NYSDEC Region 9  Division of Environmental Remediation  Site: Scott Rotary Seals Phase: Site Management Site No.: C905036  Weather Conditions  General Description Sunny am N/A pm  Temperature am N/A pm  Wind Direction am N/A pm  Wind Direction am N/A pm  Were there any changes to the Health & Safety Plan?  Were there any exceedances at the perimeter Air: "Yes () No () NA (x)  Were there any Noise /Vibration exceedances Noise: "Yes () No () NA (x)  Were there any breaches to the tent structure or silf fence reported/observed on this date?  Were there any breaches to the tent structure or silf fence reported/observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any vehicles which did not display proper D.O.T numbers and placards?  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)										
Division of Environmental Remediation  Site: Scott Rotary Seals Phase: Site Management Site No.: C905036  Weather Conditions  Weather Conditions  Weather Conditions  Weather Conditions  General Description Sunny am N/A pm  Temperature am N/A pm  Wind Direction am N/A pm  HEALTH & SAFETY:  ("If any box(s) below are checked "Yes", list the deviation under the "Items for Concern" section of this report).  Were there any exceedances at the perimeter action level reported on this date?  Were there any Noise / Vibration exceedances Noise: "Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any dust/odor issues reported or observed on this date?  Were there any vehicles which did not display proper D.O.T numbers and placards?  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not decontaminated "Yes () No () NA (x)	NYSDEC				Contracto	r PM	:			
Site: Scott Rotary Seals Phase: Site Management Site No.: C905036  Weather Conditions  Mealth & Safety:  Wind Direction  Mealth & Safety:  Wind Direction  Mealth & Safety:  Were there any changes to the Health & Safety Plan?  Were there any exceedances at the perimeter Air:  "Yes () No () NA (x)  Were there any exceedances at the perimeter Air:  "Yes () No () NA (x)  Were there any Noise /Vibration exceedances Noise:  "Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date?  "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  "Yes () No () NA (x)  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 lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)	Region 9					NYSDEC PM: Bradley Demo				
Site: Scott Rotary Seals Phase: Site Management Site No.: C905036  Weather Conditions  Weither Conditions  Weither Conditions  Weither Conditions  Weither Conditions  Were there any changes to the Health & Safety Plan?  "Yes () No () NA (x)  Were there any exceedances at the perimeter Air:  "Yes () No () NA (x)  Were there any Noise /Vibration exceedances Vibration:  "Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date?  "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  "Yes () No () NA (x)  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 lined or tarped?  "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped?  "Yes () No () NA (x)	Division of Environmental Remediation	n			Construct	ion N	/lanager:			
Phase: Site Management Site No.: C905036  Weather Conditions  Weather Conditions  Weather Conditions  Weather Conditions  General Description Sunny am N/A pm  Temperature am N/A pm  Wind Direction am N/A pm  Wind Direction am N/A pm  Whind Direction am N/A pm  Were there any changes to the Health & Safety Plan? "Yes () No () NA (x)  Were there any exceedances at the perimeter Air: "Yes () No () NA (x)  Were there any Noise /Vibration exceedances Noise: "Yes () No () NA (x)  Were there any breaches to the tent structure or silf fence reported/observed on this date?  Were there any breaches to the tent structure or silf fence reported/observed on this date? "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date? "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date? "Yes () No () NA (x)  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 lined or tarped? "Yes () No () NA (x)  Were there any vehicles which were not lined or tarped? "Yes () No () NA (x)  Were there any vehicles which were not decontaminated "Yes () No () NA (x)	Site: Scott Rotary Seals				Project En	gine	ers: Day En	vironn	nental	
Weather Conditions  General Description Sunny am N/A pm  Temperature am N/A pm  Wind Direction am N/A pm  HEALTH & SAFETY: ("if any box(s) below are checked "Yes", list the deviation under the "items for Concern" section of this report).  Were there any changes to the Health & Safety Plan? "Yes () No () NA (x)  Were there any exceedances at the perimeter Air: "Yes () No () NA (x)  action level reported on this date?  Were there any Noise /Vibration exceedances Noise: "Yes () No () NA (x)  reported on this date? Vibration: "Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date? "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date? "Yes () No (x) NA (x)  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 lined or tarped? "Yes () No () NA (x)  Were there any vehicles which were not decontaminated "Yes () No () NA (x)  Were there any vehicles which were not decontaminated "Yes () No () NA (x)	——————————————————————————————————————				Remedial	Cont	ractor:			
Weather Conditions  General Description Sunny am N/A pm  Temperature am N/A pm  Wind Direction am N/A pm  Wind Direction am N/A pm  HEALTH & SAFETY: ("If any box(s) below are checked "Yes", list the deviation under the "Items for Concern" section of this report).  Were there any changes to the Health & Safety Plan? *Yes () No () NA (x)  Were there any exceedances at the perimeter Air: *Yes () No () NA (x)  Were there any Noise /Vibration exceedances Noise: *Yes () No () NA (x)  Were there any Noise /Vibration exceedances Vibration: *Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date? *Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date? *Yes () No () NA (x)  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 lined or tarped? *Yes () No () NA (x)  Were there any vehicles which were not decontaminated *Yes () No () NA (x)	Site No.: C905036				Air Monito	ring	:			
General Description Sunny am N/A pm  Temperature am N/A pm  Wind Direction am N/A pm  ### HEALTH & SAFETY:  ("If any box(s) below are checked "Yes", list the deviation under the "Items for Concern" section of this report).  Were there any changes to the Health & Safety Plan? "Yes () No () NA (x)  Were there any exceedances at the perimeter Air: "Yes () No () NA (x)  Were there any Noise /Vibration exceedances Noise: "Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date? "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date? "Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date? "Yes () No () NA (x)  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 lined or tarped? "Yes () No () NA (x)  Were there any vehicles which were not decontaminated "Yes () No () NA (x)					Health & S	afet	y:			
Temperature am N/A pm  Wind Direction am N/A pm  HEALTH & SAFETY: (*If any box(s) below are checked "Yes", list the deviation under the "Items for Concern" section of this report).  Were there any changes to the Health & Safety Plan? *Yes () No () NA (x)  Were there any exceedances at the perimeter Air: *Yes () No () NA (x)  Were there any Noise /Vibration exceedances Noise: *Yes () No () NA (x)  Were there any Noise /Vibration exceedances Noise: *Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date? *Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date? *Yes () No () NA (x)  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 lined or tarped? *Yes () No () NA (x)  Were there any vehicles which were not decontaminated *Yes () No () NA (x)	Weather Cond	itions								
### Wind Direction am N/A pm  ### ### ### ### ### ### ### ### ### #	General Description Sunny	am	N/A	pm						
#EALTH & SAFETY:  ("If any box(s) below are checked "Yes", list the deviation under the "Items for Concern" section of this report).  Were there any changes to the Health & Safety Plan?  Were there any exceedances at the perimeter Air:  action level reported on this date?  Were there any Noise /Vibration exceedances Noise:  Vibration:  Yes ()  No ()  NA (x)  Were there any Noise /Vibration exceedances Noise:  Yes ()  No ()  NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date?  Were there any dust/odor issues reported or observed on this date?  WASTE HAULING:  ("If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  Yes ()  No ()  NA (x)  NA (x)	Temperature	am	N/A	pm						
(*If any box(s) below are checked "Yes", list the deviation under the "Items for Concern" section of this report).  Were there any changes to the Health & Safety Plan?  *Yes () No () NA (x)  Were there any exceedances at the perimeter Air:  *Yes () No () NA (x)  action level reported on this date?  Were there any Noise /Vibration exceedances Noise:  *Yes () No () NA (x)  reported on this date?  Were there any breaches to the tent structure or silt fence reported/observed on this date?  *Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  *Yes () No (x) NA (x)  WASTE HAULING:  ("If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  *Yes () No () NA (x)  Were there any vehicles which were not decontaminated  *Yes () No () NA (x)	Wind Direction	am	N/A	pm						
(*If any box(s) below are checked "Yes", list the deviation under the "Items for Concern" section of this report).  Were there any changes to the Health & Safety Plan?  *Yes () No () NA (x)  Were there any exceedances at the perimeter Air:  *Yes () No () NA (x)  action level reported on this date?  Were there any Noise /Vibration exceedances Noise:  *Yes () No () NA (x)  reported on this date?  Were there any breaches to the tent structure or silt fence reported/observed on this date?  *Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  *Yes () No (x) NA (x)  WASTE HAULING:  ("If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  *Yes () No () NA (x)  Were there any vehicles which were not decontaminated  *Yes () No () NA (x)										
Were there any exceedances at the perimeter action level reported on this date?  Were there any Noise /Vibration exceedances Noise: *Yes () No () NA (x) reported on this date?  Were there any breaches to the tent structure or silt fence reported/observed on this date?  Were there any dust/odor issues reported or observed on this date?  *Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  *Yes () No () NA (x)  WASTE HAULING:  ("If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  *Yes () No () NA (x)  Were there any vehicles which were not decontaminated  *Yes () No () NA (x)		ist the	deviation under the	e "Items	for Conce	ern"	section of	this r	eport).	
Were there any Noise /Vibration exceedances Vibration:  Were there any breaches to the tent structure or silt fence reported/observed on this date?  Were there any dust/odor issues reported or observed on this date?  WASTE HAULING:  (*If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  *Yes () No () NA (x)  Were there any vehicles which were not decontaminated  *Yes () No () NA (x)	Were there any changes to the Health	& Safe	ty Plan?	*Yes(	)	No	()	NA	(x)	
reported on this date?  Vibration: *Yes () No () NA (x)  Were there any breaches to the tent structure or silt fence reported/observed on this date?  *Yes () No () NA (x)  Were there any dust/odor issues reported or observed on this date?  *Yes () No (x) NA (x)  WASTE HAULING:  (*If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  *Yes () No () NA (x)  Were there any vehicles which were not decontaminated  *Yes () No () NA (x)	•	rimete	r Air:	*Yes(	)	No	()	NA	(x)	
Were there any breaches to the tent structure or silt fence reported/observed on this date?  Were there any dust/odor issues reported or observed on this date?  *Yes () No () NA (x)  WASTE HAULING:  *Yes () No (x) NA ()  WASTE HAULING:  *Yes () No (x) NA (x)  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 lined or tarped?  *Yes () No () NA (x)  Were there any vehicles which were not decontaminated  *Yes () No () NA (x)		dance	~							
or silt fence reported/observed on this date?  Were there any dust/odor issues reported or observed on this date?  *Yes ()  No ()  NA (x)  WASTE HAULING:  (*If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  *Yes ()  No ()  NA (x)  Were there any vehicles which were not decontaminated  *Yes ()  No ()  NA (x)	·			,	•		. ,		· /	
waste Hauling: (*If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).  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 lined or tarped?  *Yes () No () NA (x)  Were there any vehicles which were not decontaminated  *Yes () No () NA (x)				*Yes (	)	No	0	NA	(x)	
(*If any box(s) below are checked "Yes", list the deviation under the "Items of Concern" section of this report).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 lined or tarped?*Yes()No ()NA (x)Were there any vehicles which were not decontaminated*Yes()No ()NA (x)	•	ted or		*Yes(	)	No	(x)	NA	( )	
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 lined or tarped?  *Yes ()  No ()  NA (x)  NA (x)	WASTE HAULING :									
numbers and placards?  *Yes ( )  No ( )  NA (x)  Were there any vehicles which were not lined or tarped?  *Yes ( )  No ( )  NA (x)  Were there any vehicles which were not decontaminated  *Yes ( )  No ( )  NA (x)				"Items	of Concer	n" s	ection of t	his re <sub>l</sub>	port).	
Were there any vehicles which were not lined or tarped?  *Yes ()  No ()  NA (x)  Were there any vehicles which were not decontaminated  *Yes ()  No ()  NA (x)		displa	y proper D.O. I	*Yes(	( )	No	()	NA	(x)	
Were there any vehicles which were not decontaminated * Yes ( ) No () NA (x)	-	ot line	d or tarped?				• •		• •	
	Were there any vehicles which were no		<del>-</del>		•		Ü			

# Materials Removed From Site: N/A

**Disposal Facility's:** 

Total Loads: (on this date)

Total Loads: (to date)

**Total Daily Weight: (est.)** 

Total Weight: (\*approx.)

### **Summary of Events:**

- NYSDEC onsite to conduct routine inspection.
- Site cover in acceptable condition. No signs or erosion or excavation. No compromised asphalt or concrete.
- Some grass growing at neighboring NYSDEC site C905047 351 Franklin St.

<b>VISITORS TO SITE:</b>					
NAME	Representing	Entered Exclusion/CRZ Zone			
		Yes ()	No ()		
		Yes ()	No ()		
		Yes ()	No ()		
		Yes ()	No ()		

## **PROJECT SCHEDULE:**

•

### **ISSUES PENDING:**

.

### **ITEMS OF CONCERN:**

**Inspector: Bradley Demo** 

Signature:

Date: 6/27/2025

<sup>\*</sup>Actual (total weight) adjusted periodically based on weight tickets submitted by the disposal facilities.



Cover/site conditions facing southeast.



Cover/site conditions facing south.



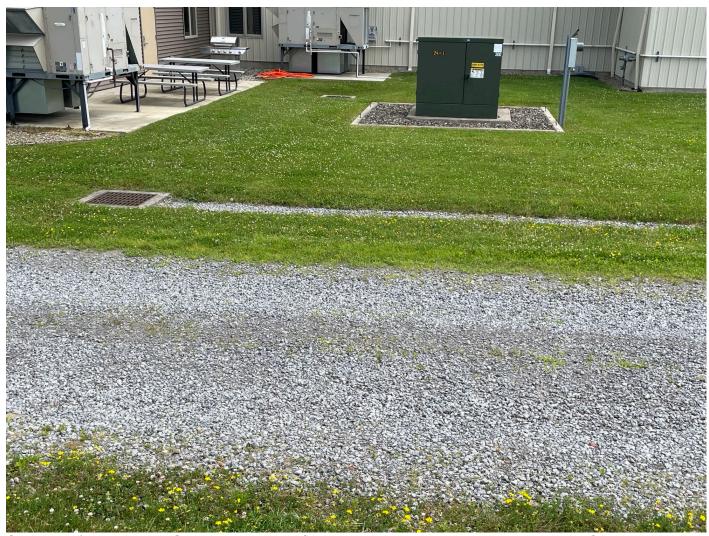
Cover/site conditions facing west.



Cover/site conditions facing east.



Cover/site conditions facing northeast.



Site cover/storm drain. Generator or transformer in background showed no signs of leaks.



Cover/site conditions facing east.