

# DAILY INSPECTION REPORT

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

Date: 07/01/2025

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>	Sunny	AM	Sunny	PM			
<b>Temperature</b>	79 degrees	AM	90 degrees	PM			
<b>Wind</b>	7 MPH SW	AM	8 MPH SW	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 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, hot weather/high humidity, and biological (mosquito) concerns.							
<b>Summary of Work Performed</b>		Arrived at site:	07:00	Departed Site:	14:00		
<ul style="list-style-type: none"> <li>CDM Smith arrived at 07:00.</li> <li>CDM Smith sampled existing wells MW-4, MW-5, and MW-13I.</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 13:45.</li> <li>4 coolers of samples were picked up by the Pace Laboratories Courier at 13:10.</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>	
Julie Duffy		CDM Smith		Scientist		7	
Hannah Lofgren		CDM Smith		Engineer		7	
Maggie Tan		CDM Smith		Engineer		7	
Kevin Griffiths		CDM Smith		Scientist		7	
<b>Equipment Description</b>		<b>Contractor/Vendor</b>			<b>Quantity</b>	<b>Used</b>	
<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>	
<b>Visitors to Site: None</b>							
<b>Name</b>		<b>Representing</b>			<b>Entered Exclusion/CRZ Zone</b>		
					Yes	No	
<b>Site Representatives</b>							
<b>Name</b>				<b>Representing</b>			

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Hannah Lofgren	CDM Smith
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### Project Schedule Comments

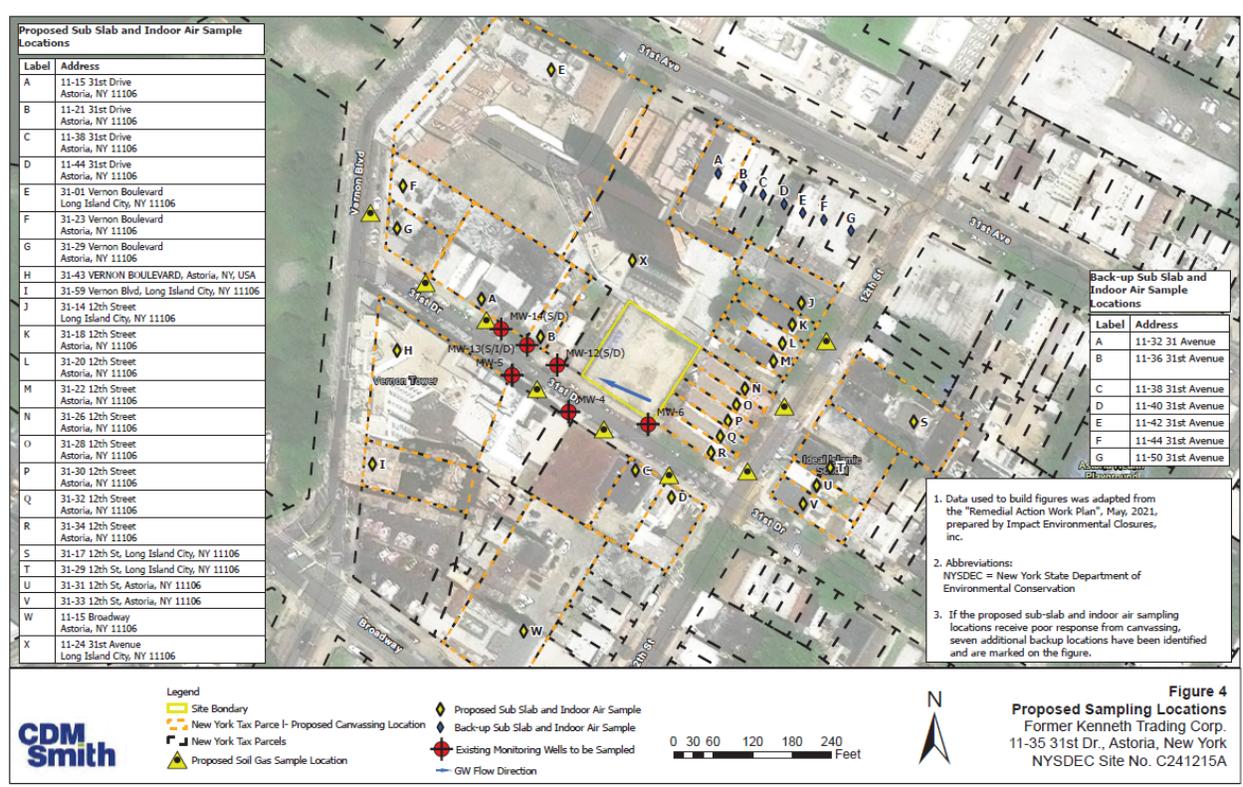
Sampling completed at Former Kenneth Trading Corp. Field team plans to mobilize to Former Sterling Transformer Corp on 7/2/2025.

### 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

Company Name: NYS DEC Consultant: CDM Smith  
 Consultant Address: 14 Wall St, Suite 4G, NY, NY 10005  
 Consultant Phone: 732-590-4609  
 Project Name: NYSDEC C100913 BKQM-C241215A  
 Project Location: 11-35 31st Dr, Astoria, NY  
 Invoice Number: 151992  
 Project Manager: KYLE STUCKEY  
 Pace Analytical Quote Name/Number: 525375  
 Invoice Recipient: CDM Smith  
 Sampled By: Julie Duffy

**Requested Turnaround Time**  
 DEC Standard 30-calendar day   
 Rush (Prior Approval Required)   
 1-Day  2-Day  3-Day   
 4-Day  5-Day  10-Day

**Format:** PDF  EXCEL   
 Other: NYSDEC Cat B  
 CLP Like (Level 4 Data Pkg Required):   
 Email To: beatheir@cdmsmith.com  
 Fax To:

Client Sample ID / Description	Beginning Date/Time	Ending Date/Time	Compos	Grab	Matrix Code	Conc Code	B260: 888 TSL / Organisms / CP-21	B270: 888 TSL / CP-21	1,4-Dioxane SW	B082 PCBs	B151 Herbicide	1081 Pesticide	TCLP PCBs & Metals	PFAS 1633	PFAS 317 ID
C100913	7/1/25	6/23/25													
C241215A-6U-MV-JS1	7/1/25	6/23/25		X	GU	M	X	X	X	X	X	X	X	X	X
C241215A-6U-MV-S	7/1/25	6/23/25		X	GU	U	X	X	X	X	X	X	X	X	X
C241215A-6U-MV-U	7/1/25	6/23/25		X	GU	U	X	X	X	X	X	X	X	X	X
C241215A-8B-CP1265	7/1/25	6/23/25		X	GU	C	X	X	X	X	X	X	X	X	X

**Comments:**  
 Dissolved metals filtered by field team.  
 VOC cooler contains only 1 trip blank vial.

**Relinquished by:** (signature) Julie Duffy Date/Time: 7/1/25 13:10  
**Received by:** (signature) WiFi Pace Date/Time: 7/1/25 13:10

**Program & Regulatory Information:**  
 AWQ STD5  NY TOGS  
 NYC Sewer Discharge  NY CP-51  
 Part 360 GW (Landfill)  
 NY Restricted Use  
 NY Unrestricted Use  
 NY Part 375

**Other:**  
 Government  Municipality  NARA  WRTA  
 Federal  21 J  School  
 City  Brownfield  MBTA

**Accreditation:**  
 NELAC and ANA-LAP, LLC Accredited  
 Other:  Chromatogram  ANA-LAP, LLC

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

**PCB ONLY**  
 Soxhlet  
 Non Soxhlet

Photo 1: PFAS, VOC, SVOC, Pesticides, Metals, PCB and 1,4-Dioxane Analysis COC for 7/01/2025.

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Photo 2: Low-Flow Groundwater Sampling at Monitoring Well MW-5.

**Comments**

N/A

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

**Date:** 07/01/2025

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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: