

Payson Long
New York State Department of Environmental Conservation (NYSDEC)
Division of Environmental Remediation
Bureau of Program Management
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Subject:
July 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 July 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 527,050 gallons of leachate were collected and treated through the system during July 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 11.8 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 July 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. Seven 55-gallon drums of Filter Sludge were generated during July 2024.
- On July 19, 2024, 26 55-gallon drums were removed for disposal by Environmental Waste Minimization, Inc. The drums were sent to a Belleville, Michigan disposal facility. The disposal manifests are provided in **Attachment C**.

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

SYSTEM SAMPLING

Treatment system samples were collected on July 15, 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 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 organic carbon (TOC), 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 July 15, 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**, no VOCs were detected in any of the treatment system samples.

SVOCs

Table 1 shows that 1,4-dioxane was detected in the Influent (0.51 µg/L), CCT (0.69 µg/L), GAC-802 (0.99 µg/L), and GAC-803 (1.7 µg/L) treatment system samples and in the GAC-804 (3.1 µg/L) treatment

system discharge sample. There are currently no criteria for 1,4-Dioxane in the Fort Edward SPDES permit limits.

PCBs

Aroclor 1016 was detected in the samples from Influent (0.85 µg/l), CCT (1.2 µg/l), GAC-802 (0.89 µg/l), GAC-803 (0.60 µg/l), and the effluent sample location GAC-804 (0.32 µg/l). As shown in **Table 2**, no other PCBs were not detected at concentrations greater than the respective detection limits in the treatment system samples. There are currently no criteria for PCBs in the Fort Edward SPDES permit limits.

Metals

As shown in **Table 2**, the concentration of iron in the July 2024 Influent sample was 62 mg/L. Iron concentrations were reduced to 3.2 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 July 2024 monthly samples which exceeded the Fort Edward SPDES Equivalency Permit Limits. Additional metals results are presented in **Table 2**.

Conventional Chemistry

As shown in **Table 2**, the TSS concentrations ranged from non-detect to 87 mg/L in the Influent sample collected in July 2024. Since September 2016, TSS concentrations in treatment system samples have ranged from non-detect to 591 mg/L.

Table 2 shows that TOC concentrations ranged from 2.8 mg/L (Influent) to 11 mg/L (CCT and GAC-802). The treatment plant discharge TOC concentration from GAC-804 was 8.7 mg/L. There are currently no criteria for TOC in the Fort Edward SPDES permit limits.

PFAS

Table 3 shows that that PFOA detections in treatment system samples ranged from 4.3 ng/L (GAC-804) to 13 ng/L (CCT) and PFOS detections ranged from 2.4 ng/L (GAC-804) to 8.6 ng/L (Influent and CCT). There are currently no criteria for PFAS in the Fort Edward SPDES permit limits.

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for August 2024:

- Continuation of iron and solids treatment and processing.
- Continuation of IRM system optimization and routine sampling.

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

NYSDEC Site No. 558001
Payson Long
October 3, 2024

Sincerely,

Arcadis of New York, Inc.



Andy Vitolins, P.G.
Vice President

Copies:

Jeffrey Dyber, NYSDEC
Jeremy Wyckoff, Arcadis
Todd Carignan, Arcadis
Suzie Bower, Arcadis
File

Enclosures:

Tables

Attachment A – NYSDEC Daily Inspection Reports

Attachment B – Arcadis Weekly O&M Logs

Attachment C – Disposal Manifest

TABLES



Table 1: VOCs and 1,4-Dioxane
July 2024 Treatment System Analytical Data, Fort Edward Landfill
Hudson Falls, New York. NYSDEC Site No.558001



Location	Influent	CCT	GAC-802	GAC-803	Fort Edward SPDES Equivalency Permit Limit	GAC-804
Date	7/15/2024	7/15/2024	7/15/2024	7/15/2024		7/15/2024
Volatile Organic Compounds (µg/L)						
1,1,1-Trichloroethane	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2,2-Tetrachloroethane	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
1,1,2-trichloro-1,2,2-trifluoroethane	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1,2-Trichloroethane	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,1-Dichloroethane	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
1,1-Dichloroethene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,3-Trichlorobenzene	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
1,2,3-Trichloropropane	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
1,2,4-Trichlorobenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2,4-Trimethylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-Dibromo-3-chloropropane	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
1,2-Dibromoethane	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
1,2-Dichlorobenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-Dichloroethane	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,2-Dichloropropane	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3,5-Trimethylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,3-Dichlorobenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
1,4-Dichlorobenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
2-Butanone (MEK)	20 U	20 U	20 U	20 U	--	20 U
4-Methyl-2-Pentanone	10 U	10 U	10 U	10 U	--	10 U
Acetone	50 U	50 U	50 U	50 U	--	50 U
Benzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Bromochloromethane	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Bromodichloromethane	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Bromoform	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Bromomethane	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
Carbon Disulfide	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
Carbon Tetrachloride	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
CFC-11	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
CFC-12	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
Chlorobenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Chlorodibromomethane	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Chloroethane	2.0 U	2.0 U	2.0 U	2.0 U	20	2.0 U
Chloroform	2.0 U	2.0 U	2.0 U	2.0 U	150	2.0 U
Chloromethane	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
cis-1,2-Dichloroethene	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
cis-1,3-Dichloropropene	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Cyclohexane	5.0 U	5.0 U	5.0 U	5.0 U	--	5.0 U
Cymene (p-Isopropyltoluene)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Dichloromethane	5.0 U	5.0 U	5.0 U	5.0 U	50	5.0 U
Ethylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Isopropylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
m&p-Xylenes	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
Methyl Acetate	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Methyl N-Butyl Ketone (2-Hexanone)	10 U	10 U	10 U	10 U	--	10 U
Methylcyclohexane	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Methyl-tert-butylether	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Naphthalene	2.0 U	2.0 U	2.0 U	2.0 U	--	2.0 U
n-Butylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
n-Propylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
o-Xylene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
sec-Butylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Styrene (Monomer)	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
tert-Butylbenzene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Tetrachloroethene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Toluene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Total Xylenes	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
trans-1,2-Dichloroethene	1.0 U	1.0 U	1.0 U	1.0 U	30	1.0 U
trans-1,3-Dichloropropene	0.50 U	0.50 U	0.50 U	0.50 U	--	0.50 U
Trichloroethene	1.0 U	1.0 U	1.0 U	1.0 U	--	1.0 U
Vinyl chloride	2.0 U	2.0 U	2.0 U	2.0 U	50	2.0 U
1,4-Dioxane SIM (µg/L)						
1,4-Dioxane	0.51	0.69	0.99	1.7	--	3.1

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:

µg/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
July 2024 Treatment System Analytical Data, Fort Edward Landfill
Hudson Falls, New York. NYSDEC Site No.558001



Location	Influent	CCT	GAC-802	GAC-803	Fort Edward SPDES Equivalency Permit Limit	GAC-804
Date	7/15/2024	7/15/2024	7/15/2024	7/15/2024		7/15/2024
Polychlorinated Biphenyls (µg/L)						
Aroclor 1016	0.85	1.2	0.89	0.60	--	0.32
Aroclor 1221	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Aroclor 1232	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Aroclor 1242	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Aroclor 1248	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Aroclor 1254	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Aroclor 1260	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Aroclor 1262	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Aroclor 1268	0.18 U	0.18 U	0.20 U	0.18 U	--	0.18 U
Metals (mg/L)						
Aluminum	0.050 U	0.77	0.63	0.84	--	0.78
Antimony	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
Arsenic	0.010 U	0.010 U	0.010 U	0.010 U	0.15	0.010 U
Barium	0.051	0.050 U	0.050 U	0.050 U	3.5	0.050 U
Beryllium	0.0040 U	0.0040 U	0.0040 U	0.0040 U	--	0.0040 U
Cadmium	0.0040 U	0.0040 U	0.0040 U	0.0040 U	0.001	0.0040 U
Calcium	80	76	75	76	--	77
Chromium	0.010 U	0.010 U	0.010 U	0.010 U	0.21	0.010 U
Cobalt	0.010 U	0.010 U	0.010 U	0.010 U	0.005	0.010 U
Copper	0.010 U	0.010 U	0.010 U	0.010 U	0.024	0.010 U
Iron	62	8.2	6.7	4.4	0.3	3.2
Lead	0.010 U	0.010 U	0.010 U	0.010 U	0.0032	0.010 U
Magnesium	17	17	17	17	--	18
Manganese	1.5	3.6	3.6	3.6	--	3.6
Mercury	0.00020 U	0.00020 U	0.00020 U	0.00020 U	0.0008	0.00020 U
Nickel	0.010 U	0.010 U	0.010 U	0.010 U	0.0096	0.010 U
Potassium	2.0 U	2.0 U	2.0	2.0 U	--	2.1
Selenium	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
Silver	0.010 U	0.010 U	0.010 U	0.010 U	--	0.010 U
Sodium	39	48	47	47	--	48
Thallium	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
Vanadium	0.010 U	0.010 U	0.010 U	0.010 U	0.014	0.010 U
Zinc	0.044	0.050	0.010 U	0.010 U	0.17	0.010 U
General Chemistry (mg/L)						
Total Suspended Solids	87	6.8	5.0 U	19 U	50	19 U
Total Organic Carbon	2.8	11	11	9.4	--	8.7

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

A bold value indicates the analyte was detected.

Definitions:

mg/L - milligrams per liter

µg/L - micrograms per liter

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

Table 3: PFAS
July 2024 Treatment System Analytical Data, Fort Edward Landfill
Hudson Falls, New York. NYSDEC Site No.558001



Location	Influent	CCT	GAC-802	GAC-803	Fort Edward SPDES Equivalency Permit Limit	GAC-804
Date	7/15/2024	7/15/2024	7/15/2024	7/15/2024		7/15/2024
Per- and Polyfluoroalkyl Substances (ng/L)						
11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (F-53B Minor)	20 U	3.6 U	3.6 U	3.7 U	--	3.8 U
2,3,3,3-Tetrafluoro-2-(heptafluoropropoxy)propanoic acid (HFPO-DA)	20 U	3.6 U	3.6 U	3.7 U	--	3.8 U
2H, 2H, 3H, 3H-perfluorodecanoic acid (7:3 FTCA)	260 U	46 U	45 U	47 U	--	47 U
2H, 2H, 3H, 3H-perfluorohexanoic acid	51 U	9.1 U	9.1 U	9.3 U	--	9.4 U
2H, 2H, 3H, 3H-perfluorooctanoic acid (5:3 FTCA)	260 U	46 U	45 U	47 U	--	47 U
4,8-Dioxa-3H-perfluorononanoic acid (DONA)	20 U	3.6 U	3.6 U	3.7 U	--	3.8 U
4:2 Fluorotelomer sulfonate (4:2 FTS)	20 U	3.6 U	3.6 U	3.7 U	--	3.8 U
6:2 Fluorotelomer sulfonic acid (6:2 FTSA)	20 U	3.6 U	3.6 U	3.7 U	--	3.8 U
8:2 Fluorotelomer sulfonic acid (8:2 FTSA)	20 U	3.6 U	3.6 U	3.7 U	--	3.8 U
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9CL-PF3ONS)	20 U	3.6 U	3.6 U	3.7 U	--	3.8 U
N-Ethyl perfluorooctane sulfonamide (N-EtFOSA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
N-Ethyl perfluorooctane sulfonamide ethanol (N-EtFOSE)	51 U	9.1 U	9.1 U	9.3 U	--	9.4 U
N-Ethyl perfluorooctane sulfonamidoacetic acid (EtFOSAA)	5.1 U	1.2	0.95	0.93 U	--	0.94 U
N-Methyl perfluorooctane sulfonamide (N-MeFOSA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
N-Methyl perfluorooctane sulfonamidoethanol (N-MeFOSE)	51 U	9.1 U	9.1 U	9.3 U	--	9.4 U
N-Methylperfluorooctane sulfonamidoacetic acid (MeFOSAA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Nonafluoro-3,6-Dioxaheptonic Acid (NFDHA)	10 U	1.8 U	1.8 U	1.9 U	--	1.9 U
Perfluoro (2-Ethoxyethane) Sulfonic Acid (PFEESA)	10 U	1.8 U	1.8 U	1.9 U	--	1.9 U
Perfluoro-3-methoxypropanoic aci (PFMPA)	10 U	1.8 U	1.8 U	1.9 U	--	1.9 U
Perfluoro-4-Methoxybutanic acid (PFMBA)	10 U	1.8 U	1.8 U	1.9 U	--	1.9 U
Perfluorobutane sulfonic acid (PFBS)	5.1 U	1.5	1.4	1.0	--	0.94 U
Perfluorobutanoic acid (PFBA)	20 U	4.5	3.6 U	3.7 U	--	3.8 U
Perfluorodecane sulfonic acid (PFDS)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluorodecanoic acid (PFDA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluorododecane sulfonic acid (PFDOS)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluorododecanoic acid (PFDoA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluoroheptane sulfonic acid (PFHpS)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluoroheptanoic acid (PFHpA)	5.1 U	2.6	2.4	1.8	--	0.95
Perfluorohexane sulfonic acid (PFHxS)	5.1 U	1.5	1.3	1.0	--	0.94 U
Perfluorohexanoic acid (PFHxA)	5.1 U	4.3	3.7	2.9	--	1.5
Perfluorononane sulfonic acid (PFNS)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluorononanoic acid (PFNA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluorooctane sulfonamide (PFOSA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluorooctane sulfonic acid (PFOS)	8.6	8.6	6.3	4.3 PF-23	--	2.4
Perfluorooctanoic acid (PFOA)	12	13	11	8.2	--	4.3
Perfluoropentane sulfonic acid (PFPeSA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluoropentanoic acid (PFPeA)	10 U	3.4	3.4	2.6	--	1.9 U
Perfluorotetradecanoic acid (PFTeDA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluorotridecanoic acid (PFTrDA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Perfluoroundecanoic acid (PFUdA)	5.1 U	0.91 U	0.91 U	0.93 U	--	0.94 U
Total Suspended Solids (mg/L)						
Total Suspended Solids	100	10 U	10 U	18	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

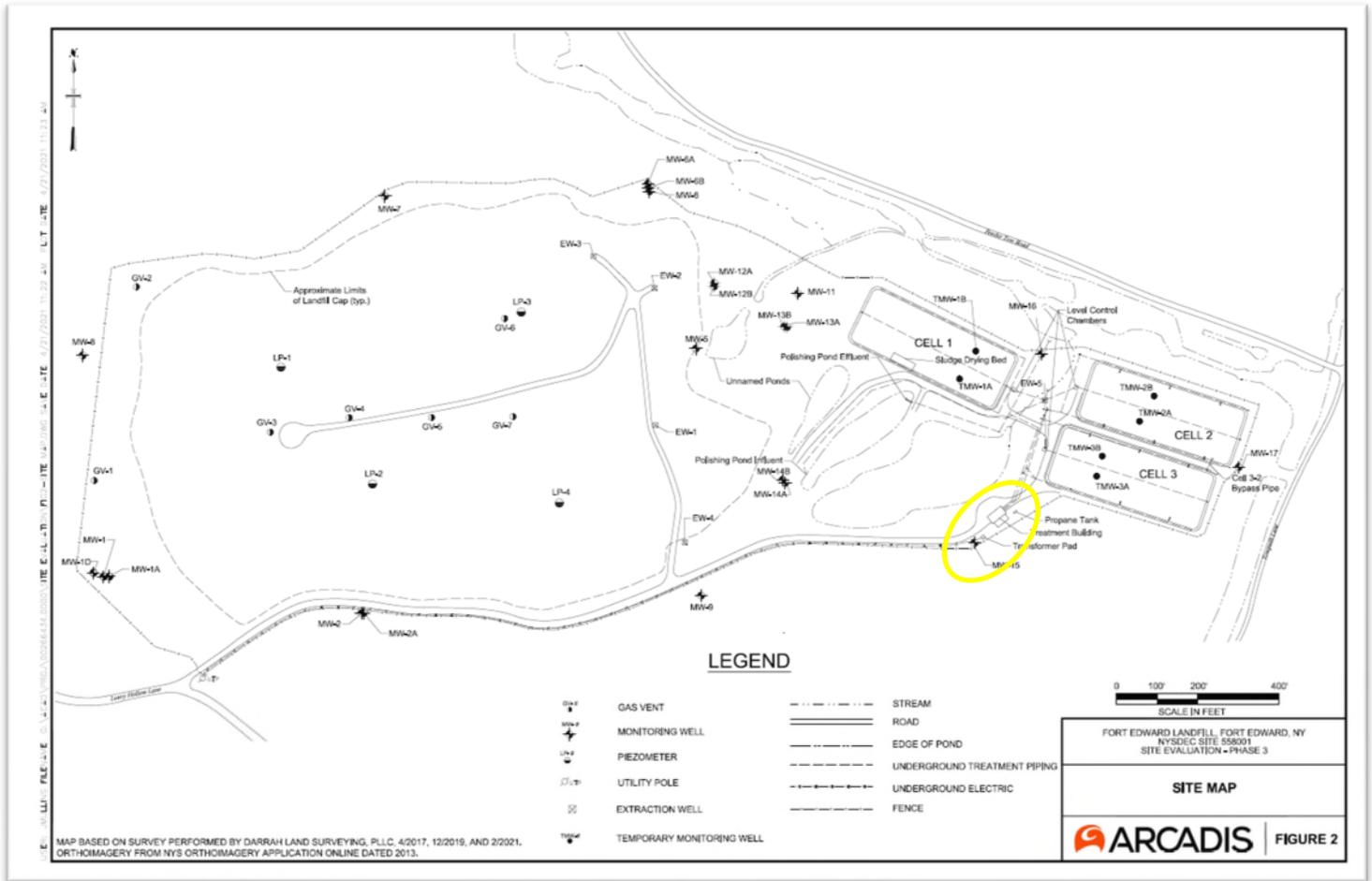


DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

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. – Antoinette Miller, Patrick Harrington		
Site Location: Hudson Falls, New York								
Weather Conditions								
General Description	Sunny	AM	Sunny	PM				
Temperature	63°F	AM	73°F	PM				
Wind	8 mph NNW	AM	13 mph NW	PM				
Health & Safety								
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None at this time.								
Summary of Work Performed		Arrived at site:	0700	Departed Site:	1500			
<ul style="list-style-type: none"> Process filter sludge. Batch 2X from IPC to Thickener Tank. Mix 100-gallon batch of flocculant. Wash IPC plates. Change bag filters. Fire extinguisher inspection. Routine O&M and housekeeping. Filled 1.5 drums filter sludge. 								
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		
Patrick Harrington		Arcadis		Geologist		8		
Equipment Description		Contractor/Vendor			Quantity	Used		
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*	

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

Equipment/Material Tracking Comments:			
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 July 1, 2024.

Site Inspector(s): A. Miller	Date: 07/01/2024
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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"/>
Comments: None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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"/>
Comments: None at this time.			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input 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.			

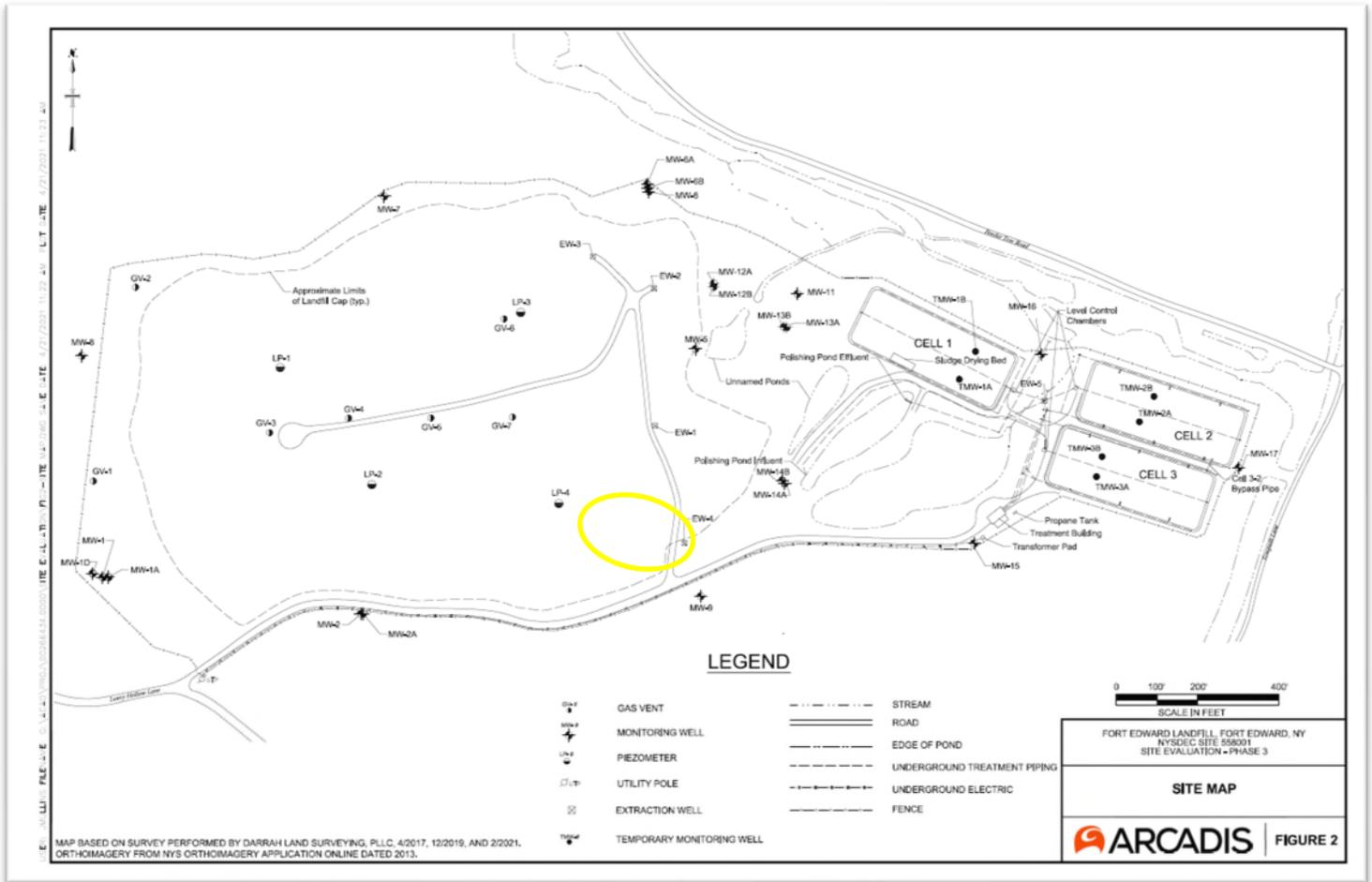
* BART – Best Available Retrofit Technology

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	60°F	AM	75°F	PM				
Wind	Calm	AM	15 mph SSW	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			
<ul style="list-style-type: none"> Place riprap in downchute near EW-4 where composting filter socks were previously removed by GreenSpark. Completed mowing of landfill cap. 								
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		
Patrick Harrington		Arcadis		Geologist		10		
Equipment Description		Contractor/Vendor			Quantity		Used	
Material Description		Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*	
Light Stone Fill (delivered 7/2/24)		X			Peckham Industries – Hudson Falls Quarry	1	21.8	
*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 July 3, 2024.

Site Photographs (Descriptions Below)



Riprap placed in voids along perimeter of downchute near EW-4 where filter sock was previously removed. Top of photo shows where new riprap was placed. Void between riprap and soil shown in lower half of photo for comparison. Facing northwest.



Riprap completed along perimeter of swale. Downchute near EW-4, facing northwest.



Mulch spread along southern edge of downchute near EW-4. Facing northwest.



Brush cutting machine used for landfill cap mowing.

	
Mowing completed along southern face of landfill. Facing west.	CWTS Cells 2 (left) and 3 (right) shown with phragmites cut back from center roadway. Facing east.
Comments	
New concrete pad to cure for 28 days prior to heavy use.	
Site Inspector(s): J. Wyckoff	Date: 07/03/2024

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"/>

Comments:
 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 programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input 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.			

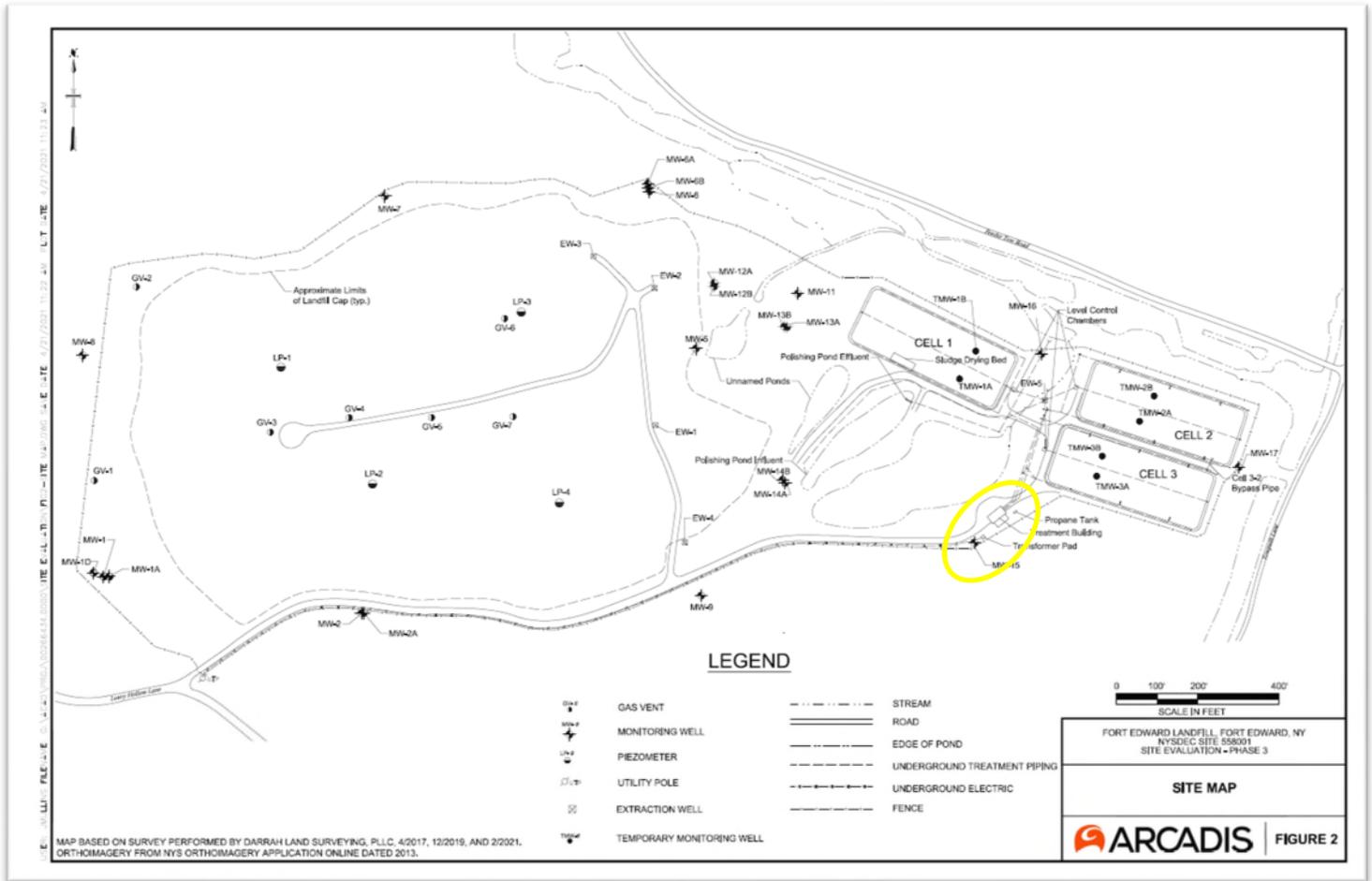
* BART – Best Available Retrofit Technology

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. – Antoinette Miller, Robert King	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	73°F	AM	81°F	PM			
Wind	5 mph SE	AM	6 mph ESE	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. Batch 2X from IPC to Thickener Tank. Mix 112-gallon batch of flocculant. Wash IPC plates. Change bag filters. Routine O&M and housekeeping. Filled 1.5 drums filter sludge. 							
Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No <input checked="" type="checkbox"/> 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	
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 July 5, 2024.

Site Inspector(s): A. Miller	Date: 07/05/2024
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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"/>
Comments: None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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"/>
Comments: None at this time.			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input 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

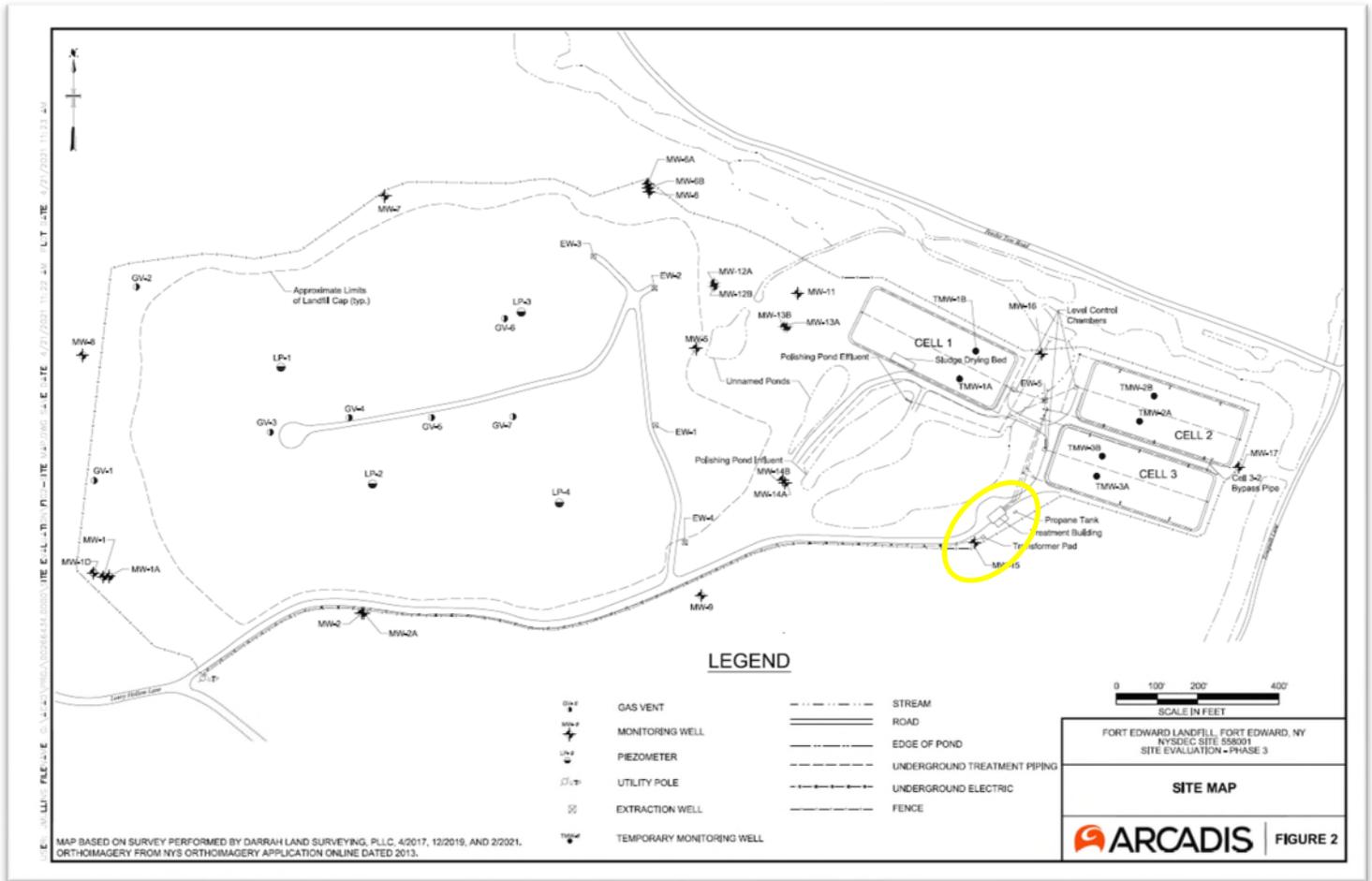
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <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		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Patrick Harrington	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Cloudy	PM			
Temperature	75°F	AM	87°F	PM			
Wind	5 mph SSE	AM	7 mph WSW	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:	0800	Departed Site:	1700		
<ul style="list-style-type: none"> Process filter sludge. Batch from IPC to Thickener Tank. Mix batch of flocculant. Wash IPC plates. 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 <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/>							
Were there any vehicles which were not tarped? * Yes No <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/>							
Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/>							
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Patrick Harrington		Arcadis		Geologist		9	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

*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 July 15, 2024.

Site Inspector(s): A. Miller	Date: 07/15/2024
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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"/>
Comments: None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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"/>
Comments: None at this time.			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input 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

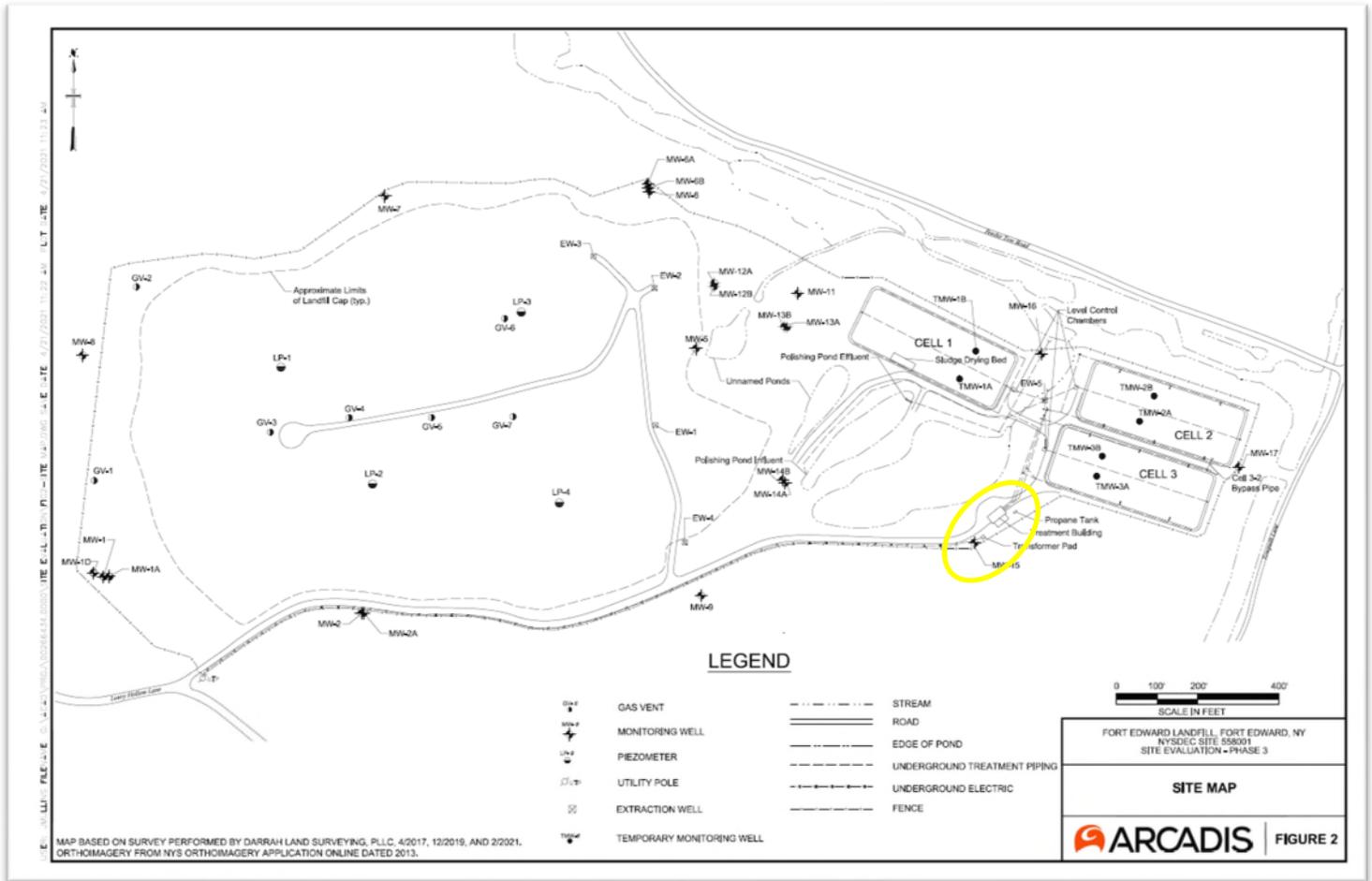
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <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

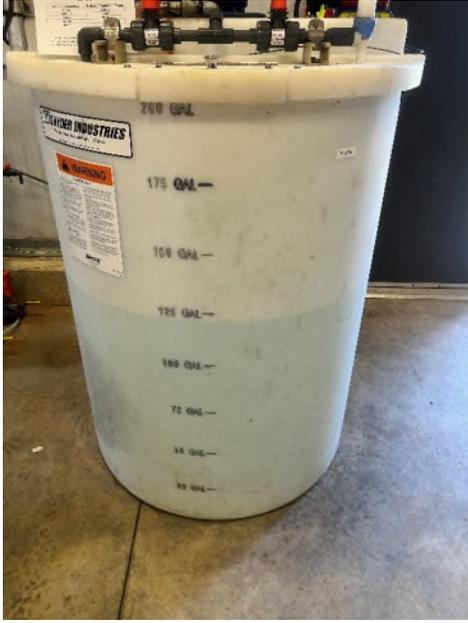
DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

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. – Todd Carignan	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	64°F	AM	77°F	PM			
Wind	3 mph W	AM	3 mph NNE	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"> Mix flocculant. General site inspection. Drum Pickup. 							
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	
Todd Carignan		Arcadis		Engineer		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 July 19, 2024.

Site Photographs (Descriptions Below)	
	
View of flocculant tank.	View of drums staged prior to drum pickup.
Comments	
None.	
Site Inspector(s): T. C.	Date: 07/19/2024

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"/>
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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"/>
Comments: 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"/>
Comments: None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

adjoining the site which are affected by the excavations or other operations connected with performance of the Work?			
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

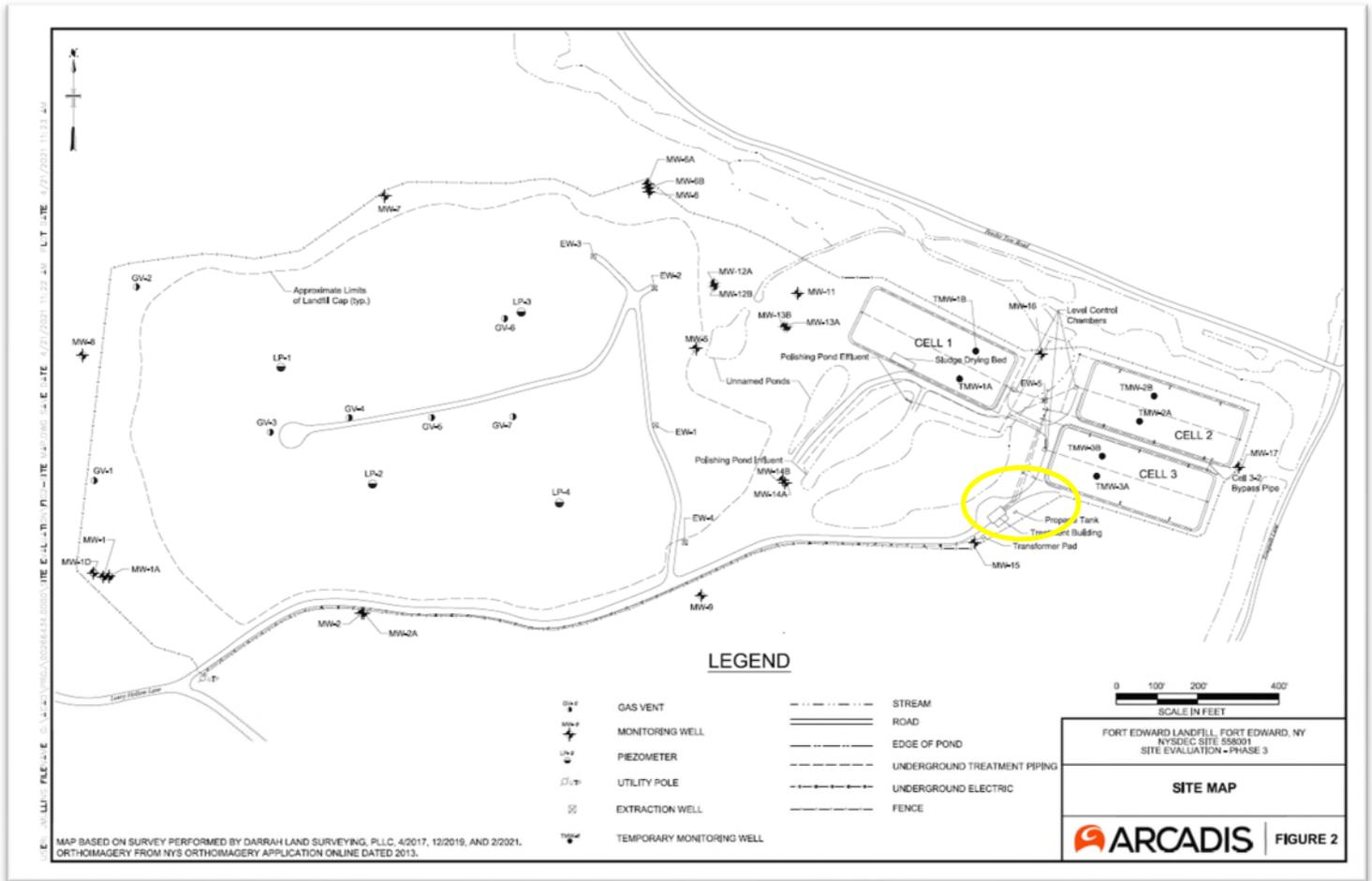
Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road 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 programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None at this time.			

* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		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	Clear	PM				
Temperature	55°F	AM	65°F	PM				
Wind	Calm	AM	Calm	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.								
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1600			
<ul style="list-style-type: none"> Tailgate meeting with Maviro to discuss H&S. Maviro begin vac out of GAC vessels. GAC-803 and GAC-802 evacuated. Spent carbon placed in super sacks on plastic sheeting. Super sacks covered with plastic sheeting. Processed sludge – Filled one drum with sludge cake. Conducted site mowing. Routine O&M / housekeeping. Test process input/output due to multiple alarms following power outage over weekend. 								
Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No <input checked="" type="checkbox"/> NA								
Were there any vehicles which were not tarped? * Yes No NA <input checked="" type="checkbox"/>								
Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA <input checked="" type="checkbox"/>								
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Jeremy Wyckoff		Arcadis		Geologist		8		
Todd Carignan		Arcadis		Engineer		4		
Baileigh Behan		Arcadis		Field Technician		8		
Kathrine Knapp		Arcadis		Engineer		4		
Robert King		Arcadis		Field Technician		4		
John Bath		Maviro		Supervisor		8		
Ryan Rougie		Maviro		Operator		8		
Peter Stanley		Maviro		Tech		8		
Chris Cowan		Maviro		Tech		8		
Mark Presly		Maviro		Tech		8		
Shawn Hart		Maviro		Tech		8		
Equipment Description		Contractor/Vendor			Quantity	Used		
Vac truck		Maviro			1	Yes		
Bobcat track loader		Maviro			1	Yes		
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 July 22, 2024.

Site Photographs (Descriptions Below)



Iron accumulations on top of spent GAC media.



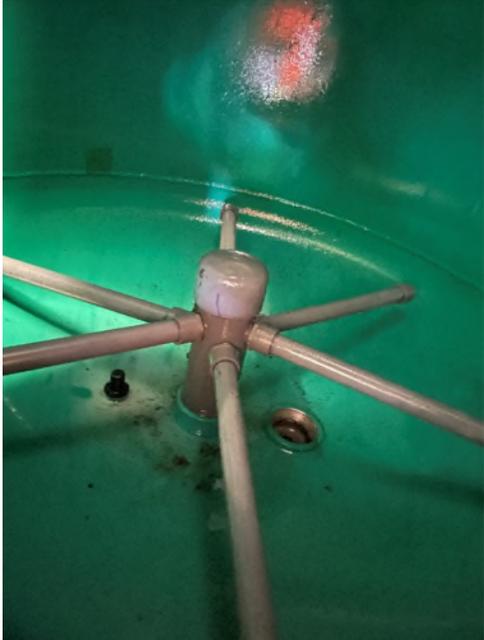
Maviro using vac hose to remove spent carbon from GAC-803.



Vac truck and skid loader with drum handler used to move material to super sacks.



Super sacks placed on plastic sheeting.

	
Inside of GAC vessel during vac event.	Outlet screens and tank following cleaning of GAC vessel.
Comments	
Work to continue 7/23/24.	
Site Inspector(s): J. Wyckoff	Date: 07/22/2024

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"/>
Comments: 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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 programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input 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.			

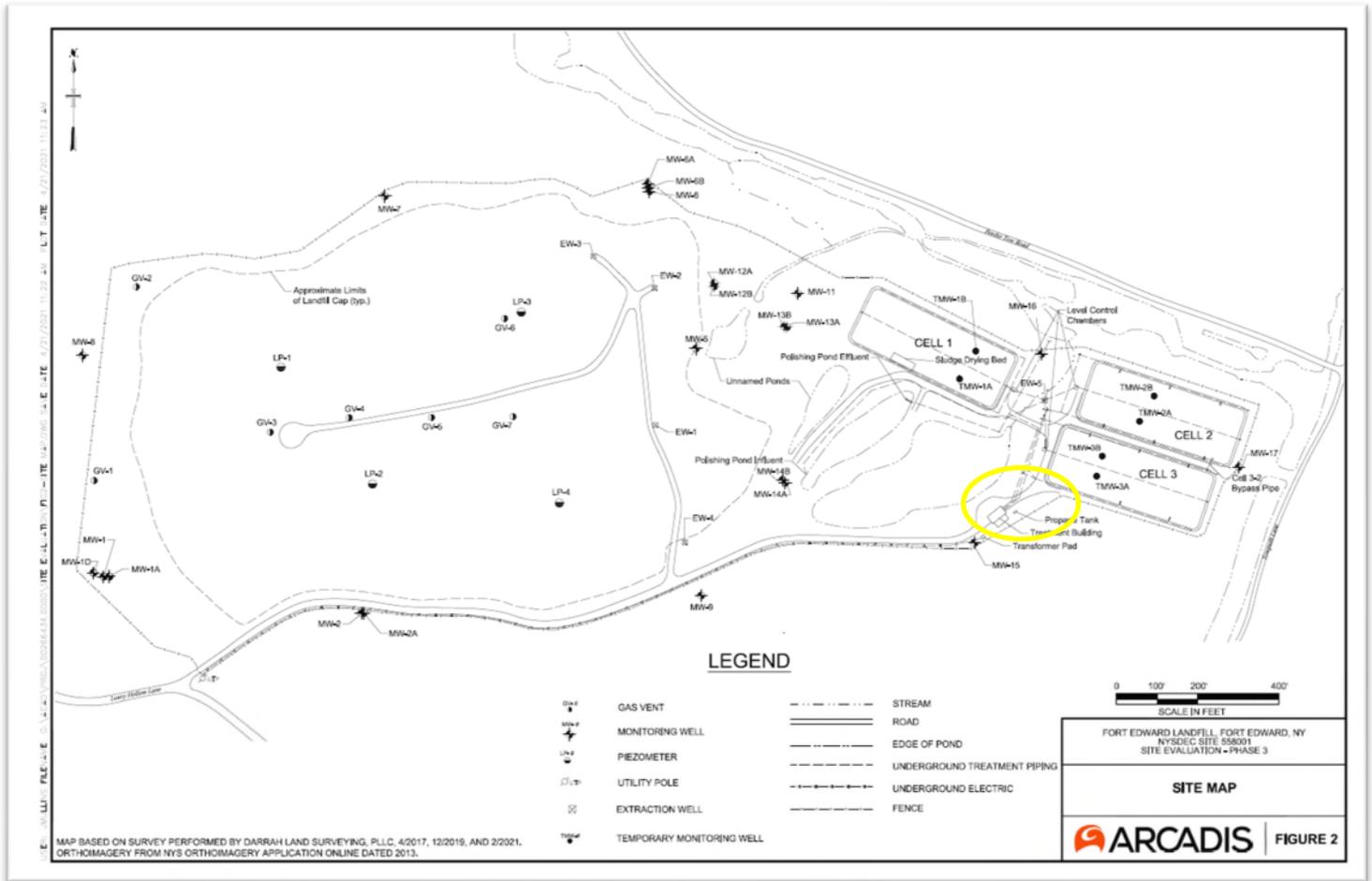
* BART – Best Available Retrofit Technology

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. – Jeremy Wyckoff	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	60°F	AM	65°F	PM			
Wind	Calm	AM	6 mph - SSW	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.							
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1600		
<ul style="list-style-type: none"> Tailgate meeting with Maviro to discuss H&S. Maviro completes vac out and cleaning of GAC vessels. Maviro removes and cleans all outlet screens (GAC-801/802/803). Spent carbon placed in super sacks and covered with plastic by Maviro. Routine O&M / housekeeping – sludge processing. Trim grass/shrubs around treatment system building and intermodal containers. Install discharge screen at IPC outlet. 							
Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No <input checked="" type="checkbox"/> NA							
Were there any vehicles which were not tarped? * Yes No NA <input checked="" type="checkbox"/>							
Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA <input checked="" type="checkbox"/>							
Personnel and Equipment							
Individual	Company	Trade	Total Hours				
Jeremy Wyckoff	Arcadis	Geologist	8				
Baileigh Behan	Arcadis	Field Technician	4				
John Bath	Maviro	Supervisor	8				
Robert Stetson	Maviro	Tech	8				
Peter Stanley	Maviro	Tech	8				
Chris Cowan	Maviro	Operator	8				
Mark Presly	Maviro	Tech	8				
Shawn Hart	Maviro	Tech	8				
Equipment Description	Contractor/Vendor		Quantity	Used			
Vac truck	Maviro		1	Yes			
Bobcat track loader	Maviro		1	Yes			
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Weight (Pounds)	
TetraSolv AuqaPur 800R GAC	Imported			Maviro		2,000	

*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 July 23, 2024.

Site Photographs (Descriptions Below)	
	
Cleaned GAC vessel and outlet screens.	New screen installed at outlet of IPC to keep scale/debris from entering CCT.
Comments	
Work to continue 7/24/24.	
Site Inspector(s): J. Wyckoff	Date: 07/23/2024

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"/>
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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"/>
Comments: None at this time.		

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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"/>
Comments: None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

adjoining the site which are affected by the excavations or other operations connected with performance of the Work?			
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 programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input 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.			

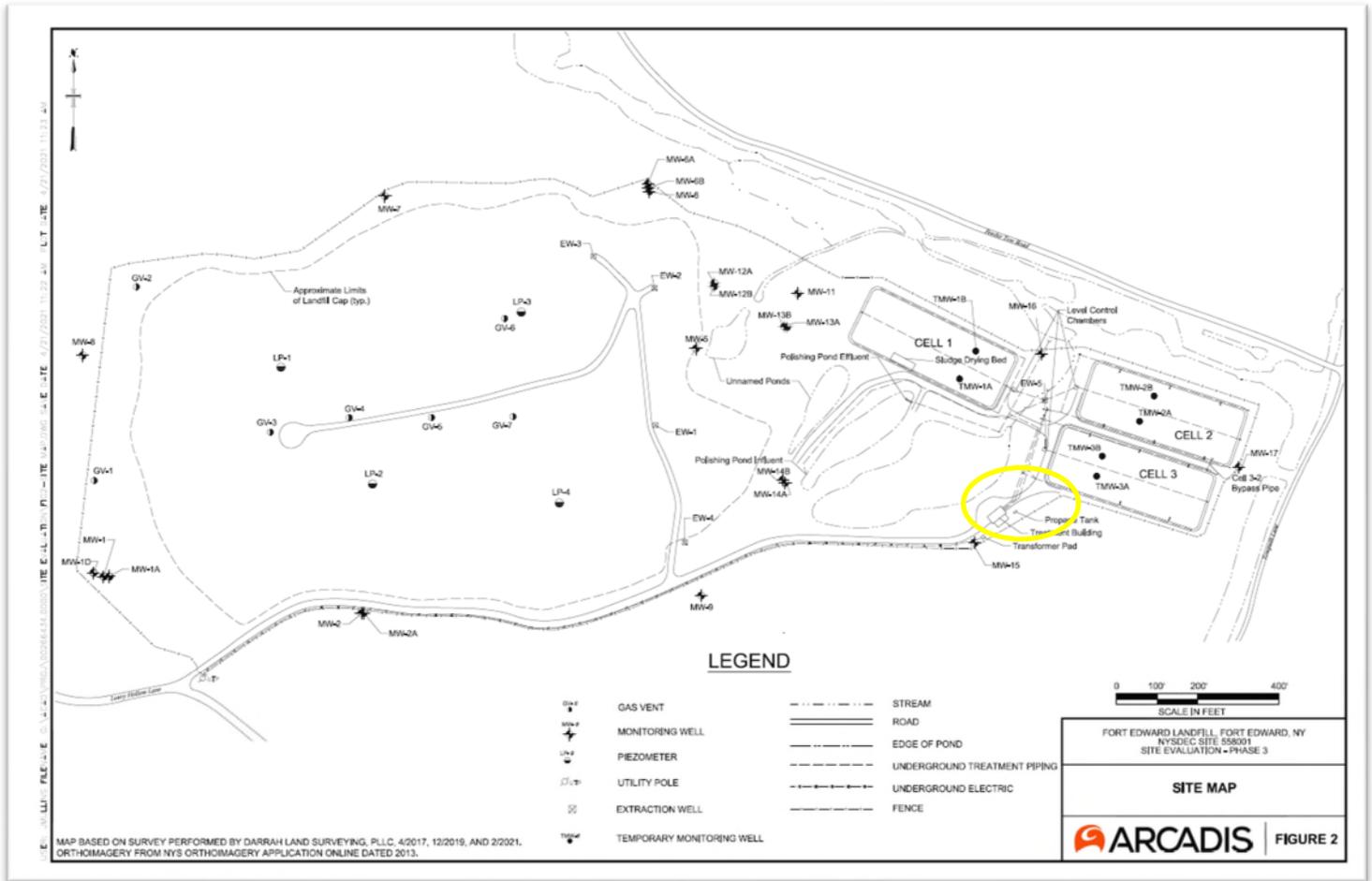
* BART – Best Available Retrofit Technology

DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

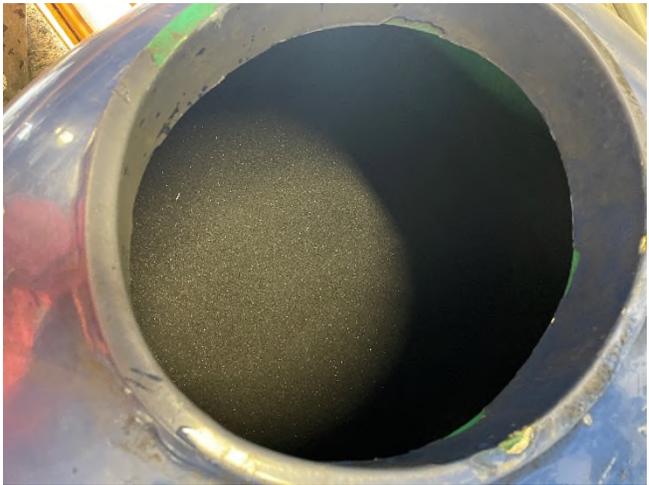
NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Jeremy Wyckoff			
Site Location: Hudson Falls, New York									
Weather Conditions									
General Description	Fog	AM	Clear	PM					
Temperature	60°F	AM	65°F	PM					
Wind	Calm	AM	Calm	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.									
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1600				
<ul style="list-style-type: none"> Tailgate meeting with Maviro to discuss H&S. Maviro place new media in GAC 801/802 (TetraSolv AquaPur 800R) Maviro place new media in GAC-803 (Cabot GAC400). Hydrate GAC vessels with potable water from spigot. Routine O&M / housekeeping. Test PLC process input/output due to multiple alarms following power outage over weekend. 									
Were there any vehicles which did not display proper D.O.T numbers and placards?				*Yes	No <input checked="" type="checkbox"/>	NA			
Were there any vehicles which were not tarped?				* Yes	No	NA <input checked="" type="checkbox"/>			
Were there any vehicles which were not decontaminated prior to exiting the work site?				* Yes	No	NA <input checked="" type="checkbox"/>			
Personnel and Equipment									
Individual		Company		Trade		Total Hours			
Jeremy Wyckoff		Arcadis		Geologist		8			
John Bath		Maviro		Supervisor		8			
Ryan Rougie		Maviro		Operator		8			
Dillin Nika		Maviro		Tech		8			
Chris Cowan		Maviro		Tech		8			
Equipment Description		Contractor/Vendor			Quantity		Used		
Vac truck		Maviro			1		No		
Bobcat track loader		Maviro			1		Yes		
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)		Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
TetraSolv AquaPur 800R		Imported				TetraSolv/Maviro			1 ton

*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 July 24, 2024.

Site Photographs (Descriptions Below)	
	
New TetraSolv AquaPur 800R.	New media in GAC vessel.
Comments	
GAC vessels to hydrate 24 hours before backwash. Work to continue 7/26/24.	
Site Inspector(s): J. Wyckoff	Date: 07/24/2024

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"/>
Comments: 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"/>
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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"/>
Comments: None at this time.		

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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"/>
Comments: None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

adjoining the site which are affected by the excavations or other operations connected with performance of the Work?			
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 programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input 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

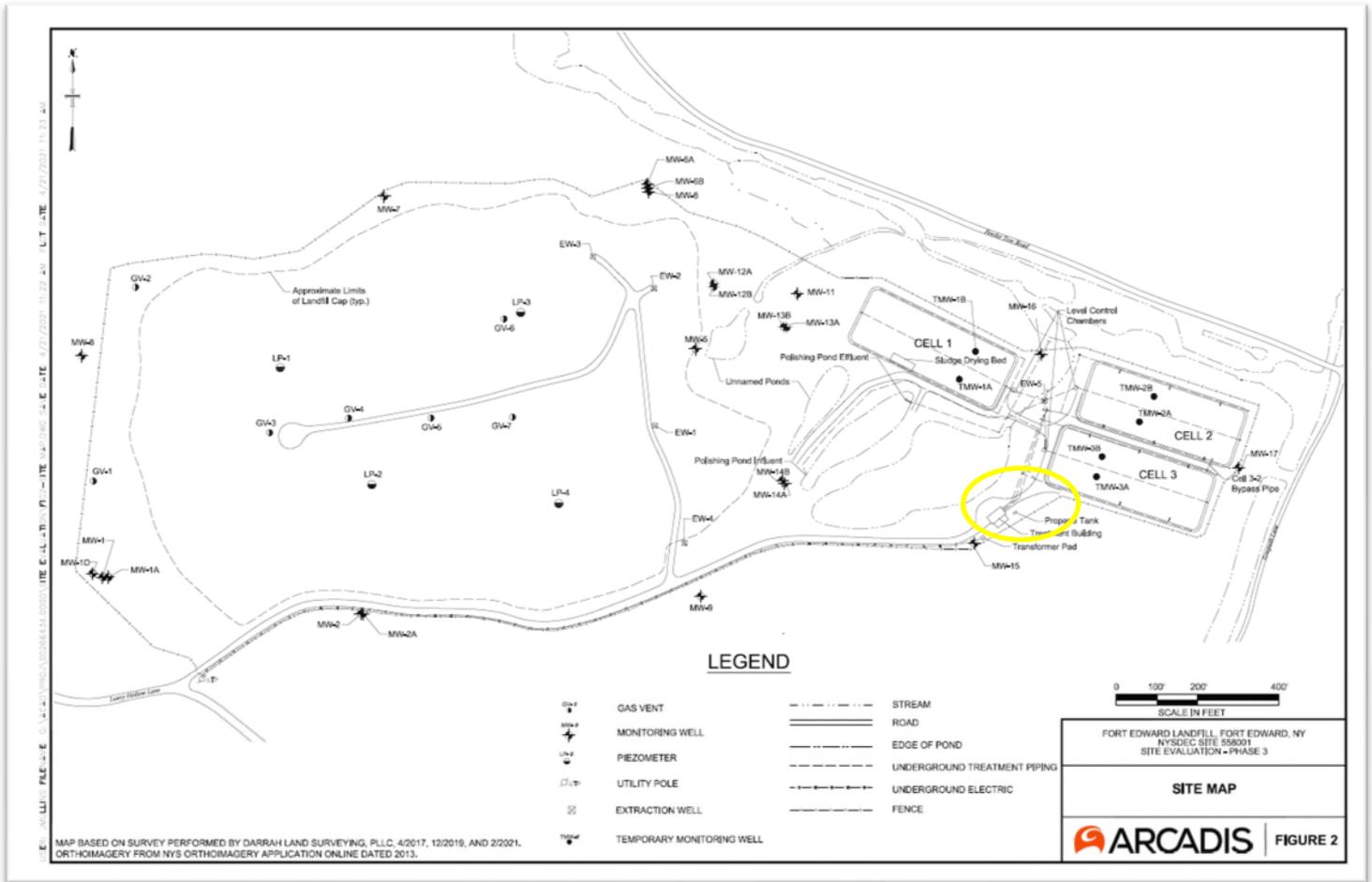
DAILY INSPECTION REPORT
Fort Edward, Site No. 558001

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	Cloudy	AM	Clear	PM			
Temperature	60°F	AM	75°F	PM			
Wind	3 mph - South	AM	15 mph - Southeast	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.							
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1530		
<ul style="list-style-type: none"> Tailgate meeting with Maviro to discuss H&S. Maviro set up and perform backwash of GAC-801/802/803 and 804 with +1,000 gallons of water each. Maviro cleanup and secure plastic sheeting over spent carbon super sacks. Routine O&M / housekeeping. Fill one drum with sludge cake. Test process input/outputs with controls engineer. Found defective PLC module. Restart system and bring new carbon online. 							
Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No <input checked="" type="checkbox"/> NA							
Were there any vehicles which were not tarped? * Yes No NA <input checked="" type="checkbox"/>							
Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA <input checked="" type="checkbox"/>							
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Jeremy Wyckoff		Arcadis		Geologist		8	
Antionette Miller		Arcadis		Field Tech		8	
John Bath		Maviro		Supervisor		8	
Ryan Rougie		Maviro		Operator		8	
Dillin Nika		Maviro		Tech		8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Bobcat track loader		Maviro			1	Yes	
Material Description		Imported/Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

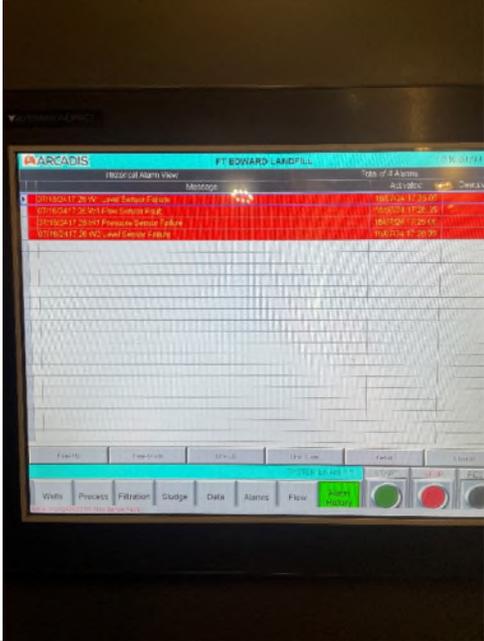
*On-Site scale for off-site shipment, delivery ticket for material received

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 July 26, 2024.

Site Photographs (Descriptions Below)	
	
Spent carbon in super sacks on plastic sheeting. Super sacks covered with plastic sheeting.	System screen showing multiple alarms due to faulty input module.
Comments	
PLC input module on order.	
Site Inspector(s): J. Wyckoff	Date: 07/26/2024

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"/>
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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"/>
Comments: None at this time.		

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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"/>
Comments: None at this time.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

adjoining the site which are affected by the excavations or other operations connected with performance of the Work?			
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 programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input 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.			

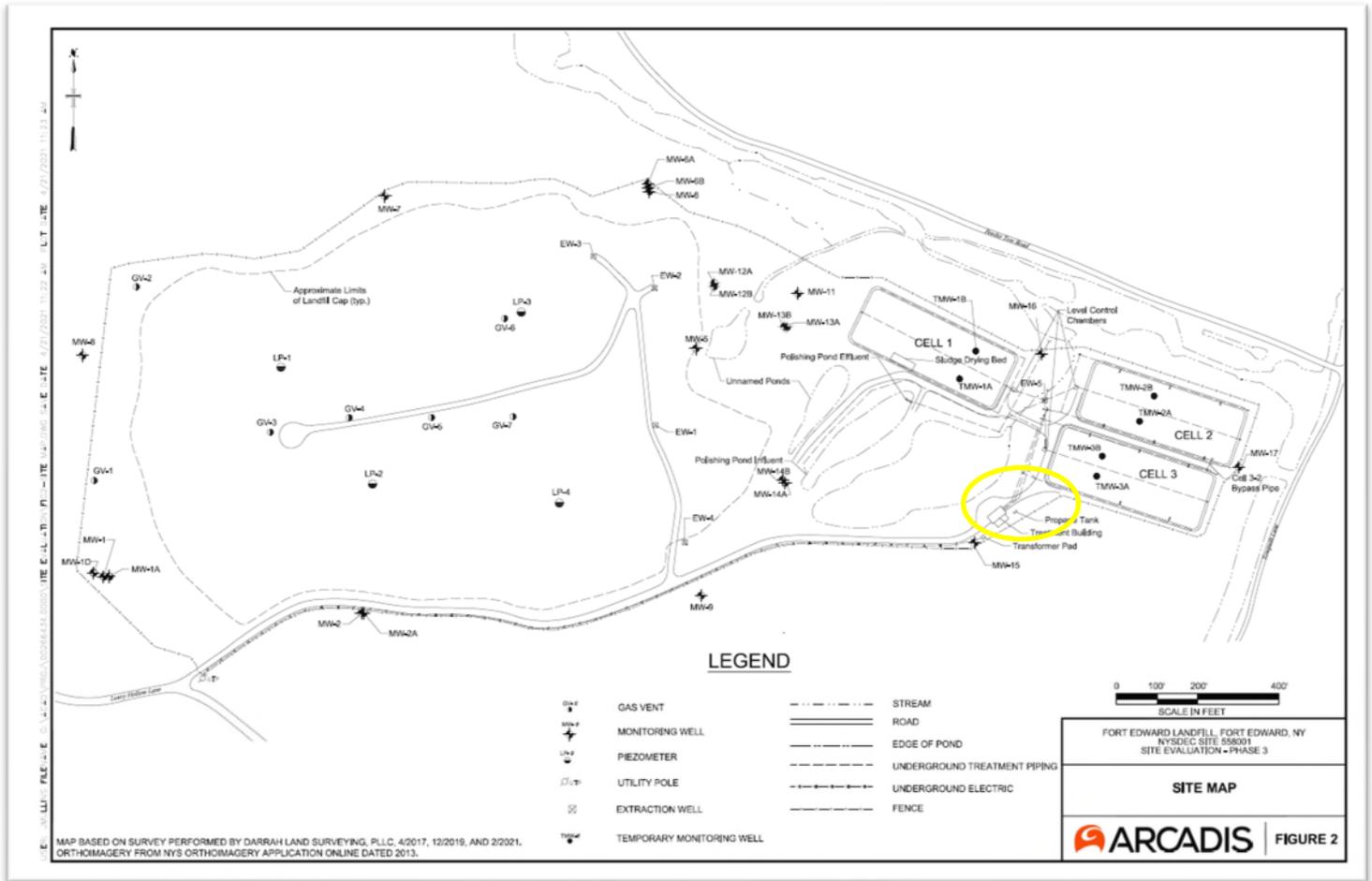
* BART – Best Available Retrofit Technology

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. – Antoinette Miller		
Site Location: Hudson Falls, New York								
Weather Conditions								
General Description	Cloudy	AM	Clear	PM				
Temperature	70°F	AM	75°F	PM				
Wind	0 MPH	AM	0 MPH	PM				
Health & Safety								
If any box below is checked "Yes", provide explanation under "Health & Safety Comments".								
Were there any changes to the Health & Safety Plan?						*Yes	No <input checked="" type="checkbox"/>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	NA <input checked="" type="checkbox"/>
Were there any nuisance issues reported/observed on this date?						*Yes	No <input checked="" type="checkbox"/>	NA
Health & Safety Comments								
None.								
Summary of Work Performed		Arrived at site:	0800	Departed Site:	1600			
<ul style="list-style-type: none"> Routine O&M / housekeeping. Transfer sludge from IPC to thickener tank (x2). Wash IPC plates. Mix 125 gallons of flocculant. Changed bag filters. 								
Were there any vehicles which did not display proper D.O.T numbers and placards? *Yes No <input checked="" type="checkbox"/> NA								
Were there any vehicles which were not tarped? * Yes No NA <input checked="" type="checkbox"/>								
Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No NA <input checked="" type="checkbox"/>								
Personnel and Equipment								
Individual		Company		Trade		Total Hours		
Antoinette Miller		Arcadis		Field Tech		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.			

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



Yellow outlined area indicates the specific location of site work performed on July 29, 2024.

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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

immediately?			
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 programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Comments:

None at this time.

* BART – Best Available Retrofit Technology

ATTACHMENT B

Arcadis Weekly O&M Logs



Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: A. Miller

Date: 7-1-24

Time: 0930

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>23.9</u>	<u>5.21</u>	<u>2.9</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>Y</u>	<u>18.2</u>	<u>8.85</u>	<u>20.2</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>26.7</u>	<u>20.96</u>	<u>5.5</u>

turned wells back on

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>Y</u>
Operate exhaust fan manually	<u>Y</u>	Discharge pump pressure normal <u>Y</u>
FT-201 reading (GPM)	<u>24.7</u>	Discharge pump oil level <u>58 PSI</u>
FT-801 reading (GPM)	<u>23.1</u>	Building temp accurate <u>Y</u>
Chemical rates normal for flow?	<u>Y</u>	Mixers operating? <u>Y</u>
Catch tank display level=actual?	<u>Y</u>	Other Alarms (Y/N) <u>N</u>

Filtration (Fill in values)		
Disk Filter pressure pre/post (PSI)	<u>52/50</u>	Mid bag pressure (PSI) <u>46/46</u>
Back pressure valve pre/post (PSI)	<u>50/48</u>	Post bag pressure (PSI) <u>44</u>
Pre bag pressure (PSI)	<u>48/48</u>	Bag micron size, Lead/lag <u>25/5</u>

After bag filter change

Carbon		
Post TOC Lead Pressure	<u>38</u>	TOC Carbon Date Last Replaced <u>2-27-24</u>
Post TOC Lag Pressure	<u>34</u>	PFAS Carbon Date Last Replaced <u>NA</u>
Post PFAS Lead Pressure	<u>30/NA</u>	
Post PFAS Lag Pressure	<u>28/5</u>	

Data (Check if OK)	
Do Daily & Yesterday Starts make sense	<u>Y</u> system off 6-30

Alarms	
List any active alarms	<u>Arrival: C&T High High Level Alarm, Bag Filter High Pressure</u>
All Alarms Enabled (Y/N)	<u>Y</u>
List any disabled and indicate why	<u>NA</u>

Air Compressor (Check if OK)	
Cycle times normal for load	<u>Y</u>
Pressure within normal range	<u>1103 PSI</u>
Oil Level (Check when not running)	<u>Y</u>

Unit Heaters (Check if OK)	
Thermostats set correctly (50-55 F)	<u>Y</u>
Heaters functional	<u>NA</u>

IPC (Y/N)	
IPC discharge clear?	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>
Coag visibly dosing?	<u>Y</u>
Floc visibly dosing?	<u>Y</u>
Sequestrant visibly dosing?	<u>Y</u>

Chemical Feed (Fill in values)		
345 Sodium Permanganate	Height (in) <u>24</u>	mA Signal <u>198</u>
2130 Coagulant	Height (in) <u>15.42</u>	Stroke Rate <u>19.4</u>
1668 Flocculant	Volume (gal) <u>147</u>	Stroke Rate <u>43</u>
2925 Sequestrant	Height (in) <u>14.74</u>	Stroke Rate <u>20.5</u>
Dosing pumps at normal rate?	<u>Y</u>	Chemicals needed? <u>pH order more chemicals</u>

Floor Sumps (Y/N)	
Sump levels normal?	<u>Y</u>
High-High level switches operate freely?	<u>didn't test (check monthly)</u>
Excessive sludge/sediment?	<u>N</u>

Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<u>Y</u>	<u>Y</u>	<u>Y</u>
Regulators working properly	<u>Y</u>	<u>Y</u>	<u>Y</u>
Exhaust mufflers	<u>Y</u>	<u>Y</u>	<u>Y</u>

Filter Press (Check if OK)	
Hydraulic ram operating normally	<u>Y</u>
Hydraulic pressure normal	<u>2600 PSI</u>
Significant leaks?	<u>N</u>

General/Housekeeping	
Wipe down dirty equipment/piping	<u>Y</u>
Sweep and/or wash floors	<u>Y</u>
Fire extinguisher inspection (monthly)	<u>Y</u>
Sludge in Clarifier Catch Tank?	<u>N</u>

Any leaks?	<u>N</u>
Lights working?	<u>Y</u>
Exit signs working?	<u>Y</u>
Exterior Lights working?	<u>Y</u>

Waste drums needed?	<u>N</u>
Drum labels needed?	<u>N</u>
Removed trash?	<u>Y</u>
Propane tank >20%	<u>1</u>

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: A. Miller

Date: 7-5-24

Time: 0800

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>N</u>	<u>NA</u>	<u>NA</u>	<u>-</u>	<u>-</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>X</u>	<u>-</u>	<u>-</u>	<u>-</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>NA</u>	<u>-</u>	<u>-</u>	<u>NA</u>
Confirm pressure with pump cycling & riot high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>21.0</u>	<u>12.48</u>	<u>2.6</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>✓ 82 psi</u>
FT-201 reading (GPM)	<u>17.5</u>	Discharge pump oil level	<u>✓</u>
FT-801 reading (GPM)	<u>20.3</u>	Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>	Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>	Other Alarms (Y/N)	<u>N</u>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>78/78</u>	* Pre bag filter change	Mid bag pressure (PSI)	<u>72/72</u>
Back pressure valve pre/post (PSI)	<u>76/74</u>		Post bag pressure (PSI)	<u>36</u>
Pre bag pressure (PSI)	<u>74/75</u>		Bag micron size, Lead/lag	<u>25/5</u>

Carbon

Post TOC Lead Pressure	<u>31</u>	* Re bag filter change	TOC Carbon Date Last Replaced	<u>2-27-24</u>
Post TOC Lag Pressure	<u>26</u>		PFAS Carbon Date Last Replaced	<u>NA</u>
Post PFAS Lead Pressure	<u>23/7</u>		TOC-801 offline	
Post PFAS Lag Pressure	<u>8/334</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>✓ 113 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>Y</u>
Floatables? (take photos if yes)	<u>Y (minor)</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Coag visibly dosing?	<u>Y</u>	Indicate % of sludge at each port	Upper <u>0%</u>
Floc visibly dosing?	<u>Y</u>		Mid <u>75%</u>
Sequestrant visibly dosing?	<u>Y</u>		Lower <u>85%</u>

checked after 1x batch to thick per tank

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>13</u>	mA Signal	<u>1</u>	# of Full Drums Onsite	<u>1</u>	Stroke Length	<u>65.1</u>
2130 Coagulant	Height (in) <u>9</u>	Stroke Rate	<u>16.1</u>	# of Full Drums Onsite	<u>0</u>	Stroke Length	<u>50.1</u>
1668 Flocculant	Volume (gal) <u>170</u>	Stroke Rate	<u>76</u>	# of Full Drums Onsite	<u>1</u>	Stroke Length	<u>100.1</u>
2925 Sequestrant	Height (in) <u>17</u>	Stroke Rate	<u>16.1</u>	# of Full Drums Onsite	<u>2</u>	Stroke Length	<u>100.1</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>PH ordered more chemicals</u>				

Floor Sumps (Y/N)

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

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>✓ 2700 psi</u>	How many total filled Haz drums onsite?	<u>21</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>N</u>
Fire extinguisher inspection (monthly)	<u>✓ 7-1-24</u>	Exit signs working?	<u>Y</u>	Removed trash?	<u>Y</u>
Sludge in Clarifier Catch Tank?	<u>N</u>	Exterior Lights working?	<u>Y</u>	Propane tank >20%	<u>-</u>

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: PH

Date: 7-15-24

Time: 0900

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	N	N	N	0	15.57	0
Run pumps in "Manual" to confirm flow, if needed.	EW-2	Y	Y	N		3.51	1.3
Confirm pumps are operating between setpoints	EW-3	N	N	N	0	13.68	NA
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	249	14.87	5.1

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>✓</u>
FT-201 reading (GPM)	<u>222</u>	Discharge pump oil level	<u>✓</u>
FT-801 reading (GPM)	<u>240</u>	Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>	Mixers operating?	<u>✓</u>
Catch tank display level=actual?	<u>✓</u>	Other Alarms (Y/N)	<u>N</u>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>54/54</u>	Mid bag pressure (PSI)	<u>50</u>
Back pressure valve pre/post (PSI)	<u>52/50</u>	Post bag pressure (PSI)	<u>48</u>
Pre bag pressure (PSI)	<u>50</u>	Bag micron size, Lead/lag	<u>25/5</u>

Carbon

Post TOC Lead Pressure	<u>offline</u>	TOC Carbon Date Last Replaced	
Post TOC Lag Pressure	<u>36</u>	PFAS Carbon Date Last Replaced	
Post PFAS Lead Pressure	<u>16</u>		
Post PFAS Lag Pressure	<u>5</u>		

Data (Check if OK)

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

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

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>✓</u>	Heaters functional	<u>✓</u>
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IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Mixers visibly operating	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Coag visibly dosing?	<u>Y</u>	Indicate % of sludge at each port	Upper <u>0</u>
Floc visibly dosing?	<u>Y</u>		Mid <u>75</u>
Sequestrant visibly dosing?	<u>Y</u>		Lower <u>80</u>

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in)	<u>20 1/4</u>	MA Signal	<u>143 ml/H</u>	# of Full Drums Onsite	<u>2</u>
2130 Coagulant	Height (in)	<u>26 1/4</u>	Stroke Rate	<u>18</u>	# of Full Drums Onsite	<u>7</u>
1668 Flocculant	Volume (gal)	<u>170</u>	Stroke Rate	<u>86</u>	# of Full Bags Onsite	<u>1</u>
2925 Sequestrant	Height (in)	<u>3 1/8</u>	Stroke Rate	<u>19.4</u>	# of Full Drums Onsite	<u>2</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u> </u>	Stroke Length	<u>65</u>	
				Stroke Length	<u>50</u>	
				Stroke Length	<u>100</u>	

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Hydraulic press oil level	<u>✓</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>25</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>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>

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: A. Miller

Date: 7-26-24

Time: 0900

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>N</u>	<u>N</u>	<u>N</u>	<u>-</u>	<u>-</u>	<u>-</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>N</u>	<u>N</u>	<u>N</u>	<u>-</u>	<u>-</u>	<u>-</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>N</u>	<u>N</u>	<u>-</u>	<u>-</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>26.9</u>	<u>21.26</u>	<u>6.4</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>in hand made</u>
FT-201 reading (GPM)	<u>23.7</u>	Discharge pump oil level					<u>✓</u>
FT-801 reading (GPM)	<u>0.0</u>	Building temp accurate					<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>	Mixers operating?					<u>Y</u>
Catch tank display level=actual?	<u>✓</u>	Other Alarms (Y/N)					<u>Please see Alarms Section Below</u>
Filtration (Fill in values)		Mid bag pressure (PSI)					<u>31 31 / 31</u>
Disk Filter pressure pre/post (PSI)	<u>46 / 38</u>	Post bag pressure (PSI)					<u>30</u>
Back pressure valve pre/post (PSI)	<u>36 / 32</u>	Bag micron size, Lead/lag					<u>25 / 5</u>
Pre bag pressure (PSI)	<u>32 / 34</u>	TOC Carbon Date Last Replaced					<u>7-22-24</u>
Carbon		PFAS Carbon Date Last Replaced					<u>7-22-24 GAC 803 only</u>
Post TOC Lead Pressure	<u>24 / 19 32</u>						
Post TOC Lag Pressure	<u>21 / 19 32</u>						
Post PFAS Lead Pressure	<u>9 / 11 34</u>						
Post PFAS Lag Pressure	<u>7 / 11 34</u>						
Data (Check if OK)							
Do Daily & Yesterday Starts make sense	<u>✓</u>						
Alarms		W1 Level Sensor Failure, W1 Flow Sensor Vault, W1 Pressure Sensor Failure, W2 Level Sensor Failure, CCT Low Level Alarm, Discharge Pump Failure, GAC Low Level Pressure Alarm					
List any active alarms	<u>Y</u>						
All Alarms Enabled (Y/N)	<u>N/A</u>						
List any disabled and indicate why	<u>N/A</u>						
Air Compressor (Check if OK)							
Cycle times normal for load	<u>✓</u>	Check auto drain operation					<u>✓</u>
Pressure within normal range	<u>✓ HIPS</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 (50-55F)	<u>✓</u>	Heaters functional					<u>NA</u>
IPC (Y/N) (40-50F)							
IPC discharge clear?	<u>✓</u>	Mixers visibly operating					<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Check sludge ports (Sludge Y/N)					<u>Y - after batch (v) to thicken</u>
Coag visibly dosing?	<u>Y</u>	Indicate % of sludge					<u>0</u>
Floc visibly dosing?	<u>Y</u>	at each port					<u>5</u>
Sequestrant visibly dosing?	<u>Offline</u>						<u>70</u>
Chemical Feed (Fill in values)							
345 Sodium Permanganate	Height (in) <u>20</u>	mA Signal <u>155</u>	# of Full Drums Onsite	<u>3</u>	Stroke Length	<u>65.1</u>	
2130 Coagulant	Height (in) <u>24</u>	Stroke Rate <u>19.7</u>	# of Full Drums Onsite	<u>3</u>	Stroke Length	<u>50.7</u>	
1668 Flocculant	Volume (gal) <u>140.5</u>	Stroke Rate <u>94</u>	# of Full Drums Onsite	<u>1</u>	Stroke Length	<u>100.7</u>	
2925 Sequestrant	Height (in) <u>6 3/4</u>	Stroke Rate <u>Offline</u>	# of Full Drums Onsite	<u>6</u>	Stroke Length	<u>100.7</u>	
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?					<u>No</u>
Floor Sumps (Y/N)							
Sump levels normal?	<u>Y</u>	Pump runs but not emptying sump?					<u>N</u>
High-High level switches operate freely?	<u>Didn'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>	<u>✓</u>			
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Exhaust mufflers	<u>✓</u>	<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>3100 PSI</u>	How many total filled Haz drums onsite?					<u>1 (2 partially)</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?					<u>2</u>
General/Housekeeping							
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>		
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>Y</u>	Drum labels needed?	<u>N</u>		
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>Y</u>	Removed trash?	<u>N</u>		
Sludge in Clarifier Catch Tank?	<u>N</u>	Exterior Lights working?	<u>Y</u>	Propane tank >20%	<u>N</u>		

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: A. Miller

Date: 7-29-24

Time: 0800

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>N</u>	<u>N</u>	<u>N</u>	<u>-</u>	<u>-</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>N</u>	<u>N</u>	<u>-</u>	<u>-</u>	<u>-</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>N</u>	<u>-</u>	<u>-</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>23.9</u>	<u>14.30</u>	<u>4.2</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>✓ 48 PSI</u>
FT-201 reading (GPM)	<u>20.3</u>	Discharge pump oil level	<u>✓</u>
FT-801 reading (GPM)	<u>23.3</u>	Building temp accurate	<u>✓</u>
Chemical rates normal for flow?	<u>✓</u>	Mixers operating?	<u>Y</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>45/45</u>	Pre bag filter change	Mid bag pressure (PSI)	<u>back 40/40</u>	<u>front</u>
Back pressure valve pre/post (PSI)	<u>45/40</u>		Post bag pressure (PSI)	<u>24</u>	
Pre bag pressure (PSI)	<u>back 40/42</u>		Bag micron size, Lead/lag	<u>25/5</u>	

Carbon

Post TOC Lead Pressure	<u>20/15</u>	TOC Carbon Date Last Replaced	<u>7/22/24</u>
Post TOC Lag Pressure	<u>15.5/15</u>	PFAS Carbon Date Last Replaced	<u>7/22/24 - GAC 803 only</u>
Post PFAS Lead Pressure	<u>10/7</u>		
Post PFAS Lag Pressure (GAC 803)	<u>8/5</u>		

Data (Check if OK)

Do Daily & Yesterday Starts make sense ✓ EW-1,2,3 off

Alarms

List any active alarms w/1 Sensor Level Failure, w/1 Flow Sensor Fault, w/1 Pressure Sensor Fault, w/2 Level Sensor Failure

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>✓ 106psi</u>	Check dryer - alarms? Cycling?	<u>✓</u>
Oil Level (Check when not running)	<u>✓ 3/4 full</u>	HX fan operating?	<u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) 40-50F ✓ Heaters functional NA

IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Mixers visibly operating	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Coag visibly dosing?	<u>Y</u>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>40</u> Lower <u>65</u>
Floc visibly dosing?	<u>Y</u>		
Sequestrant visibly dosing?	<u>Y</u>		

Chemical Feed (Fill in values)

345 Sodium Permanganate Height (in)	<u>18</u>	mA Signal	<u>12.9</u>	# of Full Drums Onsite	<u>4</u>
2130 Coagulant ^{topped} Height (in)	<u>213/14</u>	Stroke Rate	<u>16.6</u>	# of Full Drums Onsite	<u>3</u>
1668 Flocculant Volume (gal)	<u>50</u>	Stroke Rate	<u>7.9</u>	# of Full Bags Onsite	<u>1</u>
2925 Sequestrant ^{topped} Height (in)	<u>150/30</u>	Stroke Rate	<u>18.3</u>	# of Full Drums Onsite	<u>5</u>
Dosing pumps at normal rate?	<u>✓</u>	Chemicals needed?	<u>NO</u>	Stroke Length	<u>65</u>
				Stroke Length	<u>30</u>
				Stroke Length	<u>100</u>

Floor Sumps (Y/N)

Sump levels normal? ✓ Pump runs but not emptying sump? N

High-High level switches operate freely? Didn't test (check monthly) Back flowing after pump cycle? N

Excessive sludge/sediment? N

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 ✓ * please see field notes Hydraulic press oil level ✓

Hydraulic pressure normal ✓ How many total filled Haz drums onsite? 2

Significant leaks? N * please see field notes How many Haz drums filled & closed today? 0

General/Housekeeping

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

ATTACHMENT C

Waste Disposal Documents



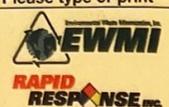
ease print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000295424	2. Page 1 of 1	3. Emergency Response Phone 877-460-1038	4. Manifest Tracking Number 017753154 FLE		
5. Generator's Name and Mailing Address LANDFILL FORMER 825 Broadway 12Th Fl Albany, NY 12233 518-260-7352			Generator's Site Address (if different than mailing address) 45 Leavy Hollow Ln Hudson Falls, NY 12839				
Generator's Phone:			6. Transporter 1 Company Name Environmental Waste Minimization, Inc. 484-275-8990 State ID#: PA		U.S. EPA ID Number PAR000501677		
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address 49350 N. I-94 Service Dr. Balsville, MI 48111 800-592-5489			State ID#: MI-		U.S. EPA ID Number MID048090833		
Facility's Phone:							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. X RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG II	No.	Type			
			003	DM	300	K	
		X 2. RQ, UN3432, Polychlorinated Biphenyls, Solid, 9, PG II	023	DM	4089	K	
		3.					
	4.						
14. Special Handling Instructions and Additional Information 01: (024-8241-WDI) Filter Sludge Out of service Date 07/19/24 Original ID# 071924-01 thru 071924-03 02: (024-8323-WDI) Solids from filter sludge Emergency Contact: Rapid Response Out of service: 07/19/24 Original ID# 071924-01 thru CRM # 120-509 071924-23 T-227							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Todd G... @ on behalf of NYDEC				Signature [Signature]		Month Day Year 07 19 24	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Jonathan Butz				Signature [Signature]		Month Day Year 07 19 24	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature		Month Day Year	



Straight Bill of Lading

Please type or print



1. Generator EPA ID# (if applicable)
NYR000235424

2. Page 1 of
1

3. Emergency Response Number
877-480-1038

4. Document Tracking Number
D002519

5. Generator Name and Mailing Address
NYSDEC-FORT EDWARD LANDFILL FORMER
625 Broadway 12Th Fl
Albany, NY 12233
Generator Phone 518-250-7352

Generator's Site Address (if different)
45 Leavy Hollow Ln
Hudson Falls, NY 12839

6. Transporter 1. Company Name
Environmental Waste Minimization, Inc.

US EPA ID Number (if applicable)
PAR000501577

7. Transporter 2. Company Name

US EPA ID Number (if applicable)

8. Facility Name and Mailing Address
Incineration Recycling Services, Inc.
267 Jefferson St.
Camden, NJ 08104
Facility Phone 856-963-5200

US EPA ID Number (if applicable)
VSQG

Generator

9a HM	9b Material Description (Proper shipping name required if DOT Hazardous Material)	10. Containers		11. Total Quantity	12. Unit (Wt/Vol)	13. Waste Code
		No.	Type			
1.	NONRCRA / NONDOT REGULATED MATERIAL (NEW PROFILE #206013)	028	DF	1120	P	
2.						
3.						
4.						

14. Special Handling Instructions and Additional Information
01: Empty Drums (PF: RCRA E) DM 65 P (25 x 95)

Job Number
CRM # 120-509
Emergency Contact: Rapid Response
T-227

16. Generator/Offoror's Certification: I hereby declare that the contents of this document are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable national governmental regulations.

Printed/Typed Name: [Signature] Signature: [Signature] Month: 07 Day: 19 Year: 24

Transporter

17. Transporter 1. Acknowledgment of Receipt of Materials
Printed/Typed Name: Jonathan Butz Signature: [Signature] Month: 07 Day: 19 Year: 24

18. Transporter 2. Acknowledgment of Receipt of Materials
Printed/Typed Name: Signature: Month: Day: Year:

Facility

19. Discrepancy (to be completed by Designated Facility)

20. Designated Facility: Certification of receipt of the materials covered by this shipping paper accepted as noted in item 18.
Printed/Typed Name: Signature: Month: Day: Year:

NACCI PRINTING, INC. 610-434-1224

