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Division of Environmental Remediation
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Subject:
June 2024 Monthly Report
Fort Edward Landfill
NYSDEC Site No. 558001
Contract No. D009804-7.1

Date:
October 3, 2024

Contact:
Andy Vitolins, P.G.

Dear Mr. Long:

Arcadis of New York, Inc. (Arcadis) has prepared this letter report to summarize the leachate collection and treatment system operation, maintenance, and monitoring (OM&M) activities completed during the June 2024 reporting period at the above-referenced site.

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LEACHATE COLLECTION AND TREATMENT SYSTEM OPERATION AND MAINTENANCE

Our ref: 30055713

System Performance

A total of 741,900 gallons of leachate were collected and treated through the system during June 2024. The monthly average total leachate recovery rate for leachate extraction wells EW-1, EW-2, EW-3, and leachate collection well EW-4 was approximately 17.2 gallons per minute (gpm).

System Operation Summary

Arcadis personnel completed NYSDEC Daily Inspection Reports (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 June 2024 operating period:

- Performed Interim Remedial Measures (IRM) treatment system activities, including:
 - Backwash of granular activated carbon (GAC) in GAC-801, GAC-802, and GAC-803.
 - Collection of routine monthly treatment system samples.
- Iron and solids sludge processing was performed throughout the month. Ten 55-gallon drums of Filter Sludge were generated during June 2024.

Additional details of activities completed in June 2024 are provided in Attachment A.

SYSTEM SAMPLING

Treatment system samples were collected on June 20, 2024 during the routine monthly sampling event from the following locations:

- Influent (i.e., combined flow from wells EW-1, EW-2, and EW-3 and EW-4);
- Clarifier Catch Tank (CCT) discharge;
- Post-GAC Vessel 802 (GAC-802);
- Post-GAC Vessel 803 (GAC-803); and
- Post-GAC Vessel 804 (GAC-804) (i.e., the final discharge point from the treatment plant).

Samples were also collected from extraction wells EW-1, EW-2, EW-3, and leachate collection well EW-4 on June 11, 2024. Samples from these locations are collected on a quarterly basis and will be sampled again in the fourth quarter of 2024.

A sample is typically collected at GAC-801 however since that vessel was bypassed at the time of sampling, the collection point was moved to GAC-802.

Samples were submitted to Con-Test/Pace Analytical for analysis of Target Compound List (TCL) volatile organic compounds (VOCs), 1,4-dioxane, polychlorinated biphenyls (PCBs), Target Analyte List (TAL) metals and mercury, total suspended solids (TSS), and per- and polyfluoroalkyl substances (PFAS).

The analytical results are discussed in the sections below and have been summarized in Table 1 (VOCs and semi-volatile organic compounds (SVOCs)), Table 2 (PCBs, metals, and general chemistry), and Table 3 (PFAS). The laboratory analytical data will be submitted to NYSDEC's EIMS Administrator in the required EQuIS EDD format.

System Analytical Results

Based on the June 20, 2024 sampling results, iron exceeded the Fort Edward State Pollutant Discharge Elimination System (SPDES) Equivalency Permit Limits at the treatment plant discharge (GAC-804). However, no VOCs, PCBs, or PFAS were detected in the treatment plant discharge at concentrations greater than the respective laboratory detection limits. Details of the system analytical results are provided below.

VOCs

As shown in Table 1, the concentrations of cis-1,2-dichloroethene (880 micrograms per liter ($\mu\text{g/l}$)) and vinyl chloride (2,100 $\mu\text{g/l}$) in EW-1 were the maximum concentrations of VOCs detected in the leachate extraction well samples. No VOCs were reported in the EW-4 leachate collection well sample or in the Influent, CCT, GAC-802, GAC-803, and GAC-804 treatment system samples.

1,4-Dioxane

Table 1 shows that 1,4-dioxane was detected in the leachate collection and extraction well samples at concentrations ranging from 1.0 µg/l (EW-4) to 62 µg/l (EW-1). 1,4-Dioxane was also detected in the Influent (2.1 µg/l), CCT (1.7 µg/l), GAC-802 (2.1 µg/l), and GAC-803 (2.9 µg/l) treatment system samples and in the GAC-804 (3.3 µg/l) treatment plant discharge sample.

PCBs

Table 1 shows that PCBs were detected in the EW-1 (2,600 µg/l) extraction well sample and in the Influent (0.67 µg/l) and CCT (0.50 µg/l) treatment system samples. PCBs were not reported in the EW-2 and EW-3 extraction well samples, leachate collection well EW-4 sample, or in the GAC-802, GAC-803, and GAC-804 carbon vessel samples.

Metals

Table 2 shows that the iron concentrations in the leachate collection and extraction well samples ranged from a minimum of 14 milligrams per liter (mg/L) (EW-4) to a maximum of 88 mg/L (EW-1). The concentration of iron in the June 2024 Influent sample was 11 mg/L. As shown in Table 2, the iron concentrations were reduced to 2.1 mg/l (CCT) before passing through the GAC vessels. Iron concentrations were further reduced to 1.6 mg/L and 0.61 mg/L in the GAC-802 and GAC-803 vessels, respectively, and 0.61 mg/L in the treatment plant discharge sample (GAC-804), which exceeds the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L. There were no other metal concentrations in the June 2024 monthly samples which exceeded the Fort Edward SPDES Equivalency Permit Limits. Additional metals results are presented in Table 2.

Conventional Chemistry

Table 2 shows TSS concentrations were 18 mg/L and 11 mg/L, respectively in the CCT and GAC-802 treatment system samples. TSS was not reported in the Influent sample, GAC-803 treatment system sample, or GAC-804 treatment plant discharge sample. TSS was not analyzed in the leachate extraction well and leachate collection samples. These data are consistent with the results from previous sampling events. Since September 2016, TSS concentrations have ranged from non-detect to 591 mg/L.

As shown in Table 2, Total Organic Carbon (TOC) concentrations in the leachate collection and extraction well samples ranged from 3.4 mg/L (EW-4) to 37 mg/L (EW-1). TOC was not analyzed in the Influent, CCT, GAC-802, GAC-803, and GAC-804 treatment system samples.

PFAS

As shown in Table 3, the maximum concentrations of the PFAS compounds perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS) detected in the leachate collection and extraction well samples were reported in EW-1 (430 nanograms per liter (ng/L) and 27 ng/L, respectively). Table 3 shows that PFOA was also detected in the Influent, CCT, and GAC-802 treatment system samples at concentrations ranging from 3.6 ng/L (GAC-802) to 6.7 ng/L (Influent). PFOS was reported in the Influent, CCT, GAC-802, and GAC-803 treatment system samples at concentrations ranging from 2.1 ng/L (GAC-803) to 15 ng/L (Influent and CCT samples). PFAS were not detected in the treatment plant discharge (GAC-804).

NYSDEC Site No. 558001
Payson Long
October 3, 2024

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for July 2024:

- Routine monthly sampling.
- Continuation of iron and solids treatment and processing.
- Continuation of IRM system optimization and routine sampling.
- Disposal of spent carbon media.

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, Arcadis
Todd Carignan, Arcadis
File

Enclosures:

Tables

Attachment A – NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

TABLES



Table 1: VOCs and 1,4-Dioxane
June 2024 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	CCT	GAC-802	GAC-803	Fort Edward SPDES Equivalency Permit Limit	GAC-804
Date	6/11/2024	6/11/2024	6/11/2024	6/11/2024	6/20/2024	6/20/2024	6/20/2024	6/20/2024		6/20/2024
Volatile Organic Compounds (ug/L)										
1,1,1-Trichloroethane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2,2-Tetrachloroethane	10 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
1,1,2-trichloro-1,2,2-trifluoroethane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-Trichloroethane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-Dichloroethane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,1-Dichloroethene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,3-Trichlorobenzene	100 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
1,2,3-Trichloropropane	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
1,2,4-Trichlorobenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,4-Trimethylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-Dibromo-3-chloropropane	100 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
1,2-Dibromoethane	10 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
1,2-Dichlorobenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-Dichloroethane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-Dichloropropane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3,5-Trimethylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3-Dichlorobenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,4-Dichlorobenzene	20 U	1.0 U	3.8	1.0 U	--	1.0 U				
2-Butanone (MEK)	400 U	20 U	20 U	20 U	20 U	20 U	20 U	20 U	--	20 U
4-Methyl-2-Pentanone	200 U	10 U	10 U	10 U	10 U	10 U	10 U	10 U	--	10 U
Acetone	1000 U	50 U	--	50 U						
Benzene	20 U	3.3	2.2	1.0 U	--	1.0 U				
Bromochloromethane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Bromodichloromethane	10 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Bromoform	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Bromomethane	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
Carbon Disulfide	100 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
Carbon Tetrachloride	100 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
CFC-11	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
CFC-12	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
Chlorobenzene	20 U	1.8	1.8	1.0 U	--	1.0 U				
Chlorodibromomethane	10 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Chloroethane	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	20	2.0 U
Chloroform	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	150	2.0 U
Chloromethane	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
cis-1,2-Dichloroethene	880	1.0 U	30*	1.0 U						
cis-1,3-Dichloropropene	10 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Cyclohexane	100 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
Cymene (p-Isopropyltoluene)	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Dichloromethane	100 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	5.0 U	50	5.0 U
Ethylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Isopropylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
m&p-Xylenes	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
Methyl Acetate	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Methyl N-Butyl Ketone (2-Hexanone)	200 U	10 U	10 U	10 U	10 U	10 U	10 U	10 U	--	10 U
Methylcyclohexane	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Methyl-tert-butylether	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Naphthalene	40 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
n-Butylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
n-Propylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
o-Xylene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
sec-Butylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Styrene (Monomer)	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
tert-Butylbenzene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Tetrachloroethene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Toluene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Total Xylenes	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
trans-1,2-Dichloroethene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	30*	1.0 U
trans-1,3-Dichloropropene	10 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Trichloroethene	20 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Vinyl chloride	2,100	2.0 U	50	2.0 U						
1,4-Dioxane SIM (ug/L)										
1,4-Dioxane	62	29	33	1.0	2.1	1.7	2.1	2.9	--	3.3

Notes:

Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Treatment System Effluent (GAC-804) are highlighted in yellow.

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

* - The Fort Edward SPDES Equivalency Permit Limit for 1,2-Dichloroethene is a total limit of 30 ug/L for cis- and trans-1,2-Dichloroethene combined.

A bold value indicates the analyte was detected.

Definitions:

ug/L - micrograms per liter.

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

Table 2: PCBs, Metals, and General Chemistry
June 2024 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	CCT	GAC-802	GAC-803	Fort Edward SPDES Equivalency Permit Limit	GAC-804
Date	6/11/2024	6/11/2024	6/11/2024	6/11/2024	6/20/2024	6/20/2024	6/20/2024	6/20/2024	6/20/2024	6/20/2024
Polychlorinated Biphenyls (ug/L)										
Aroclor 1016	2,600	0.18 U	0.18 U	0.19 U	0.67	0.50	0.19 U	0.18 U	--	0.18 U
Aroclor 1221	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Aroclor 1232	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Aroclor 1242	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Aroclor 1248	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Aroclor 1254	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Aroclor 1260	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Aroclor 1262	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Aroclor 1268	180 U	0.18 U	0.18 U	0.19 U	0.19 U	0.20 U	0.19 U	0.18 U	--	0.18 U
Metals										
Aluminum	0.050 U	0.050 U	0.14	0.050 U	0.050 U	2.5	1.6	0.27	--	0.14
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	0.035	0.019	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.15	0.010 U
Barium	0.51	0.20	0.31	0.050 U	0.050 U	0.050 U	0.050 U	0.050 U	3.5	0.050 U
Beryllium	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	--	0.004 U
Cadmium	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.004 U	0.001	0.004 U
Calcium	190	130	79	76	79	78	78	76	--	76
Chromium	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	0.014	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.005	0.010 U
Copper	0.017	0.016	0.011	0.010 U	0.010 U	0.010 U	0.010 U	0.011	0.024	0.011
Iron	88	45	78	14	11	2.1	1.6	0.61	0.3	0.61
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	55	45	36	18	19	18	18	18	--	18
Manganese	1.8	0.87	0.33	1.4	1.5	2.1	1.8	1.4	--	1.1
Mercury	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0002 U	0.0008	0.0002 U
Nickel	0.011	0.011	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.0096	0.010 U
Potassium	14	2.7	27	2.0	2.1	2.1	2.0	2.0	--	2.0
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	120	99	53	43	41	47	46	46	--	46
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	0.010 U	0.020	0.010 U	0.010 U	0.010 U	0.010 U	0.010 U	0.014	0.010 U
Zinc	0.010 U	0.016 B	0.017 B	0.010 U	0.023	0.012	0.010 U	0.010 U	0.17	0.010 U
General Chemistry (mg/L)										
Total Suspended Solids	NA	NA	NA	NA	5.0 U	18	11	5.0 U	50	5.0 U
Total Organic Carbon	37	19	16	3.4	NA	NA	NA	NA	--	NA

Notes:

Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Treatment System Effluent (GAC-804) are highlighted in yellow.

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

A bold value indicates the analyte was detected.

Definitions:

B - Analyte is found in the associated laboratory blank as well as in the sample.

mg/L - milligrams per liter

NA - Not analyzed

µg/L - micrograms per liter

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

Table 3: PFAS
June 2024 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	CCT	GAC-802	GAC-803	Fort Edward SPDES Equivalency Permit Limit	GAC-804
Date	6/11/2024	6/11/2024	6/11/2024	6/11/2024	6/20/2024	6/20/2024	6/20/2024	6/20/2024		6/20/2024
Per- and Polyfluoroalkyl Substances (ng/L)										
11-chloroicosafuoro-3-oxaundecane-1-sulfonic acid (F-53B Minor)	21 U	20 U	20 U	3.7 U	3.7 U	3.7 U	3.8 U	3.8 U	--	3.8 U
2,3,3,3-Tetrafluoro-2-(heptafluoropropoxy)propanoic acid (HFPO-DA)	21 U	20 U	20 U	3.7 U	3.7 U	3.7 U	3.8 U	3.8 U	--	3.8 U
2H, 2H, 3H, 3H-perfluorodecanoic acid (7:3 FTCA)	260 U	250 U	250 U	47 U	47 U	46 U	48 U	47 U	--	47 U
2H, 2H, 3H, 3H-perfluorohexanoic acid	52 U	51 U	51 U	9.3 U	9.3 U	9.1 U	9.5 U	9.4 U	--	9.4 U
2H, 2H, 3H, 3H-perfluorooctanoic acid (5:3 FTCA)	260 U	250 U	250 U	47 U	47 U	46 U	48 U	47 U	--	47 U
4,8-Dioxa-3H-perfluorononanoic acid (DONA)	21 U	20 U	20 U	3.7 U	3.7 U	3.7 U	3.8 U	3.8 U	--	3.8 U
4:2 Fluorotelomer sulfonate (4:2 FTS)	21 U	20 U	20 U	3.7 U	3.7 U	3.7 U	3.8 U	3.8 U	--	3.8 U
6:2 Fluorotelomer sulfonic acid (6:2 FTSA)	21 U	20 U	20 U	3.7 U	3.7 U	3.7 U	3.8 U	3.8 U	--	3.8 U
8:2 Fluorotelomer sulfonic acid (8:2 FTSA)	21 U	20 U	20 U	3.7 U	3.7 U	3.7 U	3.8 U	3.8 U	--	3.8 U
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9CL-PF3ONS)	21 U	20 U	20 U	3.7 U	3.7 U	3.7 U	3.8 U	3.8 U	--	3.8 U
N-Ethyl perfluorooctane sulfonamide (N-EtFOSA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
N-Ethyl perfluorooctane sulfonamide ethanol (N-EtFOSE)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
N-Ethyl perfluorooctane sulfonamidoacetic acid (EtFOASA)	300	5.1 U	5.1 U	1.0	0.97	1.0	0.95 U	0.94 U	--	0.94 U
N-Methyl perfluorooctane sulfonamide (N-MeFOSA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
N-Methyl perfluorooctane sulfonamidoethanol (N-MeFOSE)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
N-Methylperfluorooctane sulfonamidoacetic acid (MeFOASA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Nonafluoro-3,6-Dioxaheptonic Acid (NFDHA)	10 U	10 U	10 U	1.9 U	1.9 U	1.8 U	1.9 U	1.9 U	--	1.9 U
Perfluoro (2-Ethoxyethane) Sulfonic Acid (PFEESA)	10 U	10 U	10 U	1.9 U	1.9 U	1.8 U	1.9 U	1.9 U	--	1.9 U
Perfluoro-3-methoxypropanoic acid (PFMPA)	10 U	10 U	10 U	1.9 U	1.9 U	1.8 U	1.9 U	1.9 U	--	1.9 U
Perfluoro-4-Methoxybutanoic acid (PFMBA)	10 U	10 U	10 U	1.9 U	1.9 U	1.8 U	1.9 U	1.9 U	--	1.9 U
Perfluorobutane sulfonic acid (PFBS)	8.6	5.1 U	5.1 U	1.5	1.5	1.6	0.95 U	0.94 U	--	0.94 U
Perfluorobutanoic acid (PFBA)	87	20 U	20 U	6.1	6.6	5.3	3.8 U	3.8 U	--	3.8 U
Perfluorodecane sulfonic acid (PFDS)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluorodecanoic acid (PFDA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluorododecane sulfonic acid (PFDOS)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluorododecanoic acid (PFDoA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluoroheptane sulfonic acid (PFHpS)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluoroheptanoic acid (PFHpA)	60	17	5.1 U	3.6	4.5	4.7	0.94 U	0.94 U	--	0.94 U
Perfluorohexane sulfonic acid (PFHxS)	14	8.7	5.1 U	1.4	1.6	1.5	0.95 U	0.94 U	--	0.94 U
Perfluorohexanoic acid (PFHxA)	210	43	9.6	8.5	14	13	8.2	2.1	--	0.94 U
Perfluorononane sulfonic acid (PFNS)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluorononanoic acid (PFNA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluorooctane sulfonamide (PFOSA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluorooctane sulfonic acid (PFOS)	27	20	11	9.2	6.7 PF-23	6.4	3.6	0.94 U	--	0.94 U
Perfluorooctanoic acid (PFOA)	430	42	13	12	15	15	8.3	2.1	--	0.94 U
Perfluoropentane sulfonic acid (PFPeSA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluoropentanoic acid (PFPeA)	140	20	10 U	7.1	11	11	6.8	2.2	--	1.9 U
Perfluorotetradecanoic acid (PFTeDA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluorotridecanoic acid (PFTrDA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Perfluoroundecanoic acid (PFUdA)	5.2 U	5.1 U	5.1 U	0.93 U	0.93 U	0.91 U	0.95 U	0.94 U	--	0.94 U
Total Suspended Solids (mg/L)										
Total Suspended Solids	100	120	110	18	10 U	16	10	16	50	10 U

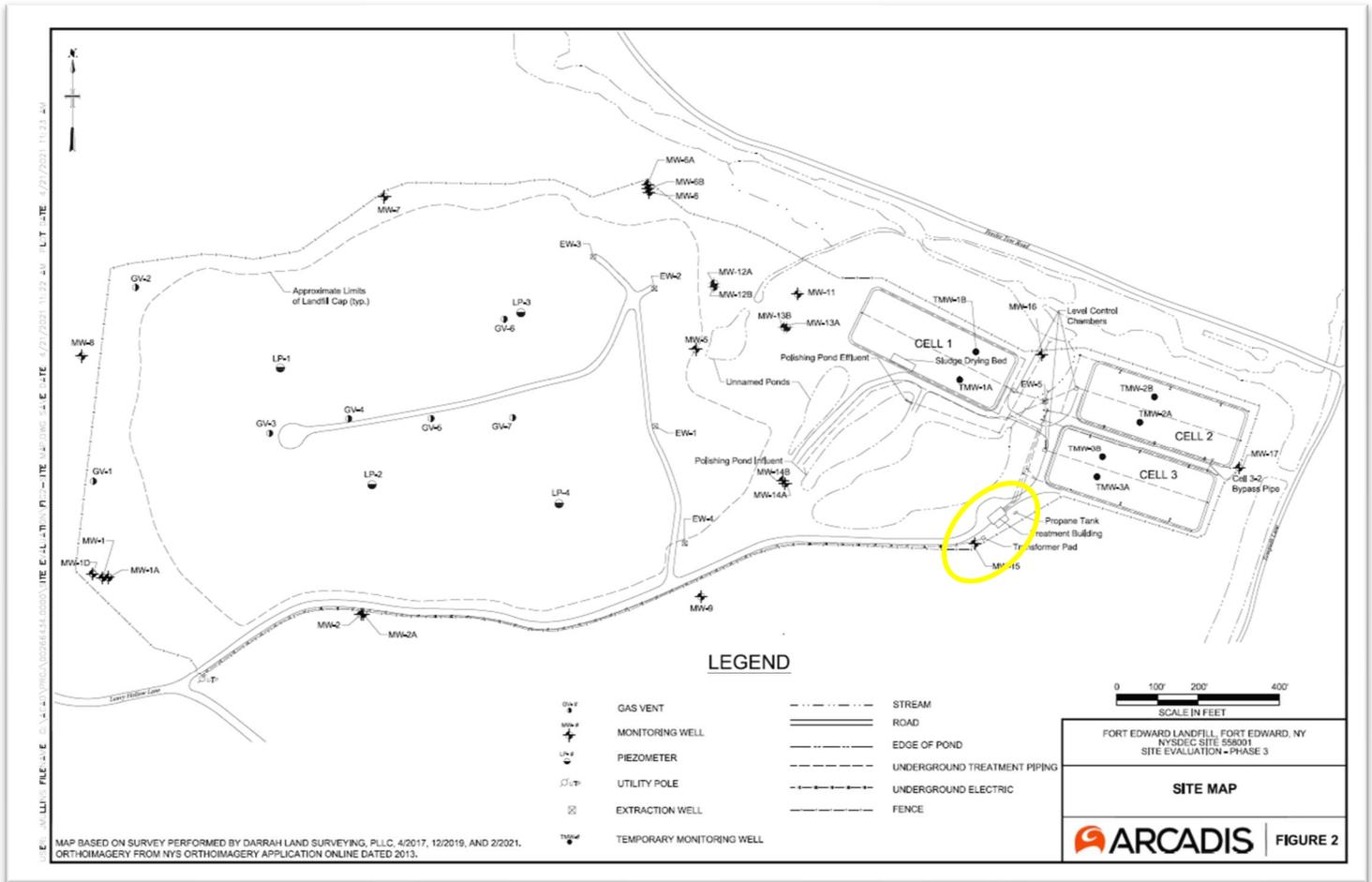
Notes:
 Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Treatment System Effluent (GAC-804) are highlighted in yellow.
 "--" - Value does not exist for analyte.
 Total suspended solids reported here was analyzed as a part of Method 1633 for analysis of per- and polyfluorinated alkyl substances.
 A bold value indicates the analyte was detected.
Definitions:
 ng/L - nanograms per liter
 mg/L - milligrams per liter
 U - The compound was analyzed for but not detected. The associated value is the compound quantitation limit.
 PF-23 - Qualifier ion ratio <50% of associated calibration. Detection is suspect.

ATTACHMENT A

NYSDEC Daily Inspection Reports



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



Yellow outlined area indicates the specific location of site work performed on June 3, 2024.

Site Inspector(s): R. King	Date: 06/03/2024
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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 type="checkbox"/>	No <input checked="" 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> Masks not required.		

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 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 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 checked="" 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 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"/>
<u>Comments:</u> None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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 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"/>

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

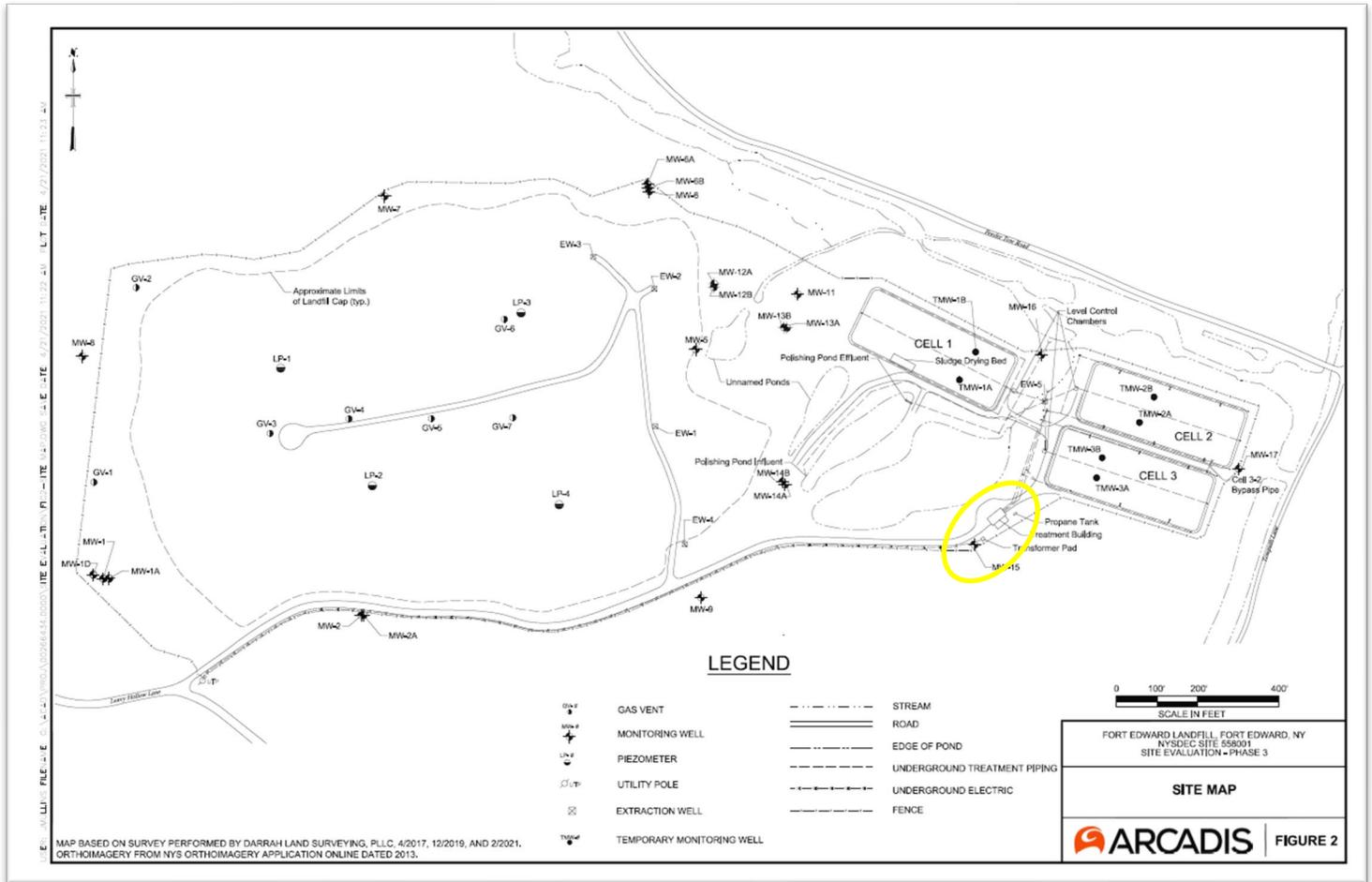
* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Robert King	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Mostly Cloudy	PM			
Temperature	58°F	AM	63°F	PM			
Wind	8 mph	AM	8 mph	PM			
Health & Safety							
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?				*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?				*Yes	No <input checked="" type="checkbox"/>	NA	
Health & Safety Comments							
None at this time.							
Summary of Work Performed		Arrived at site:	0700	Departed Site:	1500		
<ul style="list-style-type: none"> Process filter sludge – fill/close one drum filter sludge. Batch 1X from IPC to Thickener Tank. Clean Thickener Tank sight glass. Mix 125-gallon batch of flocculant. Wash IPC plates. Changed bag filters. Mowed grass. Routine O&M and housekeeping. 							
Were there any vehicles which did not display proper D.O.T numbers and placards?				*Yes	No	NA <input checked="" type="checkbox"/>	
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	
Robert King		Arcadis		Field Technician		8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

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

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



Yellow outlined area indicates the specific location of site work performed on June 10, 2024.

Site Inspector(s): R. King	Date: 06/10/2024
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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 type="checkbox"/>	No <input checked="" 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> Masks not required.		

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 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 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 checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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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> None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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"/>
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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"/>

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

NYSDEC Division of Environmental Remediation		Department of Environmental Conservation	Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Jeremy Wyckoff
Site Location: Hudson Falls, New York			
Weather Conditions			
General Description	Clear	AM	P.Cloudy PM
Temperature	65°F	AM	75°F PM
Wind	3 mph	AM	10 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

Lone worker.

Summary of Work Performed	Arrived at site:	0730	Departed Site:	1500
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- Process filter sludge – fill/close two drums filter sludge.
- Batch 3X from IPC to Thickener Tank.
- Clean Thickener Tank sight glass.
- Mix 125-gallon batch of flocculant.
- Wash IPC plates.
- Backwash GAC-801 and GAC-803 with +2,000 gallons each potable water.
- 3X rinse five empty chemical drums (total of 26 empty drums onsite).
- Change bag filters.
- Housekeeping.

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	NA <input checked="" type="checkbox"/>
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

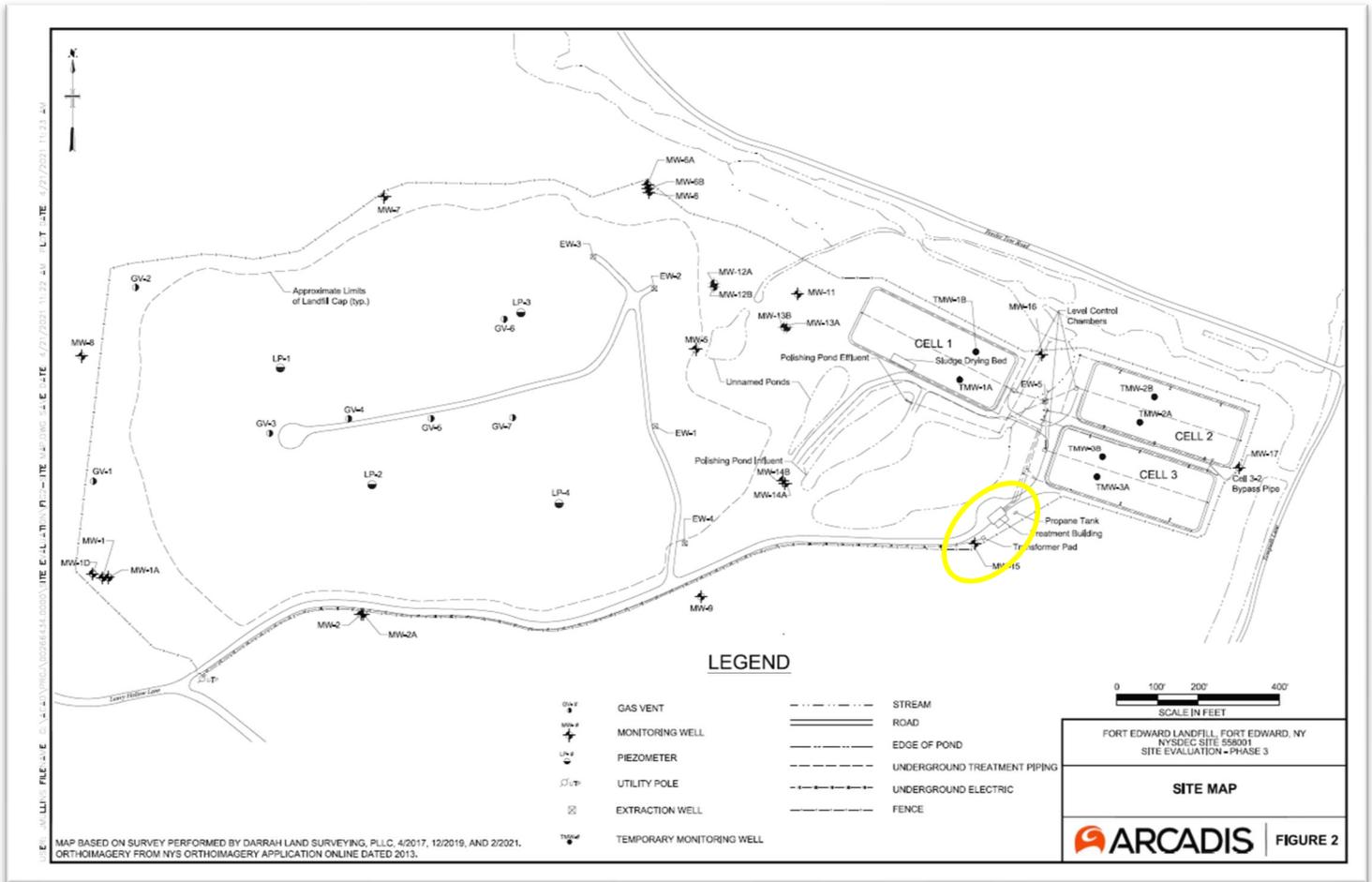
Individual	Company	Trade	Total Hours
Jeremy Wyckoff	Arcadis	Geologist	10

Equipment Description	Contractor/Vendor	Quantity	Used

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

*On-Site scale for off-site shipment, delivery ticket for material received			
Equipment/Material Tracking Comments:			
Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
Site Representatives			
Name	Representing		
Project Schedule Comments			
None at this time.			
Issues Pending			
None at this time.			
Interaction with Public, Property Owners, Media, etc.			
None at this time.			

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



Yellow outlined area indicates the specific location of site work performed on June 14, 2024.

Site Photographs (Descriptions Below)



Processed Filter Sludge.



Pump setup to backwash GAC vessels.



Rinsed chemical drum.



Filled drums of Filter Sludge.

Comments

New concrete pad to cure for 28 days prior to heavy use.

Site Inspector(s): J. Wyckoff	Date: 06/14/2024
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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 type="checkbox"/>	No <input checked="" 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> Masks not required.		

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 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 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 checked="" 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 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"/>
<u>Comments:</u> None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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 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"/>

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Robert King	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	P.Cloudy	AM	P.Cloudy	PM			
Temperature	62°F	AM	79°F	PM			
Wind	7 mph	AM	0 mph	PM			

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

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

Health & Safety Comments

None at this time.

Summary of Work Performed	Arrived at site:	0700	Departed Site:	1500
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- Process filter sludge.
- Batch 2X from IPC to Thickener Tank.
- Clean Thickener Tank sight glass.
- Mix 125-gallon batch of flocculant.
- Wash IPC plates
- Changed bag filters.
- Mowed grass
- Routine O&M and housekeeping.

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	NA <input checked="" type="checkbox"/>
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

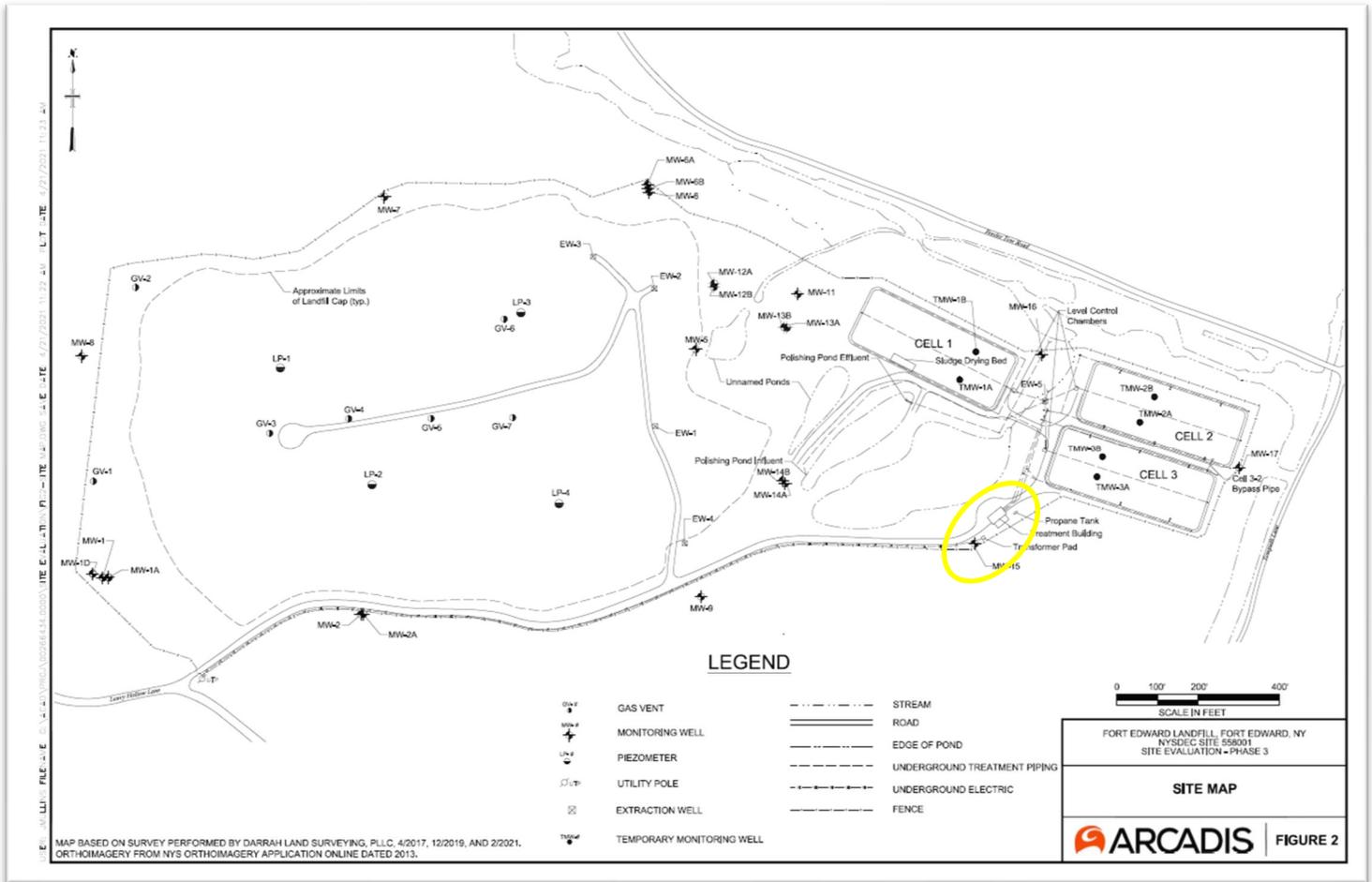
Individual	Company	Trade	Total Hours
Robert King	Arcadis	Field Technician	8

Equipment Description	Contractor/Vendor	Quantity	Used

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

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

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



Yellow outlined area indicates the specific location of site work performed on June 17, 2024.

Site Inspector(s): R. King	Date: 06/17/2024
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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 type="checkbox"/>	No <input checked="" 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> Masks not required.		

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 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 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 checked="" 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 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"/>
<u>Comments:</u> None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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 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"/>

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

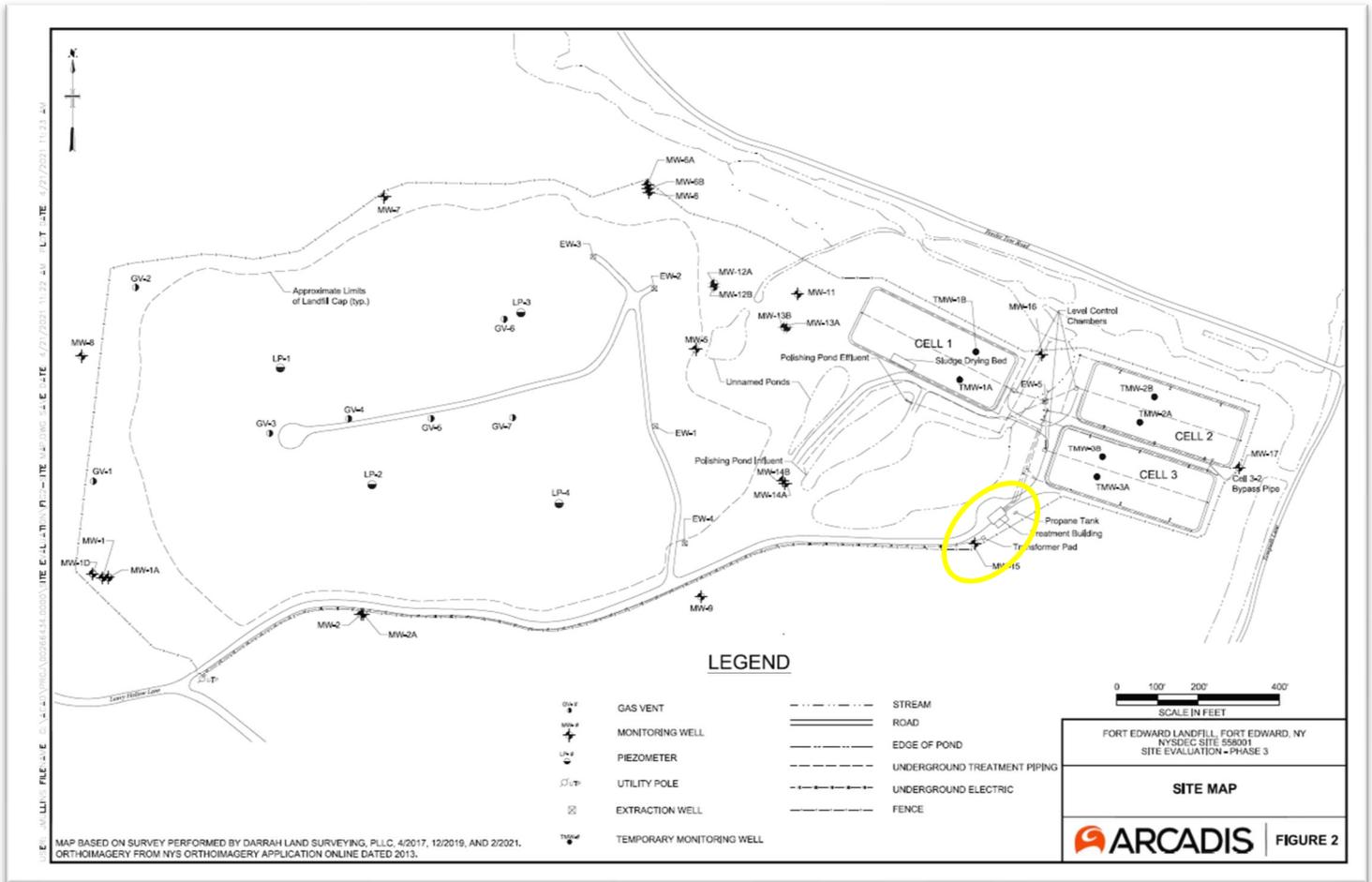
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <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 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Jeremy Wyckoff	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	66°F	AM	63°F	PM			
Wind	9 mph	AM	10 mph	PM			
Health & Safety							
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?				*Yes	No <input checked="" type="checkbox"/>	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes	No	NA <input checked="" type="checkbox"/>	
Were there any nuisance issues reported/observed on this date?				*Yes	No <input checked="" type="checkbox"/>	NA	
Health & Safety Comments							
None at this time.							
Summary of Work Performed		Arrived at site:	0700	Departed Site:	1500		
<ul style="list-style-type: none"> Process filter sludge - fill/close one and a half drums of sludge. Clean Thickener Tank sight glass. Changed bag filters. Wash IPC plates. Backwash GAC-802 with potable water. 3X rinse empty chemical drums. Completed monthly emergency light testing. Routine O&M and housekeeping. 							
Were there any vehicles which did not display proper D.O.T numbers and placards?				*Yes	No	NA <input checked="" type="checkbox"/>	
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	
Jeremy Wyckoff		Arcadis		Geologist		8	
Antoinette Miller		Arcadis		Field Technician		8	
Robert King		Arcadis		Field Technician		8	
Baileigh Behan		Arcadis		Field Technician		8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

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

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



Yellow outlined area indicates the specific location of site work performed on June 24, 2024.

Site Inspector(s): J. Wyckoff	Date: 06/24/2024
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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 type="checkbox"/>	No <input checked="" 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> Masks not required.		

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 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 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 checked="" 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 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"/>
<u>Comments:</u> None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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 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"/>

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

NYSDEC Division of Environmental Remediation		NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Antionette Miller	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	P. Cloudy	AM	P.Cloudy	PM			
Temperature	53°F	AM	71°F	PM			
Wind	Calm	AM	5 mph	PM			

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

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

Health & Safety Comments

None at this time.

Summary of Work Performed	Arrived at site:	0700	Departed Site:	1500
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- Process filter sludge.
- Batch 2X from IPC to Thickener Tank.
- Clean Thickener Tank sight glass.
- Mix 100-gallon batch of flocculant.
- Wash IPC plates.
- 3X rinse empty chemical drums.
- Change bag filters.
- Routine O&M and housekeeping.

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	NA <input checked="" type="checkbox"/>
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

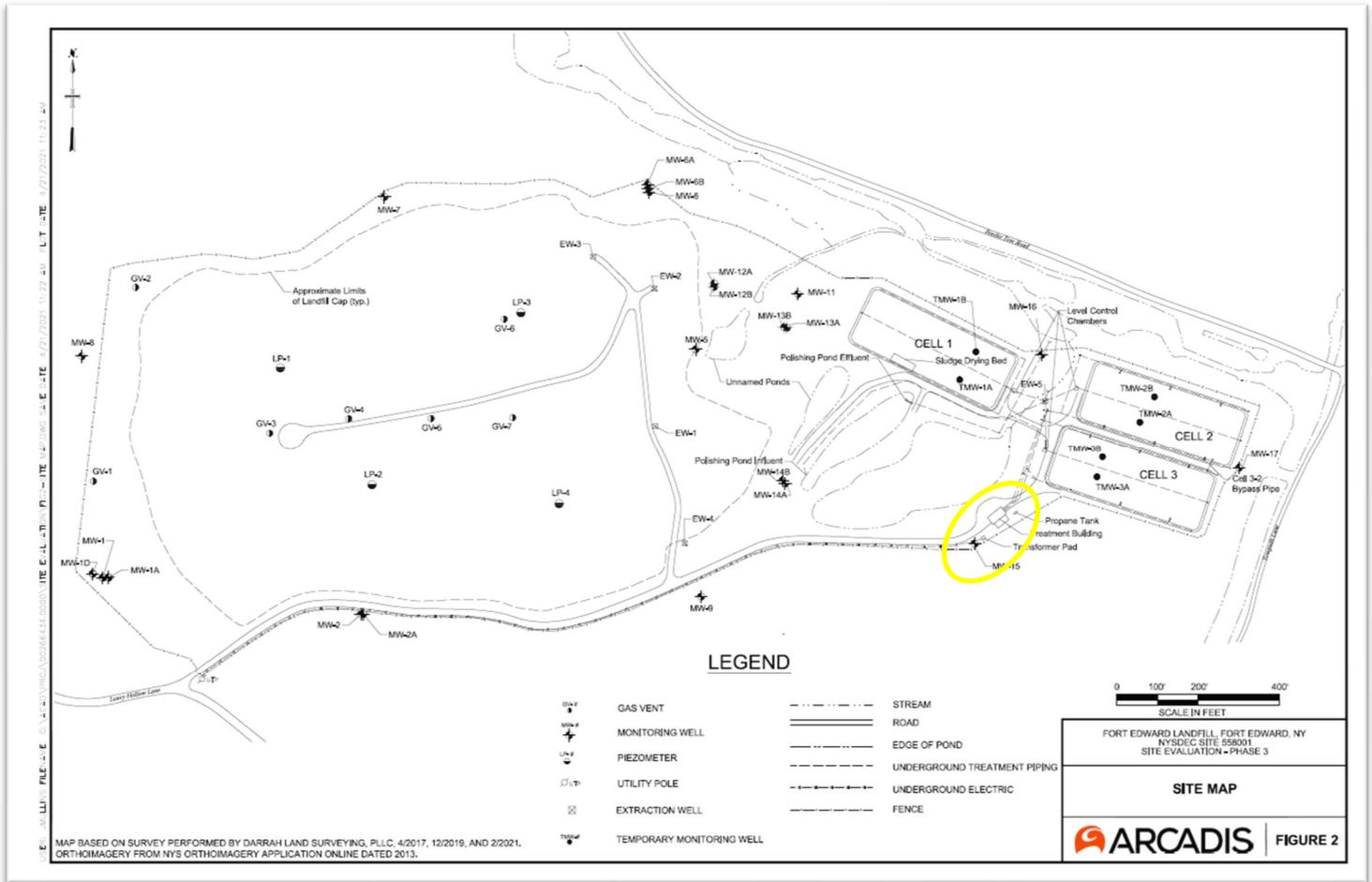
Individual	Company	Trade	Total Hours
Antionette Miller	Arcadis	Field Technician	8
Baileigh Behan	Arcadis	Field Technician	8

Equipment Description	Contractor/Vendor	Quantity	Used

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

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

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



Yellow outlined area indicates the specific location of site work performed on June 28, 2024.

Site Inspector(s): A. Miller	Date: 06/28/2024
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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 type="checkbox"/>	No <input checked="" 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> Masks not required.		

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 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 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 checked="" 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 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"/>
<u>Comments:</u> None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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 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"/>

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

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: RA

Date: 06.03.24

Time: _____

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

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.0	2.1
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	7.8
Confirm pumps are operating between setpoints	EW-3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	NA
Confirm pressure with pump cycling & not high/low	EW-4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	6.8

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<input checked="" type="checkbox"/>	Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually	<input checked="" type="checkbox"/>	Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-201 reading (GPM)	<u>52.7</u>	Discharge pump oil level	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>26.4</u>	Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>	Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>	Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>1</u>	Mid bag pressure (PSI)	_____
Back pressure valve pre/post (PSI)	<u>1</u>	Post bag pressure (PSI)	_____
Pre bag pressure (PSI)	_____	Bag micron size, Lead/lag	<u>1</u>

NOT USING CARBON

Carbon

Post TOC Lead Pressure	<u>1</u>	TOC Carbon Date Last Replaced	<u>1</u>
Post TOC Lag Pressure	<u>1</u>	PFAS Carbon Date Last Replaced	<u>1</u>
Post PFAS Lead Pressure	<u>1</u>		
Post PFAS Lag Pressure	<u>1</u>		

NOT USING CARBON

Data (Check if OK)

Do Daily & Yesterday Starts make sense	<input checked="" type="checkbox"/>
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Alarms

List any active alarms	<u>None</u>
All Alarms Enabled (Y/N)	<input checked="" type="checkbox"/>
List any disabled and indicate why	<u>None</u>

Air Compressor (Check if OK)

Cycle times normal for load	<input checked="" type="checkbox"/>	Check auto drain operation	<input checked="" type="checkbox"/>
Pressure within normal range	<input checked="" type="checkbox"/>	Check dryer - alarms? Cycling?	<input checked="" type="checkbox"/>
Oil Level (Check when not running)	<input checked="" type="checkbox"/>	HX fan operating?	<input checked="" type="checkbox"/>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Heaters functional	<input checked="" type="checkbox"/>
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IPC (Y/N)

IPC discharge clear?	<input checked="" type="checkbox"/>	Mixers visibly operating	<input checked="" type="checkbox"/>
Floatables? (take photos if yes)	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<input checked="" type="checkbox"/>
Coag visibly dosing?	<input checked="" type="checkbox"/>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>0</u> Lower <u>30</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		
Sequestrant visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>248.4</u>	mA Signal <u>2.02 uA</u>	# of Full Drums Onsite <u>1</u>	Stroke Length <u>815 (see beam)</u>
2130 Coagulant	Height (in) <u>43</u>	Stroke Rate <u>21.7</u>	# of Full Drums Onsite <u>2</u>	Stroke Length <u>50</u>
1668 Flocculant	Volume (gal) <u>43</u>	Stroke Rate <u>117</u>	# of Full Bags Onsite <u>2</u>	Stroke Length <u>50</u>
2925 Sequestrant	Height (in) _____	Stroke Rate _____	# of Full Drums Onsite _____	Stroke Length _____
Dosing pumps at normal rate?	<input checked="" type="checkbox"/>	Chemicals needed?	_____	

Floor Sumps (Y/N)

Sump levels normal?	<input checked="" type="checkbox"/>	Pump runs but not emptying sump?	<input checked="" type="checkbox"/>
High-High level switches operate freely?	<input checked="" type="checkbox"/>	Back flowing after pump cycle?	<input checked="" type="checkbox"/>
Excessive sludge/sediment?	<input checked="" type="checkbox"/>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Regulators working properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exhaust mufflers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Hydraulic press oil level	<input checked="" type="checkbox"/>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<input checked="" type="checkbox"/>
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	<input checked="" type="checkbox"/>

General/Housekeeping

Wipe down dirty equipment/piping	<input checked="" type="checkbox"/>	Any leaks?	<input checked="" type="checkbox"/>	Waste drums needed?	<input checked="" type="checkbox"/>
Sweep and/or wash floors	<input checked="" type="checkbox"/>	Lights working?	<input checked="" type="checkbox"/>	Drum labels needed?	<input checked="" type="checkbox"/>
Fire extinguisher inspection (monthly)	<input checked="" type="checkbox"/>	Exit signs working?	<input checked="" type="checkbox"/>	Removed trash?	<input checked="" type="checkbox"/>
Sludge in Clarifier Catch Tank?	<input checked="" type="checkbox"/>	Exterior Lights working?	<input checked="" type="checkbox"/>	Propane tank >20%	<input checked="" type="checkbox"/>

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: RK

Date: 06/10/2024

Time: _____

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

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	Y	N	N	13.85	0
Run pumps in "Manual" to confirm flow, if needed.	EW-2	Y	Y	N	21.5	10
Confirm pumps are operating between setpoints	EW-3	Y	Y	N	21.9	10
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	18.1	10

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<input checked="" type="checkbox"/>	Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually	<input checked="" type="checkbox"/>	Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-201 reading (GPM)	<u>13</u>	Discharge pump oil level	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>22.7</u>	Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>	Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>	Other Alarms (Y/N)	<u>N</u>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>60/60</u>	Mid bag pressure (PSI)	<u>50/50</u>
Back pressure valve pre/post (PSI)	<u>58/58</u>	Post bag pressure (PSI)	<u>47/47</u>
Pre bag pressure (PSI)	<u>56/56</u>	Bag micron size, Lead/lag	<u>25/5</u>

Carbon

Post TOC Lead Pressure	<u>NOT USING</u>	TOC Carbon Date Last Replaced	<u>02/27/24</u>
Post TOC Lag Pressure	<u>40/28</u>	PFAS Carbon Date Last Replaced	<u> </u>
Post PFAS Lead Pressure	<u>25/11</u>		
Post PFAS Lag Pressure	<u>10/5</u>		

Data (Check if OK)

Do Daily & Yesterday Starts make sense

Alarms

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

Air Compressor (Check if OK)

Cycle times normal for load	<input checked="" type="checkbox"/>	Check auto drain operation	<input checked="" type="checkbox"/>
Pressure within normal range	<input checked="" type="checkbox"/>	Check dryer - alarms? Cycling?	<input checked="" type="checkbox"/>
Oil Level (Check when not running)	<input checked="" type="checkbox"/>	HX fan operating?	<input checked="" type="checkbox"/>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) Heaters functional

IPC (Y/N)

IPC discharge clear?	<input checked="" type="checkbox"/>	Mixers visibly operating	<input checked="" type="checkbox"/>
Floatables? (take photos if yes)	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<input checked="" type="checkbox"/>
Coag visibly dosing?	<input checked="" type="checkbox"/>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>50</u> Lower <u>75</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		
Sequestrant visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>254</u>	mA Signal <u>8315</u>	# of Full Drums Onsite <u>1</u>	Stroke Length <u>85</u>
2130 Coagulant	Height (in) <u>184</u>	Stroke Rate <u>11.6</u>	# of Full Drums Onsite <u>2</u>	Stroke Length <u>50</u>
1668 Flocculant	Volume (gal) <u>15.4</u>	Stroke Rate <u>50</u>	# of Full Drums Onsite <u>3</u>	Stroke Length <u>100</u>
2925 Sequestrant	Height (in) <u>306</u>	Stroke Rate <u>12.5</u>	# of Full Drums Onsite <u>3</u>	Stroke Length <u>100</u>
Dosing pumps at normal rate?			Chemicals needed?	

Floor Sumps (Y/N)

Sump levels normal?	<input checked="" type="checkbox"/>	Pump runs but not emptying sump?	<input checked="" type="checkbox"/>
High-High level switches operate freely?	<input checked="" type="checkbox"/>	Back flowing after pump cycle?	<input checked="" type="checkbox"/>
Excessive sludge/sediment?	<input checked="" type="checkbox"/>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Regulators working properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exhaust mufflers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Hydraulic press oil level	<input checked="" type="checkbox"/>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<u>16</u>
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<input checked="" type="checkbox"/>	Any leaks?	<input checked="" type="checkbox"/>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<input checked="" type="checkbox"/>	Lights working?	<input checked="" type="checkbox"/>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<input checked="" type="checkbox"/>	Exit signs working?	<input checked="" type="checkbox"/>	Removed trash?	<input checked="" type="checkbox"/>
Sludge in Clarifier Catch Tank?	<input checked="" type="checkbox"/>	Exterior Lights working?	<input checked="" type="checkbox"/>	Propane tank >20%	<input checked="" type="checkbox"/>

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: R. KING

Date: 06/17/2024

Time: _____

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

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow	EW-1	Y	N	N	TURNED OFF	DRZ 11.31 FT
Run pumps in "Manual" to confirm flow, if needed.	EW-2	Y	N	N	21.5	10
Confirm pumps are operating between setpoints	EW-3	Y	Y	N	19.6	10
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	24.4	14.64
						3.9

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<input checked="" type="checkbox"/>	Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually	<input checked="" type="checkbox"/>	Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-201 reading (GPM)	<u>19.6</u>	Discharge pump oil level	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>34.6</u>	Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>	Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>	Other Alarms (Y/N)	<input checked="" type="checkbox"/>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>38 136</u>	Mid bag pressure (PSI)	<u>30 30</u>
Back pressure valve pre/post (PSI)	<u>36 130</u>	Post bag pressure (PSI)	<u>30 30</u>
Pre bag pressure (PSI)	<u>30 130</u>	Bag micron size, Lead/lag	<u>25 5</u>

Carbon

Post TOC Lead Pressure	<u>NOT USPGA</u>	TOC Carbon Date Last Replaced	<u>2/27/24</u>
Post TOC Lag Pressure	<u>26 20</u>	PFAS Carbon Date Last Replaced	<u>NA</u>
Post PFAS Lead Pressure	<u>16 10</u>		
Post PFAS Lag Pressure	<u>10 2</u>		

Data (Check if OK)

Do Daily & Yesterday Starts make sense

Alarms

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

Air Compressor (Check if OK)

Cycle times normal for load	<input checked="" type="checkbox"/>	Check auto drain operation	<input checked="" type="checkbox"/>
Pressure within normal range	<input checked="" type="checkbox"/>	Check dryer - alarms? Cycling?	<input checked="" type="checkbox"/>
Oil Level (Check when not running)	<input checked="" type="checkbox"/>	HX fan operating?	<input checked="" type="checkbox"/>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) Heaters functional

IPC (Y/N)

IPC discharge clear?	<input checked="" type="checkbox"/>	Mixers visibly operating	<input checked="" type="checkbox"/>
Floatables? (take photos if yes)	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<input checked="" type="checkbox"/>
Coag visibly dosing?	<input checked="" type="checkbox"/>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>40</u> Lower <u>60</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		
Sequestrant visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>29.15</u>	mA Signal <u>126</u>	# of Full Drums Onsite <u>81</u>	Stroke Length <u>83</u>
2130 Coagulant	Height (in) <u>8.00</u>	Stroke Rate <u>76.3</u>	# of Full Drums Onsite <u>1</u>	Stroke Length <u>30</u>
1668 Flocculant	Volume (gal) <u>50</u>	Stroke Rate <u>76</u>	# of Full Bags Onsite <u>2</u>	Stroke Length <u>100</u>
2925 Sequestrant	Height (in) <u>153</u>	Stroke Rate <u>16.9</u>	# of Full Drums Onsite <u>3</u>	Stroke Length <u>100</u>
Dosing pumps at normal rate?	<input checked="" type="checkbox"/>	Chemicals needed?		

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Regulators working properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exhaust mufflers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Filter Press (Check if OK)

Hydraulic ram operating normally Hydraulic press oil level
 Hydraulic pressure normal How many total filled Haz drums onsite? 0
 Significant leaks? How many Haz drums filled & closed today? 17

General/Housekeeping

Wipe down dirty equipment/piping Any leaks? Waste drums needed? YES
 Sweep and/or wash floors Lights working? Drum labels needed?
 Fire extinguisher inspection (monthly) Exit signs working? Removed trash?
 Sludge in Clarifier Catch Tank? Exterior Lights working? Propane tank >20%

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: AM

Date: 6-24-24

Time: 1602

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

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>22</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>13.93</u>	<u>—</u>
Confirm pumps are operating between setpoints	EW-2 <u>22</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>19.80</u>	<u>—</u>
Confirm pressure with pump cycling & not high/low	EW-3 <u>22</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>9.25</u>	<u>NA</u>
	EW-4 <u>22</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>21.30</u>	<u>—</u>

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<u>N</u>		Discharge pump operating	<u>NA</u>
Operate exhaust fan manually	<u>N</u>		Discharge pump pressure normal	<u>NA</u>
FT-201 reading (GPM)	<u>NA</u>	System Not on	Discharge pump oil level	<u>✓</u>
FT-801 reading (GPM)	<u>NA</u>		Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>NA</u>		Mixers operating?	<u>NA</u>
Catch tank display level=actual?	<u>✓</u>		Other Alarms (Y/N)	<u>N</u>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>NA / NA</u>	Mid bag pressure (PSI)	<u>NA</u>
Back pressure valve pre/post (PSI)	<u>NA / NA</u>	Post bag pressure (PSI)	<u>NA</u>
Pre bag pressure (PSI)	<u>NA</u>	Bag micron size, Lead/lag	<u>25 / 5</u>

Carbon

Post TOC Lead Pressure	<u>NA</u>	TOC Carbon Date Last Replaced	<u>2-27-24</u>
Post TOC Lag Pressure	<u>NA</u>	PFAS Carbon Date Last Replaced	<u>NA</u>
Post PFAS Lead Pressure	<u>NA</u>		
Post PFAS Lag Pressure	<u>NA</u>		

Data (Check if OK)

Do Daily & Yesterday Starts make sense ✓ *Yesterday w2 start 26 times, 6 for WS, 0 for remaining*

Alarms

List any active alarms 6/23: Bag filter high pressure alarm 6/24: COT High High Alarm

All Alarms Enabled (Y/N) Y

List any disabled and indicate why NA

Air Compressor (Check if OK)

Cycle times normal for load	<u>✓</u>	Check auto drain operation	<u>✓</u>
Pressure within normal range	<u>✓</u>	Check dryer - alarms? Cycling?	<u>✓</u>
Oil Level (Check when not running)	<u>✓</u>	HX fan operating?	<u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>NA</u>	Heaters functional	<u>NA</u>
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IPC (Y/N)

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

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>26314"</u>	mA Signal <u>132</u>	# of Full Drums Onsite <u>1</u>
2130 Coagulant	Height (in) <u>2312"</u>	Stroke Rate <u>16.9</u>	Stroke Length <u>85</u>
1668 Flocculant	Volume (gal) <u>95</u>	Stroke Rate <u>79</u>	# of Full Bags Onsite <u>2</u>
2925 Sequestrant	Height (in) <u>161611</u>	Stroke Rate <u>18.3</u>	Stroke Length <u>100</u>
Dosing pumps at normal rate?		Chemicals needed?	<u>Coagulant 2130</u>

Floor Sumps (Y/N)

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Don't test (check monthly)</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>	Hydraulic press oil level	<u>✓</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>40/20</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>Y</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>Y</u>	Drum labels needed?	<u>Y</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>Y</u>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>N</u>	Exterior Lights working?	<u>Y</u>	Propane tank >20%	<u>NA</u>

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: A. Miller

Date: 6-28-24

Time: 1050

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

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)	
Pump Status/Flow	EW-1	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>23.9</u>	<u>7.90</u>	<u>5.5</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.3</u>	<u>4.37</u>	<u>11.8</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>0.0</u>	<u>13.71</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>22.0</u>	<u>12.48</u>	<u>2.5</u>

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<u>Y</u>	Discharge pump operating	<u>✓</u>
Operate exhaust fan manually	<u>✓</u>	Discharge pump pressure normal	<u>✓ 52 PSI</u>
FT-201 reading (GPM)	<u>19.2</u>	Discharge pump oil level	<u>✓</u>
FT-801 reading (GPM)	<u>23.5</u>	Building temp accurate	<u>✓ 77.6°F</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 (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>50/46</u>	Mid bag pressure (PSI)	<u>Back 43/43 Front</u>
Back pressure valve pre/post (PSI)	<u>48/42</u>	Post bag pressure (PSI)	<u>30</u>
Pre bag pressure (PSI)	<u>Back 44/46 Front</u>	Bag micron size, Lead/lag	<u>25/5</u>

Carbon

Post TOC Lead Pressure	<u>27</u>	} 2 1st carbon offline	TOC Carbon Date Last Replaced	<u>2-27-24</u>
Post TOC Lag Pressure	<u>24</u>		PFAS Carbon Date Last Replaced	<u>NA</u>
Post PFAS Lead Pressure	<u>3 { 21/6 } 34</u>			
Post PFAS Lag Pressure	<u>3 { 8/4.5 } 34</u>			

Data (Check if OK)

Do Daily & Yesterday Starts make sense ✓

Alarms

List any active alarms None
 All Alarms Enabled (Y/N) Y
 List any disabled and indicate why NA

Air Compressor (Check if OK)

Cycle times normal for load	<u>✓</u>	Check auto drain operation	<u>✓</u>
Pressure within normal range	<u>✓ 98 PSI</u>	Check dryer - alarms? Cycling?	<u>✓</u>
Oil Level (Check when not running)	<u>✓</u>	HX fan operating?	<u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) ✓ Heaters functional NA

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Mixers visibly operating	<u>✓</u>
Floatables? (take photos if yes)	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Coag visibly dosing?	<u>Y</u>	Indicate % of sludge at each port	Upper <u>WAB 10</u>
Floc visibly dosing?	<u>Y</u>		Mid <u>WAB 80</u>
Sequestrant visibly dosing?	<u>Y</u>		Lower <u>100</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>25</u>	mA Signal <u>123 mV</u>	# of Full Drums Onsite	<u>1</u>
2130 Coagulant	Height (in) <u>15.17</u>	Stroke Rate <u>16.1</u>	# of Full Drums Onsite	<u>0</u>
1668 Flocculant	Volume (gal) <u>175</u>	Stroke Rate <u>75</u>	# of Full Bags Onsite	<u>2</u>
2925 Sequestrant	Height (in) <u>243/4</u>	Stroke Rate <u>16.9</u>	# of Full Drums Onsite	<u>2</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>Coag - Ptarmigan ordered</u>	

Floor Sumps (Y/N)

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>Did not test (check monthly)</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>	Hydraulic press oil level	<u>✓</u>
Hydraulic pressure normal	<u>2800 PSI</u>	How many total filled Haz drums onsite?	<u>RAM 22</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>WAB picked up 4</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>Y</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>Y</u>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>N</u>	Exterior Lights working?	<u>Y</u>	Propane tank >20%	<u>—</u>

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A decorative graphic consisting of three thin orange lines. One line is horizontal, extending across the width of the page. Two other lines are diagonal, starting from the bottom left and extending towards the top right, crossing the horizontal line.