

# DAILY INSPECTION REPORT

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

Date: **06/30/2025**

NYSDEC Division of Environmental Remediation		 NEW YORK STATE OF OPPORTUNITY		Department of Environmental Conservation		<b>NYSDEC Contract No.</b> Superintendent: NYSDEC PM: Jolene Lozewski Consultant PM: Jessica Beattie Consultant Site Inspectors: Hannah Lofgren		
<b>Site Location: Astoria, New York</b>								
<b>Weather Conditions</b>								
<b>General Description</b>	Cloudy	AM	Cloudy	PM				
<b>Temperature</b>	79 degrees	AM	88 degrees	PM				
<b>Wind</b>	2 MPH SE	AM	5 MPH S	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 x	NA	
Were there any nuisance issues reported/observed on this date?					*Yes	No x	NA	
<b>Health &amp; Safety Comments</b> - Wore proper PPE and discussed traffic safety and hot weather concerns.								
<b>Summary of Work Performed</b>		Arrived at site:	07:00	Departed Site:	17:00			
<ul style="list-style-type: none"> <li>CDM Smith arrived at 0700.</li> <li>CDM Smith gathered synoptic water levels for all wells to be sampled.</li> <li>CDM Smith sampled existing wells MW-12S, MW-12D, MW-13S, MW-13D, MW-14S, and MW-14D.</li> <li>MW-6 could not be located/accessed. CDM Smith received property access from the owner to enter the Former Kenneth locked privacy fence where it was suspected MW-6 was located. The area was covered with vegetation, sediment, and debris. The team attempted to dig around the sediment and vegetation but were still unable to locate the well. See attached site photographs below.</li> <li>MW-13D remained visibly turbid despite a 2+ hour purge.</li> <li>CDM Smith created the chain of custody (COC) and demobilized the site at the end of the day.</li> <li>Investigation derived waste was picked up by IRT at 14:15.</li> <li>7 coolers of samples were picked up by the Pace Laboratories Courier at 16:30.</li> </ul>								
<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>		
Julie Duffy		CDM Smith		Scientist		10		
Hannah Lofgren		CDM Smith		Engineer		10		
Maggie Tan		CDM Smith		Engineer		10		
Kevin Griffiths		CDM Smith		Scientist		10		
Nick Caponanel		ADT		Driller		8.5		
Devin Miller		ADT		Driller		8.5		
Kevin Gibboney		ADT		Driller		8.5		
<b>Equipment Description</b>			<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<b>Material Description</b>		<b>Imported/D elivered 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>

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Visitors to Site: None

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No

**Site Representatives**

Name	Representing
Hannah Lofgren	CDM Smith

**Project Schedule Comments**

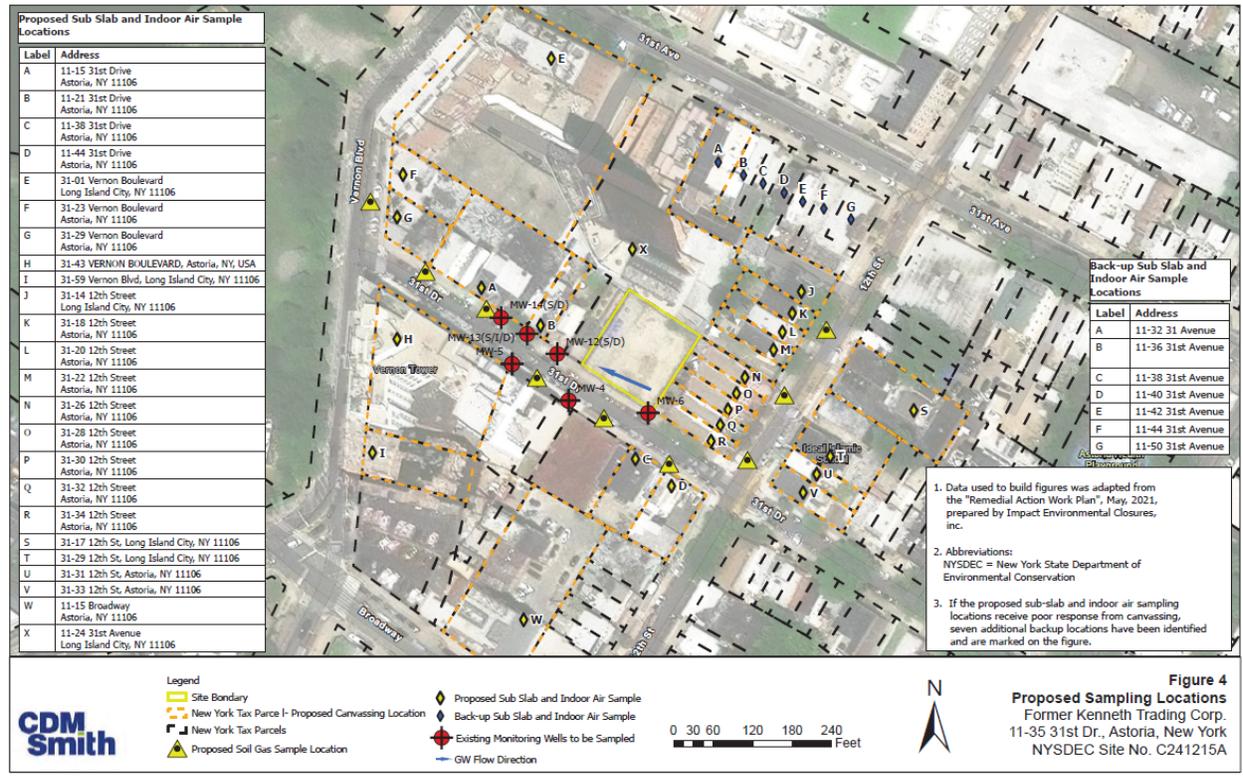
Sampling is anticipated to be completed at Former Kenneth Trading Corp tomorrow (7/1).

**Issues Pending**

Interaction with Public, Property Owners, Media, etc.

None.

**Work Area**



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## Site Photographs (Descriptions Below)

**Pace Analytical**  
 Phone: 413-525-2332  
 39 Spruce St  
 East Longmeadow, MA 01028  
<https://www.pacelabs.com/>  
 Doc # 380 Rev 1\_03242017

**CHAIN OF CUSTODY RECORD (New York)** Page 1 of 1

Contact: <https://www.pacelabs.com/contact-us/contact-environmental-sciences/>

Requested Turnaround Time: DEC Standard 30-calendar day  Due Date: 07/02/2025

Company Name: NYS DEC Consultant: CDM SMITH  
 Consultant Address: 11 Wall St, Suite 46, NY, NY 10005  
 Consultant Phone: 732-640-4604

Callout Project Name: NYSDEC C100913 BKQM-C241215A  
 Project Location: 11-35 31st Dr, Astoria, NY  
 Callout Number: 151992  
 Site/Spill Number: C241215A  
 Project Manager: Kyle Shuckey  
 Pace Analytical Quote Name/Number: 525375  
 Invoice Recipient: CDM SMITH  
 Sampled By: SUKE DUFFY

Pace Analytical Work Order#	Client Sample ID / Description	Beginning Date/Time	Ending Date/Time	Composite	Grab	Matrix Code	Conc Code	8260: DBP TCL / Organometal / CP-51	1,4-Dioxane SUM	B062 PCBs	B081 Herbicide	TAL Total Metals	TCLP RCRA 8 Metals	PFAS 537 ID	PFAS 1633	PFAS 537 ID
C100913	C241215A-GW-MW-125-0219-06302025	6/30/25 10:30	6/30/25 10:30		X	GW	L	X	X	X	X	X	X	X	X	X
	C241215A-GW-MW-135-0717-06302025	6/30/25 13:45	6/30/25 13:45		X	GW	L	X	X	X	X	X	X	X	X	X
	C241215A-GW-MW-12D-1522-06302025	6/30/25 13:38	6/30/25 13:38		X	GW	L	X	X	X	X	X	X	X	X	X
	C241215A-GW-MW-14E-0612-06302025	6/30/25 14:30	6/30/25 14:30		X	GW	L	X	X	X	X	X	X	X	X	X
	C241215A-GW-MW-14D-1223-06302025	6/30/25 12:30	6/30/25 12:30		X	GW	L	X	X	X	X	X	X	X	X	X
	C241215A-GW-MW-13D-2227-06302025	6/30/25 12:00	6/30/25 12:00		X	GW	L	X	X	X	X	X	X	X	X	X
	C241215A-GW-MW-14S-0219-06302025	6/30/25 10:30	6/30/25 10:30		X	GW	L	X	X	X	X	X	X	X	X	X
	C241215A-EB-0612-06302025	6/30/25 13:38	6/30/25 13:38		X	GW	C	X	X	X	X	X	X	X	X	X
	C241215A-TB-0612-06302025	6/30/25 13:38	6/30/25 13:38		X	GW	C	X	X	X	X	X	X	X	X	X

Comments: MS/MSD (triplicate volume collected for C241215A-GW-MW-14S-0219-06302025 High turbidity at MW-13D-2227-06302025 - CAP did not receive VOC due to blank from Lab to CAP

Relinquished by: (signature) *Mike Duffy* Date/Time: 6/30/25 16:26  
 Received by: (signature) *MO A Pare* Date/Time: 6/30/25 16:27  
 Relinquished by: (signature) *MO A Pare* Date/Time: 6/30/25  
 Received by: (signature) \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Relinquished by: (signature) \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received by: (signature) \_\_\_\_\_ Date/Time: \_\_\_\_\_

Program & Regulatory Information  
 AWQ STDs  NY TOGS  
 NYC Sewer Discharge  NY CP-51  
 Part 360 GW (Landfill)  
 NY Restricted Use  
 NY Unrestricted Use  
 NY Part 375

Other: \_\_\_\_\_

Deliverables  
 Enhanced Data Package  
 NYSDEC EQUIS EDD  
 EQUIS (Standard) EDD  
 NY Regulatory EDD  
 NY Regs Hits-Only EDD

Other: \_\_\_\_\_

NELAC and AIHA-LAP, LLC Accredited

Other:  Chromatogram  AIHA-LAP, LLC

PCB ONLY  
 Soxhlet  Non Soxhlet

Matrix Codes:  
 GW = Ground Water  
 WW = Waste Water  
 DW = Drinking Water  
 A = Air  
 S = Soil  
 SL = Sludge  
 SOL = Solid  
 O = Other (please define)

Preservation Codes:  
 I = Iced  
 H = HCL  
 M = Methanol  
 N = Nitric Acid  
 S = Sulfuric Acid  
 B = Sodium Bisulfate  
 X = Sodium Hydroxide  
 T = Sodium Thiosulfate  
 O = Other (please define)

Container Codes:  
 A = Amber Glass  
 G = Glass  
 P = Plastic  
 ST = Sterile  
 V = Vial  
 S = Summa Canister  
 T = Tedlar Bag  
 O = Other (please define)

Photo 1: PFAS, VOC, SVOC, Pesticides, Metals, PCB and 1,4-Dioxane Analysis COC for 6/30/2025

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Photo 2: Sediment and debris buildup at the apparent location of MW-6 within the fenced portion of the Site boundary.

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Photo 3: Sediment and debris buildup at the apparent location of MW-6 within the fenced portion of the Site

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Photo 4: Vegetation overgrowth at the apparent location of MW-6 within the fenced portion of the Site boundary.

**Comments**

N/A

**Site Inspector(s):** Hannah Lofgren

**Date:** 06/30/2025

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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 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>If Yes to <u>any</u> of 1-4 above:</p> <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"/>

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<p><u>Comments:</u></p>
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## 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input 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 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"/>
<p><u>Comments:</u></p>			

## 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 type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is equipment properly maintained and operated by trained personnel?	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?	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"/>

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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"/>
Are appropriate metrics documented for inclusion on Form A, Summary of Green Remediation Metrics, by the CONTRACTOR?	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"/>

Comments: