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| NYSDEC  Division of Environmental Remediation | | | | | | | | | | | | | | | | | **NYSDEC Contract No. C100611**  Superintendent: P. Takach  NYSDEC PM: P. Long  Consultant PM: J. Rhee  Consultant Site Inspectors: D. Griffing, B. Campbell | | | | | | | | |
| **Site Location:** Old Bethpage, New York | | | | | | | | | | | | | | | | |
| **Weather Conditions** | | | | | | | | | | | | | | | | |
| **General Description** | Sunny | | | | | | | AM | Sunny | | | | | | PM | |
| **Temperature** | 47 | | | | | | | AM | 60 | | | | | | PM | |
| **Wind** | 4 WSW | | | | | | | AM |  | | | | | | 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 | | | | NA | |
| Were there any exceedances of the perimeter air monitoring reported on this date? | | | | | | | | | | | | | | | | | | \*Yes | | No | | | | NA | |
| Were there any nuisance issues reported/observed on this date? | | | | | | | | | | | | | | | | | | \*Yes | | No | | | | NA | |
| **Health & Safety Comments** | | | | | | | | | | | | | | | | | | | | | | | | | |
| JHA for crane operations prepared and reviewed. General safety precautions and PPE employed. Socially safe distances observed when possible. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summary of Work Performed** | | | | | | Arrived at site: | | | | | | 0800 | | | | Departed Site: | | | | | | 1500 | | | |
| Crane was set up. Roof cap removed. The pump discharge piping was disconnected and the crane slings attached. The pump, motor and discharge pipe remained attached as a straight lift was made. Motor cable was stripped during lift. The pump motor was removed, the pump was removed. The new pump attached, the new motor was connected. The new power cable was attached and connection shrink sealed. The pump was lowered into the well and the power cable was secured during the insertion. The pump/pipe assembly was sited and the discharge piping was reattached to the manifold. The pressure switch assembly was re-installed and the discharge valve was opened. The power connections were re-established. The system was checked and then started up in manual mode.  (PT: A confined space entry was made into the vault (4/6). The power cable was disconnected, the discharge valve was closed, and the pressure switch assembly was removed.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | |
| Were there any vehicles which were not tarped? | | | | | | | | | | | | | | | | | | \* Yes | | No | | | | NA | |
| Were there any vehicles which were not decontaminated prior to exiting the work site? | | | | | | | | | | | | | | | | | | \* Yes | | No | | | | NA | |
| **Personnel and Equipment** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individual** | | | **Company** | | | | | | | | | | **Trade** | | | | | | | | **Total Hours** | | | | |
| D. Griffing | | | EAR | | | | | | | | | | Electrician | | | | | | | | 7 | | | | |
| B. Campbell | | | EAR | | | | | | | | | | Foreman | | | | | | | | 7 | | | | |
| P. Boulier | | | Phil Boulier Inc | | | | | | | | | | Crane Operator | | | | | | | | 7 | | | | |
| P. Takach | | | HDR | | | | | | | | | | Plant Operator | | | | | | | | 7 | | | | |
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| Total hours only include onsite hours for 4-7-20 | | |  | | | | | | | | | |  | | | | | | | |  | | | | |
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| **Equipment Description** | | | | **Contractor/Vendor** | | | | | | | | | | | | | | | **Quantity** | | **Used** | | | | |
| Crane | | | | Phil Boulier Inc. | | | | | | | | | | | | | | | 1 | | Yes | | | | |
| HD Pickup Truck | | | | EAR | | | | | | | | | | | | | | | 1 | | Yes | | | | |
| Personal vehicle | | | | DG | | | | | | | | | | | | | | | 1 | | Yes | | | | |
| Pickup Truck | | | | HDR | | | | | | | | | | | | | | | 1 | | Yes | | | | |
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| **Material Description** | | **Imported/Delivered to Site** | | | **Exported off Site** | | | | | **Waste Profile**  **(If Applicable)** | | | | **Source or Disposal Facility (If Applicable)** | | | | | | | | | **Daily Loads** | | **Daily Weight (tons)\*** |
|  | |  | | |  | | | | |  | | | |  | | | | | | | | |  | |  |
| 4x10ga jacketed cable | | 150 ft | | | 350 ft | | | | |  | | | |  | | | | | | | | |  | |  |
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| \*On-Site scale for off-site shipment, delivery ticket for material received | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment/Material Tracking Comments:**  **Grundfos submersible pump m/n 230S150-5B-BP**  **Franklin Electric submersible motor M/N 2366138120**  **Jacketed cable GYRB 10 ga** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visitors to Site** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Representing** | | | | | | | | | | | **Entered Exclusion/CRZ Zone** | | | | | | | |
| **Andy Wilson** | | | | | | | **Bethpage State Park** | | | | | | | | | | | **Yes** | | | | | **No** | | |
|  | | | | | | |  | | | | | | | | | | | **Yes** | | | | | **No** | | |
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| **Site Representatives** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | **Representing** | | | | | | | | | | | | | | |
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| **Project Schedule Comments** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Issues Pending** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Interaction with Public, Property Owners, Media, etc.** | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Include (insert) figures with markups showing location of work and job progress**

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| --- | --- |
| **Site Photographs (Descriptions Below)** | |
| A close up of a tree  Description automatically generated | A close up of a tree  Description automatically generated |
| Old pump removed | Pump and drop tube being lifted out of well |
| A group of people standing in front of a tree  Description automatically generated | A bird flying in the sky  Description automatically generated |
| Pump lift | Pump lift |
| A picture containing sitting, open, table, laying  Description automatically generated |  |
| New motor |  |

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| **Comments** | | |
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| **Site Inspector(s):**  DG, BC, PT | | **Date: 4/7/20** |

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

|  |  |  |
| --- | --- | --- |
| 1. Have anyone at this location been tested and confirmed to have COVID-19? | Yes | No |
| 1. Is anyone at this location isolated or quarantined for COVID-19? | Yes | No |
| 1. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days? | Yes | No |
| 1. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)? | Yes | No |
| 1. Does the Department and its contractors have your permission to enter the property at this time? | Yes | No |
| If Yes to any of 1-4 above:   * If it is not 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 is 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 Montauk Highway outfall? | 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: | | | |