Personnel and Equi Individual Jordan Obe Scott Zydia Equipment Desc Material Description Visitors to Site: Nor Name Site Representatives	ription Imported/D elivered to Site	Exported off Site	Waste Pro (If Applicat	file ble)		ce or Disposal y (If Applicable) Entered E: Yes	Daily	6 sed Daily Weigh s t (tons)	
Individual Jordan Obe Scott Zydia Equipment Desc Material Description	ription Imported/D elivered to Site		Waste Pro (If Applicat	file ble)		ce or Disposal y (If Applicable) Entered E	Daily Loads	6 sed Daily Weigh s t (tons)	
Individual Jordan Obe Scott Zydia Equipment Desc Material Description	ription Imported/D elivered to Site		Waste Pro (If Applicat	file ble)		ce or Disposal y (If Applicable)	Daily	6 sed Daily Weigh s t (tons)	
Individual Jordan Obe Scott Zydia Equipment Desc Material Description	ription Imported/D elivered to Site		Waste Pro	file		ce or Disposal	Daily	6 sed Daily Weigh	
Individual Jordan Obe Scott Zydia Equipment Desc	ription Imported/D elivered to		Waste Pro	file		ce or Disposal	Daily	6 sed Daily Weigh	
Individual Jordan Obe Scott Zydia	er ak		Contractor/ve			j	U	6	
Individual Jordan Obe	r		Contractor/Ve	ndor		Quantity			
Individual			n Geophysics			ch		6	
•			M Smith			neer	Tota	Total Hours 6	
Personnel and Equi	-	C	mpany		Tre	de	Tota	Hours	
					ento i	<u></u>			
Were there any vehicle			ated prior to exiti	ng the wo	ork site?	Yes	No	NA X	
Were there any vehicle Were there any vehicle				anu piaca	ai us ?	Yes	NO NO	NA X	
If any box below is			•			Tracking Con	n ments". No	NA x	
 Jordan Ober le Scott Zydiak p utility markouts One proposed 	erican Geophysic ed the Health and performed utility n s accurately refle l location had to l erican Geophysic Tracking	d Safety kick narkout activ ected the dire be relocated	off meeting. ities at nine prop ections and locati slightly due to a	ons of cor	respond	ling utilities.	ensuring the	at nearby	
						•			
Summary of Work F	Performed	Arrived at	site: 6:30		De	parted Site:	12:30		
Field personnel wore m	nodified Level D F	PPE.							
Health & Safety Cor	nments								
Were there any nuisand	ce issues reporte	d/observed	on this date?			*Yes	No x	NA	
Were there any exceed	lances of the per	imeter air mo	onitoring reported	l on this d	ate?	*Yes	No x	NA	
Were there any change	es to the Health 8	& Safety Plan	?			*Yes	No x	NA	
Health & Safety If any box below is	checked "Yes	s", provide	explanation u	nder "He	ealth &	Safety Com	ments".		
Wind	5 MPH SE	AM	9 MPH S		PM	Jordan Ober			
i cilipci alui c	59 degrees		75 degree						
Temperature	Overcast	AM	overcas	t	PM	Consultant Site	e Inspector	s:	
General Description		Condition	6			Consultant PM	I: Jessica E	Beattie	
General Description						NYSDEC PM: Jolene Lozewski			
-	ens, New York		Y	Conserva		•			
General Description	ens, New York		STATE OF OPPORTUNITY	Departm Environn	nental	Superintendent:			



DAILY INSPECTION REPORT

Report No. BKQM Multi Site: Former Kenneth Trading Corp (C241215A)

Jordan Ober	CDM Smith
Project Schedule Comments	
Issues Pending	
Interaction with Public, Property Owners, Media, etc.	

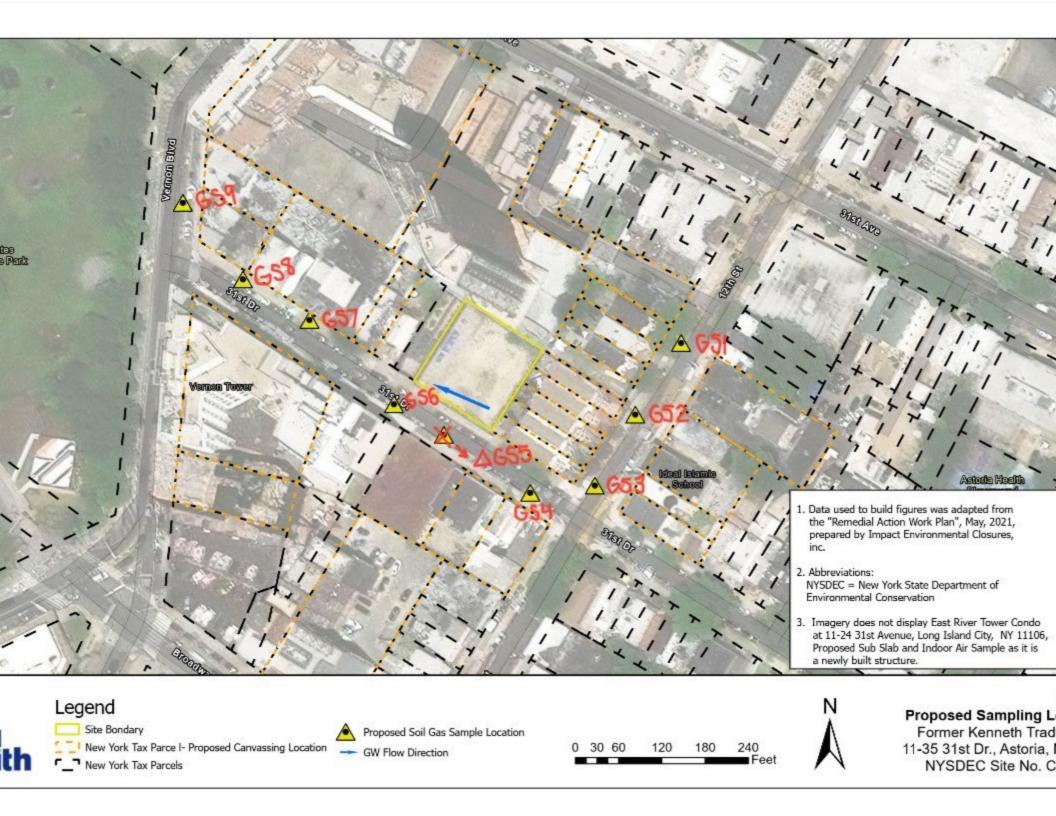








Department of Environmental Conservation



DAILY INSPECTION REPORTPReport No.BKQM Multi Site: Former Kenneth Trading Corp (C241215A)Date: 05

	Page 4 of 7
)ate:	05/30/2025

Comments	
Site Inspector(s): Jordan Ober	Date: 05/30/25



DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ⊠	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖂	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖂	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖂	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🖂	No 🗆
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 🗆	No 🖂
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes 🗆	No 🖂
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🖂
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖂
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🖂
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗆	No 🖂
 If Yes to <u>any</u> of 1-4 above: 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 🗆	No 🗆



Comments:

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖂	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖂	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖂	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗆	N/A⊠
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖂	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A⊠
Was turbidity checked at the outfall(s)?	AM 🗆	PM 🗆	N/A⊠
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🖂	N/A□
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A⊠
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 □	No 🗆	N/A⊠
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A⊠
Comments:			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is the site supplied with green power and is it properly installed and/or maintained?	Yes 🗆	No 🗆	N/A⊠
Is the site employing 2007 or newer or retrofitted diesel trucks?	Yes 🗆	No 🗆	N/A⊠
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes 🗆	No 🗆	N/A⊠
Is equipment properly maintained and operated by trained personnel?	Yes 🗆	No 🗆	N/A⊠
Is work being sequenced to avoid double handling?	Yes 🗆	No 🗆	N/A⊠
Is there an onsite recycling program for CONTRACTOR generated wastes and is it complied with?	Yes 🗆	No 🗆	N/A⊠
Are office trailer heating and cooling systems maintained at efficient set points?	AM 🗆	РМ 🗆	N/A⊠
Are products and materials appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative [®] , etc.)?	Yes 🗆	No 🗆	N/A⊠

Page **7** of **7** Date: 05/30/2025

Are resiliency features included in the design or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes 🗆	No 🗆	N/A⊠
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 🗆	No 🗆	N/A⊠
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	Yes 🗆	No 🗆	N/A⊠
Has Contractor been notified of any deficiencies?	Yes 🗆	No 🗆	N/A⊠
Comments:			

