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

Date:
January 15, 2025

Contact:
Andy Vitolins, P.G.

Dear Mr. Long:

Arcadis of New York, Inc. (Arcadis) has prepared this letter report to summarize the leachate collection and treatment system operation, maintenance, and monitoring (OM&M) activities completed during the October 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 541,538 gallons of leachate were collected and treated through the system during October 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 12.1 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 October 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. Two 55-gallon drums of Filter Sludge were generated during October 2024.
- On October 18, 2024, 19 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 October 2024 are provided in **Attachment A**.

SYSTEM SAMPLING

Treatment system samples were collected on October 14, 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 801 (GAC-801);
- Post-GAC Vessel 804 (GAC-804); and
- Post-GAC Vessel 803 (GAC-803) (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 1,4-dioxane), **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 October 14, 2024 sampling results, iron exceeded the Fort Edward State Pollutant Discharge Elimination System (SPDES) Equivalency Permit Limits at the treatment plant discharge (GAC-803). However, no other metal concentrations exceeded Fort Edward SPDES Equivalency Permit Limits and no VOCs or PCBs 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**, cis-1,2-dichloroethene and vinyl chloride were detected in the Influent, CCT, GAC-801, and GAC-804 treatment system samples. Cis-1,2-dichloroethene concentrations ranged from 2.4 micrograms per liter ($\mu\text{g/L}$) (Influent) to 7.0 $\mu\text{g/L}$ (GAC-801) and vinyl chloride concentrations ranged from 3.6 $\mu\text{g/L}$ (Influent) to 10 $\mu\text{g/L}$ (GAC-801) in the treatment system samples. No other VOCs were reported in the Influent, CCT, GAC-801, and GAC-804 treatment system samples and no VOCs were detected in the treatment plant discharge (GAC-803) sample.

SVOCs

Table 1 shows that 1,4-dioxane was detected in the Influent (3.7 µg/L), CCT (5.2 µg/L), GAC-801 (5.3 µg/L), and GAC-804 (4.8 µg/L) treatment system samples and in the GAC-803 (4.1 µg/L) treatment system discharge sample. There are currently no criteria for 1,4-dioxane in the Fort Edward SPDES permit limits.

PCBs

As shown in **Table 2**, Aroclor 1016 was detected in the Influent (8.1 µg/L), CCT (6.8 µg/L), GAC-801 (6.0 µg/L), and GAC-804 (3.3 µg/L) treatment system samples. No other PCBs were reported at concentrations greater than the respective detection limits in the Influent, CCT, GAC-801, and GAC-804 treatment system samples. No PCBs were detected in the GAC-803 treatment plant discharge sample. 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 October 2024 Influent sample was 140 milligrams per liter (mg/L). Iron concentrations were reduced to 0.95 mg/L in the treatment plant discharge sample (GAC-803), which exceeded the Fort Edward SPDES Equivalency Permit Limit of 0.3 mg/L. There were no other metal concentrations in the October 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**, TSS were reported in the October 2024 Influent (220 mg/L) and CCT (20 mg/L) treatment system samples. TSS was not detected in the GAC-801 and GAC-804 treatment system samples and GAC-803 treatment plant discharge sample. 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 12.0 mg/L (Influent and CCT) to 18 mg/L (GAC-804) in the treatment system samples collected in October 2024. The October 2024 treatment plant discharge TOC concentration from GAC-803 was 11 mg/L. There are currently no criteria for TOC in the Fort Edward SPDES permit limits.

PFAS

Table 3 shows that PFAS were detected in the Influent, CCT, GAC-801, and GAC-804 treatment system samples and in the treatment plant discharge sample (GAC-803). PFOS (perfluorooctane sulfonic acid) was detected in each of the four treatment system samples (Influent, CCT, GAC-801, and GAC-804) at concentrations ranging from 6.4 nanograms per liter (ng/L) (GAC-804) to 9.5 ng/L (GAC-801). PFOS was not detected in the GAC-803 treatment plant discharge sample. PFOA (perfluorooctanoic acid) was detected in the Influent, CCT, GAC-801, and GAC-804 treatment system samples and in the treatment plant discharge sample (GAC-803) at concentrations ranging from 2.3 ng/L (GAC-803) to 45 ng/L (Influent). There are currently no criteria for PFAS in the Fort Edward SPDES permit limits.

NYSDEC Site No. 558001

Payson Long

January 15, 2025

NEXT REPORTING PERIOD PLANNED ACTIVITIES

The following activities are anticipated for November 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.

Sincerely,

Arcadis of New York, Inc.



Andy Vitolins, P.G.
Vice President

Copies:

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 – Waste Disposal Documents

TABLES



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



Location	Influent	CCT	GAC-801	GAC-804	Fort Edward SPDES Equivalency Permit Limit	GAC-803
Date	10/14/2024	10/14/2024	10/14/2024	10/14/2024		10/14/2024
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	2.4	6.0	7.0	6.4	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	3.6	8.4	10	8.9	50	2.0 U
1,4-Dioxane SIM (µg/L)						
1,4-Dioxane	3.7	5.2	5.3	4.8	--	4.1

Notes:
 Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Treatment System Effluent (GAC-803) 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.

V-06 - Continuing calibration verification (CCV) did not meet method specifications and was biased on the high side for this compound.

Table 2: PCBs, Metals, and General Chemistry
October 2024 Treatment System Analytical Data, Fort Edward Landfill
Hudson Falls, New York. NYSDEC Site No.558001



Location	Influent	CCT	GAC-801	GAC-804	Fort Edward SPDES Equivalency Permit Limit	GAC-803
Date	10/14/2024	10/14/2024	10/14/2024	10/14/2024		10/14/2024
Polychlorinated Biphenyls (µg/L)						
Aroclor 1016	8.1	6.8	6.0	3.3	--	0.20 U
Aroclor 1221	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Aroclor 1232	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Aroclor 1242	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Aroclor 1248	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Aroclor 1254	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Aroclor 1260	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Aroclor 1262	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Aroclor 1268	0.99 U	1.0 U	0.96 U	0.21 U	--	0.20 U
Metals (mg/L)						
Aluminum	0.050 U	1.7	0.78	0.78	--	0.27
Antimony	0.050 U	0.050 U	0.050 U	0.050 U	--	0.050 U
Arsenic	0.018	0.010 U	0.010 U	0.010 U	0.15	0.010 U
Barium	0.14	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	100	87	83	82	--	82
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	140	5.8	2.6	2.5	0.30	0.95
Lead	0.010 U	0.010 U	0.010 U	0.010 U	0.0032	0.010 U
Magnesium	28	20	19	19	--	19
Manganese	1.4	2.9	2.8	3.1	--	3.3
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	10	3.8	3.8	3.8	--	3.8
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	68	51	51	51	--	52
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	0.010 U	0.018	0.010 U	0.010 U	0.17	0.010 U
General Chemistry (mg/L)						
Total Suspended Solids	220	20	10 U	10 U	50	10 U
Total Organic Carbon	12	12	13	18 H-01	--	11 H-01

Notes:

Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Treatment System Effluent (GAC-803) 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:

H-01 - Recommended sample holding time was exceeded, analysis performed before 2x the allowable holding time.

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



Location	Influent	CCT	GAC-801	GAC-804	Fort Edward SPDES Equivalency Permit Limit	GAC-803
Date	10/14/2024	10/14/2024	10/14/2024	10/14/2024		10/14/2024
Per- and Polyfluoroalkyl Substances (ng/L)						
11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (F-53B Minor)	4.3 U	3.9 U	4.0 U	4.1 U	--	4.0 U
2,3,3,3-Tetrafluoro-2-(heptafluoropropoxy)propanoic acid (HFPO-DA)	4.3 U	3.9 U	4.0 U	4.1 U	--	4.0 U
2H, 2H, 3H, 3H-perfluorodecanoic acid (7:3 FTCA)	54 U	49 U	50 U	51 U	--	50 U
2H, 2H, 3H, 3H-perfluorohexanoic acid (3:3 FTCA)	11 U	9.7 U	9.9 U	10 U	--	10 U
2H, 2H, 3H, 3H-perfluorooctanoic acid (5:3 FTCA)	54 U	49 U	50 U	51 U	--	50 U
4,8-Dioxa-3H-perfluorononanoic acid (DONA)	4.3 U	3.9 U	4.0 U	4.1 U	--	4.0 U
4:2 Fluorotelomer sulfonate (4:2 FTS)	4.3 U	3.9 U	4.0 U	4.1 U	--	4.0 U
6:2 Fluorotelomer sulfonic acid (6:2 FTSA)	4.3 U	3.9 U	4.0 U	4.1 U	--	4.0 U
8:2 Fluorotelomer sulfonic acid (8:2 FTSA)	4.3 U	3.9 U	4.0 U	4.1 U	--	4.0 U
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9CL-PF3ONS)	4.3 U	3.9 U	4.0 U	4.1 U	--	4.0 U
N-Ethyl perfluorooctane sulfonamide (N-EtFOSA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
N-Ethyl perfluorooctane sulfonamide ethanol (N-EtFOSE)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
N-Ethyl perfluorooctane sulfonamidoacetic acid (N-EtFOSAA)	3.9	3.8	3.7	2.6	--	1.0 U
N-Methyl perfluorooctane sulfonamide (N-MeFOSA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
N-Methyl perfluorooctane sulfonamidoethanol (N-MeFOSE)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
N-Methylperfluorooctane sulfonamidoacetic acid (MeFOSAA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Nonafluoro-3,6-Dioxaheptonic acid (NFDHA)	2.2 U	1.9 U	2.0 U	2.1 U	--	2.0 U
Perfluoro (2-Ethoxyethane) Sulfonic Acid (PFEESA)	2.2 U	1.9 U	2.0 U	2.1 U	--	2.0 U
Perfluoro-3-methoxypropanoic aci (PFMPA)	2.2 U	1.9 U	2.0 U	2.1 U	--	2.0 U
Perfluoro-4-Methoxybutanic acid (PFMBA)	2.2 U	1.9 U	2.0 U	2.1 U	--	2.0 U
Perfluorobutane sulfonic acid (PFBS)	2.0	1.9	2.0	1.4	--	1.0 U
Perfluorobutanoic acid (PFBA)	12	10	11	7.5	--	4.0 U
Perfluorodecane sulfonic acid (PFDS)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluorodecanoic acid (PFDA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluorododecane sulfonic acid (PFDOS)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluorododecanoic acid (PFDoA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluoroheptane sulfonic acid (PFHpS)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluoroheptanoic acid (PFHpA)	11	8.7	8.6	6.2 S-29	--	1.0 U
Perfluorohexane sulfonic acid (PFHxS)	2.6	2.3	2.7	1.8	--	1.0 U
Perfluorohexanoic acid (PFHxA)	30	24	25	18	--	1.2
Perfluorononane sulfonic acid (PFNS)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluorononanoic acid (PFNA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluorooctane sulfonamide (PFOSA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluorooctane sulfonic acid (PFOS)	9.1	8.9	9.5	6.4	--	1.0 U
Perfluorooctanoic acid (PFOA)	45	36	40	31	--	2.3
Perfluoropentane sulfonic acid (PFPeSA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluoropentanoic acid (PFPeA)	22	17	18	13	--	2.0 U
Perfluorotetradecanoic acid (PFTeDA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluorotridecanoic acid (PFTrDA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U
Perfluoroundecanoic acid (PFUdA)	1.1 U	0.97 U	0.99 U	1.0 U	--	1.0 U

Notes:
 Constituents detected above the Fort Edward State Pollution Discharge Elimination System (SPDES) Equivalency Permit at the Treatment System Effluent (GAC-803) are highlighted in yellow.

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

A bold value indicates the analyte was detected.

Definitions:

ng/L - nanograms per liter

S-29 - Extracted Internal Standard is outside of control limits.

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

ATTACHMENT A

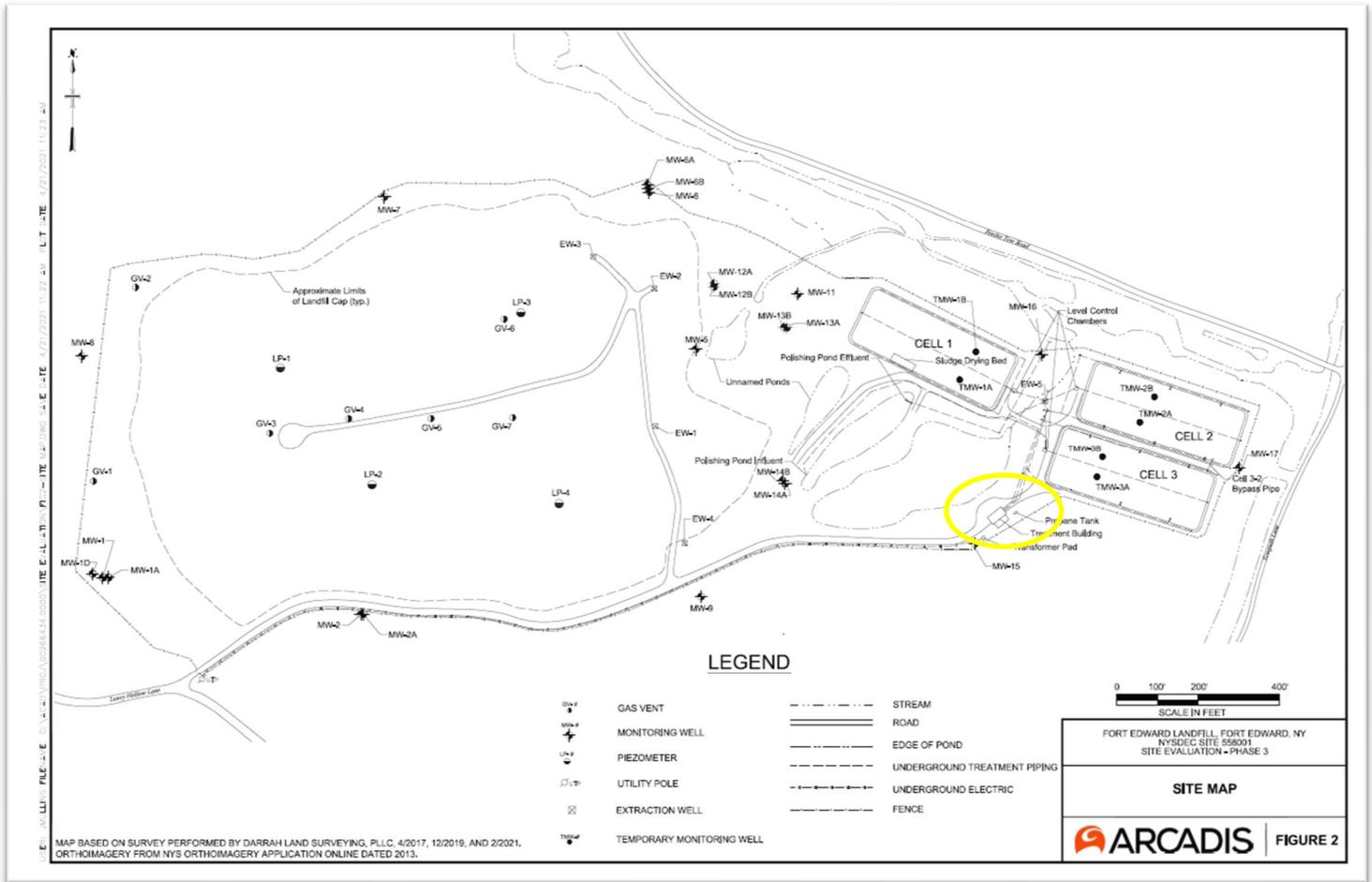
NYSDEC Daily Inspection Reports



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. – Robert King	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	39°F	AM	56°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:	0845	Departed Site:	1515		
<ul style="list-style-type: none"> Process filter sludge - filled one drum of sludge. Batch 2X from IPC to Thickener Tank. Conducted site mowing. Troubleshooted EW-1. Changed 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
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Robert King		Arcadis		Field Technician		7.5	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							

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 October 4, 2024.

Site Photographs (Descriptions Below)	
	
View of IPC.	Closeup of IPC contents.
Comments	
Site Inspector(s): R. King	Date: 10/04/2024

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 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.			

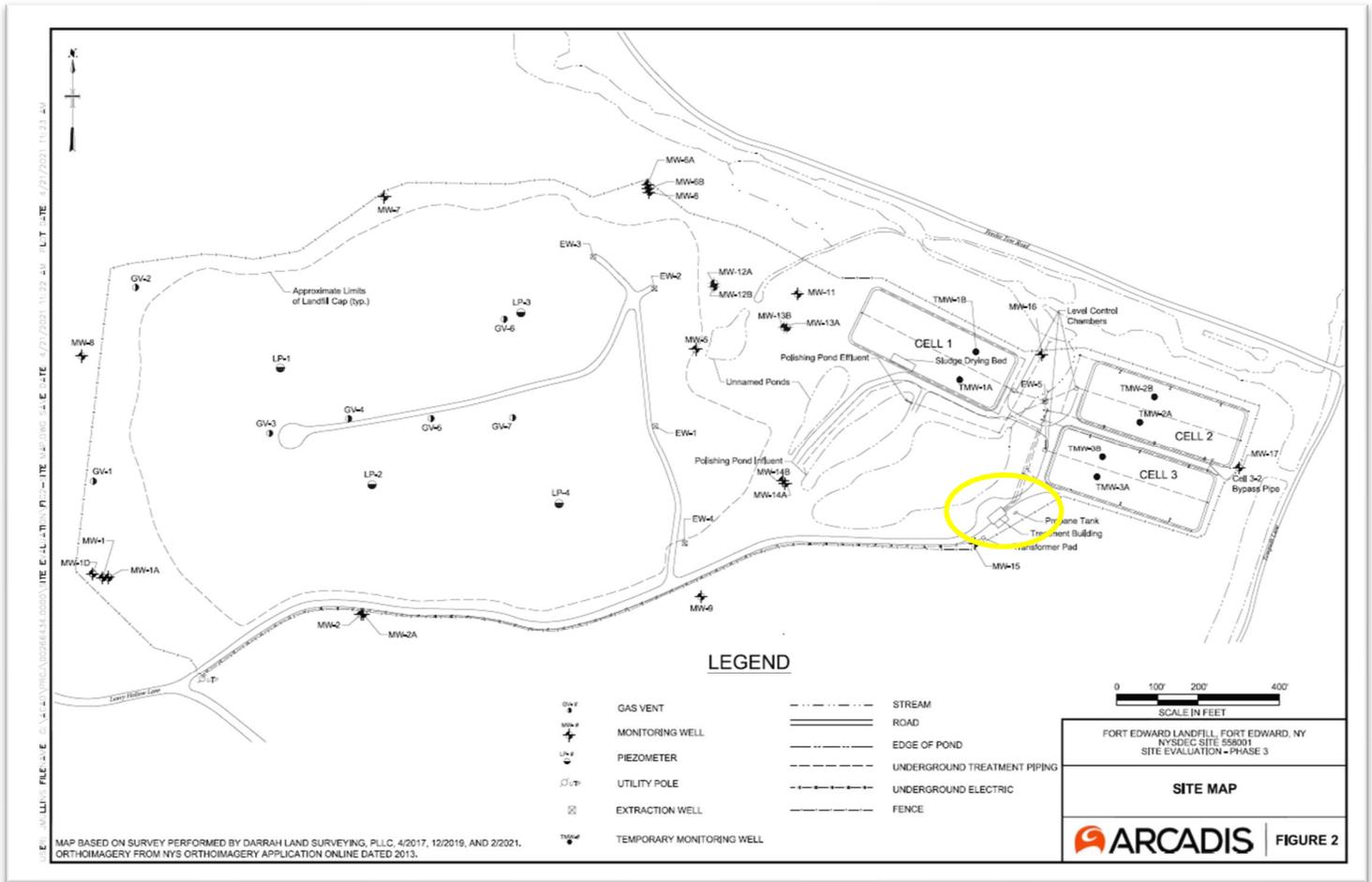
RESILIENCE/GREEN REMEDIATION CHECKLIST

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

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. D009804-07 DEC Insp. – DEC PM – Payson Long, P.E. Contractor Supt. – Engineer PM – Andy Vitolins, P.G. Engineer Insp. – Robert King	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	Sunny	AM	Sunny	PM			
Temperature	51°F	AM	60°F	PM			
Wind	9 mph WNW	AM	6 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.							
Summary of Work Performed		Arrived at site:	0845	Departed Site:	1545		
<ul style="list-style-type: none"> System off on arrival due to alarm. Troubleshooted and restarted system. Backwashed GAC-803. Mix 25-gallon batch of flocculant. Changed 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
Were there any vehicles which were not tarped?					* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA <input checked="" type="checkbox"/>
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Robert King		Arcadis		Field Technician		8	
Equipment Description		Contractor/Vendor			Quantity	Used	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received							

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



Yellow outlined area indicates the specific location of site work performed on October 11, 2024.

Site Photographs (Descriptions Below)	
	
View of IPC.	Closeup of IPC contents.
Comments	
Site Inspector(s): R. King	Date: 10/11/2024

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 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.			

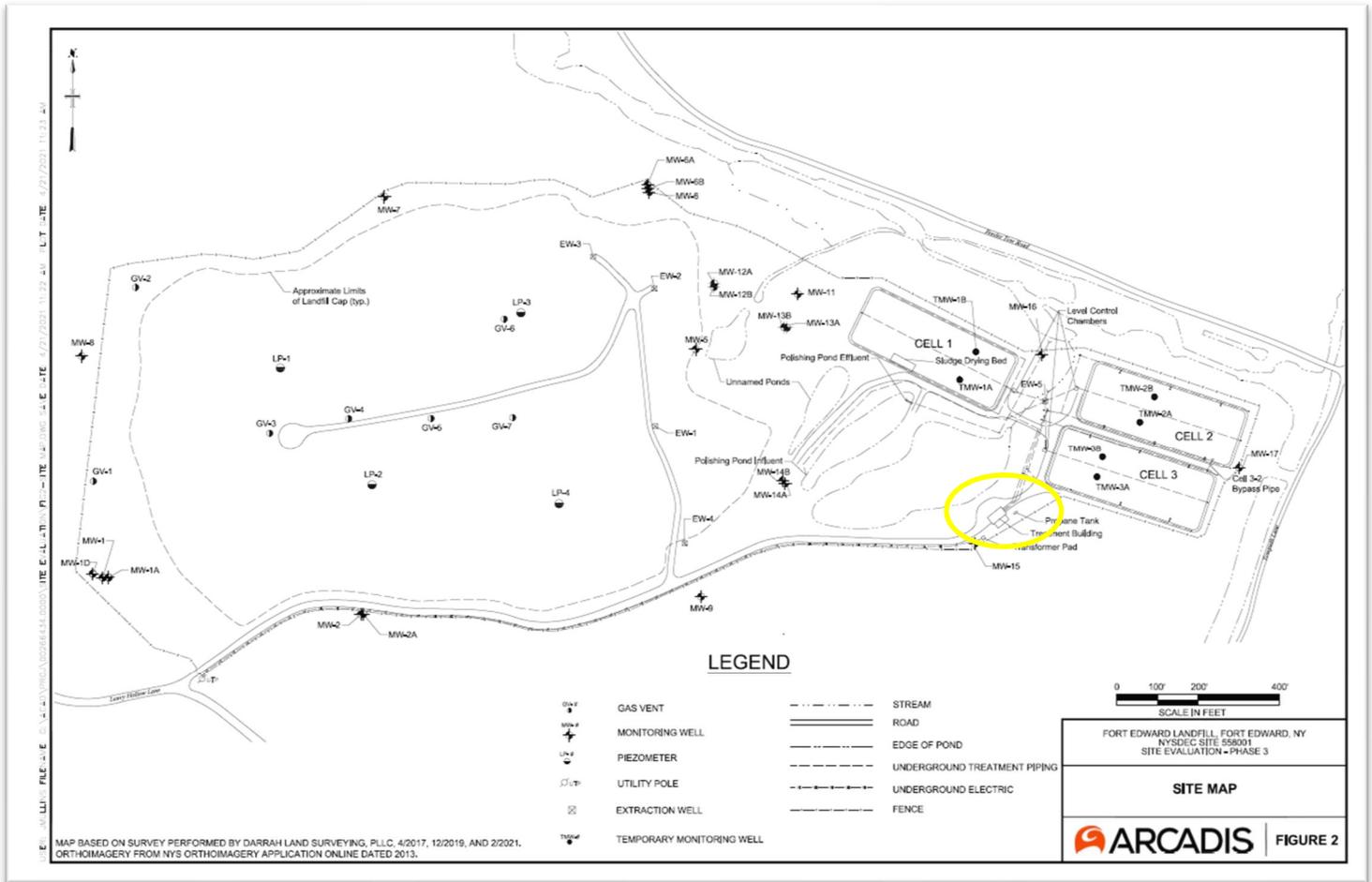
* BART – Best Available Retrofit Technology

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. – Robert King																			
Site Location: Hudson Falls, New York																									
Weather Conditions																									
General Description	fog	AM	Clear	PM																					
Temperature	50°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:	0845	Departed Site:	1530																				
<ul style="list-style-type: none"> System off on arrival due to alarm. Troubleshooted and restarted system. Routine O&M and housekeeping. Monthly samples collected. 																									
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																				
Robert King	Arcadis		Field Technician		7																				
Rachael Thomas	Arcadis		Engineer		4																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Equipment Description</th> <th colspan="2" style="width:30%;">Contractor/Vendor</th> <th style="width:10%;">Quantity</th> <th style="width:10%;">Used</th> </tr> </thead> <tbody> <tr><td> </td><td colspan="2"> </td><td> </td><td> </td></tr> <tr><td> </td><td colspan="2"> </td><td> </td><td> </td></tr> <tr><td> </td><td colspan="2"> </td><td> </td><td> </td></tr> </tbody> </table>						Equipment Description	Contractor/Vendor		Quantity	Used															
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 October 14, 2024.

Site Photographs (Descriptions Below)	
	
View of IPC.	Closeup of IPC contents.
Comments	
Site Inspector(s): R. King	Date: 10/14/2024

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 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.			

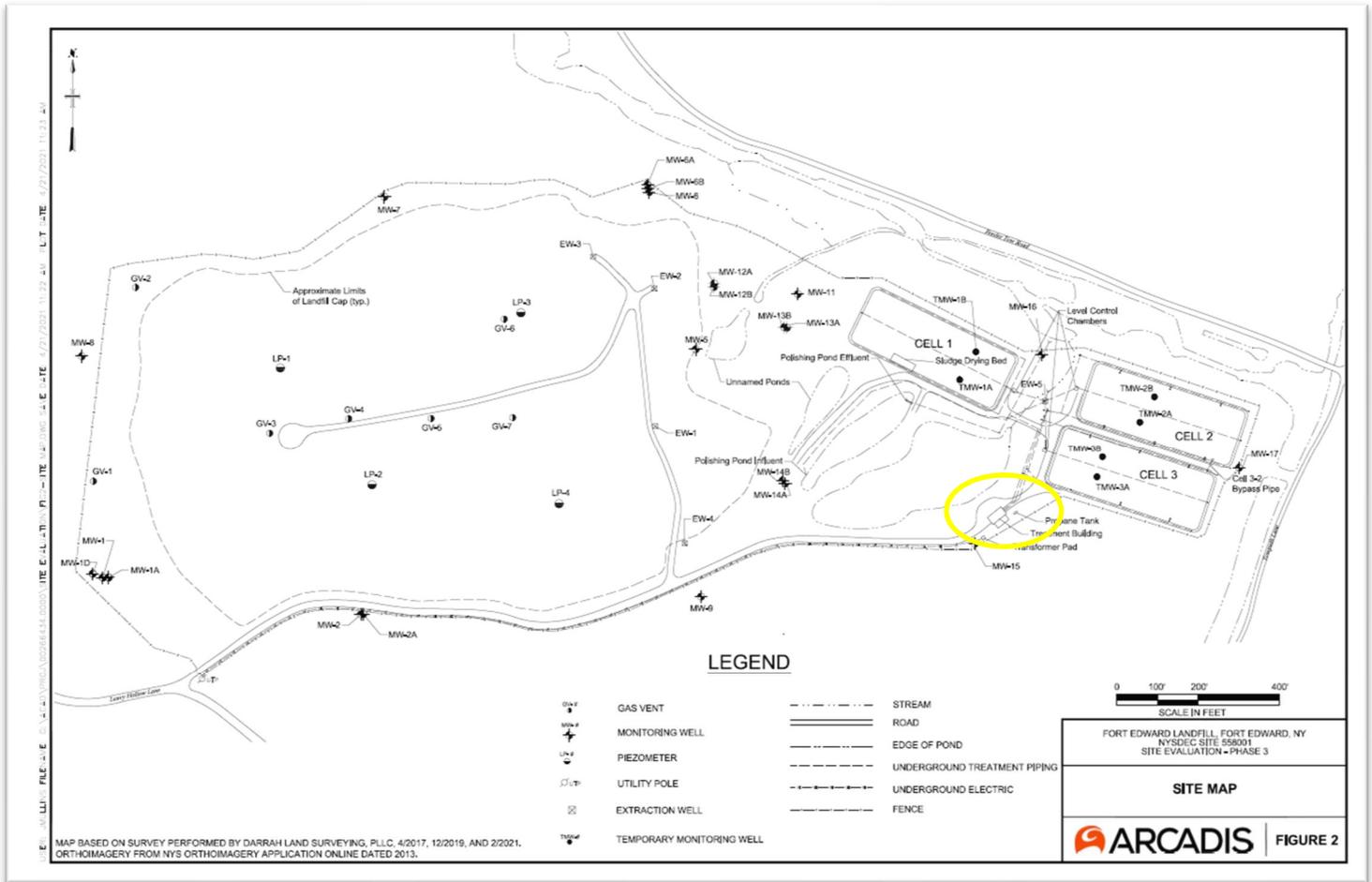
RESILIENCE/GREEN REMEDIATION CHECKLIST

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

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	fog	AM	Clear	PM			
Temperature	50°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:	0600	Departed Site:	1500		
<ul style="list-style-type: none"> • Routine O&M. • Waste drum pickup by EWWI. <ul style="list-style-type: none"> ○ Received 10 empty open top 55G steel drums. ○ Shipped 10 drums filter sludge, 1 drum bag filters, 8 poly drums for recycling. • Finish installation of chain link fence and gates for drum storage area. 							
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	
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 October 18, 2024.

Site Photographs (Descriptions Below)	
	
Completed fence and gates for drum storage area.	Completed fence for drum storage area.
	
Drums being loaded for off-site disposal.	Box truck transporting drums to disposal facility.
Comments	
Site Inspector(s): J. Wyckoff	Date: 10/18/2024

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"/>
Comments: None at this time.		

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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"/>
<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. – Robert King	
Site Location: Hudson Falls, New York							
Weather Conditions							
General Description	P. Cloudy	AM	Sunny	PM			
Temperature	38°F	AM	55°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:	0650	Departed Site:	1450
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- Maviro onsite to continue change out of carbon in GAC-801, GAC-802, and GAC-804.
- Process filter sludge - filled one drum of sludge.
- Mix 75-gallon batch of flocculant.
- Backwashed GAC-801, GAC-802, GAC-803, and GAC-804.
- Changed bag filters.
- Started system and observed it run for an hour.
- 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
Were there any vehicles which were not tarped?	* Yes	No	NA <input checked="" type="checkbox"/>
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA <input checked="" type="checkbox"/>

Personnel and Equipment

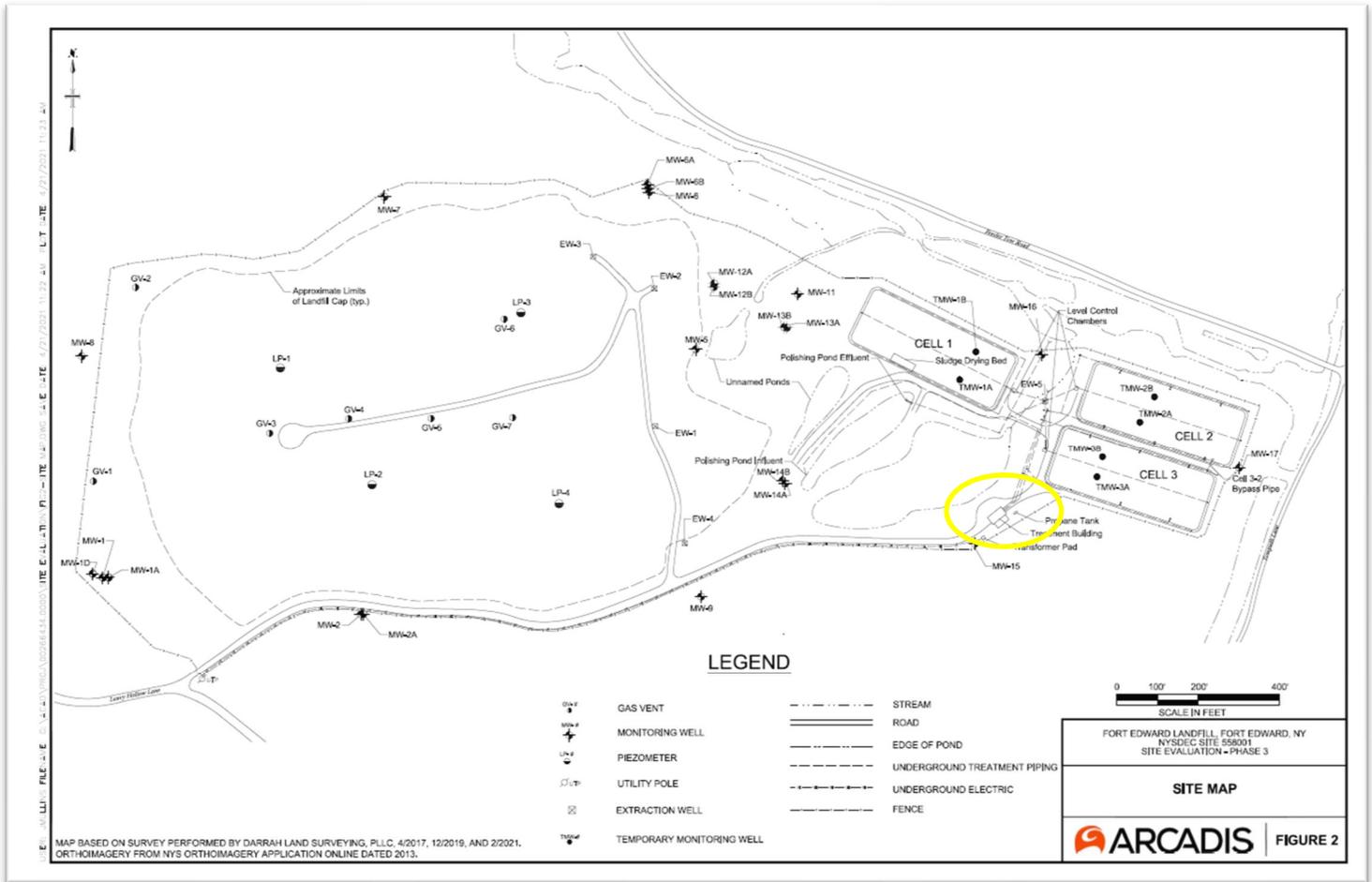
Individual	Company	Trade	Total Hours
Robert King	Arcadis	Field Technician	8
John Bath	Maviro	Supervisor/Technician	8
Dillin Nelson	Maviro	Technician	8

Equipment Description	Contractor/Vendor	Quantity	Used
Vacmaster 4000	Maviro	1	Yes
Bobcat T190	Maviro	1	Yes
SkyJack Scissor Lift	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.			



Yellow outlined area indicates the specific location of site work performed on October 25, 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 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	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



Port Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: Y KING

Date: 10.09.2024

Time: 0900

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

Extraction Wells

Pump Status/Flow

Run pumps in "Manual" to confirm flow, if needed.

Confirm pumps are operating between setpoints

Confirm pressure with pump cycling & not high/low

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
EW-1	Y	N	Y	21.5	13.82	4
EW-2	Y	Y	N	28.8	10	NA
EW-3	Y	Y	N	18.3	15.19	9.2
EW-4	Y	Y	N			

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?

Operate exhaust fan manually

FT-201 reading (GPM)

FT-801 reading (GPM)

Chemical rates normal for flow?

Catch tank display level=actual?

Discharge pump operating	✓
Discharge pump pressure	18
Discharge pump oil level	✓
Building temp accurate	✓
Mixers operating?	N
Other Alarms (Y/N)	

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)

Back pressure valve pre/post (PSI)

Pre bag pressure (PSI)

Mid bag pressure (PSI)	52/52
Post bag pressure (PSI)	72
Bag micron size, Lead/lag	25/15

Carbon

GAC-801 Pressure

GAC-802 Pressure

GAC-803 Pressure

GAC-804 Pressure

Effluent Pressure	7
TOC Carbon Date Last Replaced	-
PFAS Carbon Date Last Replaced	-

Data (Check if OK)

Do Daily & Yesterday Starts make sense

Alarms

List any active alarms

All Alarms Enabled (Y/N)

List any disabled and indicate why

Air Compressor (Check if OK)

Cycle times normal for load

Pressure within normal range

Oil Level (Check when not running)

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)

IPC (Y/N)

IPC discharge clear?

Floatables? (take photos if yes)

Coag visibly dosing?

Floc visibly dosing?

Sequestrant visibly dosing?

Chemical Feed (Fill in values)

345 Sodium Permanganate Height (in)

2925 Sequestrant Height (in)

2130 Coagulant Height (in)

1668 Flocculant Volume (gal)

m/H	95
Stroke Rate	13.3
Stroke Rate	12.5
Stroke Rate	67

of Full Drums Onsite

of Full Drums Onsite

of Full Drums Onsite

of Full Bags Onsite

Chemicals needed?

Stroke Length	100
Stroke Length	65
Stroke Length	50

Dosing pumps at normal rate?

Floor Sumps (Y/N)

Sump levels normal?

High-High level switches operate freely?

Excessive sludge/sediment?

Diaphragm pumps (Check if OK)

Proper operation/flow

Regulators working properly

Exhaust mufflers

Filter Press (Check if OK)

Hydraulic ram operating normally

Hydraulic pressure normal

Significant leaks?

General/Housekeeping

Wipe down dirty equipment/piping

Sweep and/or wash floors

Fire extinguisher inspection (monthly)

Sludge in Clarifier Catch Tank?

Thick Feed	Press Feed	Floc Feed
MC		
MC		
MC		

Pump runs but not emptying sump?	No
Back flowing after pump cycle?	No

Hydraulic press oil level	HALF
How many total filled Haz drums onsite?	11
How many Haz drums filled & closed today?	1

Waste drums needed?	MC
Drum labels needed?	MC
Removed trash?	✓
Propane tank >20%	✓

Any leaks?	✓
Lights working?	✓
Exit signs working?	✓
Exterior Lights working?	✓

Staff: R. KING

Date: 10.11.2024

Time: _____

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

Extraction Wells

Pump Status/Flow	EW-1	EW-2	EW-3	EW-4	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Run pumps in "Manual" to confirm flow, if needed.	Y	Y	Y	Y	Y	Y	N	22.1	10	
Confirm pumps are operating between setpoints	Y	Y	Y	Y	Y	Y	N	20.0	10	15.2
Confirm pressure with pump cycling & not high/low	Y	Y	Y	Y	Y	Y	N	25.2	10	NA
	Y	Y	Y	Y	Y	Y	N	21.9	23.00	6.8

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<input checked="" type="checkbox"/>	Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually	<input checked="" type="checkbox"/>	Discharge pump pressure	80
FT-201 reading (GPM)	18.5	Discharge pump oil level	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	22.5	Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>	Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>	Other Alarms (Y/N)	Y

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	80 / 78	Mid bag pressure (PSI)	40/40
Back pressure valve pre/post (PSI)	78/76	Post bag pressure (PSI)	515
Pre bag pressure (PSI)	76/76	Bag micron size, Lead/lag	25/5

Carbon

Pre GAC-801 Pressure	10 / 10	Effluent Pressure	5
Pre GAC-802 Pressure	8 / 8	TOC Carbon Date Last Replaced	
Pre GAC-803 Pressure	5 / 5	PFAS Carbon Date Last Replaced	
Pre GAC-804 Pressure	5 / 5		

Data (Check if OK)

Do Daily & Yesterday Starts make sense

Alarms

List any active alarms	CATCH TANK / BAG FILTERS HIGH.
All Alarms Enabled (Y/N)	Y
List any disabled and indicate why	N

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

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

IPC discharge clear?	Y	Mixers visibly operating	Y
Floatables? (take photos if yes)	Y	Check sludge ports (Sludge Y/N)	
Coag visibly dosing?	Y	Indicate % of sludge at each port	Upper 100 Mid 75 Lower 80
Floc visibly dosing?	Y		
Sequestrant visibly dosing?	Y		

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>NC</u>	ml/H <u>117</u>	# of Full Drums Onsite <u>2</u>
2130 Coagulant	Height (in) <u>NC</u>	Stroke Rate <u>16.6</u>	# of Full Drums Onsite <u>4</u> Stroke Length <u>100</u>
1668 Flocculant	Volume (gal) <u>NC</u>	Stroke Rate <u>15.8</u>	# of Full Bags Onsite <u>2</u> Stroke Length <u>65</u>
2925 Sequestrant	Height (in) <u>NC</u>	Stroke Rate <u>73</u>	# of Full Drums Onsite <u>2</u> Stroke Length <u>50</u>
Dosing pumps at normal rate?	<input checked="" type="checkbox"/>	Chemicals needed?	

Floor Sumps (Y/N)

Sump levels normal?	<input checked="" type="checkbox"/>	Pump runs but not emptying sump?	N
High-High level switches operate freely?	<input checked="" type="checkbox"/> (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	NC	NC	NC
Regulators working properly	NC	NC	NC
Exhaust mufflers	NC	NC	NC

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Hydraulic press oil level	W4LF
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	11
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	0

General/Housekeeping

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

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts
 Shovel doorways, apply ice melt
 Confirm gates and doorways locked

Clear woody vegetation from swales and cap
 Look for damage fencing/gates
 Confirm storage container locked

Typical Operating Parameters

	Speed(hz)	Flow(gpm)	Pressure (psi)	Low-Low	Pump stop	Pump start	High-High
EW-1	60	20	5-15	2	3	10	20
EW-2	60	14	5-15	2	3	10	20
EW-3	60	20	NA	2	3	10	20
EW-4	40-60	20-35	5-15	3	14	17	24
EW-5	0	NA	NA	NA	NA	NA	NA
Clarifier Catch Tank				0.75	1	2.5	4

Chemical Dosing Rates

	HMI Setpoint	Stroke SP	Hand SP	Pump Screen	Stroke shown on HMI must match stroke set on pump
345 Sodium Permanganate	0.01%	100	0.11gph	140-200ml/h	
2130 Coagulant	0.01%	100	0.11 gph		
1668 Flocculant	0.16%	50	2.55 gph		Chemical dosing changes to match influent rate. Do not change without checking with TM
2925 Sequestant	0.01%	100	0.09gph		

Discharge Pumps

	P-401	P-402
Auto Setpoint	30-35gpm	60hz for 15minutes, every 12 hours
Pressure	40-70psi	
High Pressure alarm	80psi	

Air compressor

Operating Range 100-125psi
 Auto drain On 5 seconds every 40 minutes
 Dryer Display shows "ESA/ON" with dew point level shown on bar scale.

Regulators

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

Notes:

SYSTEM HAS BEEN OFF FOR MAJORITY OF WEEK. (NC) LEVELS IN DRUMS. CHECKED THAT CHEMICALS ARE IN DRUM. WILL CHECK NEXT WEEK. BACKWASHED GAL3, SYSTEM WAS OFF BECAUSE CATCH TANK HIGH HIGH / BAG FILTERS PRESSURE HIGH HIGH.

Staff: RKJ-0

Date: 10.14.2024

Time: 1230

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

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)	
Pump Status/Flow	EW-1	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>20.7</u>	<u>10</u>	<u>NA</u>
Run pumps in "Manual" to confirm flow , if needed.	EW-2	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>23.0</u>	<u>10</u>	<u>0.0</u>
Confirm pumps are operating between setpoints	EW-3	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>30.1</u>	<u>10</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>23.1</u>	<u>19.60</u>	<u>4.9</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>Y</u>	Discharge pump pressure <u>40</u>
FT-201 reading (GPM)	<u>30.2</u>	Discharge pump oil level <u>8000</u>
FT-801 reading (GPM)	<u>22.5</u>	Building temp accurate <u>✓</u>
Chemical rates normal for flow?	<u>Y</u>	Mixers operating? <u>✓</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>38 38</u>	Mid bag pressure (PSI) <u>32 32</u>
Back pressure valve pre/post (PSI)	<u>38 38</u>	Post bag pressure (PSI) <u>32</u>
Pre bag pressure (PSI)	<u>33 23</u>	Bag micron size, Lead/lag <u>25 5</u>

Carbon		
GAC-801 Pressure	<u>26 22</u>	Effluent Pressure <u>6</u>
GAC-802 Pressure	<u>21 19</u>	TOC Carbon Date Last Replaced _____
GAC-803 Pressure	<u>12 16</u>	PFAS Carbon Date Last Replaced _____
GAC-804 Pressure	<u>15 12</u>	

Data (Check if OK)	
Do Daily & Yesterday Starts make sense	<u>✓</u>

Alarms	
List any active alarms	<u>NONE</u>
All Alarms Enabled (Y/N)	<u>Y</u>
List any disabled and indicate why	<u>NONE</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>

IPC (Y/N)			
IPC discharge clear?	<u>✓</u>	Mixers visibly operating <u>✓</u>	
Floatables? (take photos if yes)	<u>✓ (UPLOWERS)</u>	Check sludge ports (Sludge Y/N) <u>✓</u>	
Coag visibly dosing?	<u>✓</u>	Indicate % of sludge at each port	
Floc visibly dosing?	<u>✓</u>		Upper <u>30</u>
Sequestrant visibly dosing?	<u>✓</u>		Mid <u>85</u>
		Lower <u>85</u>	

Chemical Feed (Fill in values)						
345 Sodium Permanganate	Height (in)	<u>28 3/4</u>	ml/H	<u>120</u>	# of Full Drums Onsite	<u>2</u>
2925 Sequestrant	Height (in)	<u>15 1/2</u>	Stroke Rate	<u>16.6</u>	# of Full Drums Onsite	<u>4</u>
2130 Coagulant	Height (in)	<u>19 1/2</u>	Stroke Rate	<u>15.5</u>	# of Full Drums Onsite	<u>2</u>
1668 Flocculant	Volume (gal)	<u>125</u>	Stroke Rate	<u>74</u>	# of Full Bags Onsite	<u>2</u>
Dosing pumps at normal rate?		<u>✓</u>			Chemicals needed?	<u>NO</u>
					Stroke Length	<u>100</u>
					Stroke Length	<u>65</u>
					Stroke Length	<u>50</u>

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

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

Filter Press (Check if OK)		
Hydraulic ram operating normally	<u>NC</u>	Hydraulic press oil level <u>44LF</u>
Hydraulic pressure normal	<u>NC</u>	How many total filled Haz drums onsite? <u>11</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today? <u>0</u>

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

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts
 Shovel doorways, apply ice melt
 Confirm gates and doorways locked

Clear woody vegetation from swales and cap
 Look for damage fencing/gates
 Confirm storage container locked

Typical Operating Parameters

	Speed(hz)	Flow(gpm)	Pressure (psi)	Low-Low	Pump stop	Pump start	High-High
EW-1	60	20	5-15	2	3	10	20
EW-2	60	14	5-15	2	3	10	20
EW-3	60	20	NA	2	3	10	20
EW-4	40-60	20-35	5-15	3	14	17	24
EW-5	0	NA	NA	NA	NA	NA	NA

Clarifier Catch Tank

0.75 1 2.5 4

Chemical Dosing Rates

	HMI Setpoint	Stroke SP	Hand SP	Pump Screen	Stroke shown on HMI must match stroke set on pump
345 Sodium Permanganate	0.01%	100	0.11gph	140-200ml/h	
2130 Coagulant	0.01%	100	0.11 gph		
1668 Flocculant	0.16%	50	2.55 gph		Chemical dosing changes to match influent rate. Do not change without checking with TM
2925 Sequestrant	0.01%	100	0.09gph		

Discharge Pumps

	P-401	P-402
Auto Setpoint	30-35gpm	60hz for 15minutes, every 12 hours
Pressure	40-70psi	
High Pressure alarm	80psi	

Air compressor

Operating Range	100-125psi
Auto drain	On 5 seconds every 40 minutes
Dryer	Display shows "ESA/ON" with dew point level shown on bar scale.

Regulators

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

Notes:

SYSTEM WAS OFF DUE TO BAG FILTERS HIGH PRESSURE + CATCH TANK HIGH LEVEL. BAGS CHANGED.

SYSTEM RESTARTED AND RAN.

Staff: RK/JW

Date: 10/18/2024

Time: 7:00 AM

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

Extraction Wells

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)	
Pump Status/Flow	EW-1	Y	Y	N	20.5	10	2
Run pumps in "Manual" to confirm flow, if needed.	EW-2	Y	Y	N	21.7	10	3.6
Confirm pumps are operating between setpoints	EW-3	Y	Y	N	55	10	NA
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	17.8	14.58	4.5

Process (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<u>Y</u>	Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually	<u>Y</u>	Discharge pump pressure	<u>51</u>
FT-201 reading (GPM)	<u>14.3</u>	Discharge pump oil level	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>17.7</u>	Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>	Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>	Other Alarms (Y/N)	<u>N</u>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>46 / 46</u>	Mid bag pressure (PSI)	<u>40 / 40</u>
Back pressure valve pre/post (PSI)	<u>44 / 42</u>	Post bag pressure (PSI)	<u>40</u>
Pre bag pressure (PSI)	<u>40 / 40</u>	Bag micron size, Lead/lag	<u>25 / 15</u>

Carbon

GAC-801 Pressure	<u>32 / 26</u>	Effluent Pressure	<u>6</u>
GAC-802 Pressure	<u>26 / 22</u>	TOC Carbon Date Last Replaced	
GAC-803 Pressure	<u>15 / 16</u>	PFAS Carbon Date Last Replaced	
GAC-804 Pressure	<u>20 / 14</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 NONE

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) Heaters functional

IPC (Y/N)

IPC discharge clear?	<input checked="" type="checkbox"/>	Mixers visibly operating	<input checked="" type="checkbox"/>
Floatables? (take photos if yes)	<u>NO FLOATABLES</u>	Check sludge ports (Sludge Y/N)	<input checked="" type="checkbox"/>
Coag visibly dosing?	<input checked="" type="checkbox"/>	Indicate % of sludge at each port	Upper <u>20</u> Mid <u>95</u> Lower <u>100</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		
Sequestrant visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in) <u>26</u>	ml/H <u>66</u>	# of Full Drums Onsite <u>2</u>
2925 Sequestrant	Height (in) <u>14/4</u>	Stroke Rate <u>15.8</u>	# of Full Drums Onsite <u>4</u> Stroke Length <u>100</u>
2130 Coagulant	Height (in) <u>13</u>	Stroke Rate <u>15.0</u>	# of Full Drums Onsite <u>2</u> Stroke Length <u>65</u>
1668 Flocculant	Volume (gal) <u>50</u>	Stroke Rate <u>26.8</u>	# of Full Bags Onsite <u>1</u> Stroke Length <u>50</u>
Dosing pumps at normal rate?			Chemicals needed? <u>FLOCCULANT.</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>N</u>	<u>NOT USING PRESS</u>	Hydraulic press oil level	<input checked="" type="checkbox"/>
Hydraulic pressure normal	<u>N</u>		How many total filled Haz drums onsite?	<u>0</u>
Significant leaks?	<u>N</u>		How many Haz drums filled & closed today?	<u>0</u>

General/Housekeeping

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

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts
Shovel doorways, apply ice melt
Confirm gates and doorways locked

Clear woody vegetation from swales and cap
Look for damage fencing/gates
Confirm storage container locked

Typical Operating Parameters

	Speed(hz)	Flow(gpm)	Pressure (psi)	Low-Low	Pump stop	Pump start	High-High
EW-1	60	20	5-15	2	3	10	20
EW-2	60	14	5-15	2	3	10	20
EW-3	60	20	NA	2	3	10	20
EW-4	40-60	20-35	5-15	3	14	17	24
EW-5	0	NA	NA	NA	NA	NA	NA
Clarifier Catch Tank				0.75	1	2.5	4

Chemical Dosing Rates

	HMI Setpoint	Stroke SP	Hand SP	Pump Screen	Stroke shown on HMI must match stroke set on pump
345 Sodium Permanganate	0.01%	100	0.11gph	140-200ml/h	
2130 Coagulant	0.01%	100	0.11 gph		
1668 Flocculant	0.16%	50	2.55 gph		Chemical dosing changes to match influent rate. Do not change without checking with TM
2925 Sequestrant	0.01%	100	0.09gph		

Discharge Pumps

	P-401	P-402
Auto Setpoint	30-35gpm	60hz for 15minutes, every 12 hours
Pressure	40-70psi	
High Pressure alarm	80psi	

Air compressor

Operating Range	100-125psi
Auto drain	On 5 seconds every 40 minutes
Dryer	Display shows "ESA/ON" with dew point level shown on bar scale.

Regulators

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

Notes:

ARRIVED TO SITE SYSTEM WAS ON BAG FILTERS HIGH PRESSURE, SYSTEM WAS RUNNING

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: RK

Date: 10.25.2024

Time: 07:15

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

Extraction Wells	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)	
Pump Status/Flow	EW-1	Y	Y	N	20.9	13.82	1.4
Run pumps in "Manual" to confirm flow, if needed.	EW-2	Y	Y	N	21.6	20.12	6.7
Confirm pumps are operating between setpoints	EW-3	Y	Y	N	26.1	13.38	NA
Confirm pressure with pump cycling & not high/low	EW-4	Y	Y	N	25.5	22.11	6.8

Process - (Check if OK or fill in values)

If pumps on, is water flowing into IPC (Y/N)?	<u>Y</u>	Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually	<input checked="" type="checkbox"/>	Discharge pump pressure	<u>6.8</u>
FT-201 reading (GPM)	<u>45.8</u>	Discharge pump oil level	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>13.3</u>	Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<u>CHEM DOUBLE</u>	Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>	Other Alarms (Y/N)	<u>N</u>

Filtration (Fill in values)

Disk Filter pressure pre/post (PSI)	<u>80 / 20 30 / 20</u>	Mid bag pressure (PSI)	<u>12 / 12</u>
Back pressure valve pre/post (PSI)	<u>20 / 10 20 / 20</u>	Post bag pressure (PSI)	<u>10</u>
Pre bag pressure (PSI)	<u>18 / 18</u>	Bag micron size, Lead/lag	<u>2.5 / 1.5</u>

Carbon

GAC-801 Pressure	<u>27 / 25</u>	Effluent Pressure	<u>11</u>
GAC-802 Pressure	<u>25 / 25</u>	TOC Carbon Date Last Replaced	<u> </u>
GAC-803 Pressure	<u>22 / 15</u>	PFAS Carbon Date Last Replaced	<u> </u>
GAC-804 Pressure	<u>13 / 11</u>		

Data (Check if OK)

Do Daily & Yesterday Starts make sense NA

Alarms

List any active alarms NO
 All Alarms Enabled (Y/N) Y
 List any disabled and indicate why NONE

Air Compressor (Check if OK)

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

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F) Heaters functional

IPC (Y/N)

IPC discharge clear?	<u>N</u>	Mixers visibly operating	<input checked="" type="checkbox"/>
Floatables? (take photos if yes)	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<input checked="" type="checkbox"/>
Coag visibly dosing?	<input checked="" type="checkbox"/>	Indicate % of sludge at each port	Upper <u>20</u> Mid <u>95</u> Lower <u>100</u>
Floc visibly dosing?	<input checked="" type="checkbox"/>		
Sequestrant visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

345 Sodium Permanganate	Height (in)	<u>MLL NC</u>	mL/H	<u>119</u>	# of Full Drums Onsite	<u>2</u>
2925 Sequestrant	Height (in)	<u>MLL NC</u>	Stroke Rate	<u>25.5</u>	# of Full Drums Onsite	<u>4</u> Stroke Length <u>100</u>
2130 Coagulant	Height (in)	<u>MLL NC</u>	Stroke Rate	<u>47.0</u>	# of Full Drums Onsite	<u>2</u> Stroke Length <u>65</u>
1668 Flocculant	Volume (gal)	<u>175</u>	Stroke Rate	<u>187</u>	# of Full Bags Onsite	<u>1</u> Stroke Length <u>50</u>
Dosing pumps at normal rate?					Chemicals needed?	<u>FLOCCULANT</u>

Floor Sumps (Y/N)

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

Diaphragm pumps (Check if OK)

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

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>N</u>	Hydraulic press oil level	<u>NC</u>
Hydraulic pressure normal	<u>N</u>	How many total filled Haz drums onsite?	<u>4</u>
Significant leaks?	<input checked="" type="checkbox"/>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<input checked="" type="checkbox"/>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<input checked="" type="checkbox"/>	Lights working?	<input checked="" type="checkbox"/>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<input checked="" type="checkbox"/>	Exit signs working?	<input checked="" type="checkbox"/>	Removed trash?	<input checked="" type="checkbox"/>
Sludge in Clarifier Catch Tank?	<input checked="" type="checkbox"/>	Exterior Lights working?	<input checked="" type="checkbox"/>	Propane tank >20%	<u>50%</u>

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts
 Shovel doorways, apply ice melt
 Confirm gates and doorways locked

Clear woody vegetation from swales and cap
 Look for damage fencing/gates
 Confirm storage container locked

Typical Operating Parameters

	Speed(hz)	Flow(gpm)	Pressure (psi)	Low-Low	Pump stop	Pump start	High-High
EW-1	60	20	5-15	2	3	10	20
EW-2	60	14	5-15	2	3	10	20
EW-3	60	20	NA	2	3	10	20
EW-4	40-60	20-35	5-15	3	14	17	24
EW-5	0	NA	NA	NA	NA	NA	NA

Clarifier Catch Tank

0.75 1 2.5 4

Chemical Dosing Rates

	HMI Setpoint	Stroke SP	Hand SP	Pump Screen	Stroke shown on HMI must match stroke set on pump
345 Sodium Permanganate	0.01%	100	0.11gph	140-200ml/h	
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Discharge Pumps

	P-401	P-402
Auto Setpoint	30-35gpm	60hz for 15minutes, every 12 hours
Pressure	40-70psi	
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Air compressor

Operating Range 100-125psi
 Auto drain On 5 seconds every 40 minutes
 Dryer Display shows "ESA/ON" with dew point level shown on bar scale.

Regulators

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

Notes:

SYSTEM HAS BEEN OFF FOR 5 DAYS FOR CARBON CHANGE OUT. TURNED WELLS ON GOT READINGS. LEVELS ARE WHAT WAS IN WELLS BEFORE THEY WERE TURNED BACK ON. O & M LOG WAS DONE WHILE SYSTEM WAS IN DOUBLE CHEM DOSING.

ATTACHMENT C

Waste Disposal Documents



Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000235424		2. Page 1 of 1		3. Emergency Response Phone 877-460-1038		4. Manifest Tracking Number 017753192 FLE							
		5. Generator's Name and Mailing Address NYSDEC-FORT EDWARD LANDFILL FORMER 625 Broadway 12Th Fl Albany, NY 12233 Generator's Phone: 607-206-6262						Generator's Site Address (if different than mailing address) 45 Leavy Hollow Ln Hudson Falls, NY 12839							
6. Transporter 1 Company Name Environmental Waste Minimization, Inc.						Ph#: 484-275-6800		U.S. EPA ID Number PAR000501577							
7. Transporter 2 Company Name						State ID#: PA		U.S. EPA ID Number							
8. Designated Facility Name and Site Address Wayne Disposal Site #2 Landfill 48350 N. I-94 Service Dr. Belleville, MI 48111 Facility's Phone: 800-592-5489						State ID#: MI		U.S. EPA ID Number MID048090633							
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. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG II				No.	Type								
		X				001	DM	66	K	B007	PC06				
		2.													
		3.													
	4.														
14. Special Handling Instructions and Additional Information 01: (024-8323-WO) Solids from Filler Press PPE Bags (1x55) OCS: 10/18/24 ID: 101824CI-01 Emergency Contact: Rapid Response T-288 PO # 120 509															
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 T. J. ...						Signature <i>[Signature]</i>			Month 10	Day 18	Year 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 Janelle Butz						Signature <i>[Signature]</i>			Month 10	Day 18	Year 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															
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number															
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				

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000235424	2. Page 1 of 1	3. Emergency Response Phone 877-460-1038	4. Manifest Tracking Number 017753190 FLE								
5. Generator's Name and Mailing Address NYSDDEC-FORT EDWARD LANDFILL FORMER 625 Broadway 12Th Fl Albany, NY 12233				Generator's Site Address (if different than mailing address) 45 Leavy Hollow Ln Hudson Falls, NY 12839									
Generator's Phone: 518-250-7352		6. Transporter 1 Company Name Environmental Waste Minimization, Inc.		PH#: 484-275-6900	U.S. EPA ID Number PAR000501577								
7. Transporter 2 Company Name				U.S. EPA ID Number									
8. Designated Facility Name and Site Address Wayne Disposal Site #2 Landfill 48350 N. I-94 Service Dr. Belleville, MI 48111				State ID#: MI-		U.S. EPA ID Number MID048090633							
Facility's Phone: 800-592-5489													
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. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG II		No. 010	Type DM	1333	K	B007	PC08				
		2.											
		3.											
		4.											
14. Special Handling Instructions and Additional Information 01: (C24-8241-WDI) Filter Sludge (10x55) 005: 1018374 I.D.: 10182418-01 10182418-10 Emergency Contact: Rapid Response T-288 PO # 120 509													
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/Offorer's Printed/Typed Name Jeremy Wickert on behalf of NYSDDEC				Signature <i>[Signature]</i>		Month 10		Day 18		Year 20			
INT'L	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	Transporter 1 Printed/Typed Name Jonathan Butz				Signature <i>[Signature]</i>		Month 10		Day 18		Year 20		
	Transporter 2 Printed/Typed Name				Signature		Month		Day		Year		
DESIGNATED FACILITY	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

 EWMI <small>Environmental Waste Minimization, Inc.</small> RAPID RESPONSE <small>INCORPORATED</small>	1. Generator EPA ID# (if applicable) NYR000235424	2. Page 1 of 1	3. Emergency Response Number 877-460-1038	4. Document Tracking Number  D001782
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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 #208013)	008	DF	250	P	
2.						
3.						
4.						

14. Special Handling Instructions and Additional Information 01: Empty Drums (PF: RCRA E) DM 55 P (X55)	Job Number PO # 120 509 Emergency Contact: Rapid Response T-288
---	--

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.

Transporter

Printed/Typed Name <i>Jeremy Wexhoff on behalf of NYSDEC</i>	Signature <i>[Signature]</i>	Month 10	Day 18	Year 24
17. Transporter 1. Acknowledgment of Receipt of Materials	Signature <i>[Signature]</i>	Month 10	Day 18	Year 24
18. Transporter 2. Acknowledgment of Receipt of Materials	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

