


DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 1 of 6
 Date: 02/13/2023

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. DEC Insp. – DEC PM – <u>Payson Long</u> Contractor Supt. – Engineer PM – <u>Andy Vitolins</u> Engineer Insp. – <u>Josh Duquette</u>	
Site Location: 45 Leavy Hollow Lane, Hudson Falls, NY 12839							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	20 °F	AM	35 °F	PM			
Wind	6 mph NW	AM	6 mph NW	PM			
Health & Safety If any box below is checked “Yes”, provide explanation under “Health & Safety Comments”.							
Were there any changes to the Health & Safety Plan?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Were there any exceedances of the perimeter air monitoring reported on this date?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Health & Safety Comments None							
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1600		
Groundwater, Sediment, and Surface Water Sampling: <ul style="list-style-type: none"> • Arrive at Site • Meet with GreenSpark. <ul style="list-style-type: none"> ○ Conduct Tailgate Safety Meeting. ○ Items discussed include Slips-Trips-Falls, Stop-Work Authority, Cold Stress, Dehydration, and Ticks. ○ PFAS sampling procedures, i.e., no Gore-Tex, no lotion, no sunscreen, etc. • Perform site walk – Identified several frozen sampling locations. • Sampling activities. <ul style="list-style-type: none"> ○ Perform full round of MW gauging. <ul style="list-style-type: none"> ○ Identified MW-11 protruding well riser (see photo). ○ Calibrate equipment. ○ Begin GW sampling. ○ Begin Sed/SW sampling. • Samples collected (see attached map): <ul style="list-style-type: none"> ○ SED-1 ○ Field/Equipment Blanks. ○ No GW samples collected today - purged MW-5 dry. • Sample location planning for following day. • Depart from Site. • Sampling to resume on 2/14/23. 							
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 <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not tarped?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Personnel and Equipment							

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 2 of 6
Date: 02/13/2023

Individual	Company	Trade	Total Hours			
Josh Duquette	Arcadis	Environmental Scientist	8			
Alysen Bruce	Arcadis	Geologist	8			
Patrick O'Malley	GreenSpark	Construction Supervisor	8			
Jonathan Kullberg	Arcadis	Geologist	4.5			
Equipment Description	Contractor/Vendor	Quantity	Used			
Horiba Water Quality Meter	Eco-Rental Solutions	2	Y			
GeoTech Peristaltic Pump	Eco-Rental Solutions	1	Y			
Heron Water Level Meter	Eco-Rental Solutions	1	Y			
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:

Visitors to Site

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Site Representatives

Name	Representing

Project Schedule Comments

None

Issues Pending

None

Interaction with Public, Property Owners, Media, etc.

None.

Site Photographs (Descriptions Below)



View of frozen down chute near EW-3 during pre-sampling site walk.



View of frozen perimeter swale near sediment and surface water sampling location in northern perimeter swale during pre-sampling site walk



Sediment and Surface Water sample locations SED-1 and SW-1 marked with pink flagging.



Monitoring well MW-11 with previously identified protruding well riser.

Comments

Site Inspector(s): Josh Duquette/Alysen Bruce

Date: 02/13/2023

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work?
 Yes ☐ No ☒

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 type="checkbox"/>	No <input checked="" 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		

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 5 of 6
Date: 02/13/2023

If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> No waste generated during site activities.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programmable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 6 of 6
Date: 02/13/2023


Comments:

None

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 1 of 6
 Date: 02/14/2023

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. DEC Insp. – DEC PM – <u>Payson Long</u> Contractor Supt. – Engineer PM – <u>Andy Vitolins</u> Engineer Insp. – Josh Duquette	
Site Location: 48 Leavy Hollow Lane, Hudson Falls, NY 12839							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	35 °F	AM	45 °F	PM			
Wind	6 mph NW	AM	6 mph NW	PM			
Health & Safety If any box below is checked “Yes”, provide explanation under “Health & Safety Comments”.							
Were there any changes to the Health & Safety Plan?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Were there any exceedances of the perimeter air monitoring reported on this date?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Health & Safety Comments							
None							
Summary of Work Performed		Arrived at site:		0800	Departed Site:		1630
<u>Groundwater, Sediment, and Surface Water Sampling:</u>							
<ul style="list-style-type: none"> • Arrive at Site • Meet with GreenSpark. <ul style="list-style-type: none"> ○ Conduct Tailgate Safety Meeting. ○ Items discussed include Slips-Trips-Falls, Stop-Work Authority, Cold Stress, Dehydration, and Ticks. ○ PFAS sampling procedures, i.e., no Gore-Tex, no lotion, no sunscreen, etc. • Sampling activities. <ul style="list-style-type: none"> ○ Calibrate equipment. ○ Perform surface water and sediment sampling. ○ Perform groundwater sampling. • Samples collected (see attached maps): <ul style="list-style-type: none"> ○ SW-1 ○ SED-2/SW-2 ○ SED-3/SW-3 ○ SED-4/SW-4 ○ SW-5 ○ SED-6 ○ MW-9 ○ MW-12A ○ MW-14A ○ Field/Equipment Blanks ○ QA/QC • Sample location planning for following day. • Depart from Site. • Sampling to resume on 2/15/23. 							
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 <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not tarped?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 2 of 6
 Date: 02/14/2023

Were there any vehicles which were not decontaminated prior to exiting the work site?				* Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Personnel and Equipment						
Individual	Company		Trade	Total Hours		
Josh Duquette	Arcadis		Environmental Scientist	8.5		
Alysen Bruce	Arcadis		Geologist	8.5		
Patrick O'Malley	GreenSpark		Construction Supervisor	8		
Cesar M	GreenSpark		Supervisor	3		
Jonathan Kullberg	Arcadis		Geologist	8.5		
Equipment Description	Contractor/Vendor			Quantity	Used	
Horiba Water Quality Meter	Eco-Rental Solutions			2	Y	
GeoTech Peristaltic Pump	Eco-Rental Solutions			1	Y	
Heron Water Level Meter	Eco-Rental Solutions			1	Y	
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:						
Visitors to Site						
Name	Representing			Entered Exclusion/CRZ Zone		
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Site Representatives						
Name			Representing			
Project Schedule Comments						
None						
Issues Pending						
None						
Interaction with Public, Property Owners, Media, etc.						
None.						

Site Photographs (Descriptions Below)



Surface Water sample SW-1 location marked with pink flagging





SED-2/SW-2 sample location marked with pink flagging



SED-3/SW-3 sample location marked with pink flagging



SED-4/SW-4 sample location marked with pink flagging

	
SW-5 sample location marked with pink flagging. No sediment volume for sample collection at this location	Sed-6 sample location marked with pink flagging. No surface water available
Comments	
Site Inspector(s): Josh Duquette/Alysen Bruce	Date: 02/14/2023

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐ No ☒

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments: None		

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"/>
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DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 5 of 6
Date: 02/14/2023

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> No waste generated during site activities.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 6 of 6
Date: 02/14/2023

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			


RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input 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 type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programmable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 1 of 6
 Date: 02/15/2023

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. DEC Insp. – DEC PM – <u>Payson Long</u> Contractor Supt. – Engineer PM – <u>Andy Vitolins</u> Engineer Insp. – <u>Josh Duquette</u>	
Site Location: 48 Leavy Hollow Lane, Hudson Falls, NY 12839							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	50 °F	AM	60 °F	PM			
Wind	13 mph S	AM	16 mph SSE	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Were there any exceedances of the perimeter air monitoring reported on this date?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Health & Safety Comments							
None							
Summary of Work Performed		Arrived at site:		0800	Departed Site:		1630
<u>Sediment and Surface Water Sampling:</u>							
<ul style="list-style-type: none"> • Arrive at Site • Meet with GreenSpark. <ul style="list-style-type: none"> ○ Conduct Tailgate Safety Meeting. ○ Items discussed include Slips-Trips-Falls, Stop-Work Authority, Cold Stress, Dehydration, and Ticks. ○ PFAS sampling procedures, i.e., no Gore-Tex, no lotion, no sunscreen, etc. • Sampling activities. <ul style="list-style-type: none"> ○ Calibrate equipment. ○ Completed surface water and sediment sampling. ○ No groundwater sampling today. • Samples collected (see attached maps): <ul style="list-style-type: none"> ○ SED-7/SW-7 ○ SW-8 ○ SED-9/SW-9 ○ SED-10/SW-10 ○ SED-11/SW-11 ○ SED-12/SW-12 ○ SED-13/SW-13 ○ Field/Equipment Blanks ○ QA/QC • Sample location planning for following day. • Depart from Site. • Sampling to resume on 2/16/23. 							
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 <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not tarped?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Personnel and Equipment							

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 2 of 6
Date: 02/15/2023

Individual		Company		Trade		Total Hours	
Josh Duquette		Arcadis		Environmental Scientist		8.5	
Alysen Bruce		Arcadis		Geologist		3.5	
Cesar M		GreenSpark		Supervisor		8	
Equipment Description		Contractor/Vendor		Quantity		Used	
Horiba		Eco-Rental Solutions		1		Y	
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:							
Visitors to Site							
Name		Representing		Entered Exclusion/CRZ Zone			
				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Site Representatives							
Name		Representing					
Project Schedule Comments							
None							
Issues Pending							
None							
Interaction with Public, Property Owners, Media, etc.							
None.							
Site Photographs (Descriptions Below)							



Sediment and surface water sample locations SED-7/SW-7 marked with pink flagging



SW-8 sample location marked with pink flagging. No sediment volume for sample collection at this location



SED-9/SW-9 sample location marked with wooden stake



SED-10/SW-10 sample location marked with pink flagging




SED-11/SW-11 sample location marked with pink flagging



SED-12/SW-12 sample location marked with pink flagging

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 4 of 6
Date: 02/15/2023

	
SED-13/SW-13 sample location marked with pink flagging.	
Comments 	
Site Inspector(s): Josh Duquette/Alysen Bruce	Date: 02/15/2023

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work?
 Yes ☐ No ☒

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments: None		

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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: No waste generated during site activities.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 6 of 6
Date: 02/15/2023

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			


RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input 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 type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 1 of 5
 Date: 02/16/2023

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. DEC Insp. – DEC PM – <u>Payson Long</u> Contractor Supt. – Engineer PM – <u>Andy Vitolins</u> Engineer Insp. – Josh Duquette	
Site Location: 48 Leavy Hollow Lane, Hudson Falls, NY 12839							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	30 °F	AM	50 °F	PM			
Wind	8 mph S	AM	12 mph SSE	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Were there any exceedances of the perimeter air monitoring reported on this date?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Health & Safety Comments							
None							
Summary of Work Performed		Arrived at site:		0800	Departed Site:		1530
<u>Groundwater Water Sampling:</u> <ul style="list-style-type: none"> • Arrive at Site • Meet with GreenSpark. <ul style="list-style-type: none"> ○ Conduct Tailgate Safety Meeting. ○ Items discussed include Slips-Trips-Falls, Stop-Work Authority, Cold Stress, Dehydration, and Ticks. ○ PFAS sampling procedures, i.e., no Gore-Tex, no lotion, no sunscreen, etc. • Sampling activities. <ul style="list-style-type: none"> ○ Calibrate equipment. ○ Completed groundwater sampling. • Samples collected (see attached map): <ul style="list-style-type: none"> ○ MW-2 ○ MW-5 ○ MW-6 ○ MW-7 ○ EW-1 ○ EW-2 ○ EW-3 ○ EW-4 ○ Field/Equipment Blanks ○ QA/QC • Depart from Site. • Sampling complete. 							
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 <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not tarped?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual	Company	Trade	Total Hours				
Josh Duquette	Arcadis	Environmental Scientist	8				

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 2 of 5
Date: 02/16/2023

Alysen Bruce		Arcadis		Geologist		8	
Cesar M		GreenSpark		Supervisor		8	
JJ Kullberg		Arcadis		Geologist		8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Horiba Water Quality Meter		Eco-Rental Solutions			2	Y	
GeoTech Peristaltic Pump		Eco-Rental Solutions			1	Y	
Heron Water Level Meter		Eco-Rental Solutions			1	Y	
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:							
Visitors to Site							
Name		Representing			Entered Exclusion/CRZ Zone		
					Yes <input type="checkbox"/>		No <input type="checkbox"/>
					Yes <input type="checkbox"/>		No <input type="checkbox"/>
					Yes <input type="checkbox"/>		No <input type="checkbox"/>
Site Representatives							
Name				Representing			
Project Schedule Comments							
None							
Issues Pending							
None							
Interaction with Public, Property Owners, Media, etc.							
None.							
Site Photographs (Descriptions Below)							
None.							
Site Inspector(s): Josh Duquette/Alysen Bruce/JJ Kullberg						Date: 02/15/2023	

Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐ No ☒

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 type="checkbox"/>	No <input checked="" 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		

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

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 4 of 5
Date: 02/16/2023

Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> No waste generated during site activities.			

NUISANCE CHECKLIST

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

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

DAILY INSPECTION REPORT
Fort Edward Landfill (Site # 558001)

Page 5 of 5
Date: 02/16/2023

Comments:

None

* BART – Best Available Retrofit Technology

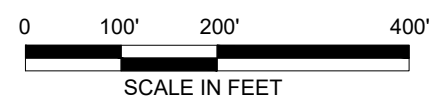
G:\ACAD\PROJECTS\6434.0000\Site Evaluation\Fig2-SITE MAP_RSO.dwg LAYOUT: 1 SAVED: 4/13/2022 2:59 PM ACADVER: 23.1S (LMS TECH) PAGES: 1 PLOTSTYLETABLE: AUS-NCMOD HALF COLOR.CTB PLOTTED: 4/13/2022 4:13 PM BY: MULLINS, JASMINE



LEGEND

GV-#	GAS VENT	---	STREAM
MW-#	MONITORING WELL	==	ROAD
LP-#	PIEZOMETER	----	EDGE OF POND
☒	EXTRACTION WELL	- - - - -	UNDERGROUND TREATMENT PIPING
●	LANDFILL DRAIN / CLEANOUT	- - - - -	UNDERGROUND ELECTRIC
○UTP	UTILITY POLE	- x - x - x - x -	FENCE

● GROUNDWATER SAMPLE LOCATIONS



MAP BASED ON SURVEY PERFORMED BY DARRAH LAND SURVEYING, PLLC, 4/2017, 12/2019, AND 2/2021.
ORTHOIMAGERY FROM NYS ORTHOIMAGERY APPLICATION ONLINE DATED 2013.

FORT EDWARD LANDFILL, FORT EDWARD, NY
NYSDEC SITE 558001
SITE EVALUATION

**PROPOSED GROUNDWATER
SAMPLING LOCATIONS**

FIGURE
2