

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

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Clifton Park  
New York 12065  
Tel 518 250 7300  
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[www.arcadis.com](http://www.arcadis.com)

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

Date:  
January 17, 2023

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 September 2022 reporting period at the above-referenced site.

Contact:  
Andy Vitolins, P.G.

Phone:  
518.250.7300

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

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

### **System Performance**

A total of 617,108 gallons of leachate were collected and treated through the system during September 2022. The monthly average total leachate recovery rate for leachate extraction wells EW-2, EW-3, and leachate collection well EW-4 was approximately 14.3 gallons per minute (gpm).

Our ref:  
30055713

### **System Operation Summary**

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

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

- Iron and solids sludge processing was performed throughout the month. Two 55-gallon drums of Filter Sludge were generated during September 2022.
- Collected routine monthly and quarterly treatment system samples.
- Arcadis sampling crew completed annual groundwater, surface water and sediment sampling event. Results of the sampling event will be provided under a separate cover.
- Installed surge protectors on 4-20ma signal wires for EW-2 and EW-3.

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

## SYSTEM SAMPLING

Monthly water samples were collected by Arcadis on September 26, 2022 from the following treatment system locations:

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

Samples were also collected from extraction wells EW-1, EW-2, EW-3, and leachate collection well EW-4. Typically, a sample would be collected at Cell 1 Chamber (treatment Cell 1 discharge into the effluent collection chamber) however there was no visible flow at either vault, and the water was stagnant. Samples from these locations are collected on a quarterly basis and will be sampled again in the fourth quarter 2022.

The monthly and quarterly samples were submitted to Pace Analytical for analysis of Target Compound List (TCL) Volatile Organic Compounds (VOCs), polychlorinated biphenyls (PCBs), and Target Analyte List (TAL) metals and mercury.

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 September 2022 sampling event, there were no Fort Edward State Pollutant Discharge Elimination System (SPDES) Equivalency Permit Limit exceedances at the Polishing Pond Effluent for VOCs, PCBs, and conventional chemistry. Iron was the only analyte to exceed the Fort Edward SPDES Permit Limits at the Polishing Pond Effluent sampling location. Additional details of the system analytical results are provided below.

### VOCs

As shown in Table 1, VOCs were detected in the EW-1 and EW-3 samples. VOCs were not detected in the remaining seven samples at concentrations greater than the compound quantitation limit.

### PCBs

Aroclor 1016 was detected in the Influent sample (0.200 µg/L), the EW-1 sample (1,300 µg/L), and the EW-4 sample (0.300 µg/L). No other PCBs were detected at concentrations greater than the respective detection limits during the September 2022 monthly sampling event. There are currently no criteria for PCBs in the Fort Edward SPDES Permit Limits.

### Metals

Iron concentrations ranged from a minimum of 2.1 milligrams per liter (mg/L) (PPE) to a maximum of 130 mg/L (EW-3). The PPE iron concentration of 2.1 mg/L exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L, but was in the range of previous results at this location. There were no other metal concentrations from the monthly samples which exceeded the Fort Edward SPDES Equivalency Permit Limits in September 2022. Additional metal concentrations are presented in Table 1.

### Conventional Chemistry

TDS and TSS samples were not collected in September. They will continue to be collected during the next monthly sampling event.

### NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for October 2022:

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

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

Sincerely,

Arcadis of New York, Inc.



Andy Vitolins, P.G.  
Vice President

Copies:

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

NYSDEC Site No. 558001

Payson Long


January 17, 2023

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

# ATTACHMENT A

NYSDEC Daily Inspection Reports

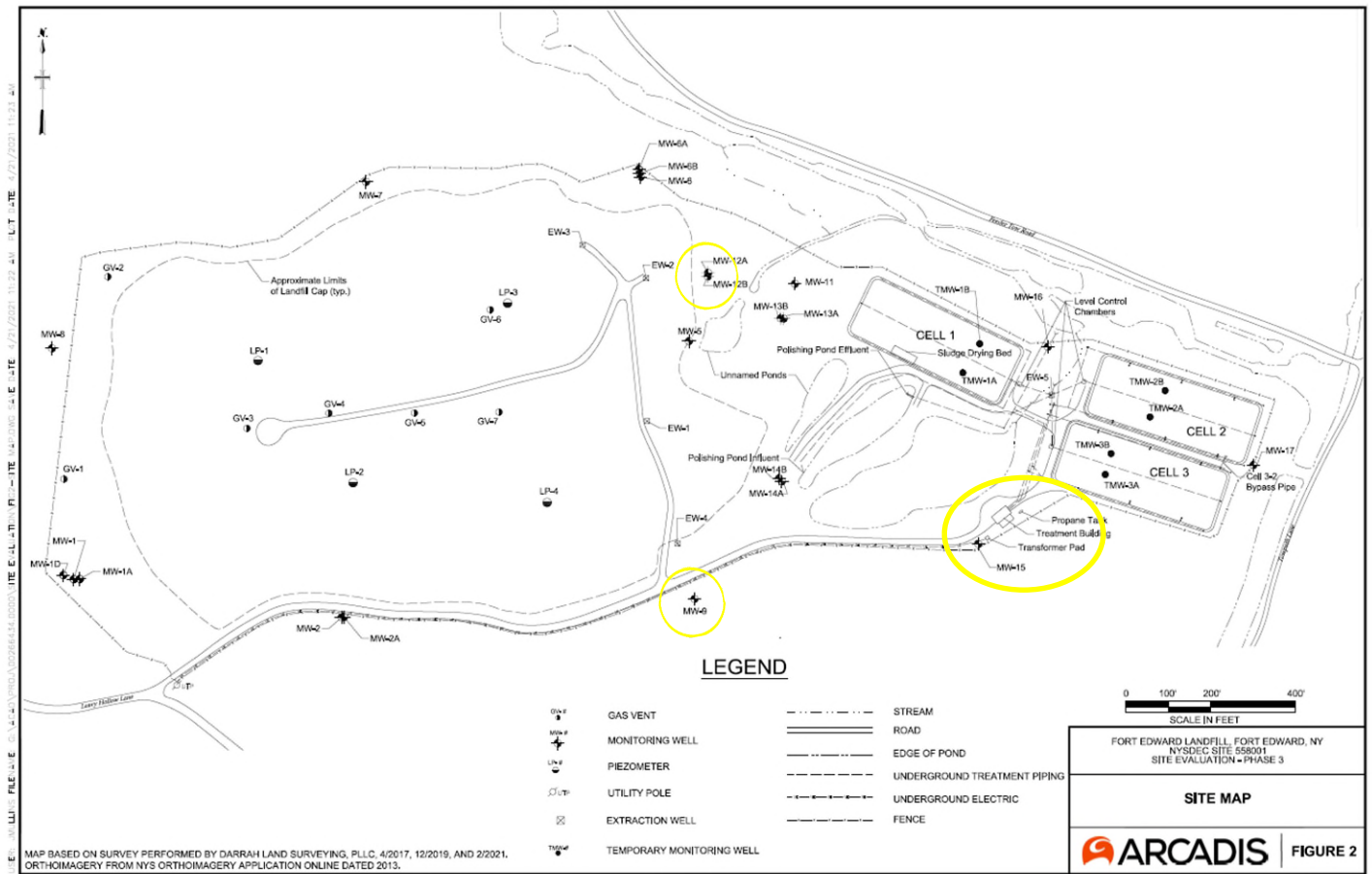


NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>Contract No. D009804-07</b> <b>DEC Insp. –</b> <b>DEC PM – Payson Long, P.E.</b> <b>Contractor Supt. –</b> <b>Engineer PM – Andy Vitolins, P.G.</b> <b>Engineer Insp. – Patrick Harrington</b>		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Rain	AM	Cloudy	PM				
<b>Temperature</b>	60°F	AM	64°F	PM				
<b>Wind</b>	0 MPH	AM	0 MPH	PM				
<b>Health &amp; Safety</b> If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b> None at this time.								
<b>Summary of Work Performed</b>		Arrived at site:	0900	Departed Site:	1700			
<ul style="list-style-type: none"> <li>- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> <li>- Completed onstream, blowdown, and cake discharge of the Filter Press.</li> <li>- Cleared access to MW-12 and MW-9</li> </ul>								
<b>Equipment/Material Tracking</b> If any box below is checked "Yes", provide explanation under "Material Tracking Comments".								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA <input checked="" type="checkbox"/>
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Patrick Harrington		Arcadis		Geologist		8		
<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>	
		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 September 6th, 2022.



Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of IPC plates after spray down
	
View of MW-12 access	View of MW-9 access
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 9-06-2022

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.			

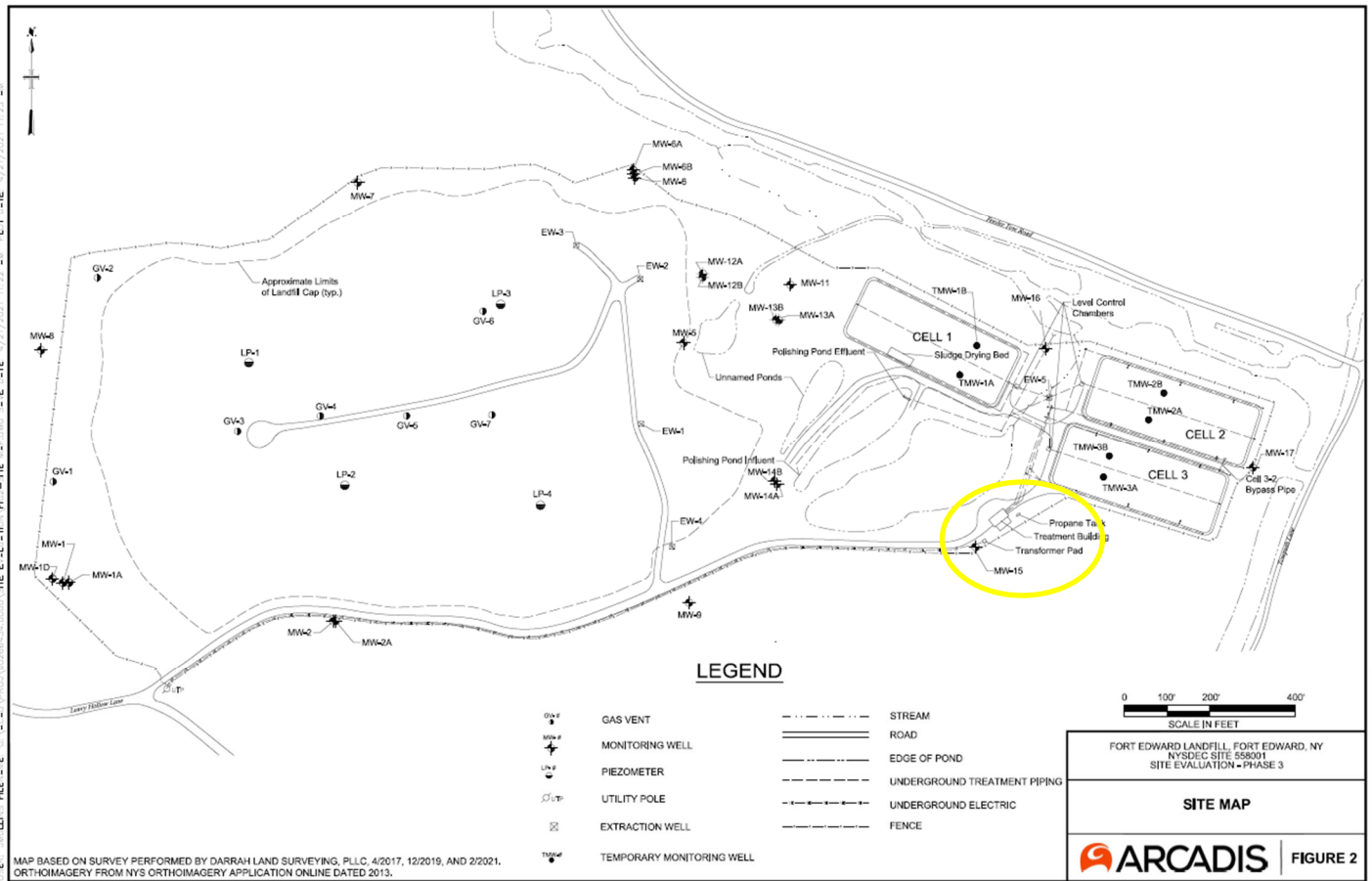
\* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>Contract No. D009804-07</b> <b>DEC Insp. –</b> <b>DEC PM – Payson Long, P.E.</b> <b>Contractor Supt. –</b> <b>Engineer PM – Andy Vitolins, P.G.</b> <b>Engineer Insp. – Patrick Harrington</b>		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Rain	AM	Thunderstorms	PM				
<b>Temperature</b>	69°F	AM	68°F	PM				
<b>Wind</b>	0 MPH	AM	0 MPH	PM				
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
Were there any changes to the Health & Safety Plan?						*Yes	No <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:	0930	Departed Site:	1840			
<ul style="list-style-type: none"> <li>- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>- Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> <li>- Completed prefill, onstream, blowdown, and cake discharge of the Filter Press.</li> <li>- Reset floc mixer 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 <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		9.2		
<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>	
		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 September 13th, 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> 9-13-2022

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 – Payson Long, P.E.</b> <b>Contractor Supt. –</b> <b>Engineer PM – Andy Vitolins, P.G.</b> <b>Engineer Insp. – Patrick Harrington</b>	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Scattered Rain	PM			
<b>Temperature</b>	61°F	AM	60°F	PM			
<b>Wind</b>	0 MPH	AM	0 MPH	PM			

<b>Health &amp; Safety</b>			
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>			
Were there any changes to the Health & Safety Plan?	*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?	*Yes	No <input checked="" type="checkbox"/>	NA

<b>Health &amp; Safety Comments</b>			
None at this time.			

<b>Summary of Work Performed</b>	Arrived at site:	0930	Departed Site:	1920
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- Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.
- Performed routine housekeeping and chemical inspection within the Treatment System Building.
- Completed onstream and blowdown of the Filter Press.
- Identified floc mixer faults
- Mowed Property
- Cleared brush around wells
- Installed surge protectors on EW-2 and EW-3 signal feeds
- Mixed 150 gallons of floc

<b>Equipment/Material Tracking</b>			
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>			
Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?	* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA <input checked="" type="checkbox"/>

<b>Personnel and Equipment</b>			
<b>Individual</b>	<b>Company</b>	<b>Trade</b>	<b>Total Hours</b>
Patrick Harrington	Arcadis	Geologist	9.8

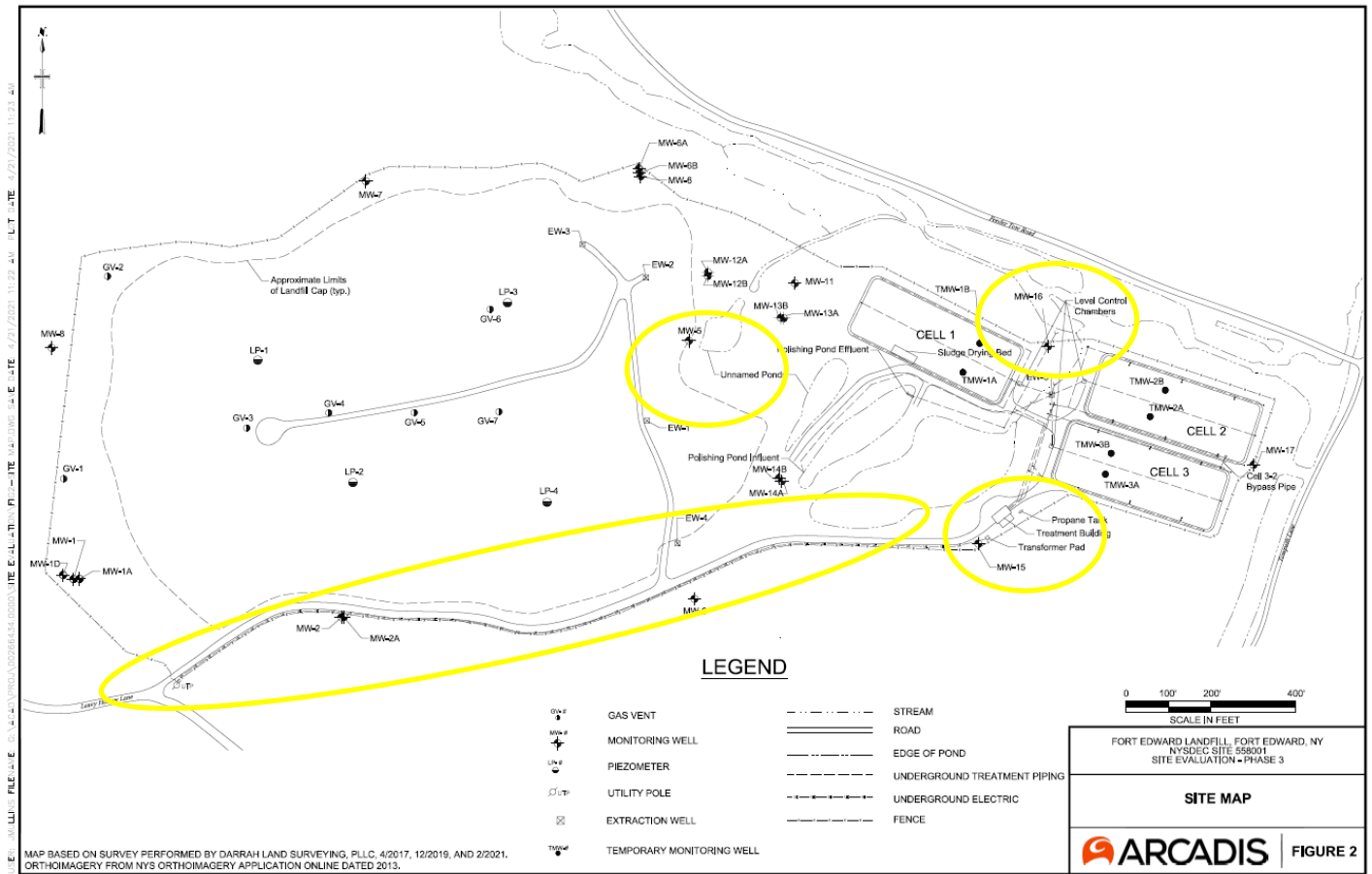
<b>Equipment Description</b>	<b>Contractor/Vendor</b>	<b>Quantity</b>	<b>Used</b>

<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>




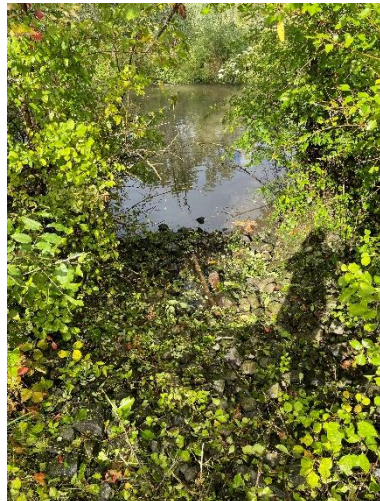
\*On-Site scale for off-site shipment, delivery ticket for material received

<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>	
		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 September 20th, 2022.**

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of new surge protectors
	
View of cleared access to EXMW-34	View of cleared access to GFFC2
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 9-20-2022

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.			

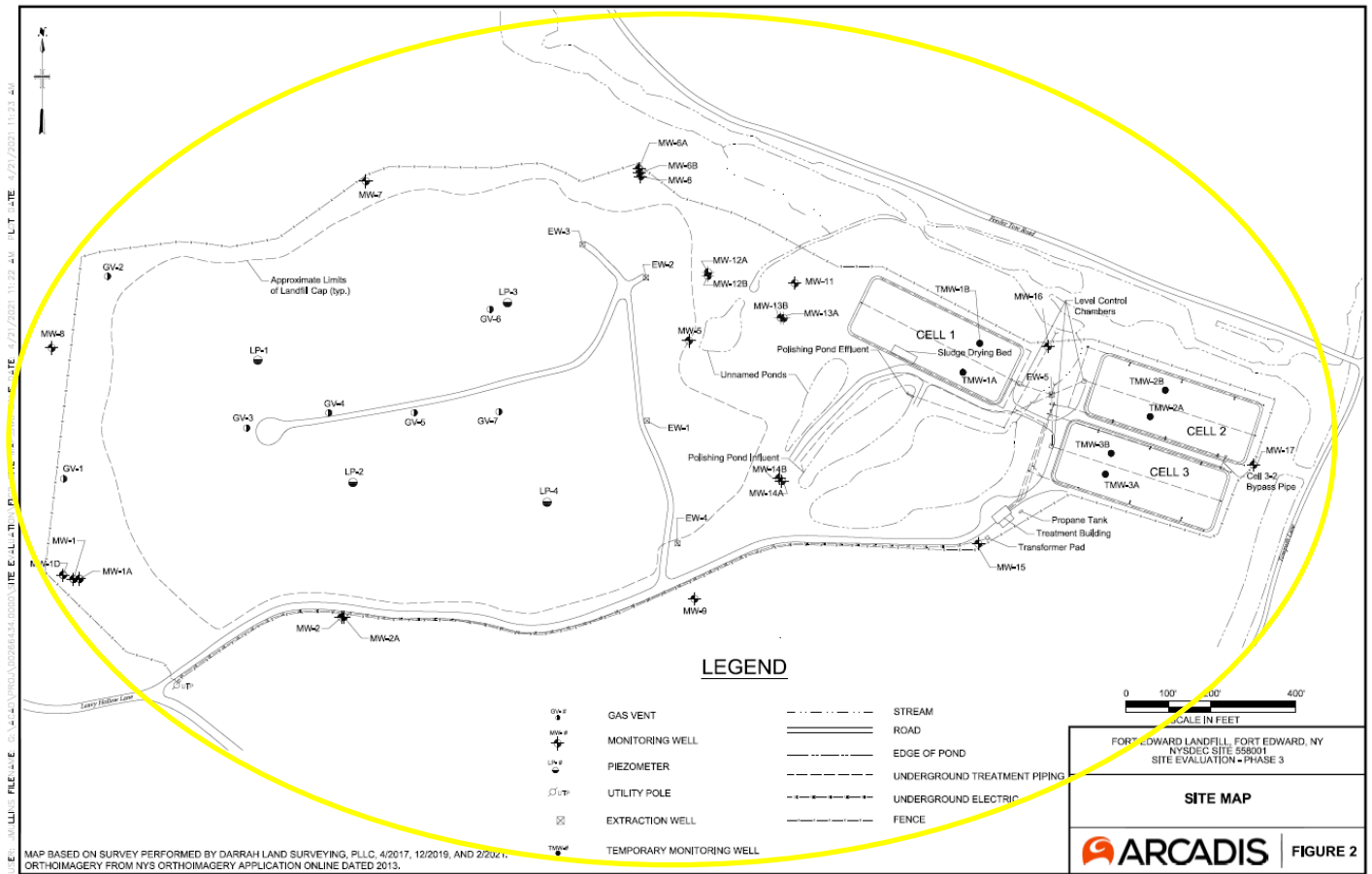
\* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		<b>Contract No. D009804-07</b> <b>DEC Insp. –</b> <b>DEC PM – Payson Long, P.E.</b> <b>Contractor Supt. –</b> <b>Engineer PM – Andy Vitolins, P.G.</b> <b>Engineer Insp. – Patrick Harrington</b>	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Scattered Thunderstorms	PM			
<b>Temperature</b>	59°F	AM	57°F	PM			
<b>Wind</b>	0 MPH	AM	0 MPH	PM			
<b>Health &amp; Safety</b>							
<b>If any box below is checked “Yes”, provide explanation under “Health &amp; Safety Comments”.</b>							
Were there any changes to the Health & Safety Plan?					*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b>							
None at this time.							
<b>Summary of Work Performed</b>		Arrived at site:	0800	Departed Site:	1945		
<ul style="list-style-type: none"> <li>Completed Monthly and Quarterly sampling events</li> <li>Completed cake discharge and prefill of filter press</li> <li>Started annual groundwater sampling event</li> <li>Cleared brush around wells</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		11	
Rachael Thomas		Arcadis		Engineer		11.5	
Jonathan Kullberg		Arcadis		Geologist		11.5	
Jasmine Mullins		Arcadis		Engineer		12.25	
<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>			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
<b>Site Representatives</b>			
Name		Representing	
<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 September 26th, 2022.

Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of landfill cap
	
View of landfill cap	View of landfill cap
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 9-26-2022

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

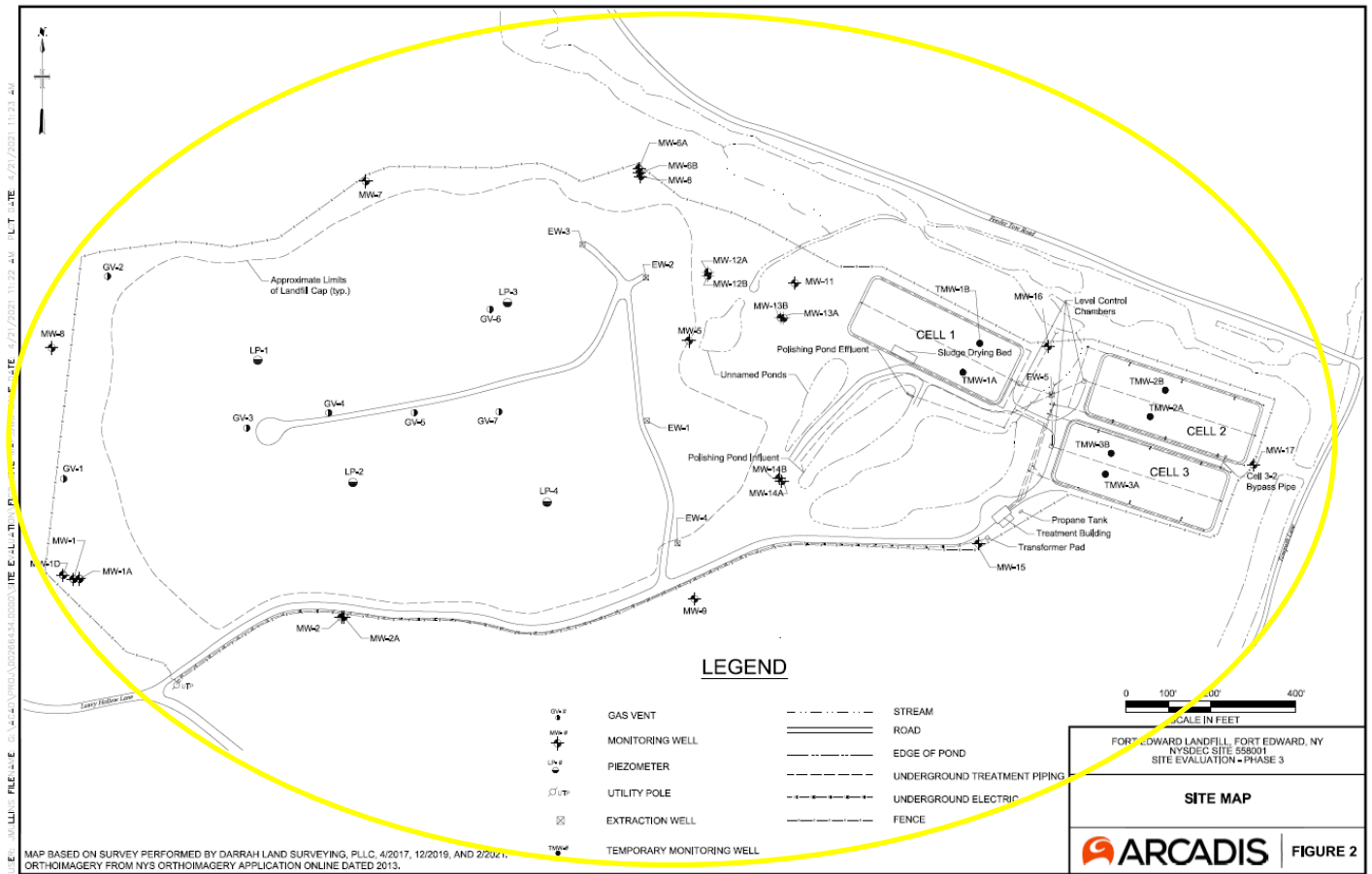
Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road 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		Contract No. D009804-07		
Site Location: Hudson Falls, New York						DEC Insp. –		
<b>Weather Conditions</b>						DEC PM – Payson Long, P.E.		
General Description	Cloudy	AM	Cloudy	PM	Contractor Supt. –			
Temperature	56°F	AM	54°F	PM	Engineer PM – Andy Vitolins, P.G.			
Wind	0 MPH	AM	0 MPH	PM	Engineer Insp. – Patrick Harrington			
<b>Health &amp; Safety</b> If any box below is checked “Yes”, provide explanation under “Health & Safety Comments”.								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b>								
None at this time.								
<b>Summary of Work Performed</b>		Arrived at site:	0800	Departed Site:	1830			
<ul style="list-style-type: none"> <li>• Continued annual groundwater sampling event</li> <li>• Continued fill of filter press</li> </ul>								
<b>Equipment/Material Tracking</b> If any box below is checked “Yes”, provide explanation under “Material Tracking Comments”.								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?						*Yes	No	NA <input checked="" type="checkbox"/>
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Patrick Harrington		Arcadis		Geologist		4.5		
Rachael Thomas		Arcadis		Engineer		10		
Jonathan Kullberg		Arcadis		Geologist		10.5		
Katie Bidwell		Arcadis		Project Geologist		7		
Alysen Bruce		Arcadis		Geologist		7		
Andy Vitolins		Arcadis		Project Manager		3.5		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>	
*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 September 27th, 2022.



Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	
Comments	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 9-27-2022

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		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>Contract No. D009804-07</b> <b>DEC Insp. –</b> <b>DEC PM – Payson Long, P.E.</b> <b>Contractor Supt. –</b> <b>Engineer PM – Andy Vitolins, P.G.</b> <b>Engineer Insp. – Patrick Harrington</b>	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Light Rain, Fog	PM			
<b>Temperature</b>	54°F	AM	53°F	PM			
<b>Wind</b>	0 MPH	AM	0 MPH	PM			

**Health & Safety**  
**If any box below is checked “Yes”, provide explanation under “Health & Safety Comments”.**

Were there any changes to the Health & Safety Plan?	*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?	*Yes	No <input checked="" type="checkbox"/>	NA

**Health & Safety Comments**

None at this time.

<b>Summary of Work Performed</b>	Arrived at site:	0745	Departed Site:	1900
<ul style="list-style-type: none"> <li>Continued annual groundwater sampling event</li> </ul>				

**Equipment/Material Tracking**  
**If any box below is checked “Yes”, provide explanation under “Material Tracking Comments”.**

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No <input checked="" type="checkbox"/>	NA
Were there any vehicles which were not tarped?	* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA <input checked="" type="checkbox"/>

**Personnel and Equipment**

Individual	Company	Trade	Total Hours
Rachael Thomas	Arcadis	Engineer	10.50
Jonathan Kullberg	Arcadis	Geologist	10.75

Equipment Description	Contractor/Vendor	Quantity	Used

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

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

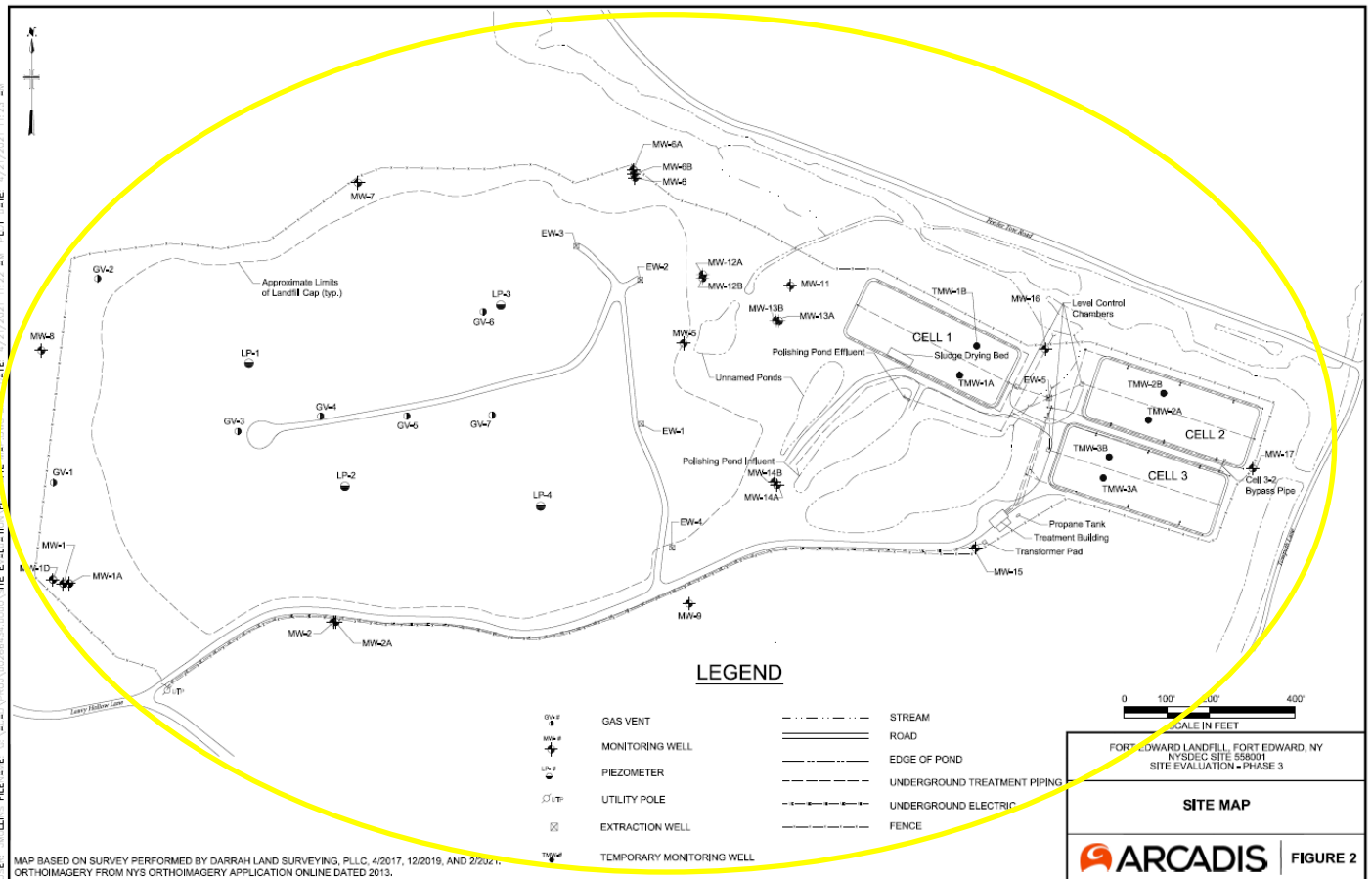
**Equipment/Material Tracking Comments:**

None at this time.



**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
<b>Site Representatives</b>			
Name	Representing		
<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 September 28th, 2022.**

<b>Site Photographs (Descriptions Below)</b>	
	
View of IPC plates prior to spray down	MW-6B Sampling
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 9-28-2022

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"/>
Comments: 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"/>
Comments: 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 – Payson Long, P.E.</b> <b>Contractor Supt. –</b> <b>Engineer PM – Andy Vitolins, P.G.</b> <b>Engineer Insp. – Jonathan Kullberg, Rachael Thomas</b>	
<b>Site Location:</b> Hudson Falls, New York							
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Sunny	PM			
<b>Temperature</b>	60°F	AM	50°F	PM			
<b>Wind</b>	MPH	AM	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>Groundwater 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>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Jonathan Kullberg		Arcadis		Geologist		8.25	
Rachael Thomas		Arcadis		Engineer		10.25	
Jasmine Mullins		Arcadis		Engineer		5	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
Horiba		EcoRental			2	Yes	
Peristaltic Pump		EcoRental			2	Yes	
Water Level Meter		EcoRental			2	Yes	
<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.							

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

Site Representatives	
Name	Representing

Project Schedule Comments
None at this time.

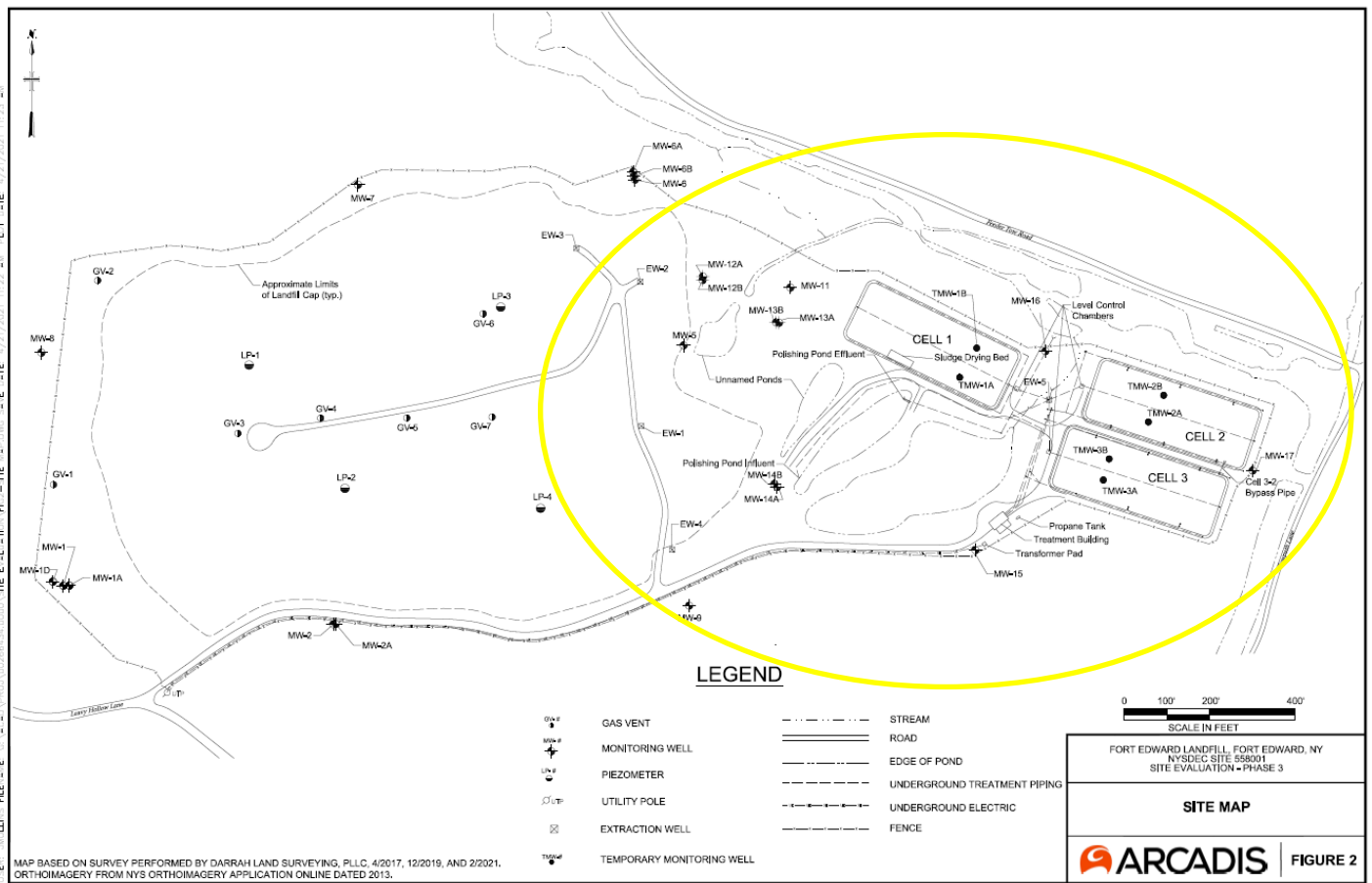
  

Issues Pending
None at this time.



  

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

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



Yellow outlined area indicates the specific location of site work performed on September 29th, 2022.

Site Photographs (Descriptions Below)	
	
Groundwater sampling at MW-13B.	View of MW-11.
<b>Comments</b>	
None at this time.	
<b>Site Inspector(s):</b> Jonathan Kullberg and Rachael Thomas	<b>Date:</b> 9/29/2022

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**

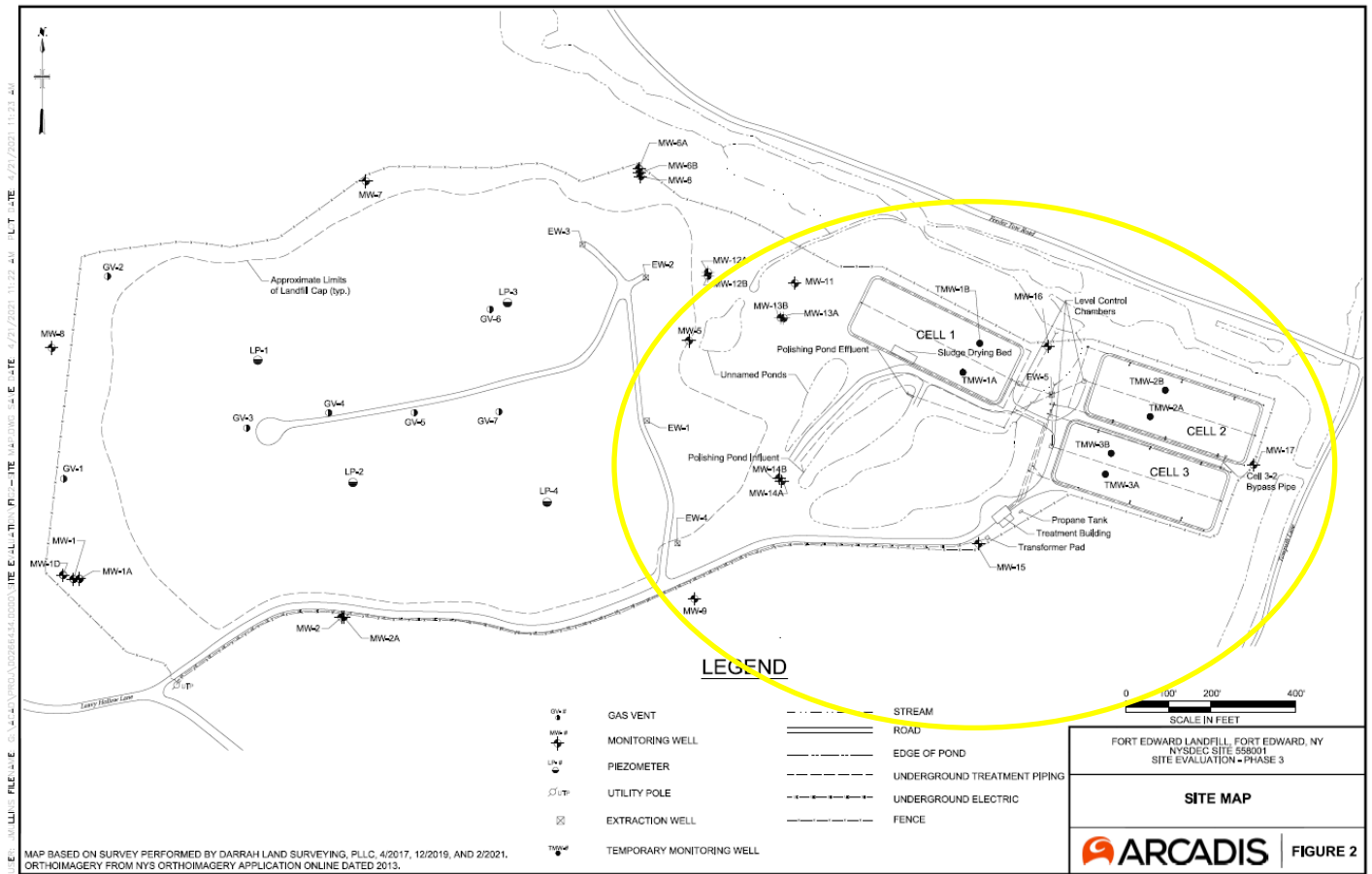
Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road 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		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>Contract No. D009804-07</b> <b>DEC Insp. –</b> <b>DEC PM – Payson Long, P.E.</b> <b>Contractor Supt. –</b> <b>Engineer PM – Andy Vitolins, P.G.</b> <b>Engineer Insp. – Patrick Harrington</b>		
<b>Site Location:</b> Hudson Falls, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Fog	AM	Mostly Sunny	PM				
<b>Temperature</b>	41°F	AM	61°F	PM				
<b>Wind</b>	0 MPH	AM	0 MPH	PM				
<b>Health &amp; Safety</b> <b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
<b>Health &amp; Safety Comments</b> None at this time.								
<b>Summary of Work Performed</b>		Arrived at site:	0800	Departed Site:	1645			
<ul style="list-style-type: none"> <li>Completed annual groundwater sampling event</li> <li>Repeatedly transferred sludge from Inclined Plate Clarifier (IPC) to the Thickener Tank.</li> <li>Performed routine housekeeping and chemical inspection within the Treatment System Building.</li> </ul>								
<b>Equipment/Material Tracking</b> <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		8.75		
Jonathan Kullberg		Arcadis		Geologist		5		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
<b>Material Description</b>		<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>	
*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>			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
<b>Site Representatives</b>			
Name		Representing	
<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 September 30th, 2022.



Site Photographs (Descriptions Below)	
	
View of IPC plates prior to spray down	View of IPC plates after spray down
Comments	
None at this time.	
<b>Site Inspector(s):</b> Patrick Harrington	<b>Date:</b> 9-30-2022

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

### DAILY HEALTH CHECKLIST

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

### REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <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"/>
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Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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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"/>
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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: 9/6/22

Time: 0410

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

## HMI SCREENS

### Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Confirm pumps are operating between setpoints	EW-3 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.75</u>	<u>9.30</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>18.84</u>	<u>7.78</u>	<u>12.75</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>12.99</u>	<u>NA</u>

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

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>ON</u>
If on - record chlorine concentration (ppm)	<u>NA</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>14.31</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>
Heaters working	<u>✓</u>		

### IPC (Y/N)

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

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>17 1/4</u>	mA Signal <u>4.77</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>15 1/8</u>	Stroke Rate <u>8.6</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>375</u>	Stroke Rate <u>72</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>Y</u>		Chemicals needed?	<u>None</u>

### Floor Sumps (Y/N)

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

### Diaphragm pumps (Check if OK)

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

### Filter Press (Check if OK)

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

### General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>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>✓</u>				

### Grounds

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

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

**Clarifier Catch Tank**

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

**Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

**Discharge Pumps**

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

**Air compressor**

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

**Regulators**

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

**Notes:**

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# Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: PH

Date: 8/13/22

Time: 0930

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

## HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1 <u>N</u>	<u>N</u>	<u>N</u>	<u>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>21.97</u>	<u>9.79</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>18.65</u>	<u>8.75</u>	<u>12.61</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>10.12</u>	<u>NA</u>

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

Chlorine Alarm status (on/off)	A1 <u>NA</u>	A2 <u>NA</u>	Auto rotate on/off	<u>09</u>
If on - record chlorine concentration (ppm)	<u>NA</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>14.58</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>		Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>N</u>

## Filtration (Check if OK)

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

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

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

## BUILDING/GROUNDS

### Air Compressor (Check if OK)

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

### Unit Heaters (Check if OK)

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

<u>✓</u>
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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>17 1/4</u>	mA Signal <u>4.71</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>11 7/8</u>	Stroke Rate <u>9.7</u>	# of Full Drums Onsite	<u>1</u>
1668 Flocculant	Volume (gal) <u>300</u>	Stroke Rate <u>76</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>None</u>	

### Floor Sumps (Y/N)

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

### Diaphragm pumps (Check if OK)

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

### Filter Press (Check if OK)

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

### General/Housekeeping

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

### Grounds

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

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 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: 9/20/22

Time: 0930

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

## HMI SCREENS

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	N	N	N	NA	NA
Run pumps in "Manual" to confirm flow, if needed.	EW-2	N	N	N	NA	NA
Confirm pumps are operating between setpoints	EW-3	Y	Y	N	22.61	8.29
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	17.86	8.79
If pumps on, is water flowing into IPC (Y/N)?	EW-5	Y	Y	N	NA	13.12
						NA

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

Chlorine Alarm status (on/off)	A1	NA	A2	NA	Auto rotate on/off	ON
If on - record chlorine concentration (ppm)		NA			Discharge pump operating	✓
Operate exhaust fan manually		✓			Discharge pump pressure normal	✓
FT-801 reading (GPM)		14.53			Building temp accurate	✓
Chemical rates normal for flow?		✓			Mixers operating?	✓
Catch tank display level=actual?		✓			Other Alarms (Y/N)	✓

### Filtration (Check if OK)

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

Do Daily & Yesterday Starts make sense	✓
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### Alarms

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

## BUILDING/GROUNDS

### Air Compressor (Check if OK)

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

### Unit Heaters (Check if OK)

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

### IPC (Y/N)

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

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in)	16 3/4	mA Signal	4.70	# of Full Drums Onsite	1
2130 Coagulant	Height (in)	8 7/8	Stroke Rate	8.6	# of Full Drums Onsite	1
1668 Flocculant	Volume (gal)	390	Stroke Rate	70	# of Full Bags Onsite	1
Dosing pumps at normal rate?		✓			Chemicals needed?	N

### Floor Sumps (Y/N)

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

### Diaphragm pumps (Check if OK)

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

### Filter Press (Check if OK)

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

### General/Housekeeping

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

### 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 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: 9/30/22

Time: 0800

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>0</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>2.55</u>	<u>NA</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>14.26</u>	<u>9.77</u>	<u>NA</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>5.17</u>	<u>12.58</u>
	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>5.65</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 - 12/22/22</u>
If on - record chlorine concentration (ppm)	<u>✓</u>		Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>		Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)	<u>12.65</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>✓ 70</u>
Heaters working	<u>✓</u>		

### IPC (Y/N)

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

### Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>16 1/2</u>	mA Signal <u>4.63</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>31 1/2</u>	Stroke Rate <u>3.8</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal) <u>300</u>	Stroke Rate <u>63</u>	# of Full Bags Onsite	<u>1</u>
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed?	<u>Coagulant</u>	

### Floor Sumps (Y/N)

Sump levels normal?	<u>Y</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Y</u>	Back flowing after pump cycle?	<u>Y</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>Y</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>4</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>0</u>

### General/Housekeeping

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

### Grounds

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

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

**Chlorine Alarm**

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

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

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

**Discharge Pumps**

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

**Air compressor**

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

**Regulators**

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

**Notes:**

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# TABLES



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

Location	EW-1	EW-2	EW-3	EW-4	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22
<b>Volatile Organic Compounds (µg/L)</b>										
ACETONE	1200 U	100 U	51	50 U	50 U	50 U	50 U	100 U	--	50 U
BENZENE	25 U	2.0 U	2.8	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
BROMOCHLOROMETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
BROMODICHLOROMETHANE	12 U	1.0 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	1.0 U	--	0.50 U
BROMOFORM	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
BROMOMETHANE	50 U	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	4.0 U	--	2.0 U
2-BUTANONE (MEK)	500 U	40 U	20 U	20 U	20 U	20 U	20 U	40 U	--	20 U
CARBON DISULFIDE	120 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	10 U	--	5.0 U
CARBON TETRACHLORIDE	120 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	10 U	--	5.0 U
CHLOROBENZENE	25 U	2.0 U	20	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
CHLORODIBROMOMETHANE	12 U	1.0 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	1.0 U	--	0.50 U
CHLOROETHANE	50 U	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	4.0 U	20	2.0 U
CHLOROFORM	50 U	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	4.0 U	150	2.0 U
CHLOROMETHANE	50 U	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	4.0 U	--	2.0 U
CYCLOHEXANE	120 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	10 U	--	5.0 U
1,2-DIBROMO-3-CHLOROPROPANE	120 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	10 U	--	5.0 U
1,2-DIBROMOETHANE (ETHYLENE DIBROMIDE)	12 U	1.0 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	1.0 U	--	0.50 U
1,2-DICHLOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,3-DICHLOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,4-DICHLOROETHANE	25 U	2.0 U	5.0	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
DICHLORODIFLUOROMETHANE	50 U	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	4.0 U	--	2.0 U
1,1-DICHLOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	30	1.0 U
1,2-DICHLOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,1-DICHLOROETHENE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
CIS-1,2-DICHLOROETHENE	450	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
TRANS-1,2-DICHLOROETHENE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,2-DICHLOROPROPANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
CIS-1,3-DICHLOROPROPENE	12 U	1.0 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	1.0 U	--	0.50 U
TRANS-1,3-DICHLOROPROPENE	12 U	1.0 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	1.0 U	--	0.50 U
1,4-DIOXANE	1200 U	100 U	50 U	50 U	50 U	50 U	50 U	100 U	--	50 U
ETHYLBENZENE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
2-HEXANONE	250 U	20 U	10 U	10 U	10 U	10 U	10 U	20 U	--	10 U
ISOPROPYLBENZENE (CUMENE)	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
METHYL ACETATE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
METHYL TERT-BUTYL ETHER (MTBE)	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
METHYL CYCLOHEXANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
METHYLENE CHLORIDE	120 U	10 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	10 U	50	5.0 U
METHYL ISOBUTYL KETONE (4-METHYL-2-PENTANONE)	250 U	20 U	10 U	10 U	10 U	10 U	10 U	20 U	--	10 U
STYRENE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,1,2,2-TETRACHLOROETHANE	12 U	1.0 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	1.0 U	--	0.50 U
TETRACHLOROETHENE (PCE)	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
TOLUENE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,2,3-TRICHLOROETHANE	120 U/V-05	10 U/V-05	5.0 U/V-05	5.0 U/V-05	5.0 U/V-05	5.0 U/V-05	5.0 U/V-05	10 U/V-05	--	5.0 U/V-05
1,2,4-TRICHLOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,1,1-TRICHLOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
1,1,2-TRICHLOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
TRICHLOROETHENE (TCE)	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
TRICHLOROFLUOROMETHANE	50 U	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	4.0 U	--	2.0 U
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
VINYL CHLORIDE	2300	4.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	4.0 U	50	2.0 U
XYLENES, TOTAL	25 U	2.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	2.0 U	--	1.0 U
TOTAL VOCs	2750.0	ND	78.8	ND	ND	ND	ND	ND	--	ND

**Notes:**  
 Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Polishing Pond Effluent are highlighted in yellow.  
 "--" - Value does not exist for analyte.  
 1,2-dichloroethene (total) is the sum of cis-1,2-dichloroethene and trans-1,2-dichloroethene.

**Definitions:**  
 µg/L - micrograms per liter.  
 ND - Non-detect.  
 U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.  
 V-05 - Continuing calibration verification (CCV) did not meet method specifications and was biased on the low side for this compound.

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



Location	EW-1	EW-2	EW-3	EW-4	Influent	Clarifier Catch	Cell 3 Bypass	Cell 2 Effluent	Fort Edward SPDES Equivalency Permit Limit	Polishing Pond Effluent
Date	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22	26-Sep-22
<b>Polychlorinated Biphenyls (µg/L)</b>										
PCB-1016 (AROCLOR 1016)	1,300 O-04	0.20 U	0.20 U	0.3000 O-04	0.200 O-04	0.19 U/O-04	0.19 U	0.19 U	--	0.20 U
PCB-1221 (AROCLOR 1221)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
PCB-1232 (AROCLOR 1232)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
PCB-1242 (AROCLOR 1242)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
PCB-1248 (AROCLOR 1248)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
PCB-1254 (AROCLOR 1254)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
PCB-1260 (AROCLOR 1260)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
PCB-1262 (AROCLOR 1262)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
PCB-1268 (AROCLOR 1268)	98 U	0.20 U	0.20 U	0.20 U	0.19 U	0.19 U	0.19 U	0.19 U	--	0.20 U
<b>Metals (mg/L)</b>										
ALUMINUM	0.08	0.050 U	0.050 U	0.050 U	0.050 U	0.7	0.050 U	0.061	--	0.050 U
ANTIMONY	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
ARSENIC	0.010 U	0.010 U	0.021	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.15	0.010 U
BARIUM	0.28	0.10	0.42	0.050 U	0.050 U	0.050 U	0.050 U	0.055	3.5	0.050 U
BERYLLIUM	0.0040 U	0.0040 U	0.0040 U	0.0040 U	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	0.0040 U	0.0040 U	0.0040 U	0.0040 U	0.001	0.0040 U
CALCIUM	140	120	80	79	76	77	110	120	--	84
CHROMIUM, TOTAL	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.21	0.010 U
COBALT	0.010 U	0.010 U	0.013	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.005	0.010 U
COPPER	0.037	0.010	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.024	0.010 U
IRON	41	45	130	17	8.8	6	2.20	9.2	0.3	2.1
LEAD	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.0032	0.010 U
MAGNESIUM	40	47	37	17	17	18	20.0	18	--	17
MANGANESE	1.7	0.82	0.27	1.4	1.4	1.5	1.20	1.0	--	0.42
MERCURY	0.00010 U	0.00010 U	0.00010 U	0.00010 U	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	0.010 U	0.010 U	0.010 U	0.010 U	0.0096	0.010 U
POTASSIUM	4.8	3.6	25	2.0 U	2.2	2.4	2.9	2.0 U	--	3.1
SELENIUM	0.050 U	0.050 U	0.050 U	0.050 U	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	0.010 U	0.010 U	0.010 U	--	0.010 U
SODIUM	62	98	47	39	40	42	40	37	--	34
THALLIUM	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
VANADIUM	0.010 U	0.013	0.024	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.014	0.010 U
ZINC	0.027	0.010 U	0.010 U	0.010 U	0.036	0.012	0.010 U	0.010 U	0.17	0.010 U
<b>Conventional Chemistry (mg/L)</b>										
TOTAL SUSPENDED SOLIDS	NA	NA	NA	NA	NA	NA	NA	NA		NA
TOTAL DISSOLVED SOLIDS	NA	NA	NA	NA	NA	NA	NA	NA		NA

**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.

O-04 - Sample fingerprint does not match standard exactly. Sample was quantitated against the closest matching standard.

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