


DAILY INSPECTION REPORT - No. 01
(Little Valley Superfund Site), Site No. 905026

Page 1 of 7
 Date: 8/30/2023

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. DEC Insp. – N/A DEC PM – Evelyn Hussey Contractor Supt. – N/A Engineer PM – Mike Miller Engineer Insp. – Haley Young	
Site Location: Little Valley, NY							
Weather Conditions							
General Description	Cloudy	AM	Cloudy	PM			
Temperature	62 F	AM	60 F	PM			
Wind	Calm	AM	Calm	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	No	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	NA
Were there any nuisance issues reported/observed on this date?					*Yes	No	NA
Health & Safety Comments Safety Meeting: Slips, trips, falls, bugs, other animals & potential hunting							
Summary of Work Performed		Arrived at site: 1000		Departed Site: 1600			
(1000) H. Young, L. Backman-Lowe, and C. Badman arrive onsite. (1005) Safety meeting & equipment calibration. (1015) begin gauging all monitoring wells onsite & deploying PDBs at wells chosen for sampling. Mob around site to the SSA, NLA, WSA, GTA, BIA and CCA. (1310) BIA-MW-8 not able to be gauged. The monitoring well was buried and possibly needs to be decommissioned. BIA-MW-D1 was dry. Call PM to confirm & no PDB was deployed into well due to insufficient water volume. (1520-1530) CCA-MW8 not located. (1600) 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
Were there any vehicles which were not tarped?					* Yes	No	NA
Were there any vehicles which were not decontaminated prior to exiting the work site?					* Yes	No	NA
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Haley Young		EA		Scientist		6	
Lincoln Backman-Lowe		EA		Scientist		6	
Cody Badman		EA		Scientist		6	
Equipment Description		Contractor/Vendor			Quantity	Used	
RKI GX-6000		Pine Environmental			1	Yes	
Metal Detector		EA			1	Yes	
Material Description		Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

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

Equipment/Material Tracking Comments:

Visitors to Site

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

Site Representatives

Name	Representing
Haley Young	EA

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

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

Site Photographs (Descriptions Below)



WSA-PZ-45D filled with water. J-plug intact, only well casing full.



BIA-MW-8 buried underground. Well cover would not come off.



GTA-PZ-25 well casing slightly on an angle



BIA-MW-D2 filled with water. J-plug intact, only well casing full.



BIA-MW-D2 filled with water. J-plug intact, only well casing full. Dark substance on top of J-plug.



BIA-MW2 has dark substance on end of PDB rope/weight. No distinct odor.

Comments

Site Inspector(s): Haley Young

Date: 8/30/2023

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

Yes ☒

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

demobilization?			
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

NUISANCE CHECKLIST

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

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

* BART – Best Available Retrofit Technology

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NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation		Contract No. DEC Insp. – N/A DEC PM – Evelyn Hussey Contractor Supt. – N/A Engineer PM – Mike Miller Engineer Insp. – Haley Young	
Site Location: Little Valley, NY					
Weather Conditions					
General Description	Cloudy	AM	Cloudy	PM	
Temperature	62 F	AM	60 F	PM	
Wind	Calm	AM	Calm	PM	
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".					
Were there any changes to the Health & Safety Plan?				*Yes	No
Were there any exceedances of the perimeter air monitoring reported on this date?				*Yes	No
Were there any nuisance issues reported/observed on this date?				*Yes	No
Health & Safety Comments Safety Meeting: Slips, trips, falls, bugs, other animals & potential hunting					
Summary of Work Performed		Arrived at site:	0940	Departed Site:	1530
(0940) H. Young and M. Boyle arrive onsite. (0943) Safety meeting (0945) Equipment calibration. (1000) Sample SSA-PZ-62D (1026) Sample NLA-PZ46 & FD-01 (1049) Sample WSA-PZ-45D (1102) Sample GTA-PZ-25 (1130) Sample BIA-MW-2 (1147) Sample BIA-MW-5 (1158) Sample BIA-MW-6 (1216) Sample BIA-MW-D2 (1230) Sample BIA-MW-3 (1255) Sample CCA-PZ20D (1310) Sample CCA-MW4 (1319) Sample CCA-MW5 (1330) Sample CCA-MW11D & MS/MSD (1345) Sample CCA-MW12 (1352) Sample CCA-MW10 (1358) Sample CCA-MW9D (1405) Sample CCA-MW6 (1422) Sample CCA-MW1 (1433) Sample CCA-MW3 & FD-02 (1447) Sample CCA-MW7 (1508) Sample CCA-MW2 (1518) Sample Rinse Blank (1530) EA offsite.					
Notes: Biofouling not observed on any of the PDBs, weights, or retention lines.					
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
Were there any vehicles which were not tarped?				* Yes	No
Were there any vehicles which were not decontaminated prior to exiting the work site?				* Yes	No
Personnel and Equipment					
Individual	Company		Trade		Total Hours
Haley Young	EA		Scientist		6
Matt Boyle	EA		Scientist		6
Equipment Description	Contractor/Vendor			Quantity	Used
Horiba U-52 Water Quality Meter	Pine Environmental			1	Yes

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Solonist Water Level Meter		Pine Environmental		1	Yes	
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipment, delivery ticket for material received						
Equipment/Material Tracking Comments: 						
Visitors to Site						
Name		Representing		Entered Exclusion/CRZ Zone		
				Yes	No	
				Yes	No	
				Yes	No	
Site Representatives						
Name			Representing			
Haley Young			EA			
Project Schedule Comments						
Issues Pending						
Interaction with Public, Property Owners, Media, etc.						

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

Site Photographs (Descriptions Below)	
	
Example of PDB Sample Bag (WSA-PZ-45D)	Bailer at BIA-MW-3 used for field parameters

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

Comments

Site Inspector(s): Haley Young	Date: 9/14/2023
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DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<u>Comments:</u>		

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

demobilization?			
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			

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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

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

* BART – Best Available Retrofit Technology