


DAILY INSPECTION REPORT

Report No. **BKQM Multi Site: Former Kenneth Trading Corp (Site No. C241215A)**Date: **06/30/2025**

NYSDEC Division of Environmental Remediation		 Department of Environmental Conservation		NYSDEC Contract No. Superintendent: NYSDEC PM: Jolene Lozewski Consultant PM: Jessica Beattie Consultant Site Inspectors: Hannah Lofgren		
Site Location: Astoria, New York						
Weather Conditions						
General Description	Cloudy	AM	Cloudy	PM		
Temperature	79 degrees	AM	88 degrees	PM		
Wind	2 MPH SE	AM	5 MPH S	PM		
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".						
Were there any changes to the Health & Safety Plan?			*Yes	No x	NA	
Were there any exceedances of the perimeter air monitoring reported on this date?			*Yes	No x	NA	
Were there any nuisance issues reported/observed on this date?			*Yes	No x	NA	
Health & Safety Comments						
- Wore proper PPE and discussed traffic safety and hot weather concerns.						
Summary of Work Performed		Arrived at site:	07:00	Departed Site:	17:00	
<ul style="list-style-type: none">CDM Smith arrived at 0700.CDM Smith gathered synoptic water levels for all wells to be sampled.CDM Smith sampled existing wells MW-12S, MW-12D, MW-13S, MW-13D, MW-14S, and MW-14D.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.MW-13D remained visibly turbid despite a 2+ hour purge.CDM Smith created the chain of custody (COC) and demobilized the site at the end of the day.Investigation derived waste was picked up by IRT at 14:15.7 coolers of samples were picked up by the Pace Laboratories Courier at 16:30.						
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			
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 Caponianel	ADT	Driller	8.5			
Devin Miller	ADT	Driller	8.5			
Kevin Gibboney	ADT	Driller	8.5			
Equipment Description		Contractor/Vendor		Quantity	Used	
Material Description	Imported/D elivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*

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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

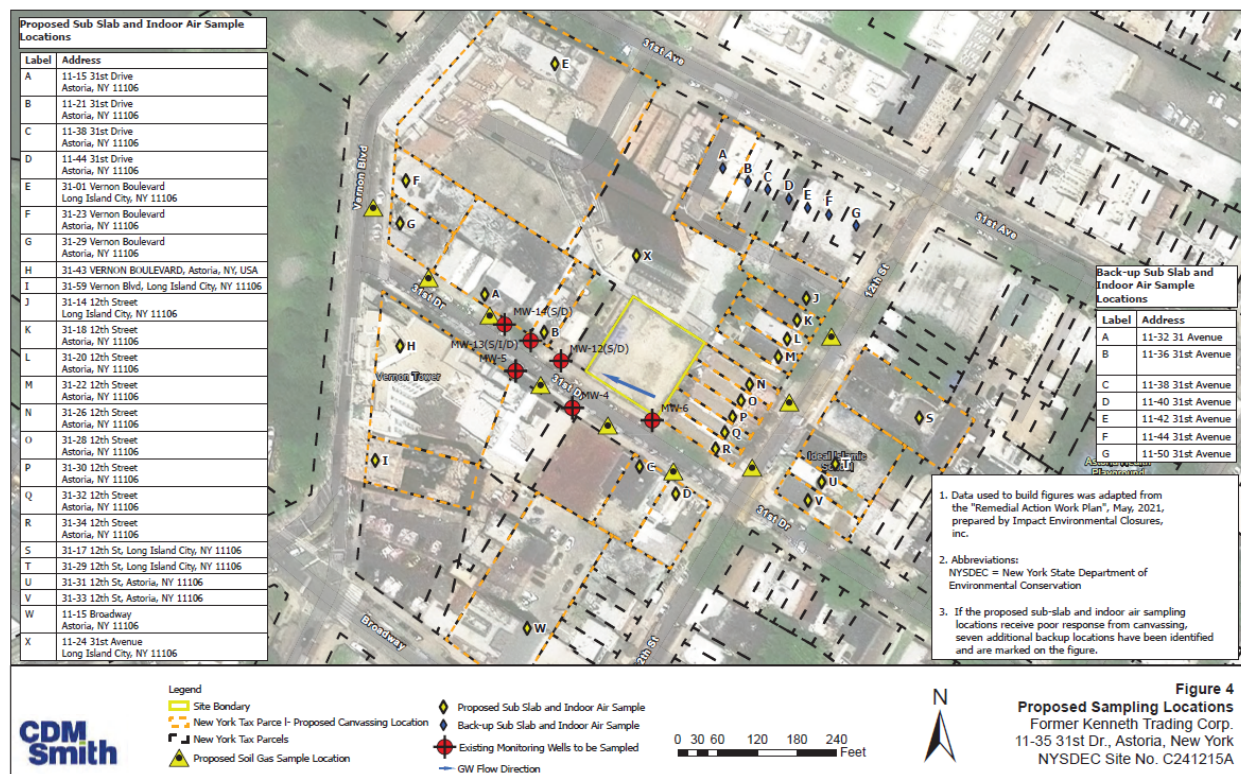
Sampling is anticipated to be completed at Former Kenneth Trading Corp tomorrow (7/1).

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

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CHAIN OF CUSTODY RECORD (New York)

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

Company Name: NYS DEC Consultant: CDM SMITH
Consultant Address: 41 Wall St, Suite 4G, NY, NY 10005
Consultant Phone: 732-540-4604
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

Requested Turnaround Time
DEC Standard 30-calendar day ☒
Due Date: 07/02/2025 10:45:19

Rush (Prior Approval Required)
1-Day ☐ 2-Day ☐ 3-Day ☐
4-Day ☐ 5-Day ☐ 10-Day ☐

Data Delivery
Format: PDF ☒ EXCEL ☐
Other: NYSDEC Cat. B
CLP Like (Level 4) Data Pkg Required: 1
Email To: beatrice@cdmsmith.com
Fax To:

ANALYSIS REQUESTED (Circle requested Analysis/Reporting List)

Matrix Code	8270: DEB TCL / CP-51	8260: DEB TCL / Oxygenates / CP-51	8082 PCBs	8081 Herbicide	TAL Total Metals	TCLP RCRA 8 Metals	PFAS 337 ID	PFAS 1633
C241215A-GW-MW-12S-0619-06302025	X	X	X	X	X	X	X	X
C241215A-GW-MW-13S-0717-06302025	X	X	X	X	X	X	X	X
C241215A-GW-MW-12D-1832-06302025	X	X	X	X	X	X	X	X
C241215A-GW-MW-14E-0612-06302025	X	X	X	X	X	X	X	X
C241215A-GW-MW-14D-1823-06302025	X	X	X	X	X	X	X	X
C241215A-GW-MW-13D-0623-06302025	X	X	X	X	X	X	X	X
C241215A-GW-MW-14S-0619-06302025	X	X	X	X	X	X	X	X
C241215A-EB-0630-06302025	X	X	X	X	X	X	X	X

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

2 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)

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

Comments: MS/MSD (triplicate volume collected for C241215A-GW-MW-14S-0619-06302025 High turbidity at MW-13D-2227-06302025 - CDM did not receive VOC test results from Lab to CDM

Relinquished by: (signature) SUKE DUFFY Date/Time: 6/30/25 16:26
Received by: (signature) MO A PACE Date/Time: 6/30/25 16:26
Relinquished by: (signature) MO A PACE Date/Time: 6/30/25 16:26
Received by: (signature) MO A PACE Date/Time: 6/30/25 16:26

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: ☐ Government ☐ Municipality ☐ MWRA ☐ WRTA
☐ Federal ☐ 21 J ☐ School ☐ MBTA
☐ City ☐ Brownfield

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
☐ Chromatogram
☐ AIHA-LAP, LLC

PCB ONLY
☐ Soxhlet
☐ Non Soxhlet

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"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none">If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Comments:

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"/>

Comments:

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"/>
<u>Comments:</u>			