


# DAILY INSPECTION REPORT

Report No. 008 **Lapp Insulator - NYSDEC Site No. 819017**

Page 1 of 6  
Date: 27 January 2022

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b> NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer Consultant Site Inspectors: Donald Howe	
<b>Site Location:</b> Le Roy, New York					
<b>Weather Conditions</b>					
<b>General Description</b>	Mostly sunny	AM	Cloudy, snow showers	PM	
<b>Temperature</b>	9°F	AM	23°F	PM	
<b>Wind</b>	11 mph E	AM	11 mph E	PM	
<b>Health &amp; Safety</b>					
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>					
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 NA X
Were there any nuisance issues reported/observed on this date?				*Yes	No X NA
<b>Health &amp; Safety Comments</b>					
None.					
<b>Summary of Work Performed</b>		Arrived at site:	0927	Departed Site:	1615
<p>(0927) D. Howe and E. Bunyon onsite at Lapp Insulator to perform monthly O&amp;M for January 2022 and site-wide inspection. (0930) EA begins O&amp;M at PCORE SSDS sheds. PCORE SSDS-1 and SSDS-2 are shut down upon arrival due to High Level alarm. EA empties storage tanks for both PCORE SSD Systems (155 gallons from each system). EA checks drain valves on vertical piping behind the sheds, records Motor Hour Meter readings from both sheds and spreads salt around area due to freezing temperatures. (1000) EA attempts to restart PCORE SSDS-1 (shed on the left). When restarting system, the blower motor started but shut off after approximately 10 seconds due to Motor Overtemp alarm. EA troubleshoots alarm issue, resets alarm and cycles power to system, still unable to restart PCORE SSDS-1. (1015) EA moves to restart PCORE SSDS-2 (shed on the right). Same issue occurs as with PCORE SSDS-1. Blower motor started but shut down after approximately 10 seconds due to Motor Overtemp alarm. EA cycles power and still unable to start system. EA continues to troubleshoot SSDS issues and checks control panel, no visible issues. (1107) EA checks B-35 SSDS, system is running. EA collects O&amp;M readings from system. (1120) EA collects O&amp;M readings from the 8 extraction wells inside of the B-35 building and conducts inspection of the extraction wells. (1140) EA collects call-out system information and goes to AT&amp;T in Batavia to get new SIM cards for the Sigma call-out systems. (1400) EA checks the 8 extraction wells inside of PCORE building and performs well inspections. (1445) EA conducts inspection of outdoor wells around the site. Unable to locate 6 wells (SR-004, BRW-02, SR-005, SR-006, BRW-01, SR-105) due to wells being covered with snow, ice, frozen ground, and pallets. Unable to locate flush mount wells with metal detector due to metal scrap and parts scattered across the ground. (1555) EA continues troubleshooting PCORE SSDS and attempts to restart the systems after fully opening bleed valves in case of influent obstruction, still unable to start systems. (1615) EA Offsite.</p>					
<b>Equipment/Material Tracking</b>					
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>					
Were there any vehicles which did not display proper D.O.T numbers and placards?				*Yes	No NA X
Were there any vehicles which were not tarped?				* Yes	No NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?				* Yes	No NA X
<b>Personnel and Equipment</b>					
<b>Individual</b>	<b>Company</b>	<b>Trade</b>		<b>Total Hours</b>	
Donald Howe	EA	O&M Inspector		7	
Enock Bunyon	EA	O&M Inspector		7	

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Report No. 008 **Lapp Insulator - NYSDEC Site No. 819017**

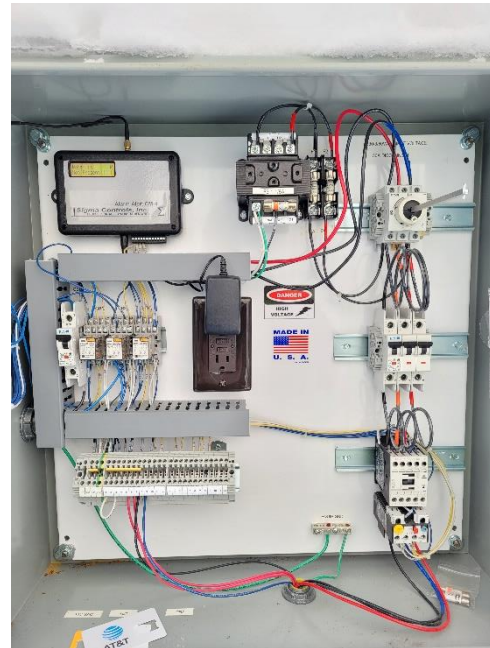
Date: 27 January 2022

Equipment Description		Contractor/Vendor		Quantity	Used	
Fluke Micromanometer				1	Yes.	
Magnehelic				1	Yes.	
Metal Detector				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						
<b>Equipment/Material Tracking Comments:</b>						
None.						
<b>Visitors to Site</b>						
Name		Representing		Entered Exclusion/CRZ Zone		
None.				Yes	No	
				Yes	No	
				Yes	No	
<b>Site Representatives</b>						
Name			Representing			
Ronald Richards			Lapp Insulator			
Robert Cassatt			PCORE			
Donald Howe			EA			
<b>Project Schedule Comments</b>						
None.						
<b>Issues Pending</b>						
EA visited AT&T in Batavia to purchase new SIM cards for the PCORE and B-35 SSDS. AT&T employees were unable to set up new SIM cards without extra information. EA will contact AECOM to get further information so new SIM cards are able to be purchased and installed in SSD Systems. PCORE SSDS issues, unable to restart systems after emptying Knockout Tanks due to Motor Overtemp alarms.						
<b>Interaction with Public, Property Owners, Media, etc.</b>						
None.						

Site Photographs (Descriptions Below)



PCORE-1 High Level alarm upon arrival



PCORE-1 control panel



B-35 SSDS Shed




Monitoring Well SR-108

**DAILY INSPECTION REPORT**

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Date: 27 January 2022

Comments	
<p>Path forward for PCORE SSDS sheds: D. Howe will meet with D. Conan and J. Hayward to discuss the system and determine additional troubleshooting options. D. Howe will remobilize to site after the meeting to attempt additional troubleshooting. If determined to be necessary, EA will explore other options after the remobilization, including getting an electrician onsite to evaluate the system.</p>	
<p><b>Site Inspector(s):</b> </p>	<p><b>Date:</b> 27 January 2022</p>

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			



**Lapp Insulator**

130 Gilbert Street, Le Roy, NY

EA Engineering, P.C. and its affiliate EA Science and Technology



Department of  
Environmental  
Conservation

Personnel: D. Howe, E. Bunyan Time: 0930 Date: 1/27/2022  
Weather: Mostly Sunny Temperature: 9° Wind Speed/Dir.: 11 / E

**PCORE SSDS-1 (Left Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure: \_\_\_\_\_ Running  Not Running

**System Readings:**

Time 0930  
Motor Hour Meter (ETM) 21085.33  
Flow meter (pitot tube) \* Magnehelic Reading (in. W.C.)  
Flow meter (pitot tube) \* cfm (converted from magnehelic reading)  
Vacuum (in. water) \*  
Storage Tank Volume (gallons) 155 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-01	*
PCORE-02	*
PCORE-03	*
PCORE-04	*
Pilot Well	*

Comments:

Unable to restart system after draining KO storage tank due to Motor overtemp alarm.

\* Not recorded due to system being shut down.

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running   Not Running

Issue if not running:

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

High level in Knock-out Tank  
Motor Overtemp  
Other (Describe in Comments below)

Departure: \_\_\_\_\_ Running   Not Running

**System Readings:**

Time 0930  
 Motor Hour Meter (ETM) 18883.61  
 Flow meter (pitot tube) \* Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) \* cfm (converted from magnehelic reading)  
 Vacuum (in. water) \*  
 Storage Tank Volume (gallons) 155 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	*
PCORE-07	*
PCORE-08	*

Comments:

*Unable to restart system after draining KO storage tank due to Motor Overtemp alarm.*

*\* Not recorded due to system being shut down.*



**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 1107  
 Motor Hour Meter (ETM) 22470.59  
 Flow meter (pitot tube) 4 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 393.2 cfm (converted from magnehelic reading)  
 Vacuum (in. water) 18  
 Storage Tank Volume (gallons) 0 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-12.190
B35-02	-12.212
B35-03	-11.702
B35-04	-11.318
B35-05	-12.290
B35-06	-12.401
B35-07	-11.773
B35-08	-11.262

Comments:

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# DAILY INSPECTION REPORT

Report No. 009 **Lapp Insulator - NYSDEC Site No. 819017**

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Date: 14 February 2022

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>		
<b>Site Location:</b> Le Roy, New York						NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer Consultant Site Inspectors: Donald Howe		
<b>Weather Conditions</b>								
<b>General Description</b>	Cloudy	AM	Sunny	PM				
<b>Temperature</b>	11°F	AM	14°F	PM				
<b>Wind</b>	10 mph NW	AM	13 mph NW	PM				
<b>Health &amp; Safety</b>								
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	0927	Departed Site:	1615			
(1100) D. Howe onsite at Lapp Insulator to perform vacuum testing on PCORE SSDS-1 and SSDS-2, meets with Robert Cassatt (PCORE). EA assembles fittings for vacuum testing, checks the drains on vertical piping for system influent and effluent (all drains empty upon opening, only piping without vertical drain is influent of SSDS-2), and disconnects hoses for system influent and effluent. (1200) EA sets up fittings and equipment on PCORE SSDS-2 (shed on the right) influent. Initial vacuum with system off is 0.017 "H <sub>2</sub> O. (1210) EA begins testing PCORE SSDS-2, vent 100% open. Vacuum stabilized at -1.548 "H <sub>2</sub> O. (1215) EA closes vent, vacuum stabilized at -2.259 "H <sub>2</sub> O. (1220) EA completes testing of PCORE SSDS-2 influent, breaks down equipment, fluke and fittings and moves to PCORE SSDS-1 (shed on the left). (1225) EA begins setting up equipment to test PCORE SSDS-1. Initial vacuum with system off is 0.014 "H <sub>2</sub> O. (1230) Begin testing PCORE SSDS-1 influent, vent valve approximately 55% open. Vacuum stabilized at -2.644 "H <sub>2</sub> O. (1235) Open vent valve to 100% open. Vacuum stabilized at -2.573 "H <sub>2</sub> O. (1240) EA closes vent valve to 100% closed. Vacuum stabilized at -3.414 "H <sub>2</sub> O. (1245) EA resets PCORE SSDS-1 vent valve to original state (approximately 55% open), breaks down equipment, fluke, and fittings. EA checks system effluent hoses and piping for both systems, effluent lines are clear. Reattach influent and effluent hoses to original state. Clear alarms and reset power to control panels, Motor Overtemp Alarm activates immediately upon turning control panel power on, even before touching the HOA switch for the blowers (blower HOA switch in OFF position). Same results with both systems when attempting to restart. (1330) EA offsite.								
<b>Equipment/Material Tracking</b>								
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	NA X
Were there any vehicles which were not tarped?						*Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						*Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Donald Howe		EA		O&M Inspector		2.5		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>		<b>Quantity</b>		<b>Used</b>		
Fluke Micromanometer				1		Yes		
Magnehelic				1		No		
Craftsman 3.5 hp Shop Vacuum				1		Yes		

**DAILY INSPECTION REPORT**

Report No. 009 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 14 February 2022

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						
<b>Equipment/Material Tracking Comments:</b>						
None.						
<b>Visitors to Site</b>						
<b>Name</b>		<b>Representing</b>			<b>Entered Exclusion/CRZ Zone</b>	
None.					<b>Yes</b>	<b>No</b>
					<b>Yes</b>	<b>No</b>
					<b>Yes</b>	<b>No</b>
<b>Site Representatives</b>						
<b>Name</b>			<b>Representing</b>			
Ronald Richards			Lapp Insulator			
Robert Cassatt			PCORE			
Donald Howe			EA			
<b>Project Schedule Comments</b>						
None.						
<b>Issues Pending</b>						
EA still working with AT&T to set up new SIM cards.						
<b>Interaction with Public, Property Owners, Media, etc.</b>						
None.						

Site Photographs (Descriptions Below)



Fittings used for vacuum testing



Testing PCORE SSDS-1



Testing PCORE SSDS-2




Motor Overtemp alarm activated when restarting

**DAILY INSPECTION REPORT**

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Date: 14 February 2022

<b>Comments</b>	
None.	
<b>Site Inspector(s):</b> 	<b>Date:</b> 14 February 2022

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			


**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

# DAILY INSPECTION REPORT

Report No. 010 Lapp Insulator - NYSDEC Site No. 819017

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Date: 22 February 2022

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>  NYSDEC PM: Sarah Saucier/Evelyn Hussey  Consultant PM: Chris Schroer  Consultant Site Inspectors: Donald Howe		
<b>Site Location:</b> Le Roy, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Cloudy, rain	AM	Cloudy, rain	PM				
<b>Temperature</b>	47°F	AM	47°F	PM				
<b>Wind</b>	11 mph SE	AM	10 mph SE	PM				
<b>Health &amp; Safety</b>								
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	0845	Departed Site:	1245			
(0845) D. Howe onsite at Lapp Insulator to perform O&M for February 2022. EA continues troubleshooting of PCORE-01 and PCORE-02 SSD Systems and checks drains on vertical piping behind systems. (0900) EA sets up and performs vacuum test on PCORE-02 influent, testing vacuum with and without filter. (0938) EA sets up and performs vacuum test on PCORE-01 influent, testing vacuum with and without filter. Unable to do more testing without a second person due to HOA switch requiring one person to hold it during testing. (1015) EA moves inside PCORE building, inspects and labels extraction wells inside PCORE building. (1030) EA continues troubleshooting with PCORE electrician (Phil). Able to find issue with starter and fix issue with both systems. (1045) EA restarts PCORE-01 and PCORE-02, lets systems run and monitor for 30 minutes. (1115) EA collects O&M readings from PCORE-01 and PCORE-02. (1130) EA collects O&M readings from 8 extraction wells inside PCORE building. (1145) EA replaces SIM cards in PCORE sheds for alarm systems. (1200) Collect O&M readings from B-35 SSDS and replaces SIM card. (1215) EA collects O&M readings from the eight extraction wells inside B-35 building and labels the extraction wells. (1230) Roof covered in ice, did not check roof piping. EA drains vertical drain on the front of PCORE building. (1245) EA offsite.								
<b>Equipment/Material Tracking</b>								
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	NA X
Were there any vehicles which were not tarped?						*Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						*Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Donald Howe		EA		O&M Inspector		4		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Craftsman 3.5 hp Shop Vacuum					1	Yes		
Fluke Multimeter					1	Yes		
<b>Material Description</b>	<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>	
N/A								

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



**DAILY INSPECTION REPORT**Report No. 010 **Lapp Insulator - NYSDEC Site No. 819017**

Page 2 of 6

Date: 22 February 2022

**Equipment/Material Tracking Comments:**

None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Donald Howe	EA

**Project Schedule Comments**

None.

**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.

Site Photographs (Descriptions Below)



New SIM card in PCORE-01 SSDS.



Readings from PCORE-01 extraction well.



Collecting O&M readings in B-35 SSDS.




B-35 SSDS running.

**DAILY INSPECTION REPORT**

Report No. 010 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 22 February 2022

<b>Comments</b>	
None.	
<b>Site Inspector(s):</b> 	<b>Date:</b> 22 February 2022

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**



1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology	 Department of Environmental Conservation												
Personnel: <u>D. Howe</u> Weather: <u>Cloudy, Rain</u>	Time: <u>0845</u> Temperature: <u>47°</u>	Date: <u>2/22/2022</u> Wind Speed/Dir.: <u>SE / 11.</u>												
<b><u>PCORE SSDS-1 (Left Shed)</u></b>														
<b>System Status:</b> Arrival: _____ Running <input checked="" type="checkbox"/> Not Running														
Issue if not running:														
<table border="1" style="margin: auto;"> <tr> <td style="width: 50px; height: 20px;"><input type="checkbox"/></td> <td>High level in Knock-out Tank</td> </tr> <tr> <td style="width: 50px; height: 20px;"><input checked="" type="checkbox"/></td> <td>Motor Overtemp</td> </tr> <tr> <td style="width: 50px; height: 20px;"><input type="checkbox"/></td> <td>Other (Describe in Comments below)</td> </tr> </table>			<input type="checkbox"/>	High level in Knock-out Tank	<input checked="" type="checkbox"/>	Motor Overtemp	<input type="checkbox"/>	Other (Describe in Comments below)						
<input type="checkbox"/>	High level in Knock-out Tank													
<input checked="" type="checkbox"/>	Motor Overtemp													
<input type="checkbox"/>	Other (Describe in Comments below)													
Depature: <input checked="" type="checkbox"/> Running                      _____ Not Running														
<b>System Readings:</b>														
Time	<u>1115</u>													
Motor Hour Meter (ETM)	<u>21085 83</u>													
Flow meter (pitot tube)	<u>1.8</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>263.7</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>13</u>													
Storage Tank Volume (gallons)	<u>3</u>	Water removed from Knockout Tank												
Vacuum readings at SSDS screens:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Well ID</th> <th>Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;"><u>-10.669</u></td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;"><u>-10.905</u></td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;"><u>-11.449</u></td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;"><u>-0.021</u></td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;"><u>-0.015</u></td> </tr> </tbody> </table>			Well ID	Vacuum (inches water)	PCORE-01	<u>-10.669</u>	PCORE-02	<u>-10.905</u>	PCORE-03	<u>-11.449</u>	PCORE-04	<u>-0.021</u>	Pilot Well	<u>-0.015</u>
Well ID	Vacuum (inches water)													
PCORE-01	<u>-10.669</u>													
PCORE-02	<u>-10.905</u>													
PCORE-03	<u>-11.449</u>													
PCORE-04	<u>-0.021</u>													
Pilot Well	<u>-0.015</u>													
Comments: <u>Restarted system at 1045. Replaced SIM card.</u>														
<hr/> <hr/> <hr/>														

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running \_\_\_\_\_ Not Running

**System Readings:**

Time 1120  
 Motor Hour Meter (ETM) 1888408  
 Flow meter (pitot tube) 1.5 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 240.8 cfm (converted from magnehelic reading)  
 Vacuum (in. water) 7  
 Storage Tank Volume (gallons) 5 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-7.971
PCORE-07	-7.099
PCORE-08	-8.163

Comments:

*Restarted System at 1045. Replaced SIM Card.*

**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 1200  
 Motor Hour Meter (ETM) 2304532  
 Flow meter (pitot tube) 4  
 Flow meter (pitot tube) 393.2  
 Vacuum (in. water) 16  
 Storage Tank Volume (gallons) 0

Magnehelic Reading (in. W.C.)  
cfm (converted from magnehelic reading)

Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-13.178
B35-02	-13.160
B35-03	-12.658
B35-04	-12.283
B35-05	-13.305
B35-06	-13.216
B35-07	-13.031
B35-08	-12.281

Comments:

*Replaced SIM Card.*



# DAILY INSPECTION REPORT

Report No. 011 Lapp Insulator - NYSDEC Site No. 819017

Page 1 of 6  
Date: 23 March 2022

NYSDEC Division of Environmental Remediation		NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>  NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer  Consultant Site Inspectors: Donald Howe		
<b>Site Location:</b> Le Roy, New York								
<b>Weather Conditions</b>								
<b>General Description</b>	Cloudy, rain	AM	Cloudy, rain	PM				
<b>Temperature</b>	35°F	AM	38°F	PM				
<b>Wind</b>	10 mph SE	AM	12 mph SE	PM				
<b>Health &amp; Safety</b>								
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	1015	Departed Site:	1245			
(1015) EA (D. Howe) onsite at Lapp Insulator to perform O&M for March 2022. (1020) EA begins O&M at PCORE-01 and 02 sheds. PCORE-02 is shut down upon arrival for high level KO tank alarm. EA shuts down both systems and drains water out of both KO tanks, 153 gallons from PCORE-02 and 132 gallons from PCORE-01. EA checks drains on vertical piping behind PCORE sheds. (1054) EA restarts PCORE-01 after KO draining completed. (1056) EA restarts PCORE-02 after KO draining completed. (1104) EA collects O&M readings from PCORE-01. (1106) EA collects O&M readings from PCORE-02. (1112) EA completes O&M at PCORE sheds and moves to B-35 system. (1116) EA collects O&M readings from B-35 system shed. (1120) EA collects O&M readings from the 8 extraction wells inside B-35 building. (1135) EA collects O&M readings from the 8 extraction wells inside PCORE building. (1200) EA drains vertical drain piping in front of PCORE building and fixes fernco coupling. (1230) EA checks and straightens piping on roof of PCORE building. (1245) EA offsite.								
<b>Equipment/Material Tracking</b>								
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	NA X
Were there any vehicles which were not tarped?						*Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						*Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Donald Howe		EA		O&M Inspector		2.5		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Fluke Multimeter					1	No		
<b>Material Description</b>	<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>		
N/A								

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

**DAILY INSPECTION REPORT**Report No. 011 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 23 March 2022

**Equipment/Material Tracking Comments:**

None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Donald Howe	EA

**Project Schedule Comments**

None.

**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.

Site Photographs (Descriptions Below)



PCORE-02 system off upon arrival due to High Level alarm.

Vertical piping drains behind PCORE sheds.



Collecting O&M readings in B-35 SSDS.




Piping on roof of PCORE building prior to being straightened.

**DAILY INSPECTION REPORT**

Report No. 011 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 23 March 2022

<b>Comments</b>	
Small crack on valve for PCORE-02 KO tank, not leaking but will be replaced during a future visit.	
<b>Site Inspector(s):</b> 	<b>Date:</b> 23 March 2022

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**



1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<p><b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology</p>	 <p>NEW YORK STATE OF OPPORTUNITY</p>												
<p>Department of Environmental Conservation</p>														
Personnel: <u>D. Howe</u>	Time: <u>1015</u>	Date: <u>3/23/2022</u>												
Weather: <u>Cloudy, Rain</u>	Temperature: <u>35°</u>	Wind Speed/Dir.: <u>SE/10</u>												
<b>PCORE SSDS-1 (Left Shed)</b>														
System Status:														
Arrival: <input checked="" type="checkbox"/> Running	<input type="checkbox"/> Not Running													
Issue if not running:														
<input type="checkbox"/>	High level in Knock-out Tank													
<input type="checkbox"/>	Motor Overtemp													
<input type="checkbox"/>	Other (Describe in Comments below)													
Departure: <input checked="" type="checkbox"/> Running	<input type="checkbox"/> Not Running													
System Readings:														
Time	<u>1104</u>													
Motor Hour Meter (ETM)	<u>21779.82</u>													
Flow meter (pitot tube)	<u>2.2</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>291.6</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>10</u>													
Storage Tank Volume (gallons)	<u>132</u>	Water removed from Knockout Tank												
Vacuum readings at SSDS screens:														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Well ID</th> <th>Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;"><u>-10.049</u></td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;"><u>-10.297</u></td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;"><u>-11.209</u></td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;"><u>-13.597</u></td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;"><u>-13.467</u></td> </tr> </tbody> </table>		Well ID	Vacuum (inches water)	PCORE-01	<u>-10.049</u>	PCORE-02	<u>-10.297</u>	PCORE-03	<u>-11.209</u>	PCORE-04	<u>-13.597</u>	Pilot Well	<u>-13.467</u>
Well ID	Vacuum (inches water)													
PCORE-01	<u>-10.049</u>													
PCORE-02	<u>-10.297</u>													
PCORE-03	<u>-11.209</u>													
PCORE-04	<u>-13.597</u>													
Pilot Well	<u>-13.467</u>													
Comments:														

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running \_\_\_\_\_ Not Running

**System Readings:**

Time 1106  
 Motor Hour Meter (ETM) 19255.73  
 Flow meter (pitot tube) 1.2 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 215.3 cfm (converted from magnehelic reading)  
 Vacuum (in. water) 10  
 Storage Tank Volume (gallons) 153 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-0.465
PCORE-07	-10.004
PCORE-08	-10.864

Comments:

Value on bottom of KO Tank has a crack, only leaks when valve is open.



**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time	<u>1116</u>	
Motor Hour Meter (ETM)	<u>23789.57</u>	
Flow meter (pitot tube)	<u>3.8</u>	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	<u>383.2</u>	cfm (converted from magnehelic reading)
Vacuum (in. water)	<u>16</u>	
Storage Tank Volume (gallons)	<u>0</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-13.978
B35-02	-13.755
B35-03	-13.305
B35-04	-12.890
B35-05	-13.772
B35-06	-13.809
B35-07	-13.441
B35-08	-12.841

Comments:

# DAILY INSPECTION REPORT

Report No. 012 Lapp Insulator - NYSDEC Site No. 819017

Page 1 of 6  
Date: 22 April 2022

NYSDEC Division of Environmental Remediation		NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>		
<b>Site Location:</b> Le Roy, New York						NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer Consultant Site Inspectors: Donald Howe		
<b>Weather Conditions</b>								
<b>General Description</b>	Partly Cloudy	AM	Partly Cloudy	PM				
<b>Temperature</b>	45°F	AM	50°F	PM				
<b>Wind</b>	13 mph NW	AM	12 mph NW	PM				
<b>Health &amp; Safety</b> 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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b> None.								
<b>Summary of Work Performed</b>		Arrived at site:	0940	Departed Site:	1240			
(0940) EA (D. Howe) onsite at Lapp Insulator to perform O&M for April 2022. (0945) EA begins O&M at PCORE-01 and 02 sheds. PCORE-02 is shut down upon arrival for high level KO tank alarm. EA shuts down both systems and drains water out of both KO tanks, 153 gallons from PCORE-02 and 108 gallons from PCORE-01. EA checks drains on vertical piping behind PCORE sheds. (1009) EA restarts PCORE-01 after KO draining completed. (1016) EA restarts PCORE-02 after KO draining completed. (1019) EA collects O&M readings from PCORE-01. (1026) EA collects O&M readings from PCORE-02. (1032) EA completes O&M at PCORE sheds and moves to B-35 system. (1035) EA collects O&M readings from B-35 system shed. (1050) EA collects O&M readings from the 8 extraction wells inside B-35 building. (1110) EA collects O&M readings from the 8 extraction wells inside PCORE building. (1145) EA drains vertical drain piping in front of PCORE building and fixes fernco coupling. (1210) EA checks and straightens piping on roof of PCORE building. (1240) EA offsite.								
<b>Equipment/Material Tracking</b> 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	NA X
Were there any vehicles which were not tarped?						* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Donald Howe		EA		O&M Inspector		3.0		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Fluke Multimeter					1	No		
<b>Material Description</b>	<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>	
N/A								
*On-Site scale for off-site shipment, delivery ticket for material received								

**DAILY INSPECTION REPORT**Report No. 012 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 22 April 2022

**Equipment/Material Tracking Comments:**

None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Donald Howe	EA

**Project Schedule Comments**

None.

**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.

**Site Photographs (Descriptions Below)**



Vertical piping behind PCORE-01.



PCORE-02 SSDS.



Collecting O&M readings in PCORE-01.




Piping on roof of PCORE building and SSDS exhaust.

**DAILY INSPECTION REPORT**

Report No. 012 **Lapp Insulator - NYSDEC Site No. 819017**

Page 4 of 6  
Date: 22 April 2022

Comments	
Small crack on valve for PCORE-02 KO tank, not leaking but will be replaced during a future visit.	
Site Inspector(s): 	Date: 22 April 2022

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**



1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology	 Department of Environmental Conservation												
Personnel: <u>D. Howe</u> Weather: <u>Partly Cloudy</u>	Time: <u>0940</u> Temperature: <u>45°</u>	Date: <u>4/22/2022</u> Wind Speed/Dir.: <u>NW/13</u>												
<b>PCORE SSDS-1 (Left Shed)</b>														
System Status:														
Arrival: <input checked="" type="checkbox"/> Running <input type="checkbox"/> Not Running														
Issue if not running:														
<input type="checkbox"/> High level in Knock-out Tank <input type="checkbox"/> Motor Overtemp <input type="checkbox"/> Other (Describe in Comments below)														
Depature: <input checked="" type="checkbox"/> Running <input type="checkbox"/> Not Running														
<b>System Readings:</b>														
Time	<u>1019</u>													
Motor Hour Meter (ETM)	<u>22498.96</u>													
Flow meter (pitot tube)	<u>1.8</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>263.7</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>14</u>													
Storage Tank Volume (gallons)	<u>108</u>	Water removed from Knockout Tank												
Vacuum readings at SSDS screens:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Well ID</th> <th style="width: 70%;">Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;"><u>-8.443</u></td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;"><u>-8.598</u></td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;"><u>-8.925</u></td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;"><u>-11.158</u></td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;"><u>-11.159</u></td> </tr> </tbody> </table>			Well ID	Vacuum (inches water)	PCORE-01	<u>-8.443</u>	PCORE-02	<u>-8.598</u>	PCORE-03	<u>-8.925</u>	PCORE-04	<u>-11.158</u>	Pilot Well	<u>-11.159</u>
Well ID	Vacuum (inches water)													
PCORE-01	<u>-8.443</u>													
PCORE-02	<u>-8.598</u>													
PCORE-03	<u>-8.925</u>													
PCORE-04	<u>-11.158</u>													
Pilot Well	<u>-11.159</u>													
Comments:														
<hr/> <hr/> <hr/> <hr/>														



**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running  Not Running

Issue if not running:

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

High level in Knock-out Tank  
Motor Overtemp  
Other (Describe in Comments below)

Departure:  Running \_\_\_\_\_ Not Running

**System Readings:**

Time 1026  
 Motor Hour Meter (ETM) 19723.85  
 Flow meter (pitot tube) 2.0  
 Flow meter (pitot tube) 278  
 Vacuum (in. water) 17  
 Storage Tank Volume (gallons) 153

Magnehelic Reading (in. W.C.)  
cfm (converted from magnehelic reading)

Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-9.153
PCORE-07	-8.119
PCORE-08	-9.293

Comments:

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**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 10 35  
 Motor Hour Meter (ETM) 24508.88  
 Flow meter (pitot tube) 4 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 393.2 cfm (converted from magnehelic reading)  
 Vacuum (in. water) 18  
 Storage Tank Volume (gallons) 0 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-14.306
B35-02	-14.372
B35-03	-13.944
B35-04	-13.572
B35-05	-14.937
B35-06	-14.484
B35-07	-14.156
B35-08	-13.523

Comments:

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# DAILY INSPECTION REPORT

Report No. 013 **Lapp Insulator - NYSDEC Site No. 819017**

Page 1 of 6  
Date: 19 May 2022

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>		
<b>Site Location:</b> Le Roy, New York						NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer Consultant Site Inspectors: Donald Howe		
<b>Weather Conditions</b>								
<b>General Description</b>	Rain	AM	Rain	PM				
<b>Temperature</b>	55°F	AM	61°F	PM				
<b>Wind</b>	5 mph SE	AM	7 mph SE	PM				
<b>Health &amp; Safety</b>								
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	0930	Departed Site:	1200			
(0930) EA (D. Howe) onsite at Lapp Insulator to perform O&M for May 2022. (0940) EA begins O&M at PCORE-01 and PCORE-02 sheds. Both systems running upon arrival. EA shuts both systems down and drains water out of both KO storage tanks. 38 gallons from PCORE-01 and 130 gallons from PCORE-02. EA checks drains on vertical piping behind PCORE sheds. (0952) EA restarts PCORE-01 after KO draining completed. (1002) EA collects O&M readings from PCORE-01. (1005) EA replaces ball valve on bottom of PCORE-02 KO storage tank. (1017) EA restarts PCORE-02 after KO draining completed. (1027) EA collects O&M readings from PCORE-02. (1036) EA completes O&M at PCORE sheds and moves to B-35 SSDS. (1039) EA collects O&M readings from B-35 SSDS. (1045) EA completes O&M readings from B-35 system and collects O&M readings from the 8 extraction wells inside the B-35 building. (1115) EA collects readings from the 8 extraction wells inside the PCORE building. (1130) EA completes readings inside PCORE building and checks and straightens piping on roof of the PCORE building. (1150) EA drains vertical piping on the front of the PCORE building. (1200) EA offsite.								
<b>Equipment/Material Tracking</b>								
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	NA X
Were there any vehicles which were not tarped?						*Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						*Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Donald Howe		EA		O&M Inspector		2.5		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Fluke Multimeter					1	No		
<b>Material Description</b>	<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>		
N/A								

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

**DAILY INSPECTION REPORT**Report No. 013 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 19 May 2022

**Equipment/Material Tracking Comments:**

None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Donald Howe	EA

**Project Schedule Comments**

None.

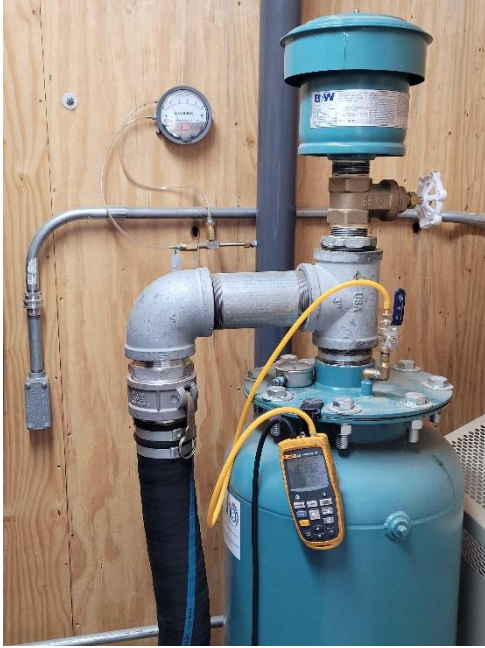
**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.

Site Photographs (Descriptions Below)



Collecting O&M Readings at PCORE-01.



Vertical piping behind PCORE-01.



B-35 SSDS.




Piping on roof of PCORE building and SSDS exhaust.

**DAILY INSPECTION REPORT**

Report No. 013 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 19 May 2022

Comments	
Replaced ball valve on bottom of PCORE-02 KO storage tank.	
Site Inspector(s): 	Date: 19 May 2022

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			





**Lapp Insulator**

130 Gilbert Street, Le Roy, NY

EA Engineering, P.C. and its affiliate EA Science and Technology



Department of Environmental Conservation

Personnel: D. Howe Time: 0930 Date: 5/19/2022  
Weather: Rain Temperature: 55 Wind Speed/Dir.: SE/5

**PCORE SSDS-1 (Left Shed)**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 1002  
Motor Hour Meter (ETM) 23146.45  
Flow meter (pitot tube) 2.0 Magnehelic Reading (in. W.C.)  
Flow meter (pitot tube) 278 cfm (converted from magnehelic reading)  
Vacuum (in. water) -16.41  
Storage Tank Volume (gallons) 38 Water removed from Knockout Tank

**Vacuum readings at SSDS screens:**

Well ID	Vacuum (inches water)
PCORE-01	-9.403
PCORE-02	-9.707
PCORE-03	-9.967
PCORE-04	-11.226
Pilot Well	-11.398

**Comments:**

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 1027  
Motor Hour Meter (ETM) 20371.25  
Flow meter (pitot tube) 2.2 Magnehelic Reading (in. W.C.)  
Flow meter (pitot tube) 291 cfm (converted from magnehelic reading)  
Vacuum (in. water) 17.178  
Storage Tank Volume (gallons) 130 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-9.081
PCORE-07	-7.161
PCORE-08	-8.814

Comments:

Replaced cracked valve on KO Tank.(storage tank)

**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 1039  
Motor Hour Meter (ETM) 25156.84  
Flow meter (pitot tube) 3.8 Magnehelic Reading (in. W.C.)  
Flow meter (pitot tube) 383.2 cfm (converted from magnehelic reading)  
Vacuum (in. water) -17  
Storage Tank Volume (gallons) 0 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-14.979
B35-02	-15.032
B35-03	-14.577
B35-04	-14.258
B35-05	-14.992
B35-06	-15.056
B35-07	-14.646
B35-08	-14.157

Comments:

# DAILY INSPECTION REPORT

Report No. 014 **Lapp Insulator - NYSDEC Site No. 819017**

Page 1 of 6  
Date: 10 June 2022

NYSDEC Division of Environmental Remediation		NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>		
<b>Site Location:</b> Le Roy, New York						NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer Consultant Site Inspectors: Donald Howe		
<b>Weather Conditions</b>								
<b>General Description</b>	Sunny	AM	Mostly Sunny	PM				
<b>Temperature</b>	63°F	AM	69°F	PM				
<b>Wind</b>	18 mph W	AM	16 mph NW	PM				
<b>Health &amp; Safety</b>								
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	0830	Departed Site:	1145			
(0830) EA (D. Howe and J. Guy) onsite at Lapp Insulator to perform O&M for June 2022 and locate monitoring wells. (0845) EA begins O&M at PCORE-01 and PCORE-02 sheds. Both systems shut down upon arrival for Motor Overtemp alarm. (0850) EA resets and restarts PCORE-01. (0852) EA resets and restarts PCORE-02. EA checks drains on vertical piping behind PCORE sheds. (0905) EA collects O&M readings from PCORE-02. (0910) EA collects readings from PCORE-01. (0920) EA looks for monitoring wells that were unable to be located during the annual well assessment. (1000) EA completes locating monitoring wells and moves to B-35 SSDS. (1010) EA collects O&M readings from the B-35 SSDS. (1020) EA completes O&M readings at the B-35 system and collects readings from the 8 extraction wells inside the B-35 building. (1050) EA collects readings from the 8 extraction wells inside the PCORE building. (1110) EA completes O&M readings and checks drain on vertical piping in front of the PCORE building. After checking the drain, EA checks piping on roof of PCORE building. (1145) EA offsite.								
<b>Equipment/Material Tracking</b>								
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	NA X
Were there any vehicles which were not tarped?						* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Donald Howe		EA		O&M Inspector		3.25		
Jake Guy		EA		O&M Inspector		3.25		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Fluke Multimeter					1	No		
Metal Detector					1	Yes		
<b>Material Description</b>	<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>		
N/A								

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

**DAILY INSPECTION REPORT**Report No. 014 **Lapp Insulator - NYSDEC Site No. 819017**

Date: 10 June 2022

**Equipment/Material Tracking Comments:**

None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Donald Howe	EA
Jake Guy	EA

**Project Schedule Comments**

None.

**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.

Site Photographs (Descriptions Below)



Motor Overtemp Alarm on PCORE-01.

Electrical Panels for PCORE-02.




Locating buried monitoring wells

Piping on roof of PCORE building and SSDS exhaust.

**DAILY INSPECTION REPORT**

Report No. 014 **Lapp Insulator - NYSDEC Site No. 819017**

Page 4 of 6  
Date: 10 June 2022

<b>Comments</b>	
Replaced ball valve on bottom of PCORE-02 KO storage tank.	
<b>Site Inspector(s):</b> 	<b>Date:</b> 10 June 2022

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		





**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology													
Personnel: <u>D. Howe, J. Guy</u>	Time: <u>0830</u>	Date: <u>6/10/2022</u>												
Weather: <u>Sunny</u>	Temperature: <u>63</u>	Wind Speed/Dir.: <u>W</u>												
<b><u>PCORE SSDS-1 (Left Shed)</u></b>														
<b>System Status:</b> Arrival: <input type="checkbox"/> Running <input checked="" type="checkbox"/> Not Running														
Issue if not running: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; height: 20px;"></td> <td>High level in Knock-out Tank</td> </tr> <tr> <td style="width: 40px; height: 20px; text-align: center;">✓</td> <td>Motor Overtemp</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td>Other (Describe in Comments below)</td> </tr> </table>				High level in Knock-out Tank	✓	Motor Overtemp		Other (Describe in Comments below)						
	High level in Knock-out Tank													
✓	Motor Overtemp													
	Other (Describe in Comments below)													
Depature: <input checked="" type="checkbox"/> Running <input type="checkbox"/> Not Running														
<b>System Readings:</b>														
Time	<u>0910</u>													
Motor Hour Meter (ETM)	<u>23205.95</u>													
Flow meter (pitot tube)	<u>1.9</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>271.0</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>-14.83</u>													
Storage Tank Volume (gallons)	<u>5</u>	Water removed from Knockout Tank												
Vacuum readings at SSDS screens:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Well ID</th> <th>Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;"><u>-8.548</u></td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;"><u>-8.721</u></td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;"><u>-9.045</u></td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;"><u>-11.121</u></td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;"><u>-11.260</u></td> </tr> </tbody> </table>			Well ID	Vacuum (inches water)	PCORE-01	<u>-8.548</u>	PCORE-02	<u>-8.721</u>	PCORE-03	<u>-9.045</u>	PCORE-04	<u>-11.121</u>	Pilot Well	<u>-11.260</u>
Well ID	Vacuum (inches water)													
PCORE-01	<u>-8.548</u>													
PCORE-02	<u>-8.721</u>													
PCORE-03	<u>-9.045</u>													
PCORE-04	<u>-11.121</u>													
Pilot Well	<u>-11.260</u>													
Comments: <u>System restarted at 0910.</u>														

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running \_\_\_\_\_ Not Running

**System Readings:**

Time 0905  
 Motor Hour Meter (ETM) 20430.27  
 Flow meter (pitot tube) 1.5 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 240.8 cfm (converted from magnehelic reading)  
 Vacuum (in. water) 12.35  
 Storage Tank Volume (gallons) 5 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-6.500
PCORE-07	-5.730
PCORE-08	-6.315

Comments:

*System restarted at 0905.*

**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 1010  
 Motor Hour Meter (ETM) 25684.89  
 Flow meter (pitot tube) 3.8 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 383.2 cfm (converted from magnehelic reading)  
 Vacuum (in. water) -1.7  
 Storage Tank Volume (gallons) 0 Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-15.414
B35-02	-15.464
B35-03	-15.059
B35-04	-14.690
B35-05	-16.750
B35-06	-15.520
B35-07	-15.450
B35-08	-14.620

Comments:

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# DAILY INSPECTION REPORT

Report No. 015 **Lapp Insulator - NYSDEC Site No. 819017**

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No.                  D009806</b>		
<b>Site Location:</b> Le Roy, New York						NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer Consultant Site Inspectors: Donald Howe		
<b>Weather Conditions</b>								
<b>General Description</b>	Sunny	AM	Mostly Sunny	PM				
<b>Temperature</b>	73°F	AM	75°F	PM				
<b>Wind</b>	7 mph W	AM	9 mph NW	PM				
<b>Health &amp; Safety</b>								
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	1030	Departed Site:	1300			
(1030) EA (J. Battaglia and J. Guy) onsite at Lapp Insulator to perform O&M for July 2022. (1030) EA begins O&M at PCORE-01 and PCORE-02 sheds. EA checks drains on vertical piping behind PCORE sheds. EA collects O&M readings from PCORE-02. EA collects readings from PCORE-01. EA collects O&M readings from the B-35 SSDS. (1130) EA completes O&M readings at the B-35 system and collects readings from the 8 extraction wells inside the B-35 building. (1200) EA collects readings from the 8 extraction wells inside the PCORE building. (1245) EA completes O&M readings and checks drain on vertical piping in front of the PCORE building. (1310) After checking the drain, EA checks piping on roof of PCORE building. (1330) EA offsite.								
<b>Equipment/Material Tracking</b>								
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	NA X
Were there any vehicles which were not tarped?						* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Jake Guy		EA		O&M Inspector		3		
Jamie Battaglia		EA		O&M Inspector		3		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Fluke Multimeter					1	No		
<b>Material Description</b>	<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>	
N/A								
*On-Site scale for off-site shipment, delivery ticket for material received								

**DAILY INSPECTION REPORT**Report No. 015 **Lapp Insulator - NYSDEC Site No. 819017**

Page 2 of 6

Date 26 July

2022

**Equipment/Material Tracking Comments:**

None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Jamie Battaglia	EA
Jake Guy	EA

**Project Schedule Comments**

None.

**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.

Site Photographs (Descriptions Below)



EA draining KO storage tank in PCORE-02.



Electrical Panels for PCORE-02.



PCORE-01 KO storage tank upon arrival.



Piping on roof of PCORE building.

**DAILY INSPECTION REPORT**

Report No. 015 **Lapp Insulator - NYSDEC Site No. 819017**

Page 4 Date: 26

July 2022

<b>Comments</b>	
Replaced ball valve on bottom of PCORE-02 KO storage tank.	
<b>Site Inspector(s):</b>	<b>Date:</b> 26 July 2022



**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			



**Lapp Insulator**

130 Gilbert Street, Le Roy, NY

EA Engineering, P.C. and its affiliate EA Science and Technology



Department of  
Environmental  
Conservation

Personnel: J.Guy, J. Battaglia Time: 1030 Date: 7.26.2022  
Weather: Clear/Sunny Temperature: 72 Degrees F Wind Speed/Dir.: W 7 MPH

**PCORE SSDS-1 (Left Shed)**

**System Status:**

Arrival:  Running  Not Running

Issue if not running: 


 High level in Knock-out Tank  
Motor Overtemp  
Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time	<u>1030</u>	
Motor Hour Meter (ETM)	<u>24311.18</u>	
Flow meter (pitot tube)	<u>2.0</u>	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	<u>279.05</u>	cfm (converted from magnehelic reading)
Vacuum (in. water)	<u>16.90</u>	
Storage Tank Volume (gallons)	<u>5</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-01	-9.77
PCORE-02	-10.01
PCORE-03	-10.39
PCORE-04	-12.90
Pilot Well	-12.93

Comments:

No water in drop pipe.

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival:      Running                     Not Running

Issue if not running: 


 High level in Knock-out Tank  
Motor Overtemp  
Other (Describe in Comments below)

Departure:  Running                    Not Running

**System Readings:**

Time	<u>1030</u>	
Motor Hour Meter (ETM)	<u>21535.53</u>	
Flow meter (pitot tube)	<u>2.0</u>	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	<u>279.05</u>	cfm (converted from magnehelic reading)
Vacuum (in. water)	<u>-15.80</u>	
Storage Tank Volume (gallons)	<u>110</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-8.22
PCORE-07	-7.21
PCORE-08	-8.04

Comments:

No water in drop pipes.

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**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running: 


 High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 1110  
 Motor Hour Meter (ETM) 26789.41  
 Flow meter (pitot tube) 2.5 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 311.99 cfm (converted from magnehelic reading)  
 Vacuum (in. water) 19  
 Storage Tank Volume (gallons) N/A Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-16.22
B35-02	-15.82
B35-03	-15.45
B35-04	-15.13
B35-05	-15.73
B35-06	-15.73
B35-07	-15.44
B35-08	-15.02

Comments: N/A

# DAILY INSPECTION REPORT

Report No. 016 **Lapp Insulator - NYSDEC Site No. 819017**

Page 1 of 6  
Date: 29 August 2022

NYSDEC Division of Environmental Remediation		NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>  NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer  Consultant Site Inspectors: Jake Guy	
<b>Site Location:</b> Le Roy, New York							
<b>Weather Conditions</b>							
<b>General Description</b>	Sunny	AM	Mostly Sunny	PM			
<b>Temperature</b>	77°F	AM	90°F	PM			
<b>Wind</b>	10 mph SW	AM	14 mph SSW	PM			
<b>Health &amp; Safety</b> 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	NA X	
Were there any nuisance issues reported/observed on this date?				*Yes	No X	NA	
<b>Health &amp; Safety Comments</b> None.							
<b>Summary of Work Performed</b>		Arrived at site:	1330	Departed Site:	1545		
(1245) J. Guy (EA) arrive onsite, wait for trucks at loading docks to pull away from PCORE loading docks. (1300) Check PCORE SSDS shed 1 and 2, record status of each shed. Shut down systems and begin draining knock out tanks. (1330) Restart systems and take O&M reading from PCORE sheds. Move on to B-35 shed and record readings and log hours. (1345) B-35 SSDS screens started to record. (1400) Begin PCORE SSDS screen vacuum recording. (1430) Inspect roof piping runs and exhaust. (1445) J. Guy Off site.							
<b>Equipment/Material Tracking</b> 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	NA X	
Were there any vehicles which were not tarped?				* Yes	No	NA X	
Were there any vehicles which were not decontaminated prior to exiting the work site?				* Yes	No	NA X	
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Jake Guy		EA		O&M Inspector		2.5	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
Fluke Micromanometer					1	Yes	
Magnehelic					1	Yes	
Fluke Multimeter					1	No	
<b>Material Description</b>	<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>
N/A							
*On-Site scale for off-site shipment, delivery ticket for material received							

**DAILY INSPECTION REPORT**

Report No. 016    **Lapp Insulator - NYSDEC Site No. 819017**

**Equipment/Material Tracking Comments:**  
  
None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Jake Guy	EA

**Project Schedule Comments**

None.

**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.

Site Photographs (Descriptions Below)



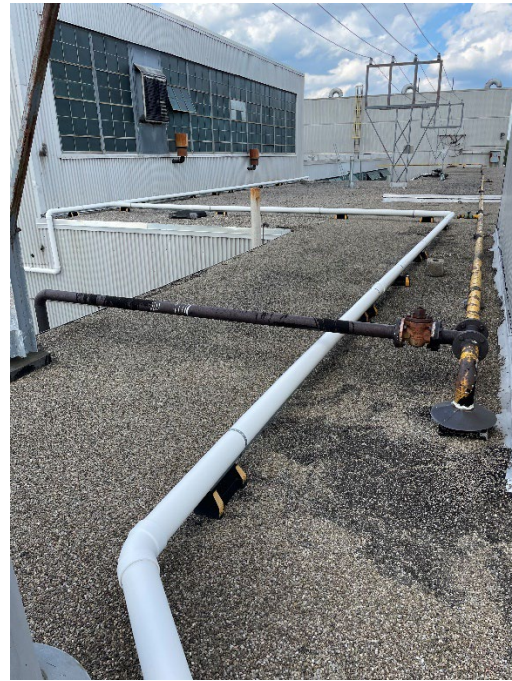
Knock out tank in left shed (SSDS-1)



Knock out tank in right shed (SSDS-2)



Piping on roof of PCORE building.



Piping on roof of PCORE building.



**DAILY INSPECTION REPORT**

Report No. 016    **Lapp Insulator - NYSDEC Site No. 819017**

Date: 29 August 2022

Comments	
Replaced ball valve on bottom of PCORE-02 KO storage tank.	
<b>Site Inspector(s):</b>	<b>Date:</b> 29 August 2022

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

**REMEDIAL ACTIVITIES AT PROPERTIES**

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

**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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

**RESILIENCE/GREEN REMEDIATION CHECKLIST**

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			



**Lapp Insulator**  
130 Gilbert Street, Le Roy, NY  
EA Engineering, P.C. and its affiliate EA Science and Technology



Personnel: J.Guy Time: 1300 Date: 8.29.2022  
Weather: Partly Cloudy Temperature: 90 Degrees F Wind Speed/Dir.: SW 15 MPH

**PCORE SSDS-1 (Left Shed)**

**System Status:**

Arrival:  X  Running   Not Running

Issue if not running: 


 High level in Knock-out Tank  
Motor Overtemp  
Other (Describe in Comments below)

Departure:  X  Running   Not Running

**System Readings:**

Time	<u>1305</u>	
Motor Hour Meter (ETM)	<u>25130.54</u>	
Flow meter (pitot tube)	<u>2.0</u>	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	<u>288.505</u>	cfm (converted from magnehelic reading)
Vacuum (in. water)	<u>-16.838</u>	
Storage Tank Volume (gallons)	<u>5</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-01	-9.864
PCORE-02	-10.060
PCORE-03	-10.460
PCORE-04	-12.951
Pilot Well	-12.967

Comments:

No water in drop pipe.

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival:      X   Running                                   Not Running

Issue if not running: 


 High level in Knock-out Tank  
Motor Overtemp  
Other (Describe in Comments below)

Departure:   X   Running                                   Not Running

**System Readings:**

Time	<u>1305</u>	
Motor Hour Meter (ETM)	<u>22354.58</u>	
Flow metr (pitot tube)	<u>2.2</u>	Magnehelic Reading (in. W.C.)
Flow metr (pitot tube)	<u>302.586</u>	cfm (converted from magnehelic reading)
Vacuum (n. water)	<u>-15.85</u>	
Storage Tank Volume (gallons)	<u>105</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-7.865
PCORE-07	-7.438
PCORE-08	-7.843

Comment:

No water in drop pipes.

**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running: 


 High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time	1330	
Motor Hour Meter (ETM)	27608.80	
Flow metr (pitot tube)	2.5	Magnehelic Reading (in. W.C.)
Flow metr (pitot tube)	311.99	cfm (converted from magnehelic reading)
Vacuum (n. water)	19	
Storage Tank Volume (gallons)	N/A	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-15.80
B35-02	-15.587
B35-03	-15.268
B35-04	-15.07
B35-05	-15.599
B35-06	-16.604
B35-07	-15.262
B35-08	-14.846

Comment:  
N/A

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NYSDEC Division of Environmental Remediation		NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>Contract No. D009806</b> DEC PM – Evelyn Hussey / Sarah Saucier Engineer PM – Hilary Williams Engineer Insp. – Emily Fenner	
<b>Site Location: LeRoy, NY</b>							
<b>Weather Conditions</b>							
General Description	T-storms	AM	Overcast	PM			
Temperature	63 F	AM	71 F	PM			
Wind	8 mph E	AM	13 mph E	PM			
<b>Health &amp; Safety</b>							
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	NA X
Were there any nuisance issues reported/observed on this date?					*Yes	No X	NA
<b>Health &amp; Safety Comments</b>							
Health and Safety Meeting Topic: Work procedure in the event of a thunderstorm.							
<b>Summary of Work Performed</b>		Arrived at site:	0835	Departed Site:	1800		
<ul style="list-style-type: none"> <li>IDW 55-gallon drum was set up onsite behind P-Core building.</li> <li>Site-wide gauging event completed.</li> <li>Purged and sampled groundwater from SR-004.</li> <li>Purged groundwater from BRW-002; well went dry. Will let well recharge overnight and collect samples first thing in the morning.</li> <li>Thunderstorms in the AM delayed work for about 1.5 hours</li> <li>All IDW produced from onsite wells were stored in IDW drum before leaving site.</li> </ul>							
<b>Equipment/Material Tracking</b>							
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	NA X
Were there any vehicles which were not tarped?					*Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	NA X
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Emily Fenner		EA				9.5	
Haley Young		EA				9.5	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
Trimble GPS		Pine Environmental			1	Yes	
Peristaltic pump		Pine Environmental			2	Yes	
Horiba water quality meter		Pine Environmental			1	Yes	
Water level meter		Pine Environmental			1	Yes	
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>

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

Equipment/Material Tracking Comments:  
  
N/A

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing

**Project Schedule Comments**

None.



<b>Issues Pending</b>
None.
<b>Interaction with Public, Property Owners, Media, etc.</b>
Informed Ron Richards (Lapp Insulator) and Robert Cassatt (P-CORE) that EA field crew would be onsite to complete sampling.

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

Site Photographs (Descriptions Below)



Sampling SR-004



IDW Drum set up behind P-Core building

Comments

Sampling to continue tomorrow, 9/20.

Site Inspector(s): Emily Fenner

Date: 09/19/2022

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 type="checkbox"/>	No <input checked="" 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 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"> <li>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.</li> <li>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.</li> </ul>	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 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 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 checked="" 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>			


**NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programmable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>          			

\* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>Contract No. D009806</b> DEC PM – Evelyn Hussey / Sarah Saucier Engineer PM – Hilary Williams Engineer Insp. – Emily Fenner	
<b>Site Location: LeRoy, NY</b>							
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Sunny, partly cloudy	PM			
<b>Temperature</b>	60 F	AM	73 F	PM			
<b>Wind</b>	Calm	AM	Calm	PM			
<b>Health &amp; Safety</b> 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		NA X
Were there any nuisance issues reported/observed on this date?				*Yes	No	X	NA
<b>Health &amp; Safety Comments</b> Health and Safety Meeting Topic: Ticks and mosquitoes in tall grass and forested areas.							
<b>Summary of Work Performed</b>		Arrived at site:	0720	Departed Site:	1800		
<ul style="list-style-type: none"> <li>Purged and sampled groundwater from SR-002, SR-003 with DUP, SR-001 with MS/MSD, SR-104, and SR-108.</li> <li>Attempted to sample from BRW-02 after leaving to recharge overnight. Well recharged less than 1 ft. EA will wait another 24 hours before attempting to sample again.</li> <li>All IDW produced from onsite wells were stored in IDW drum before leaving site.</li> </ul>							
<b>Equipment/Material Tracking</b> 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		NA X
Were there any vehicles which were not tarped?				* Yes	No		NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?				* Yes	No		NA X
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Emily Fenner		EA				10.5	
Haley Young		EA				10.5	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
Trimble GPS		Pine Environmental			1	Yes	
Peristaltic pump		Pine Environmental			2	Yes	
Horiba water quality meter		Pine Environmental			1	Yes	
Water level meter		Pine Environmental			1	Yes	
<b>Material Description</b>	<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>

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

**Equipment/Material Tracking Comments:**  
 N/A

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing

**Project Schedule Comments**

None.

<b>Issues Pending</b>
None.
<b>Interaction with Public, Property Owners, Media, etc.</b>
Informed Ron Richards (Lapp Insulator) and Robert Cassatt (P-CORE) that EA field crew would be onsite to complete sampling.

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



<b>Site Photographs (Descriptions Below)</b>	
No photos taken this day.	

<b>Comments</b>	
Sampling to continue tomorrow, 9/21.	
<b>Site Inspector(s):</b> Emily Fenner	<b>Date:</b> 09/20/2022

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 type="checkbox"/>	No <input checked="" 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 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"> <li>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.</li> <li>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.</li> </ul>	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 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 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 checked="" 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>			


**NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programmable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

\* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation		<b>Contract No. D009806</b> DEC PM – Evelyn Hussey / Sarah Saucier Engineer PM – Hilary Williams Engineer Insp. – Emily Fenner			
<b>Site Location: LeRoy, NY</b>							
<b>Weather Conditions</b>							
<b>General Description</b>	Cloudy	AM	Sunny, partly cloudy	PM			
<b>Temperature</b>	58 F	AM	82 F	PM			
<b>Wind</b>	Calm	AM	8 mph N	PM			
<b>Health &amp; Safety</b> 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 NA X		
Were there any nuisance issues reported/observed on this date?				*Yes	No X NA		
<b>Health &amp; Safety Comments</b> Health and Safety Meeting Topic: PPE and setting up cones while working in active industrial areas.							
<b>Summary of Work Performed</b>		Arrived at site:	0700	Departed Site:	1400		
<ul style="list-style-type: none"> <li>Purchased ice for samples before arriving onsite</li> <li>Purged and sampled groundwater from SR-006, BRW-01, SR-005, SR-106, and SR-101.</li> <li>Finished sampling BRW-02 after well went dry on 9/19.</li> <li>Water level meter measured 0.07 ft of water in SR-105. Attempted to purge SR-105, but there was not enough headspace to pull up a water volume.</li> <li>All IDW produced from onsite wells were stored in IDW drum. Drum was secured shut and labeled before leaving site.</li> </ul>							
<b>Equipment/Material Tracking</b> 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 NA X		
Were there any vehicles which were not tarped?				* Yes	No NA X		
Were there any vehicles which were not decontaminated prior to exiting the work site?				* Yes	No NA X		
<b>Personnel and Equipment</b>							
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>	
Emily Fenner		EA				7.00	
Haley Young		EA				7.00	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
Trimble GPS		Pine Environmental			1	Yes	
Peristaltic pump		Pine Environmental			2	Yes	
Horiba water quality meter		Pine Environmental			1	Yes	
Water level meter		Pine Environmental			1	Yes	
<b>Material Description</b>		<b>Imported/Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>

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

**Equipment/Material Tracking Comments:**  
  
 N/A

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

**Site Representatives**


Name	Representing

**Project Schedule Comments**

None.

<b>Issues Pending</b>
None.
<b>Interaction with Public, Property Owners, Media, etc.</b>
Informed Ron Richards (Lapp Insulator) and Robert Cassatt (P-CORE) that EA field crew would be onsite to complete sampling.

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

Site Photographs (Descriptions Below)	
	
Attempted purge of SR-105. Droplets can be seen in the tubing, but not enough head was present to purge any measurable amount of groundwater.	

Comments	
O&M Inspection not performed during this field event	
Site Inspector(s): Emily Fenner	Date: 09/21/2022

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 type="checkbox"/>	No <input checked="" 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 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"> <li>• 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.</li> <li>• 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.</li> </ul>	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 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 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 checked="" 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>			


**NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programmable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

\* BART – Best Available Retrofit Technology

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>		
<b>Site Location:</b> Le Roy, New York						NYSDEC PM: Sarah Saucier Consultant PM: Chris Schroer		
<b>Weather Conditions</b>								
<b>General Description</b>	Cloud/ Rain	AM	Rainy	PM	Consultant Site Inspectors: James Battaglia			
<b>Temperature</b>	54°F	AM	56°F	PM				
<b>Wind</b>	7 mph NE	AM	7 mph NE	PM				
<b>Health &amp; Safety</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	0830	Departed Site:	1145			
(0830) J. Battaglia and N. Robinson (EA) arrive onsite, locate sheds and assess weather conditions. (0845) Check PCORE SSDS shed 1 and 2, record status of each shed. Shut down systems and begin draining knock out tanks. (0945) Restart systems and take O&M reading from PCORE sheds. Move on to B-35 shed and record readings and log hours. (1000) B-35 SSDS screens started to record. (1030) Begin PCORE SSDS screen vacuum recording. (1130) Inspect roof piping runs and exhaust. (1145) J. Battaglia and N. Robinson, Off site.								
<b>Equipment/Material Tracking</b>								
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	NA X
Were there any vehicles which were not tarped?						* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
James Battaglia		EA		O&M Inspector		3.25		
Noah Robinson		EA		O&M Inspector		3.25		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Fluke Multimeter					1	No		
<b>Material Description</b>	<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>		<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>	
N/A								

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

<b>Equipment/Material Tracking Comments:</b>			
None.			
<b>Visitors to Site</b>			
<b>Name</b>	<b>Representing</b>	<b>Entered Exclusion/CRZ Zone</b>	
None.		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
		<b>Yes</b>	<b>No</b>
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
Ronald Richards	Lapp Insulator		
Robert Cassatt	PCORE		
James Battaglia	EA		
Noah Robinson	EA		
<b>Project Schedule Comments</b>			
None.			
<b>Issues Pending</b>			
None.			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
None.			

Site Photographs (Descriptions Below)



Knock out tank in left shed (SSDS-1)



Knock out tank in right shed (SSDS-2)



Motor Hour Meter (SSDS-1).



Motor over temp (SSDS-2).

Comments	
None.	
Site Inspector(s): <i>James Battaglia</i>	Date: 9/26/2022

### 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

### REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		






### 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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

### RESILIENCE/GREEN REMEDIATION CHECKLIST

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<p><b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology</p>	 												
<p>Personnel: <u>J. Battgalia &amp; N. Robinson</u> Time: <u>0845</u> Date: <u>9.26.2022</u>          Weather: <u>Raining</u> Temperature: <u>54 degrees F</u> Wind Speed/Dir.: <u>NE 7 MPH</u></p>														
<p><b><u>PCORE SSDS-1 (Left Shed)</u></b></p>														
<p><b>System Status:</b></p>														
<p>Arrival: <u> X </u> Running <u> </u> Not Running</p>														
<p>Issue if not running</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50px; height: 20px;"></td> <td>High level in Knock-out Tank</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td>Motor Overtemp</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td>Other (Describe in Comments below)</td> </tr> </table>				High level in Knock-out Tank		Motor Overtemp		Other (Describe in Comments below)						
	High level in Knock-out Tank													
	Motor Overtemp													
	Other (Describe in Comments below)													
<p>Departure: <u> X </u> Running <u> </u> Not Running</p>														
<p><b>System Readings:</b></p>														
Time	<u>0910</u>													
Motor Hour Meter (ETM)	<u>25630.80</u>													
Flow meter (pitot tube)	<u>2.0</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>345.50</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>0</u>													
Storage Tank Volume (gallons)	<u>20</u>	Water removed from Knockout Tank												
<p>Vacuum readings at SSDS screens:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 15%;">Well ID</th> <th style="width: 15%;">Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;">-.025</td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;">-.029</td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;">-.029</td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;">-.024</td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;">-.023</td> </tr> </tbody> </table>			Well ID	Vacuum (inches water)	PCORE-01	-.025	PCORE-02	-.029	PCORE-03	-.029	PCORE-04	-.024	Pilot Well	-.023
Well ID	Vacuum (inches water)													
PCORE-01	-.025													
PCORE-02	-.029													
PCORE-03	-.029													
PCORE-04	-.024													
Pilot Well	-.023													
<p>Comments:</p> <p style="margin-left: 40px;">No water in vertical drop pipe with J-plugs.</p> <p style="margin-left: 40px;">Overtemp on- according to guide, this can occur when there are power outages.</p>														

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running                        X   Not Running

Issue if not running:		High level in Knock-out Tank
	<u>  X  </u>	Motor Overtemp
		Other (Describe in Comments below)

Departure:   X   Running                      \_\_\_\_\_ Not Running

**System Readings:**

Time	<u>  0938  </u>	
Motor Hour Meter (ETM)	<u> 22854.75 </u>	
Flow meter (pitot tube)	<u>  2.5  </u>	Magnehelic Reading (in. W.C.) cfm (converted from magnehelic reading)
Flow meter (pitot tube)	<u> 303.70 </u>	
Vacuum (n. water)	<u>  0  </u>	
Storage Tank Volume (gallons)	<u>  93  </u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-.014
PCORE-07	-.021
PCORE-08	-.028

Comment:

No water in vertical drop pipe with J-plugs.

Overtemp on- according to guide, this can occur when there are power outages.

**B-35 SSDS**

**System Status:**

Arrival: \_\_\_\_\_ Running                                   Not Running

Issue if not running: 

X

 High level in Knock-out Tank  
Motor Overtemp  
Other (Describe in Comments below)

Departure:  Running                                  \_\_\_\_\_ Not Running

**System Readings:**


Time	1330	
Motor Hour Meter (ETM)	27608.80	
Flow meter (pitot tube)	2.5	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	311.99	cfm (converted from magnehelic reading)
Vacuum (n. water)	19	
Storage Tank Volume (gallons)	N/A	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-.024
B35-02	-.036
B35-03	-.037
B35-04	-.025
B35-05	-.029
B35-06	-.024
B35-07	-.028
B35-08	-.026

Comment:

Overtemp on- according to guide, this can occur when there are power outages.

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No. D009806</b>		
<b>Site Location:</b> Le Roy, New York						NYSDEC PM: Sarah Saucier Consultant PM: Mike Miller Consultant Site Inspectors: Noah Robinson		
<b>Weather Conditions</b>								
<b>General Description</b>	Sunny	AM	NA	PM				
<b>Temperature</b>	54°F	AM	NA	PM				
<b>Wind</b>	5 mph NE	AM	NA	PM				
<b>Health &amp; Safety</b>								
<b>If any box below is checked "Yes", provide explanation under "Health &amp; Safety Comments".</b>								
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	NA X
Were there any nuisance issues reported/observed on this date?						*Yes	No X	NA
<b>Health &amp; Safety Comments</b>								
None.								
<b>Summary of Work Performed</b>		Arrived at site:	0830	Departed Site:	1100			
(0830) N. Robinson and H. Young (EA) arrive onsite, locate sheds and assess weather conditions. (0845) Check PCORE SSDS shed 1 and 2, both systems were not running. EA troubleshoot SSDS system and get system back running. System down due to Motor overheat error. EA record status of each shed. Shut down systems and begin draining knock out tanks. (0935) Restart systems and take O&M reading from PCORE sheds. Move on to B-35 shed and record readings and log hours. (1007) B-35 SSDS screens started to record. (1020) Begin PCORE SSDS screen vacuum recording. (1040) Inspect roof piping runs and exhaust. (1100) H. Young and N. Robinson, Off site.								
<b>Equipment/Material Tracking</b>								
<b>If any box below is checked "Yes", provide explanation under "Material Tracking Comments".</b>								
Were there any vehicles which did not display proper D.O.T numbers and placards?						*Yes	No	NA X
Were there any vehicles which were not tarped?						* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?						* Yes	No	NA X
<b>Personnel and Equipment</b>								
<b>Individual</b>		<b>Company</b>		<b>Trade</b>		<b>Total Hours</b>		
Haley Young		EA		O&M Inspector		3.25		
Noah Robinson		EA		O&M Inspector		3.25		
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>		
Fluke Micromanometer					1	Yes		
Magnehelic					1	Yes		
Fluke Multimeter					1	No		
<b>Material Description</b>		<b>Imported/ Delivered to Site</b>	<b>Exported off Site</b>	<b>Waste Profile (If Applicable)</b>	<b>Source or Disposal Facility (If Applicable)</b>	<b>Daily Loads</b>	<b>Daily Weight (tons)*</b>	
N/A								
*On-Site scale for off-site shipment, delivery ticket for material received								

<b>Equipment/Material Tracking Comments:</b>			
None.			
<b>Visitors to Site</b>			
<b>Name</b>	<b>Representing</b>	<b>Entered Exclusion/CRZ Zone</b>	
None.		Yes	No
		Yes	No
		Yes	No
<b>Site Representatives</b>			
<b>Name</b>	<b>Representing</b>		
Ronald Richards	Lapp Insulator		
Robert Cassatt	PCORE		
Haley Young	EA		
Noah Robinson	EA		
<b>Project Schedule Comments</b>			
None.			
<b>Issues Pending</b>			
None.			
<b>Interaction with Public, Property Owners, Media, etc.</b>			
None.			

Site Photographs (Descriptions Below)	

Comments	
None.	
Site Inspector(s): <i>Noah Robinson</i>	Date: 11/4/2022



### 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

### REMEDIAL ACTIVITIES AT PROPERTIES




1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

### 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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

### RESILIENCE/GREEN REMEDIATION CHECKLIST

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<p><b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology</p>	 												
<p>Personnel: <u>H. Young &amp; N. Robinson</u> Time: <u>0835</u> Date: <u>11.4.2022</u>          Weather: <u>Sunny</u> Temperature: <u>54 degrees F</u> Wind Speed/Dir.: <u>NE 5 MPH</u></p>														
<p><b><u>PCORE SSDS-1 (Left Shed)</u></b></p>														
<p><b>System Status:</b></p>														
<p>Arrival: <input type="checkbox"/> Running <input checked="" type="checkbox"/> Not Running</p>														
<p style="text-align: center;">Issue if not running</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td>High level in Knock-out Tank</td> </tr> <tr> <td style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">X</td> <td>Motor Overtemp</td> </tr> <tr> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td>Other (Describe in Comments below)</td> </tr> </table>				High level in Knock-out Tank	X	Motor Overtemp		Other (Describe in Comments below)						
	High level in Knock-out Tank													
X	Motor Overtemp													
	Other (Describe in Comments below)													
<p>Departure: <input checked="" type="checkbox"/> Running <input type="checkbox"/> Not Running</p>														
<p><b>System Readings:</b></p>														
Time	<u>0933</u>													
Motor Hour Meter (ETM)	<u>25630.80</u>													
Flow meter (pitot tube)	<u>2.0</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>5500.37</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>-16.853</u>													
Storage Tank Volume (gallons)	<u>&lt;5</u>	Water removed from Knockout Tank												
<p>Vacuum readings at SSDS screens:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Well ID</th> <th style="width: 15%;">Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;">-9.685</td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;">-9.896</td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;">-10.441</td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;">-7.368</td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;">-7.266</td> </tr> </tbody> </table>			Well ID	Vacuum (inches water)	PCORE-01	-9.685	PCORE-02	-9.896	PCORE-03	-10.441	PCORE-04	-7.368	Pilot Well	-7.266
Well ID	Vacuum (inches water)													
PCORE-01	-9.685													
PCORE-02	-9.896													
PCORE-03	-10.441													
PCORE-04	-7.368													
Pilot Well	-7.266													
<p>Comments:</p> <p style="margin-left: 40px;">No water in vertical drop pipe with J-plugs.</p> <p style="margin-left: 40px;">Overtemp on- according to guide, this can occur when there are power outages.</p>														

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running                        X   Not Running

Issue if not running: 

_____	High level in Knock-out Tank
<u>  X  </u>	Motor Overtemp
_____	Other (Describe in Comments below)

Departure:   X   Running                      \_\_\_\_\_ Not Running

**System Readings:**

Time	<u>0933</u>	
Motor Hour Meter (ETM)	<u>22854.75</u>	
Flow meter (pitot tube)	<u>1.8</u>	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	<u>5218.11</u>	cfm (converted from magnehelic reading)
Vacuum (in. water)	<u>-15.754</u>	
Storage Tank Volume (gallons)	<u>&lt;5</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-7.942
PCORE-07	-6.813
PCORE-08	-8.102

Comment:

No water in vertical drop pipe with J-plugs.

Overtemp on- according to guide, this can occur when there are power outages.

**B-35 SSDS**

**System Status:**

Arrival: \_\_\_\_\_ Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running \_\_\_\_\_ Not Running

**System Readings:**

Time 1007  
 Motor Hour Meter (ETM) 28108.94  
 Flow meter (pitot tube) 4 Magnehelic Reading (in. W.C.)  
 Flow meter (pitot tube) 7892.82 cfm (converted from magnehelic reading)  
 Vacuum (n. water) -16.887  
 Storage Tank Volume (gallons) N/A Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-15.505
B35-02	-14.998
B35-03	-14.472
B35-04	-14.239
B35-05	-15.065
B35-06	-14.994
B35-07	-15.917
B35-08	-14.156

Comment:

Overtemp on- according to guide, this can occur when there are power outages.



NYSDEC PM: Sarah Saucier

Consultant PM: Mike Miller

Consultant Site Inspectors:  
Noah Robinson

**Site Location:** Le Roy, New York

**Weather Conditions**

<b>General Description</b>	Sunny	AM	NA	PM
<b>Temperature</b>	29°F	AM	NA	PM
<b>Wind</b>	5 mph NE	AM	NA	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	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

**Health & Safety Comments**

None.

<b>Summary of Work Performed</b>	Arrived at site:	0830	Departed Site:	1100
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(0945) N. Robinson, M. Gilkey, T. Robinson, G. Reeder, J. Guy, M. Miller and D. Conan (EA) arrive onsite, locate sheds and assess weather conditions.  
 (1006) Check PCORE SSDS shed 1 and 2, both systems were running. EA record status of each shed. Shut down systems and begin draining knock out tanks.  
 (1010) EA check J-Plugs and drain water build up on pipes on side of the building.  
 (1037) Complete draining knock-out tanks. Restart systems and take O&M reading from PCORE sheds.  
 (1100) Move on to B-35 shed.  
 (1126) Record B-35 readings and log hours.  
 (1140) B-35 SSDS screens started to record.  
 (1200) Begin PCORE SSDS screen vacuum recording.  
 (1252) Inspect roof piping runs and exhaust.  
 (1315) EA Off site.

**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	NA X
Were there any vehicles which were not tarped?	* Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	* Yes	No	NA X

**Personnel and Equipment**

Individual	Company	Trade	Total Hours
G. Reeder	EA	O&M Inspector	1
T. Robinson	EA	O&M Inspector	1
J. Guy	EA	O&M Inspector	1
M. Gilkey	EA	O&M Inspector	1
M. Miller	EA	O&M Inspector	1
D. Conan	EA	O&M Inspector	1
Noah Robinson	EA	O&M Inspector	1

Equipment Description	Contractor/Vendor	Quantity	Used
Fluke Micromanometer		1	Yes
Magnehelic		1	Yes
Fluke Multimeter		1	No

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						
<b>Equipment/Material Tracking Comments:</b>						
None.						
<b>Visitors to Site</b>						
<b>Name</b>		<b>Representing</b>		<b>Entered Exclusion/CRZ Zone</b>		
None.				<b>Yes</b>	<b>No</b>	
				<b>Yes</b>	<b>No</b>	
				<b>Yes</b>	<b>No</b>	
<b>Site Representatives</b>						
<b>Name</b>			<b>Representing</b>			
Ronald Richards			Lapp Insulator			
Robert Cassatt			PCORE			
Noah Robinson			EA			
<b>Project Schedule Comments</b>						
None.						
<b>Issues Pending</b>						
None.						
<b>Interaction with Public, Property Owners, Media, etc.</b>						
None.						

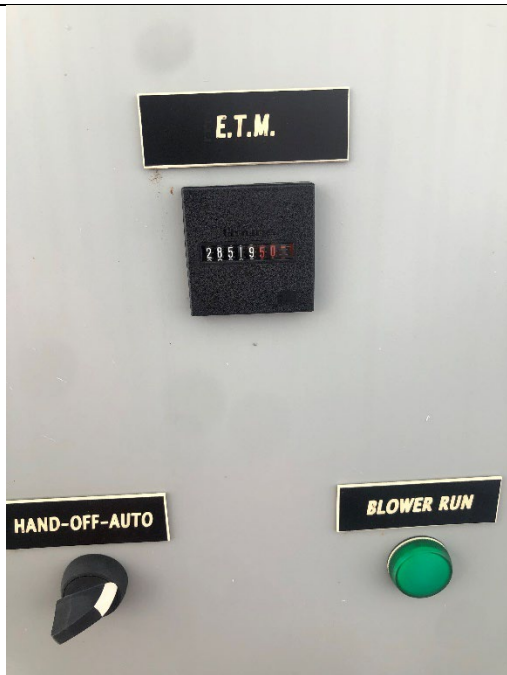
Site Photographs (Descriptions Below)



PCORE Shed 1



PCORE Shed 2



PCORE Shed 3



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Comments	
None.	
Site Inspector(s): <i>Noah Robinson</i>	Date: 11/22/2022

## 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

## REMEDIAL ACTIVITIES AT PROPERTIES




1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

## 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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

## RESILIENCE/GREEN REMEDIATION CHECKLIST

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<p><b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology</p>	 												
<p>Personnel: <u>N. Robinson, M. Gilkey, T. Robinson, G. Reeder, J. Guy, D. Conan, M. Miller</u></p>														
<p>Miller Time: <u>0945</u> Date: <u>11.21.2022</u></p>		<p><u>NE 5 MPH</u></p>												
<p>Weather: <u>Sunny</u> Temperature: <u>29 degrees F</u> Wind Speed/Dir.: _____</p>														
<p><b><u>PCORE SSDS-1 (Left Shed)</u></b></p>														
<p><b>System Status:</b></p>														
<p>Arrival: <u> X </u> Running <u> </u> Not Running</p>														
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	High level in Knock-out Tank													
	Motor Overtemp													
	Other (Describe in Comments below)													
<p>Departure: <u> X </u> Running <u> </u> Not Running</p>														
<p><b>System Readings:</b></p>														
Time	<u>1046</u>													
Motor Hour Meter (ETM)	<u>26410.91</u>													
Flow meter (pitot tube)	<u>3.0</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>574.054</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>-21</u>													
Storage Tank Volume (gallons)	<u>75</u>	Water removed from Knockout Tank												
<p>Vacuum readings at SSDS screens:</p>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Well ID</th> <th>Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;">-13.440</td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;">-13.260</td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;">-13.660</td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;">-4.140</td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;">-8.635</td> </tr> </tbody> </table>			Well ID	Vacuum (inches water)	PCORE-01	-13.440	PCORE-02	-13.260	PCORE-03	-13.660	PCORE-04	-4.140	Pilot Well	-8.635
Well ID	Vacuum (inches water)													
PCORE-01	-13.440													
PCORE-02	-13.260													
PCORE-03	-13.660													
PCORE-04	-4.140													
Pilot Well	-8.635													
<p>Comments:</p>														
<p>No water in vertical drop pipe with J-plugs.</p>														

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time	<u>1100</u>	
Motor Hour Meter (ETM)	<u>23264.83</u>	
Flow meter (pitot tube)	<u>0.2</u>	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	<u>154.5</u>	cfm (converted from magnehelic reading)
Vacuum (in. water)	<u>-72</u>	
Storage Tank Volume (gallons)	<u>137</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-0.015
PCORE-07	0.0
PCORE-08	-0.012

Comment:

No water in vertical drop pipe with J-plugs.

**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time	<u>1126</u>	
Motor Hour Meter (ETM)	<u>28519.50</u>	
Flow meter (pitot tube)	<u>4.0</u>	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	<u>670</u>	cfm (converted from magnehelic reading)
Vacuum (in. water)	<u>-19</u>	
Storage Tank Volume (gallons)	<u>N/A</u>	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-15.34
B35-02	-13.72
B35-03	-13.21
B35-04	-13.06
B35-05	-13.69
B35-06	-13.77
B35-07	-13.22
B35-08	-12.79

Comment:

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NYSDEC PM: Sarah Saucier

Consultant PM: Mike Miller

Consultant Site Inspectors:  
Noah Robinson

**Site Location:** Le Roy, New York

**Weather Conditions**

General Description	Overcast	AM	NA	PM
Temperature	26°F	AM	NA	PM
Wind	5 mph NE	AM	NA	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	NA X
Were there any nuisance issues reported/observed on this date?	*Yes	No X	NA

**Health & Safety Comments**

None.

**Summary of Work Performed**      Arrived at site: 0900      Departed Site: 1100

(0900) N. Robinson, G. Reeder (EA) arrive onsite, locate sheds and assess weather conditions.  
 (0905) Check PCORE SSDS shed 1 and 2, PCORE shed 1 system running, PCORE shed 2 system not running with high level alarm. EA record status of each shed. Shut down systems and begin draining knock out tanks.  
 (0920) EA check J-Plugs and drain water build up on pipes on side of the building. Finish draining knock out tanks. Restart systems and take O&M reading from PCORE sheds.  
 (0935) Move on to B-35 shed.  
 (0945) Record B-35 readings and log hours.  
 (0953) B-35 SSDS screens started to record.  
 (1010) Begin PCORE SSDS screen vacuum recording.  
 (1030) Inspect roof piping runs and exhaust.  
 (1100) EA complete inspect insulator dumping by the river. EA offsite.

**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	NA X
Were there any vehicles which were not tarped?	*Yes	No	NA X
Were there any vehicles which were not decontaminated prior to exiting the work site?	*Yes	No	NA X

**Personnel and Equipment**

Individual	Company	Trade	Total Hours
G. Reeder	EA	O&M Inspector	1
N. Robinson	EA	O&M Inspector	1

Equipment Description	Contractor/Vendor	Quantity	Used
Fluke Micromanometer		1	Yes
Magnehelic		1	Yes
Fluke Multimeter		1	No

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:**

None.

**Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
None.		Yes	No
		Yes	No
		Yes	No

**Site Representatives**

Name	Representing
Ronald Richards	Lapp Insulator
Robert Cassatt	PCORE
Noah Robinson	EA

**Project Schedule Comments**

None.

**Issues Pending**

None.

**Interaction with Public, Property Owners, Media, etc.**

None.



Site Photographs (Descriptions Below)



PCORE Shed 1



PCORE Shed 2



LAPP Shed B-35  
PCORE 2 Auto dialer



PCORE 1 Auto dialer  
LAPP Shed B-35



Fallen J-Plug on PCORE Shed 1



Knockout tank PCORE Shed 1



Knockout tank PCORE Shed 2



Dumping site for insulators



Dumping site for insulators



Dumping site for insulators



Dumping site for insulators



Dumping site for insulators



Dumping site for insulators



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Comments	
None.	
Site Inspector(s): <i>Noah Robinson</i>	Date: 12/21/2022

## 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

## REMEDIAL ACTIVITIES AT PROPERTIES




1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

## 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)?	Yes <input type="checkbox"/>	No <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

## RESILIENCE/GREEN REMEDIATION CHECKLIST

Is the site supplied with green power and is it properly installed and/or maintained?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the site employing 2007 or newer or retrofitted diesel trucks?	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"/>
Is equipment properly maintained and operated by trained personnel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials 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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u> Unknown if there is a recycling program at this time.			

	<p><b>Lapp Insulator</b> 130 Gilbert Street, Le Roy, NY EA Engineering, P.C. and its affiliate EA Science and Technology</p>	 												
<p>Personnel: <u>N. Robinson &amp; G. Reeder</u> Time: <u>0915</u> Date: <u>12.20.2022</u>          Weather: <u>Overcast</u> Temperature: <u>26 degrees F</u> Wind Speed/Dir.: <u>NE 5 MPH</u></p>														
<p><b><u>PCORE SSDS-1 (Left Shed)</u></b></p>														
<p><b>System Status:</b></p>														
<p>Arrival: <u> X </u> Running <u> </u> Not Running</p>														
<p style="text-align: center;">Issue if not running</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 100px; border: 1px solid black; height: 20px;"></td> <td>High level in Knock-out Tank</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td>Motor Overtemp</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td>Other (Describe in Comments below)</td> </tr> </table>				High level in Knock-out Tank		Motor Overtemp		Other (Describe in Comments below)						
	High level in Knock-out Tank													
	Motor Overtemp													
	Other (Describe in Comments below)													
<p>Departure: <u> X </u> Running <u> </u> Not Running</p>														
<p><b>System Readings:</b></p>														
Time	<u>0926</u>													
Motor Hour Meter (ETM)	<u>26734.89</u>													
Flow meter (pitot tube)	<u>3.0</u>	Magnehelic Reading (in. W.C.)												
Flow meter (pitot tube)	<u>326.25</u>	cfm (converted from magnehelic reading)												
Vacuum (in. water)	<u>-24</u>													
Storage Tank Volume (gallons)	<u>22</u>	Water removed from Knockout Tank												
<p>Vacuum readings at SSDS screens:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 100px;">Well ID</th> <th>Vacuum (inches water)</th> </tr> </thead> <tbody> <tr> <td>PCORE-01</td> <td style="text-align: center;">-13.389</td> </tr> <tr> <td>PCORE-02</td> <td style="text-align: center;">-13.814</td> </tr> <tr> <td>PCORE-03</td> <td style="text-align: center;">-14.326</td> </tr> <tr> <td>PCORE-04</td> <td style="text-align: center;">-10.064</td> </tr> <tr> <td>Pilot Well</td> <td style="text-align: center;">-9.402</td> </tr> </tbody> </table>			Well ID	Vacuum (inches water)	PCORE-01	-13.389	PCORE-02	-13.814	PCORE-03	-14.326	PCORE-04	-10.064	Pilot Well	-9.402
Well ID	Vacuum (inches water)													
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PCORE-02	-13.814													
PCORE-03	-14.326													
PCORE-04	-10.064													
Pilot Well	-9.402													
<p>Comments:</p> <p style="text-align: center;">One J-Plug had fallen out of pipe. No water in vertical drop pipe with other J-plug</p>														

**PCORE SSDS-2 (Right Shed)**

**System Status:**

Arrival: \_\_\_\_\_ Running                        X   Not Running

Issue if not running: 

X

 High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:   X   Running                      \_\_\_\_\_ Not Running

**System Readings:**

Time	0930	
Motor Hour Meter (ETM)	23265.21	
Flow meter (pitot tube)	3.4	Magnehelic Reading (in. W.C.)
Flow meter (pitot tube)	347.7	cfm (converted from magnehelic reading)
Vacuum (in. water)	-18	
Storage Tank Volume (gallons)	5	Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
PCORE-05	-12.756
PCORE-07	-11.269
PCORE-08	-12.833

Comment:

No water in vertical drop pipe with J-plugs. High level error light on but water in Knock out tank was only at 5 gallons



**B-35 SSDS**

**System Status:**

Arrival:  Running  Not Running

Issue if not running:  High level in Knock-out Tank  
 Motor Overtemp  
 Other (Describe in Comments below)

Departure:  Running  Not Running

**System Readings:**

Time 0940  
 Motor Hour Meter (ETM) 29213.52  
 Flow meter (pitot tube) 4.0  
 Flow meter (pitot tube) 374.1  
 Vacuum (in. water) -15  
 Storage Tank Volume (gallons) N/A

Magnehelic Reading (in. W.C.)  
cfm (converted from magnehelic reading)

Water removed from Knockout Tank

Vacuum readings at SSDS screens:

Well ID	Vacuum (inches water)
B35-01	-13.568
B35-02	-13.539
B35-03	-13.045
B35-04	-12.896
B35-05	-13.531
B35-06	-13.769
B35-07	-13.038
B35-08	-12.582

Comment: