		Arcadis		Geologist		10	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>

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



<b>Equipment/Material Tracking Comments:</b>  None at this time.			
<b>Visitors to Site</b>			
<b>Name</b>	<b>Representing</b>	<b>Entered Exclusion/CRZ Zone</b>	
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
<b>Project Schedule Comments</b>			
None at this time.			
<b>Issues Pending</b>			
None at this time.			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
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 October 5th, 2022.

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of sludge in filter press
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 10-05-2022

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

### 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.			

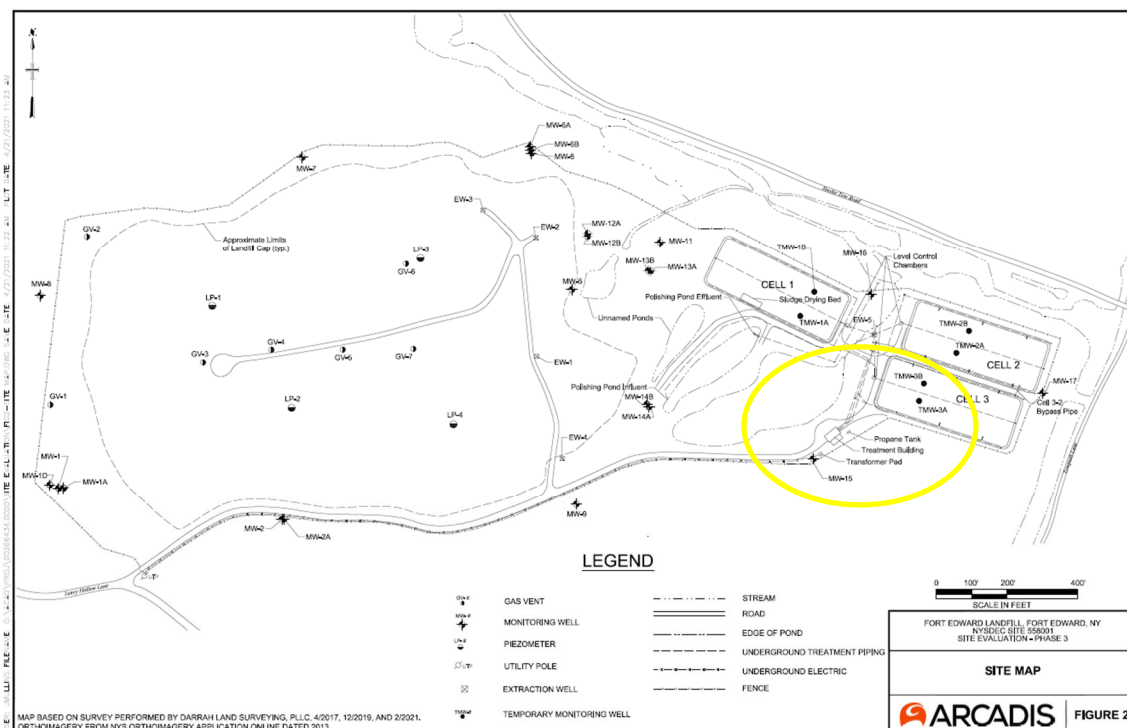
\* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		<b>Contract No. D009804-07</b>  <b>DEC Insp. –</b> <b>DEC PM –</b> Payson Long, P.E.  <b>Contractor Supt. –</b> <b>Engineer PM –</b> Andy Vitolins, P.G.  <b>Engineer Insp. –</b> Patrick Harrington	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
General Description	Fair	AM	Fair	PM			
Temperature	°F	AM	5°F	PM			
Wind	0 MPH	AM	0 MPH	PM			
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b>  None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:	0800	Departed Site:	1800		
<ul style="list-style-type: none"> <li>Completed routine O&amp;M</li> <li>Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> <li>Repaired trimmer and trimmed grass around wells and building</li> </ul>							
<b>Equipment/Material Tracking</b> <b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
<b>Personnel and Equipment</b>							
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



<b>Equipment/Material Tracking Comments:</b>			
None at this time.			
<b>Visitors to Site</b>			
<b>Name</b>	<b>Representing</b>	<b>Entered Exclusion/CRZ Zone</b>	
		Yes	No
		Yes	No
		Yes	No
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
<b>Project Schedule Comments</b>			
None at this time.			
<b>Issues Pending</b>			
None at this time.			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
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 October 11th, 2022.



Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of IPC plates after spray down
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 10-03-2022

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

### 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.			

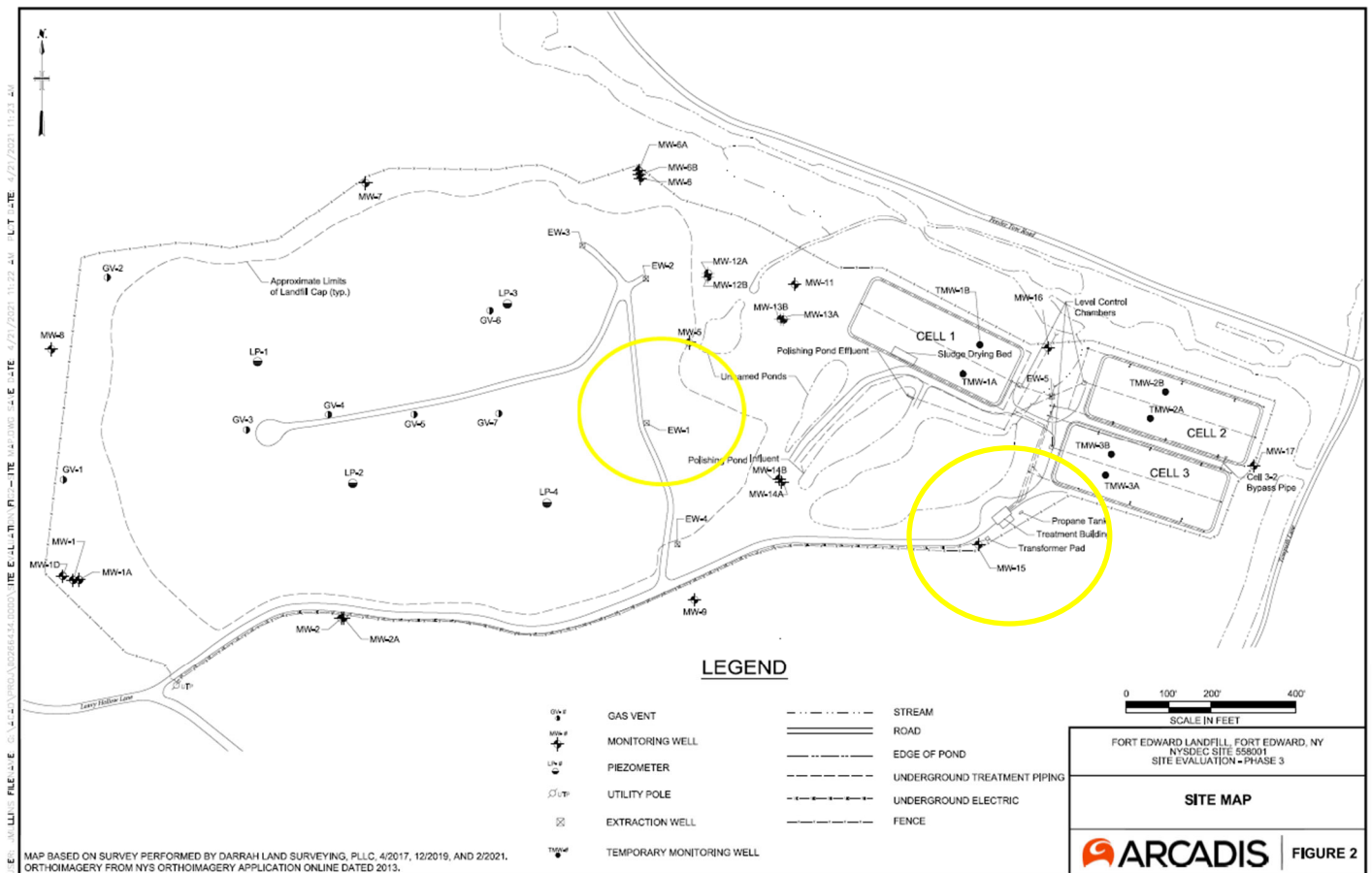
\* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		<b>Contract No. D009804-07</b>  <b>DEC Insp. –</b> <b>DEC PM –</b> Payson Long, P.E.  <b>Contractor Supt. –</b> <b>Engineer PM –</b> Andy Vitolins, P.G.  <b>Engineer Insp. –</b> Patrick Harrington	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
General Description	Sunny	AM	Sunny	PM			
Temperature	50°F	AM	55°F	PM			
Wind	0 MPH	AM	0 MPH	PM			
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b>  None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:	0800	Departed Site:	2000		
<ul style="list-style-type: none"> <li>Completed monthly sampling event</li> <li>Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> <li>Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>Completed sludge discharge from filter press</li> <li>Updated plumbing in EW-4 secondary manhole to allow jetting of line</li> <li>Improved flow from EW-4 from ~11gpm to ~30gpm</li> <li>Resolved discharge pump fault</li> </ul>							
<b>Equipment/Material Tracking</b> <b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Patrick Harrington		Arcadis		Geologist		12	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>

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

<b>Equipment/Material Tracking Comments:</b>			
None at this time.			
<b>Visitors to Site</b>			
<b>Name</b>	<b>Representing</b>	<b>Entered Exclusion/CRZ Zone</b>	
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
<b>Project Schedule Comments</b>			
None at this time.			
<b>Issues Pending</b>			
None at this time.			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
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 October 18th, 2022.

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of new cleanout to allow jetting of EW-4 line
	
View of buildup in EW-4 discharge prior to jetting	
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 10-18-2022

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"/>
Comments: None at this time.		

## REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.</li> <li>If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments: 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. 131**  
**Fort Edward, Site No. 558001**

Page 1 of 7  
 Date: 10/25/2022

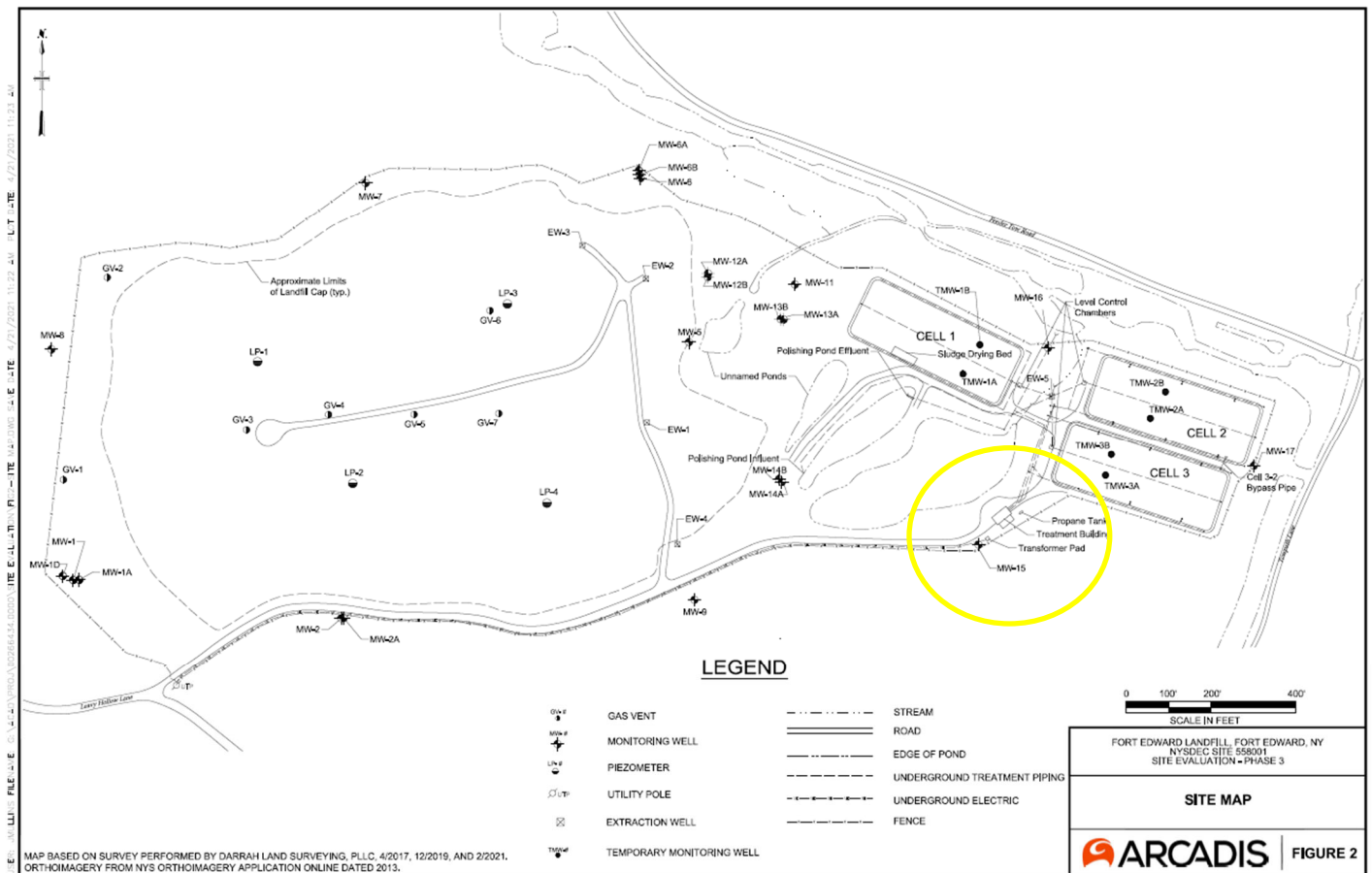
NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		<b>Contract No. D009804-07</b> <b>DEC Insp. –</b> <b>DEC PM –</b> Payson Long, P.E. <b>Contractor Supt. –</b> <b>Engineer PM –</b> Andy Vitolins, P.G. <b>Engineer Insp. –</b> Patrick Harrington	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
General Description	Sunny	AM	Sunny	PM			
Temperature	66°F	AM	73°F	PM			
Wind	0 MPH	AM	0 MPH	PM			
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b> None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:		0800		Departed Site:	
						2000	
<ul style="list-style-type: none"> <li>Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> <li>Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>Installed surge protectors on EW-1 sensors</li> <li>Completed prefill, onstream and blowdown of filter press.</li> <li>Cleared blockages from polishing pond influent and effluent</li> </ul>							
<b>Equipment/Material Tracking</b> <b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA <input checked="" type="checkbox"/>
<b>Personnel and Equipment</b>							
Individual		Company		Trade		Total Hours	
Patrick Harrington		Arcadis		Geologist		10.5	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

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



<b>Equipment/Material Tracking Comments:</b>  None at this time.			
<b>Visitors to Site</b>			
<b>Name</b>	<b>Representing</b>	<b>Entered Exclusion/CRZ Zone</b>	
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
<b>Project Schedule Comments</b>			
None at this time.			
<b>Issues Pending</b>			
None at this time.			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
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 October 25th, 2022.

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of blocked PPE
	
View of polishing pond influent blockage	View of cleared polishing pond influent
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 10-25-2022

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

### 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: 10-5-22

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>—</u>	<u>—</u>	<u>—</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>—</u>	<u>—</u>	<u>—</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>—</u>	<u>5.26</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>1300</u>	<u>2.33</u>	<u>13.46</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>9.14</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>off</u>
If on - record chlorine concentration (ppm) <u>NA</u>		Discharge pump operating	<u>✓ - P2</u>
Operate exhaust fan manually <u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM) <u>16.27</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow? <u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual? <u>✓</u>		Other Alarms (Y/N)	<u>Y</u>

### Filtration (Check if OK)

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

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

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

## BUILDING/GROUNDS

### Air Compressor (Check if OK)

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

### Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) <u>✓</u>	Propane tank level greater than 20% <u>✓</u>
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### IPC (Y/N)

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

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>15 3/4</u>	mA Signal <u>4.55</u>	# of Full Drums Onsite <u>1</u>
2130 Coagulant	Height (in) <u>30 1/2</u>	Stroke Rate <u>6.6</u>	# of Full Drums Onsite <u>0</u>
1668 Flocculant	Volume (gal) <u>325</u>	Stroke Rate <u>5.5</u>	# of Full Bags Onsite <u>1</u>
Dosing pumps at normal rate? <u>✓</u>		Chemicals needed? <u>coagulant</u>	

### Floor Sumps (Y/N)

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

### Diaphragm pumps (Check if OK)

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

### Filter Press (Check if OK)

Hydraulic ram operating normally <u>✓</u>	Sorbent pads replaced? <u>N</u>
Hydraulic pressure normal <u>✓</u>	How many total filled Haz drums onsite? <u>5</u>
Significant leaks? <u>✓</u>	How many Haz drums filled & closed today? <u>1</u>

### General/Housekeeping

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

### Grounds

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



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

**Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

**Discharge Pumps**

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

**Air compressor**

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

**Regulators**

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

**Notes:**


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# Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PH Date: 10/11/22

**ARCADIS** Design & Consultancy for natural and built assets  
Time: 0900

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

## HMI SCREENS

### Extraction Wells

Pump Status/Flow	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Run pumps in "Manual" to confirm flow, if needed.	EW-1 <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-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.88</u>	<u>9.79</u>	<u>NA</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>13.15</u>	<u>7.85</u>	<u>12.96</u>
	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.58</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>off</u>
If on - record chlorine concentration (ppm)	<u>NA</u>		Discharge pump operating	<u>P2 running / P1 Fault</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>10.54</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>Y</u>

### Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense	
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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>✓</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>Y</u>	Indicate % of sludge at each port	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>		Mid <u>100</u>
Floc visibly dosing?	<u>Y</u>		Lower <u>100</u>

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>16</u>	mA Signal <u>4.55</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>24.2734</u>	Stroke Rate <u>6.1</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal) <u>390</u>	Stroke Rate <u>5.2</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?		

### Floor Sumps (Y/N)

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

### Diaphragm pumps (Check if OK)

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

### Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>5</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>0</u>

### General/Housekeeping

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

### Grounds

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

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

**Clarifier Catch Tank**

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

**Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

**Discharge Pumps**

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

**Air compressor**

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

**Regulators**

	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: 10-18-22

Time: 1730

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

## HMI SCREENS

### Extraction Wells

Pump Status/Flow	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Run pumps in "Manual" to confirm flow, if needed.	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>—</u>	<u>—</u>	<u>—</u>
Confirm pumps are operating between setpoints	EW-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>—</u>	<u>—</u>	<u>—</u>
Confirm pressure with pump cycling & not high/low	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>21.85</u>	<u>9.91</u>	<u>NA</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>25.31</u>	<u>12.97</u>	<u>2.74</u>
	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>4.07</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>off</u>
If on - record chlorine concentration (ppm)	<u>NA</u>		Discharge pump operating	<u>Y-P2</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>22.85</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>✓</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>50</u>
Coag visibly dosing?	<u>✓</u>	at each port	Mid <u>100</u>
Floc visibly dosing?	<u>✓</u>		Lower <u>100</u>

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>15</u>	mA Signal <u>5.15</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>24 1/2</u>	Stroke Rate <u>14.1</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal) <u>300</u>	Stroke Rate <u>115</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>Coagulant</u>	

### Floor Sumps (Y/N)

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

### Diaphragm pumps (Check if OK)

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

### Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>5</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>0</u>

### General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>Y</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>Y</u>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>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**  
Thickener feed pump PSI Range 40 psi max  
Filter press feed pump 90 psi max  
Floc feed pump 40 psi  
Filter press hyd pump  
Blowdown 90 psi max

Notes:

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## Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PHDate: 10-25-22Time: 0900

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

## HMI SCREENS

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
<b>Extraction Wells</b>						
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>22.65</u>	<u>2.85</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.72</u>	<u>9.03</u>	<u>4.08</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>9.03</u>	<u>NA</u>

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

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>ON</u>
If on - record chlorine concentration (ppm)	<u>✓</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>2908</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>✓ 50%</u>
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## Heaters working

<u>✓</u>
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## IPC (Y/N)

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

## Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>14 3/4</u>	mA Signal <u>5.50</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>20 5/8</u>	Stroke Rate <u>18.6</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal) <u>325</u>	Stroke Rate <u>157</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>coagulant</u>	

## Floor Sumps (Y/N)

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>✓</u>
High-High level switches operate freely?	<u>✓</u>	Back flowing after pump cycle?	<u>✓</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>5</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>0</u>

## General/Housekeeping

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

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

**Clarifier Catch Tank****Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

**Discharge Pumps**

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

**Air compressor**

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

**Regulators**

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

**Notes:**

# TABLES



**Table 1. October 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	10/18/2022	10/18/2022	10/18/2022	10/18/2022		10/18/2022
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	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 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.

**Table 1. October 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
<b>Polychlorinated Biphenyls (µg/L)</b>						
PCB-1016 (AROCLOR 1016)	0.0514 U	0.0540 U	0.0514 U	0.0502 U	--	0.0502 U
PCB-1221 (AROCLOR 1221)	0.699	0.648	0.0770 U	0.154	--	0.0752 U
PCB-1232 (AROCLOR 1232)	0.0707 U	0.0744 U	0.0707 U	0.0691 U	--	0.0691 U
PCB-1242 (AROCLOR 1242)	0.0744 U	0.0782 U	0.0744 U	0.0726 U	--	0.0726 U
PCB-1248 (AROCLOR 1248)	0.0862 U	0.0907 U	0.0862 U	0.0842 U	--	0.0842 U
PCB-1254 (AROCLOR 1254)	0.0761 U	0.0800 U	0.0761 U	0.0742 U	--	0.0742 U
PCB-1260 (AROCLOR 1260)	0.0606 U	0.0637 U	0.0606 U	0.0591 U	--	0.0591 U
<b>Metals (mg/L)</b>						
ALUMINUM	0.050 U	1.2	0.050 U	0.058	--	0.240
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	0.052	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	75	76	97	120	--	93
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	0.01	0.02	0.010 U	0.010 U	0.024	0.010 U
IRON	18.0	15	0.55	12.0	0.3	4.2
LEAD	0.010 U	0.010 U	0.010 U	0.010 U	0.0032	0.010 U
MAGNESIUM	18	18	18.0	20	--	20
MANGANESE	1.6	1.7	0.21	1.2	--	0.88
MERCURY	0.00010 U	0.00010 U	0.00010 U	0.00010 U	0.0008	0.00010 U
NICKEL	0.010 U	0.010 U	0.010 U	0.010 U	0.0096	0.010 U
POTASSIUM	2.3	2.6	4.3	2.0 U	--	3.4
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	43	44	37	39	--	39
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	0.069	0.018	0.010 U	0.010 U	0.17	0.010 U
<b>Conventional Chemistry (mg/L)</b>						
TOTAL SUSPENDED SOLIDS	16	40	12	19	--	26
TOTAL DISSOLVED SOLIDS	390	390	520	470	--	410

**Notes:**

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

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

**Definitions:**

mg/L - milligrams per liter.

µg/L - micrograms per liter.

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

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