


50NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		Contract No. DEC Insp. – DEC PM – Evelyn Hussey Engineer PM – Michael Miller Engineer Insp. – Emily Fenner		
Site Location: North Lawrence, NY								
Weather Conditions								
General Description	Sunny	AM	Sunny	PM				
Temperature	50 F	AM	60 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	X NA
Were there any exceedances of the perimeter air monitoring reported on this date?						*Yes	No	X NA
Were there any nuisance issues reported/observed on this date?						*Yes	No	X NA
Health & Safety Comments								
Health & Safety Meeting topic: PPE and exercising caution while working with landscaping equipment.								
Summary of Work Performed		Arrived at site:	1110	Departed Site:	1520			
<ul style="list-style-type: none"> • 1110 EA (E. Fenner, M. Miller) arrives onsite. • 1130 M. Miller begins mowing landfill cell. E. Fenner begins site inspection. • 1150 Site inspection complete. E. Fenner begins trimming fenceline and cutting down small trees within and on the fenceline. • 1430 Mowing/brush cutting complete. Measure volatile organic compounds (VOCs) and Flammable gases (LEL) at 4 landfill gas vents. All VOC and LEL readings 0.0 ppm and 0%, respectively • 1445 Mob to hardware store to purchase locks. • 1515 Combination Locks purchased and placed on site entrance and landfill gate. Both combinations set to “N-L-O-D”. • 1520 Mob to Sewall’s Island. 								
Equipment/Material Tracking								
If any box below is checked “Yes”, provide explanation under “Material Tracking Comments”.								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	X NA
Were there any vehicles which were not tarped?						* Yes	No	X NA
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	X NA
Subcontractor Personnel and Equipment								
Individual		Company		Trade		Total Hours		
N/A								
Equipment Description		Contractor/Vendor		Quantity		Used		
Zero-turn Mower		Sunbelt Rentals		1		Yes		
Handheld Brush Cutter		Sunbelt Rentals		1		Yes		
Heron 200’ Interface Probe		Pine		1		No		
RAE Systems MultiRAE Five-Gas		Pine		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)*
N/A						
*On-Site scale for off-site shipment, delivery ticket for material received						
Equipment/Material Tracking Comments:						
PID was not provided with calibration gas. Used PID based on Pine's calibration performed 9/28/2022.						
Visitors to Site						
Name		Representing		Entered Exclusion/CRZ Zone		
N/A				Yes	No	
				Yes	No	
				Yes	No	
Site Representatives						
Name			Representing			
Emily Fenner			EA Engineering			
Michael Miller			EA Engineering			
Project Schedule Comments						
None.						
Issues Pending						
Interaction with Public, Property Owners, Media, etc.						

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

Post-Closure Site Inspection Checklist North Lawrence Oil Dump Site

Date: _____

Weather: _____

Personnel (Organization): _____

Instructions: Complete the checklist of visual evaluation items and then complete specific data items. Field measurements should be made with a cloth tape and noted on a site plan. Estimated measurements should be so noted. Attach hand sketches or photographs to the site plan to further define conditions or problems.

I. VISUAL EVALAUTION ITEMS

	<u>CONDITION: (Check)</u>				<u>REMARKS</u>
	<u>Acceptable</u>	<u>Not</u>		<u>Action Required?</u>	
		<u>Acceptable</u>	<u>Yes</u>		
1) Vegetative Cover					
a) Disposal Cell	_____	_____	_____	_____	
b) Lagoon	_____	_____	_____	_____	
c) Wetland	_____	_____	_____	_____	
2) Site Drainage					
a) Sediment Build-Up	_____	_____	_____	_____	
b) Pooling or Ponding	_____	_____	_____	_____	
c) Slope Integrity	_____	_____	_____	_____	
d) Erosion Protection (Riprap, grout, vegetation)	_____	_____	_____	_____	
e) Obstruction of Culverts	_____	_____	_____	_____	
3) Condition of Access					
a) Road Condition	_____	_____	_____	_____	
b) Gates/Locks/Signs	_____	_____	_____	_____	
4) Integrity of Ground Water Monitoring Wells	_____	_____	_____	_____	
5) Integrity of Cap					
a) Erosion Damage	_____	_____	_____	_____	
b) Leachate Break- through	_____	_____	_____	_____	
c) Settlement	_____	_____	_____	_____	
6) Gas Venting System					
a) Vents free of obstructions	_____	_____	_____	_____	
b) Gas readings (measure)	_____	_____	_____	_____	
7) Other (e.g., Litter, Unauthorized Dumping, etc.)	_____	_____	_____	_____	

II. SPECIFIC DATA ITEMS (Write N.A. if not applicable)

A. Erosion and Settlement:

1) Approximate size in feet of eroded cap area(s). (List Separately)

a. _____ feet by _____ feet

b. _____ feet by _____ feet

c. _____ feet by _____ feet

2) How deep is the most extreme point of erosion when measured from the adjacent surface. (List Separately)

a. _____ feet

b. _____ feet

c. _____ feet

Figure 3-1





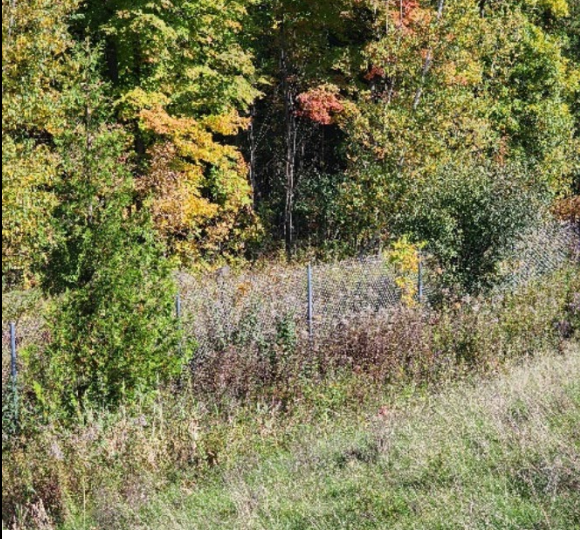

Post-Closure Site Inspection Checklist
North Lawrence Oil Dump Site
(continued)



- 3) Approximate size in feet of eroded areas outside the soil cap area such as drainage ditches, roads or slopes. _____
- 4) Attach a hand sketch or photograph to be attached to this report, showing location(s) of the eroded area(s). Identify each area by using the letter a, b, c, etc. from Question 1.
- 5) Approximate size in feet of leachate breakout(s). (List Separately)
- a. _____ feet by _____ feet NA
- b. _____ feet by _____ feet
- c. _____ feet by _____ feet
- 6) Approximate size in feet of any settlement area within the soil cap area. (List Separately)
- a. _____ feet by _____ feet NA
- b. _____ feet by _____ feet
- c. _____ feet by _____ feet
- 7) Approximate depth of each settlement area when measured from the adjacent surface. (List Separately)
- a. _____ feet NA
- b. _____ feet
- c. _____ feet
- 8) Attach a hand sketch or photograph to the attached site plan showing the location of the settlement area(s). Identify each area by using letter a, b, or c, etc. from Question 6.

Signature of Inspector(s)

Attachments

_____ Yes No

Site Photographs (Descriptions Below)	
	
Landfill cell before mowing.	Top of landfill cap after mowing
	
Remnants of beehive on gas vent	Mowed landfill cap (looking SE)
	
Cedar tree and bush growing along fenceline (removed)	Bushes growing along fenceline (removed)

	
View of wetland and lagoon (looking SW)	Water pooling in lagoon area
Comments	
<p>Ground is saturated on the northern, western, and southern borders of the landfill cell. General site condition is good.</p> <p>Landfill gas vents were screened using RAE Systems MultiRAE five-gas meter for volatile organic compounds (VOCs) and Flammable gases (LEL). All VOC and LEL readings were 0.0 ppm and 0%, respectively.</p>	
Site Inspector(s): Emily Fenner, Michael Miller	Date: 10/03/2022

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

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

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

ON-SITE WASTE STORAGE

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

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>			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

* BART – Best Available Retrofit Technology

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a) Sediment Build-Up	_____	_____	_____	_____	
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c) Slope Integrity	_____	_____	_____	_____	
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e) Obstruction of Culverts	_____	_____	_____	_____	
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a) Road Condition	_____	_____	_____	_____	
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b) Leachate Break- through	_____	_____	_____	_____	
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Figure 3-1

Post-Closure Site Inspection Checklist
North Lawrence Oil Dump Site
(continued)

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Signature of Inspector(s)

Attachments

_____ Yes No