



January 23, 2008

New York State Department of Environmental Conservation  
Division of Environmental Remediation  
Bureau of Construction Services  
625 Broadway, 12<sup>th</sup> Floor  
Albany, New York 12233-7013

Attn: Jeffrey E. Trad, P.E.  
Environmental Engineer II

Re: Sonia Road Landfill Remediation Program  
Site Registry No. 152013  
Post Closure Program

Dear Mr. Trad:

Attached please find the Fourth Quarter Sonia Road Post Closure Monitoring Report for 2007. Also included is the October, November and December 2007 Gas Migration Monitoring Report; the Fourth Quarter Groundwater Monitoring Well Condition Report as well as the total number of cars stored on site.

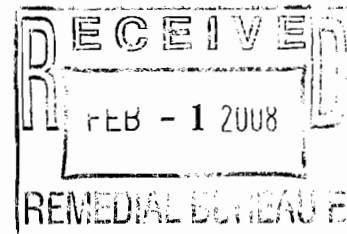
If there are any questions please contact me at (631) 224-5645.

Sincerely,

Alan R. Sanchez  
Vice-President of Operations

ARS:clp

cc: Christopher A. Andrade, President  
Anthony J. Varrichio, P.E., Chief Engineer  
Joe Cosci, Construction Coordinator  
File



clp\_NYSDEC\_1-23-08\_Trad\_Rpt\_Sonia Rd 2007 4th Quart PCMR.wpd



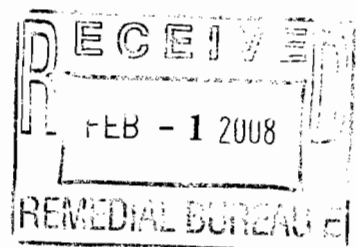
**TOWN OF ISLIP  
SUFFOLK COUNTY, NEW YORK**

**SONIA ROAD LANDFILL  
WEST BRENTWOOD, NEW YORK  
SITE REGISTRY NO. 152013**



**POST CLOSURE  
MONITORING AND MAINTENANCE REPORT**

DECEMBER 2008



**POST-CLOSURE MONITORING AND MAINTENANCE REPORT  
SONIA ROAD LANDFILL  
BRENTWOOD, NEW YORK**

TABLE OF CONTENTS

<u>Title</u>	<u>Page</u>
<b>SITE INSPECTION CHECKLIST.....</b>	<b>1-14</b>
<b>GAS MIGRATION MONITORING.....</b>	<b>15-16</b>
<b>GROUNDWATER WELL CONDITION.....</b>	<b>16-</b>
<b>CARS STORED ON-SITE.....</b>	<b>Appendix A</b>

# **SITE INSPECTION CHECKLIST**





**TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST**

**REVETMENT MATTING (RIP RAP)**

DATE: 12/11/07

Quarterly Inspection  Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>Side Slopes</b>				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
<b>Gabion Curb</b>				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	vector infestation
d	holes
e	holes in wire fabric
f	settlement
g	waste breakthrough
h	leachate breakthrough
i	exposed geosynthetics
j	damaged baskets
k	loose ties
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

**Directions:**  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Revetment Matting (Rip Rap) and Gabion Curbs are acceptable, check box and sign below.

Signature: Fazil Rahman

TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST

**ACCESS ROADS**

Quarterly Inspection  Storm Inspection \_\_\_\_\_

DATE: 12/1/07

INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
C5.D5.F5	G	—	Y/N #	BEING MONITORED RE: TD PHOTO'S PREVIOUSLY TAKEN.
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	potholes
b	burrow holes
c	erosion gullies
d	loss of stone cover
e	exposed geotextile
f	obstructions/debris
g	depressions
h	
i	
j	
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

**Directions:**  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Access Roads are acceptable, check box and sign below.

Signature: \_\_\_\_\_



**TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST**

STORMWATER COLLECTION SYSTEM (1 of 4)

DATE: 12/11/07

Quarterly Inspection  Storm Inspection

INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>Perimeter Swales</b>				
G1	G	6	Y/N #	BEING MONITORED RE: TO PHOTO'S PREVIOUSLY TAKEN.
E5 & F5	B	6	Y/N #	BEING MONITORED RE: TO PHOTO'S PREVIOUSLY TAKEN.
			Y/N #	
<b>Diversion Swales</b>				
G5 & H5	E	5	Y/N #	AROUND CULVERT'S / LOCATED ON SOUTH END.
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	silt accumulation
d	ponded water
e	vegetative cover
f	debris / clogging
g	erosion control fabric
h	loss of topsoil
i	exposed geosynthetics
j	wash outs
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

**Directions:**  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If Perimeter Swales and Diversion Swales are acceptable, check box and sign below

Signature: \_\_\_\_\_



**TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST**

STORMWATER COLLECTION SYSTEM (3 of 4)

DATE: 12/16/07

Quarterly Inspection  Storm Inspection

INSPECTION BY: RAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>Energy Dissipators</b>				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
<b>Downchutes</b>				
B4	L	4	Y/N #	UN-WANTED WOODY VEGETATION.
B5	M	4	Y/N #	UN-WANTED VEGETATION.
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	silt accumulation
d	pounded water
e	damage / instability
f	debris / clogging
g	soil erosion around
h	loss of stone
i	soil erosion beneath
j	loose ties on baskets
k	slippage of gabion
l	woody vegetation

M - VEGETATIVE COVER

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

**Directions:**  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If Energy Dissipators and Downchutes are acceptable, check box and sign below.

Signature: \_\_\_\_\_

TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST

STORMWATER COLLECTION SYSTEM (4 of 4)

DATE: 12/1/07

Quarterly Inspection  Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>Drywells</b>				
			Y/N #	
			Y/N #	
			Y/N #	
			Y/N #	
<b>Culverts / Outlets</b>				
			Y/N #	
A3, A5, D1	E	5	Y(N) #	UN-WANTED VEGETATION, AROUND CULVERTS/OUTLETS.
E1, G1, H1	E	5	Y(N) #	" " " " " "
S4, H4	E	5	Y(N) #	" " " " " "
			Y/N #	

PROBLEM CODE	
a	vandalism
b	slope movement
c	silt accumulation
d	pounded water
e	vegetative cover
f	debris / clogging
g	erosion control fabric
h	soil erosion around
i	exposed geosynthetics
j	damage / instability
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

**Directions:**  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If Drywells and Culverts are acceptable, check box and sign below.

Signature: \_\_\_\_\_

**TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST**

**RECHARGE BASINS**

Quarterly Inspection  Storm Inspection       DATE: 12/16/07  
 INSPECTION BY: FAZIL RAHMAN

GRID I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>Recharge Basin No. 1</b>				
A3	A	4	Y(N) #	ACCESS ROAD.
			Y/N #	
			Y/N #	
			Y/N #	
<b>Recharge Basin No. 2</b>				
A5	A	4	Y(N) #	ACCESS ROAD.
			Y/N #	
			Y/N #	
			Y/N #	

PROBLEM CODE	
a	vegetation
b	sideslope erosion
c	sideslope failures
d	silt accumulation
e	overflow conditions
f	debris / clogging

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

**Directions:**  
 List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If both Recharge Basins are acceptable, check box and sign below.

Signature: \_\_\_\_\_

**TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST**

MONITORING WELLS

DATE: 12/11/07

Quarterly Inspection  Storm Inspection

INSPECTION BY: FAZIL RAHMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>Landfill Gas Monitoring Wells</b>				
13 & 14	C	SEE MEMO	Y(N) #	See well condition reports prepared by Town consultants. RE: TO ATTACHED MEMORANDUM DATED 11/16/07
7	C		Y(N) #	SIMILAR RECOMMENDATION AS CONTAINED FOR G.M. 13 & 14
			Y/N #	
			Y/N #	
<b>Groundwater Monitoring Wells</b>				
15 & 11D	A & C	SEE MEMO	Y(N) #	See well condition reports prepared by Town consultants. RE: ATTACHED MEMORANDUM DATED 11/16/07 ALSO TO DAB 2006, 4 <sup>TH</sup> QTR. & H2M 2007, 3 <sup>RD</sup> QTR. REPORT.
21 & 13S	A & C	4	Y(N) #	RE: TO DAB 2006, 4 <sup>TH</sup> QTR. WELL CONDITION REPORT.
35	A	4	Y(N) #	
45 & 11S	A	4	Y(N) #	RE: TO H2M WELL CONDITION REPORT

PROBLEM CODE
a damage
b vandalism
c settlement
d vector infestation
e NOT LABELED / NOT PROTECTED
f

PRIORITY CODE
1 Immediate
2 Correct within 1 week
3 Correct within 1 month
4 Correct within 3 months
5 Correct within 6 months
6 Correct within 1 year

**Directions:**  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Monitoring Wells are acceptable, check box and sign below.

Signature: \_\_\_\_\_

**TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST**

LANDFILL GAS COLLECTION SYSTEM

DATE: 12/10/07

Quarterly Inspection  Storm Inspection

INSPECTION BY: EZIL RAHMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>LFG Recovery Wells / Valve Vaults</b>				
13	M	1	YIN # 1	RE: TO PG. 14 FOR ADDITIONAL INFORMATION.
			YIN #	FIFTED INCHES OF WATER.
			YIN #	
			YIN #	
<b>LFG Collection Wells (GC1 - GC16)</b>				
1	N	4	YIN #	RE: TO PG. 14 FOR ADDITIONAL INFORMATION.
3 & 8	M	1	YIN # 4	RE - PAINT.
2	D	7	YIN # 1	#3 FIFTEEN INCHES, #8 FIVE INCHES OF WATER.
6	D	4	YIN # 1	HEADER PIPE OFF CENTER TO ACCESS COVER & HOSE TO PRE-CAST CLEARANCE BETWEEN PIPE HEADER PIPE ACCESS COVER.

PROBLEM CODE	
a	odor
b	damage
c	vandalism
d	settlement
e	vector infestation
f	no vacuum
g	broken valve
h	broken piping
i	exposed geosynthetics
j	damage / instability
k	soil erosion around
l	access restricted
M	ACCUMULATED WATER
N	I.D. FADED.

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year
7	BEING MONITORED

**Directions:**  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If entire site Landfill Gas Collection System is acceptable, check box and sign below.

Signature: \_\_\_\_\_

TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST

LANDFILL GAS COMPOUND

DATE: 12/19/07

Quarterly inspection  Storm Inspection

INSPECTION BY: FAZIL RAHAMAN

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
Blower Pad / Blower Nos. 104A and 104B				
104 B	K	4	Y(N) #	FROM FRONT OF BLOWER AFTER APPROX. 30 MIN. OF RUNTIME. PHOTO'S PREVIOUSLY TAKEN.
			Y/N #	
			Y/N #	
Flare				USED FOR VENTING ONLY.
			Y/N #	
			Y/N #	
Condensate Storage				
PIPE CONT. CHAMBER 2	F	1	Y(N) #	Liquid Volume = 1,509 gallons Alarms: Y/N Test System: OK / Not Successful STICK MEASURED 20" (SYSTEM NOT TESTED)
			Y/N #	

PROBLEM CODE	
a	odor
b	damage
c	vandalism
d	mechanical noise
e	no vacuum
f	alarms
g	broken valve
h	broken piping
i	broken belts
j	gauges
k	OIL LEAK
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

Directions:  
List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If entire Landfill Gas Compound is acceptable, check box and sign below.

Signature: \_\_\_\_\_



TOWN OF ISLIP  
SONIA ROAD LANDFILL  
POST CLOSURE MONITORING AND MAINTENANCE PLAN  
SITE INSPECTION CHECKLIST

SITE FACILITIES

DATE: 12/11/07 & 12/19/07

INSPECTION BY: FAZIL RAHAMAN

Quarterly Inspection  Storm Inspection

ITEM I.D.	PROBLEM CODE	PRIORITY CODE	PHOTO TAKEN	COMMENTS
<b>Electrical Panels and Control Panels</b>				
FLARE	d	4	Y(N) #	Lights tested: <input checked="" type="checkbox"/> Y/N BLOWER IONA SUR FUEL INDICATOR INLET 104 A & PILOT GAS INLET GAS HIGH TEMP. NOTE: FUSE USED FOR VENTILATED.
	e	—	Y(N) #	
CONDENSATE	c	1	Y(N) #	WATER ALARM PIPE CONT. CHAMBER #2.
<b>Gates / Locks / Signs</b>				
			Y/N #	
<b>Fencing (identify location by Grid I.D.))</b>				
EL&FI	I&J	SEE MEMO	DIN # 1	SEE ATTACHED PHOTO AND REPORT DATED 11/16/06.
			Y/N #	PG. TO ATTACHED PHOTO & PHOTO MANUSCRIPT TAKEN.
<b>Site Trailer</b>				
			Y/N #	

PROBLEM CODE	
a	damage
b	vandalism
c	alarms
d	missing locks
e	missing signs
f	hole in fence fabric
g	replace indicator lights
h	tripped / reset required
i	SLOPE MOVEMENT
j	FENCE MOVEMENT
k	
l	

PRIORITY CODE	
1	Immediate
2	Correct within 1 week
3	Correct within 1 month
4	Correct within 3 months
5	Correct within 6 months
6	Correct within 1 year

**Directions:**

List only items or areas of the site where problems or deficiencies are noted or where repairs or rehabilitation are required.

If all Site Facilities are acceptable, check box and sign below.

Signature: \_\_\_\_\_

TOWN OF ISLIP  
 SONIA ROAD LANDFILL  
 POST CLOSURE MONITORING AND MAINTENANCE PLAN  
 SITE INSPECTION CHECKLIST

COMMENTS \_\_\_\_\_ DATE: 12/11/07  
 Quarterly Inspection  Storm Inspection \_\_\_\_\_ INSPECTION BY: FAZIL RAHAMAN

ADDITIONAL COMMENTS AS REQUIRED
LFC-RECOVERY WELLS, #16, 17, 18 & 10 WILL BE INSPECTED NEXT QUARTER.
WELL #13 ACCUMULATES WATER RE: TO ATTACHED PHOTO.
LFC-COLLECTION WELLS, #9 THROUGH #16 WILL BE INSPECTED NEXT QUARTER.
WELL #3 ACCUMULATES WATER RE: TO ATTACHED MEMORANDUM DATED 11/6/06, PHOTO'S & PHOTO'S PREVIOUSLY TAKEN.
WELLS #2, 6, 7, 9, 11 & 12 BEING MONITORED, HEADER PIPE OFF CENTER IN RELATION TO ACCESS COVER & CLOSE TO PRE-CAST.
RE: TO ATTACHED PHOTO'S FOR WELL #2 & 6, PHOTO'S PREVIOUSLY TAKEN FOR WELLS #7, 9, 11 & 12.
WELLS #6, 14, 15 & 16 BEING MONITORED, HEADER PIPE CLOSE TO BOTH OF ACCESS COVER & PRE-CAST. RE: TO ATTACHED PHOTO FOR WELL #6, PHOTO'S PREVIOUSLY TAKEN FOR WELLS #14, 15 & 16.
NOTE: ATTACHED ARE 9 PHOTO'S, MEMORANDUM DATED 11/6/06, F.R.M. OCTOBER, NOVEMBER, DECEMBER 07, GAS MONITORING-RESULTS, HAM WELL CONDITION REPORT, & ATLANTIC AUTO CAR COUNT DATED 12/21/07.

Site inspection has been completed, check box and sign below.

Signature: \_\_\_\_\_











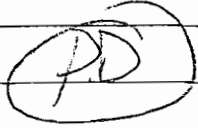
GAS VALVE-B  
12/1/07





## MEMORANDUM

TO: Christopher Andrade, President

FROM: Paul J. DiMaria, PE, Chief Engineer 

DATE: November 16, 2006

RE: Conditions at Sonia Road Landfill

The Post Closure Monitoring Inspection recently completed by Operations personnel revealed several conditions at Sonia Road Landfill and environs that require attention. On the morning of November 14<sup>th</sup> Fazil Rahaman and Francis D. Ribaldo, PE visited the site to inspect the areas of concern and later that same day Mr. Ribaldo and I visited the site for the same reason. Our observations and recommendations are listed below:

- Condition:** Groundwater monitoring wells MW11S and MW 11D wells ( located near the SCATT Property) are buried.

**Problem:** It is difficult or impossible to get to the well heads for sampling. It must be noted that SCATT has been cooperative in exposing the wells for sampling, but it's an ongoing problem.

**Perceived Cause:** The wells are located in the entrance way of SCATT Industries and their trucks are continually running through that area. Over the course of time rutting of the driveway occurs and SCATT adds fill to the ruts, thus burying the wells. It is not immediately clear as to whether the property on which the wells are located is owned by SCATT or the Town (it may be part of a Town road).

**Recommendations:** Engage the services of a surveyor (an on-call contract already exists) to research the location and determine ownership of the property on which the wells are located. If owned by SCATT, determine whether proper easements have been acquired. Once this information is obtained, have the wells properly raised to grade by the responsible party and instruct SCATT as to future actions.
- Condition:** There appears to be movement of soils on the slope along the north property line in the area between the two entrances used by Atlantic Automall. Slope movement is evident by observation of local settlement and cracking of the soil at the top of slope.

**Problem:** Movement of soil, if continued, can result in a gradual or immediate slope failure. If this happens soil will collapse onto the property below.

**Perceived Cause:** Saturation of the down slope soils due to storm water from the landfill.



**Recommendations:** Engage the services of a Consulting Engineer to determine the cause, evaluate the seriousness of the situation, and recommend and design the most cost effective solution. Then engage the services of a contractor to execute the design.

3. **Condition:** Well caps on Gas Monitoring Wells GM-13 and GM-14 appear to have slid and settled.  
**Problem:** The well caps are bearing, both laterally and vertically, on the wells and may cause a break in the well casings.  
**Perceived Cause:** Settlement of the waste mass in the area of the wells. This type of settlement is typical of landfills and was expected. Similar problems were noted and corrected (by a contractor) on other wells.  
**Recommendations:** Engage the services of a contractor to reset the well caps.
4. **Condition:** The well head on Gas Collection Well GC-13 is set under the concrete slab of the access chamber, unlike on the other wells where it is located under the access chamber cover.  
**Problem:** If the access chamber settles it will damage the well head.  
**Perceived Cause:** Closer inspection reveals that the well was most likely installed the way it is now and that there is no immediate evidence of movement or settlement of the access chamber.  
**Recommendations:** Although there may not be settlement occurring, the access chamber on GC-13 should be monitored for settlement as a precaution.
5. **Condition:** The access chamber on Gas Collection Well GC-3 has settled and is collecting water (2 separate problems, which may be related). The well head was recently shortened by sawing off part of the top.  
**Problem:** Settlement of the access chamber can damage the well head. Additionally, the storm water collecting in the access chamber may be being drawn into the gas collection system (which is under vacuum) and could be a source of excess condensate.  
**Perceived Cause:** Settlement of the waste mass in the area of the wells. This type of settlement is typical of landfills and was expected  
**Recommendations:** Engage the services of a contractor to reset the access chambers.

cc: A. Sanchez  
J. Cosci  
F. Rahaman ✓  
FDR

# **GAS MIGRATION MONITORING**



# **FPM** group \_\_\_\_\_ Engineering and Environmental Science

FPM Group, Ltd.  
FPM Engineering Group, P.C.  
*formerly Fanning, Phillips and Mohr*

**CORPORATE HEADQUARTERS**  
909 Marconi Avenue  
Rochester, NY 11779  
631/737-6200  
Fax 631/737-2410

October 30, 2007

Mr. Alan R. Sanchez  
Vice President of Operations  
Islip Resource Recovery Agency  
401 Main Street  
Islip, New York 11751

Re: **Sonia Road Landfill**  
**October 2007 Landfill Gas Monitoring Results**  
**FPM File No. 631-04-06**

Dear Mr. Sanchez:

On October 25, 2007, FPM Group (FPM) performed landfill gas monitoring at the above-referenced site. Monitoring was performed with a Landtec GA-90 Gas Analyzer, model GA1/1.

Oxygen (O<sub>2</sub>) gas and methane (CH<sub>4</sub>) gas were zeroed according to the manufacturer's specifications. The gas analyzer was calibrated with 15 percent (%) CH<sub>4</sub> and 15% carbon dioxide (CO<sub>2</sub>) with the balance nitrogen (N<sub>2</sub>) gas, and 4% O<sub>2</sub> with the balance N<sub>2</sub> gas according to the manufacturer's recommendation prior to sampling.

The landfill gas monitoring results are provided in Table 1. The next landfill gas monitoring event is tentatively scheduled for November 13, 2007. Thomas Dudo will be notified several days in advance of the sampling event. Prior to the next monitoring event, it is requested that all wells be cleared of overgrown vegetation.

Should you have any questions, please do not hesitate to call me at (631) 737-6200, ext. 229.

Sincerely,



Jessica K. Bluth  
Hydrogeologist

JKB:tac  
Attachment

cc: Thomas Dudo (via fax)  
Fazil Rahaman (via fax)

\\fs1\apps\RRM\resources\env\10-30-07\631-04-06-21.doc

**TABLE 1  
LANDFILL GAS MONITORING RESULTS  
SONIA ROAD LANDFILL  
ISLIP, NEW YORK**

**Gas Monitoring Wells**

Location ID	Well Condition	Time & Date	CH <sub>4</sub>	CO <sub>2</sub>	O <sub>2</sub>	Atmospheric Pressure	Relative Pressure
SONIBLOW**	OK	10/25/2007 10:29	0.7	1.5	19.1	30.2	-37.30
GM-01	OK	10/25/2007 10:32	0.0	2.4	18.3	30.2	0.00
GM-02	OK	10/25/2007 10:39	0.0	1.5	19.4	30.2	0.00
GM-03	OK	10/25/2007 10:43	0.0	0.1	20.4	30.2	0.00
GM-04	OK	10/25/2007 12:06	0.0	0.2	20.1	30.3	0.00
GM-05	OK	10/25/2007 10:51	0.0	0.3	20.2	30.2	-0.40
GM-06	OK	10/25/2007 10:56	0.0	0.3	20.0	30.2	-0.10
GM-07	*	10/25/2007 11:02	0.0	0.3	20.0	30.2	-0.20
GM-08	OK	10/25/2007 11:10	0.0	1.1	19.4	30.2	-0.10
GM-09	OK	10/25/2007 11:16	0.0	2.4	17.8	30.2	-0.10
GM-10	OK	10/25/2007 11:20	0.0	0.1	20.2	30.2	0.00
GM-11	OK	10/25/2007 11:25	0.0	1.0	19.5	30.2	0.00
GM-12	OK	10/25/2007 11:31	0.0	0.1	20.2	30.2	0.00
GM-13	*	10/25/2007 11:37	0.0	0.3	20.0	30.2	0.00
GM-14	*	10/25/2007 11:42	0.0	1.1	19.4	30.2	-0.10
GM-15	OK	10/25/2007 11:49	0.0	1.2	19.3	30.2	-0.70
GM-16	OK	10/25/2007 11:55	0.0	0.8	19.7	30.3	-0.10
GM-17	OK	10/25/2007 11:59	0.0	0.2	20.1	30.3	-0.10

**Notes:**

CH<sub>4</sub>, CO<sub>2</sub>, and O<sub>2</sub> are reported in percent gas.

Relative well head pressure is reported in inches of water.

Atmospheric pressure is reported in inches of mercury.

Recovery System Status - On

Weather - Overcast, light drizzle, 58°F

\*\* Variable landfill gas reading

\*GM-07 - Exterior casing is obstructed by well and will not close

\*GM-13 - Exterior casing is obstructed by well and will not close

\*GM-14 - Exterior casing is obstructed by well and will not close

**FPM**

# FPM group \_\_\_\_\_ Engineering and Environmental Science

FPM Group, Ltd.  
FPM Engineering Group, P.C.  
formerly Fanning, Phillips and Molnar

CORPORATE HEADQUARTERS  
909 Marconi Avenue  
Ronkonkoma, NY 11779  
831/737-6200  
Fax 831/737-2410

November 30, 2007

Mr. Alan R. Sanchez  
Vice President of Operations  
Islip Resource Recovery Agency  
401 Main Street  
Islip, New York 11751

Re: **Sonia Road Landfill**  
**November 2007 Landfill Gas Monitoring Results**  
**FPM File No. 631-04-06**

Dear Mr. Sanchez:


On November 27, 2007, FPM Group (FPM) performed landfill gas monitoring at the above-referenced site. Monitoring was performed with a Landtec GA-90 Gas Analyzer, model GA1/1.

Oxygen (O<sub>2</sub>) gas and methane (CH<sub>4</sub>) gas were zeroed according to the manufacturer's specifications. The gas analyzer was calibrated with 15 percent (%) CH<sub>4</sub> and 15% carbon dioxide (CO<sub>2</sub>) with the balance nitrogen (N<sub>2</sub>) gas, and 4% O<sub>2</sub> with the balance N<sub>2</sub> gas according to the manufacturer's recommendation prior to sampling.

The landfill gas monitoring results are provided in Table 1. The next landfill gas monitoring event is tentatively scheduled for December 17, 2007. Thomas Dudo will be notified several days in advance of the sampling event.

Should you have any questions, please do not hesitate to call me at (631) 737-6200, ext. 229.

Sincerely,



Jessica K. Bluth  
Hydrogeologist

JKB:tac  
Attachment

cc: Thomas Dudo (via fax)  
Fazil Rahaman (via fax)

\\JAL\apps\bluth\RR\RR\apps\bluth\631-04-06\631-04-06-30.doc

**TABLE 1**  
**LANDFILL GAS MONITORING RESULTS**  
**SONIA ROAD LANDFILL**  
**ISLIP, NEW YORK**

**Gas Monitoring Wells**

Location ID	Well Condition	Time & Date	CH <sub>4</sub>	CO <sub>2</sub>	O <sub>2</sub>	Atmospheric Pressure	Relative Pressure
SONIBLOW	OK	11/27/2007 11:41	0.0	0.1	20.5	29.9	-38.30
GM-01	OK	11/27/2007 11:43	0.0	1.7	18.8	29.9	0.00
GM-02	OK	11/27/2007 11:52	0.0	1.4	19.2	29.9	-0.10
GM-03	OK	11/27/2007 11:57	0.0	0.1	20.4	29.9	-0.10
GM-04	OK	11/27/2007 13:22	0.0	0.2	20.2	29.9	0.00
GM-05	OK	11/27/2007 12:02	0.0	0.9	19.8	29.9	-0.40
GM-06	OK	11/27/2007 12:07	0.0	0.3	19.8	29.9	-0.20
GM-07	*	11/27/2007 12:13	0.0	0.4	19.8	29.9	-0.20
GM-08	OK	11/27/2007 12:21	0.0	1.4	18.9	29.9	-0.10
GM-09	OK	11/27/2007 12:27	0.0	3.6	15.9	29.9	-0.10
GM-10	OK	11/27/2007 12:33	0.0	0.1	20.2	29.9	0.00
GM-11	OK	11/27/2007 12:39	0.0	0.8	19.7	29.9	0.00
GM-12	OK	11/27/2007 12:45	0.0	0.1	20.2	29.9	0.00
GM-13	*	11/27/2007 12:51	0.0	0.6	19.9	29.9	0.00
GM-14	*	11/27/2007 13:02	0.0	1.6	18.7	29.9	-1.00
GM-15	OK	11/27/2007 13:06	0.0	0.1	20.2	29.9	0.10
GM-16	OK	11/27/2007 13:10	0.0	1.1	19.1	29.9	-0.10
GM-17	OK	11/27/2007 13:16	0.0	0.2	20.2	29.9	-0.10

**Notes:**

CH<sub>4</sub>, CO<sub>2</sub>, and O<sub>2</sub> are reported in percent gas.

Relative well head pressure is reported in inches of water.

Atmospheric pressure is reported in inches of mercury.

Recovery System Status - On

Weather - Overcast, 43°F

\*GM-07 - Exterior casing is obstructed by well and will not close

\*GM-13 - Exterior casing is obstructed by well and will not close

\*GM-14 - Exterior casing is obstructed by well and will not close

**FPM**

# FPM group --- Engineering and Environmental Science

FPM Group, Ltd.  
FPM Engineering Group, P.C.  
*formerly Fanning, Phillips and Molnar*

**CORPORATE HEADQUARTERS**  
909 Marconi Avenue  
Ronkonkoma, NY 11779  
631/737-6200  
Fax 631/737-2410

December 28, 2007

Mr. Alan R. Sanchez  
Vice President of Operations  
Islip Resource Recovery Agency  
401 Main Street  
Islip, New York 11751

Re: **Sonia Road Landfill**  
**December 2007 Landfill Gas Monitoring Results**  
**FPM File No. 631-04-06**

Dear Mr. Sanchez:

On December 26, 2007, FPM Group (FPM) performed landfill gas monitoring at the above-referenced site. Monitoring was performed with a Landtec GA-90 Gas Analyzer, model GA1/1.

Oxygen (O<sub>2</sub>) gas and methane (CH<sub>4</sub>) gas were zeroed according to the manufacturer's specifications. The gas analyzer was calibrated with 15 percent (%) CH<sub>4</sub> and 15% carbon dioxide (CO<sub>2</sub>) with the balance nitrogen (N<sub>2</sub>) gas, and 4% O<sub>2</sub> with the balance N<sub>2</sub> gas according to the manufacturer's recommendation prior to sampling.

The landfill gas monitoring results are provided in Table 1. The next landfill gas monitoring event is tentatively scheduled for January 14, 2008. Thomas Dudo will be notified several days in advance of the sampling event.

Should you have any questions, please do not hesitate to call me at (631) 737-6200, ext. 229.

Sincerely,



Jessica K. Bluth  
Hydrogeologist

JKB:tac  
Attachment

cc: Thomas Dudo (via fax)  
Fazil Rahaman (via fax)

V:\Marketing\REPLY\2007\631-04-06-12-28-07\631-04-06-12-28-07.doc

**TABLE 1**  
**LANDFILL GAS MONITORING RESULTS**  
**SONIA ROAD LANDFILL**  
**ISLIP, NEW YORK**

**Gas Monitoring Wells**

Location ID	Well Condition	Time & Date	CH <sub>4</sub>	CO <sub>2</sub>	O <sub>2</sub>	Atmospheric Pressure	Relative Pressure
SONIBLOW	OK	12/26/2007 12:37	0.0	0.1	20.6	30.2	-40.70
GM-01	OK	12/26/2007 12:40	0.0	1.1	19.6	30.2	0.00
GM-02	OK	12/26/2007 12:45	0.0	1.7	19.1	30.2	-0.10
GM-03	OK	12/26/2007 12:52	0.0	0.1	20.6	30.2	0.00
GM-04	OK	12/26/2007 14:09	0.0	0.1	20.3	30.2	0.00
GM-05	OK	12/26/2007 13:01	0.0	0.5	20.3	30.2	-0.30
GM-06	OK	12/26/2007 13:05	0.0	0.2	20.4	30.1	-0.10
GM-07	*	12/26/2007 13:09	0.0	0.3	20.4	30.2	-0.20
GM-08	OK	12/26/2007 13:14	0.0	0.8	20.0	30.2	-0.10
GM-09	OK	12/26/2007 13:19	0.0	2.0	18.5	30.2	-0.10
GM-10	OK	12/26/2007 13:23	0.0	0.1	20.4	30.2	0.00
GM-11	OK	12/26/2007 13:28	0.0	1.2	19.3	30.2	0.00
GM-12	OK	12/26/2007 13:34	0.0	0.1	20.4	30.2	0.00
GM-13	*	12/26/2007 13:38	0.0	0.3	20.2	30.2	0.00
GM-14	*	12/26/2007 13:48	0.0	0.9	19.6	30.2	-0.40
GM-15	OK	12/26/2007 13:52	0.0	0.1	20.3	30.2	-0.20
GM-16	OK	12/26/2007 13:58	0.0	1.2	19.5	30.1	-0.10
GM-17	OK	12/26/2007 14:01	0.0	0.2	20.3	30.1	0.00

**Notes:**

CH<sub>4</sub>, CO<sub>2</sub>, and O<sub>2</sub> are reported in percent gas.

Relative well head pressure is reported in inches of water.

Atmospheric pressure is reported in inches of mercury.

Recovery System Status - On

Weather - Overcast, 40°F

\* - Exterior casing is obstructed by well and will not close.

**FPM**

## **GROUNDWATER WELL CONDITION**

**Holzmacher, McLendon & Murrell, P.C. ▸ H2M Labs, Inc.  
H2M Associates, Inc. ▸ H2M Architects & Engineers, Inc.**

175 Pinelawn Road, Suite 308, Melville, New York 11747  
631.756.8000, Fax: 631.454.8432

[www.h2m.com](http://www.h2m.com)

November 20, 2007

Francis D. Ribaldo, P.E.  
Associate Engineer  
Islip Resource Recovery Agency  
401 Main Street  
Islip, New York 11751

Re: Well Condition Report  
Fourth Quarter 2007  
Sonia Road Landfill  
H2M No. ISLP0701

Dear Mr. Ribaldo:

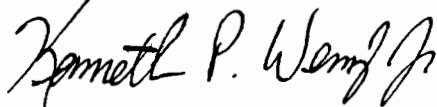
The purpose of this letter is to provide the Fourth Quarter 2007 well inspection summary report for the 35 monitoring wells at the Sonia Road Landfill. The completed well inspection checklists are enclosed.

The well inspection did not reveal any significant damage, security issues or other concerns related to the sampled monitoring wells that would require corrective action, except at three wells. As we discussed, the vault cover for MW-03S can no longer be properly closed. In addition, as shown in Table 1, MW-04S was not clearly labeled and MW-11S was not labeled and not protected, due to its location at the end of South Fourth Street.

If you have any questions or require any additional information, please call me at (631) 756-8000, extension 1606.

Very truly yours,

**HOLZMACHER, McLENDON & MURRELL, P.C.**



Kenneth P. Wenz, Jr., CPG  
Senior Project Manager

Enclosures

X:\ISLP (Town of Islip) - 10560\ISLP0701 (Sonia Rd Landfill)\01-DRAFT REPORT\Draft Report\4 Qtr 2007\wellcond4Q2007.doc



**Table 1**  
**WELL INSPECTION SUMMARY – THIRD QUARTER 2007**  
**SONIA ROAD LANDFILL**

Well	Surface Seal	Cover/Standpipe	Lock Intact?	Casing Alignment	Survey Point	Well Labeled?	Well Protected?
MW-01S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-01I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-01D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-02I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-02D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-03S	Intact	<b>Not Intact</b>	Yes	Straight	Marked	Yes	Yes
MW-03I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-03D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-04S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-04I	Intact	Intact	Yes	Straight	Marked	<b>No</b>	Yes
MW-04D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-05S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-05I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-05D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-06S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-06I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-06D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-07S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-07I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-07D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-10S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-10I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-10D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-11S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-11I	Intact	Intact	Yes	Straight	Marked	<b>No</b>	<b>No</b>
MW-11D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-12S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-12I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-12D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-13S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-13I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-13D	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-14S	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-14I	Intact	Intact	Yes	Straight	Marked	Yes	Yes
MW-14D	Intact	Intact	Yes	Straight	Marked	Yes	Yes

## Monitoring Well Inspection Checklist

Well No.   MW-1S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
Cracked	<u>    </u>	<u>    </u>	<u>                    </u>
Missing	<u>    </u>	<u>    </u>	<u>                    </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>    </u>	<u>  X  </u>	<u>                    </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
Standpipe Intact	<u>    </u>	<u>    </u>	<u>                    </u>
Lock Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-11  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-1D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:** High brush surrounding well

**Inspector:** EVT

**Date of Inspection:** 11/08/07

## Monitoring Well Inspection Checklist

Well No.   MW-2I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**  
Cover will not close.

**Inspector:** EVT  
**Date of Inspection:** 11/08/07

## Monitoring Well Inspection Checklist

Well No.   MW-2D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-3S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>      </u>	<u>  X  </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**  
**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-3I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

Inspector: EVT  
 Date of Inspection: 11/08/07



## Monitoring Well Inspection Checklist

Well No.   MW-3D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-4S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
Cracked	<u>    </u>	<u>    </u>	<u>                    </u>
Missing	<u>    </u>	<u>    </u>	<u>                    </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>    </u>	<u>  X  </u>	<u>                    </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
Standpipe Intact	<u>    </u>	<u>    </u>	<u>                    </u>
Lock Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>6. Well Clearly Labeled</b>			
	<u>    </u>	<u>  X  </u>	<u>                    </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>

**Comments:** Well is located approximately 50' from designated location on site map

**Inspector:** EVT

**Date of Inspection:** 11/08/07

## Monitoring Well Inspection Checklist

Well No.   MW-4I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-4D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-5S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-5I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-5D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-6S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**



## Monitoring Well Inspection Checklist

Well No.   MW-6I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>X</u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>X</u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>X</u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>X</u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>X</u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>X</u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>X</u>	_____	_____
<b>7. Well is Protected</b>			
	<u>X</u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**



## Monitoring Well Inspection Checklist

Well No.   MW-7S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**  
**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-7I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**



## Monitoring Well Inspection Checklist

Well No.   MW-10S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-10I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>			
	_____	<u>  X  </u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>  X  </u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	_____	_____
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	_____	_____
<b>7. Well is Protected</b>			
	<u>  X  </u>	_____	_____

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**







## Monitoring Well Inspection Checklist

Well No.   MW-111  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-11D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**



### Monitoring Well Inspection Checklist

Well No. MW-12I

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>X</u>	_____	_____
Cracked	_____	_____	_____
Missing	_____	_____	_____
<b>2. Ponding of Water Around Concrete Seal</b>	_____	<u>X</u>	_____
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>X</u>	_____	_____
Standpipe Intact	_____	_____	_____
Lock Intact	<u>X</u>	_____	_____
<b>4. Well Casing Alignment (Straight)</b>	<u>X</u>	_____	_____
<b>5. Survey Measuring Point Clearly Marked</b>	<u>X</u>	_____	_____
<b>6. Well Clearly Labeled</b>	<u>X</u>	_____	_____
<b>7. Well is Protected</b>	<u>X</u>	_____	_____

Comments:

Inspector: EVT

Date of Inspection: 11/08/07

## Monitoring Well Inspection Checklist

Well No.   MW-12D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector:** EVT

**Date of Inspection:** 11/08/07

## Monitoring Well Inspection Checklist

Well No.   MW-13S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**  
**Date of Inspection: 11/08/07**

## Monitoring Well Inspection Checklist

Well No.   MW-13I  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>          </u>
Cracked	<u>      </u>	<u>      </u>	<u>          </u>
Missing	<u>      </u>	<u>      </u>	<u>          </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>          </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>          </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>          </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>          </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>          </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>          </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>          </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>          </u>

**Comments:**

**Inspector: EVT**  
**Date of Inspection: 11/08/07**



## Monitoring Well Inspection Checklist

Well No.   MW-13D  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

Comments:

Inspector: EVT

Date of Inspection: 11/08/07

## Monitoring Well Inspection Checklist

Well No.   MW-14S  

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Cracked	<u>      </u>	<u>      </u>	<u>      </u>
Missing	<u>      </u>	<u>      </u>	<u>      </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>      </u>	<u>  X  </u>	<u>      </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
Standpipe Intact	<u>      </u>	<u>      </u>	<u>      </u>
Lock Intact	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>      </u>	<u>      </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**



## Monitoring Well Inspection Checklist

Well No.     MW-14D    

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b>1. Surface Concrete Seal</b>			
Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
Cracked	<u>    </u>	<u>    </u>	<u>                    </u>
Missing	<u>    </u>	<u>    </u>	<u>                    </u>
<b>2. Ponding of Water Around Concrete Seal</b>			
	<u>    </u>	<u>  X  </u>	<u>                    </u>
<b>3. Protective Flush Mounted Cover/Standpipe and Lock</b>			
Cover Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
Standpipe Intact	<u>    </u>	<u>    </u>	<u>                    </u>
Lock Intact	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>4. Well Casing Alignment (Straight)</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>5. Survey Measuring Point Clearly Marked</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>6. Well Clearly Labeled</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>
<b>7. Well is Protected</b>			
	<u>  X  </u>	<u>    </u>	<u>                    </u>

**Comments:**

**Inspector: EVT**

**Date of Inspection: 11/08/07**

## **APPENDIX A**

# CAR COUNT 12/21/07

Hill / Lexus PDI

<u>Dealership</u>	<u>Car Count</u>
<b>Atlantic Nissan</b>	<b>496</b>
<b>Atlantic Kia</b>	<b>87</b>
<b>Atlantic Hyundai</b>	<b>356</b>
<b>Atlantic Honda</b>	<b>295</b>
<b>Atlantic Toyota</b>	<b>186</b>
<b>Alantic Chevy</b>	<b>3</b>
<b>Atlantic Caddy</b>	<b>29</b>
<b>Atlantic Audi</b>	<b>92</b>
<b>Millennium Honda</b>	<b>66</b>
<b>Millennium Hyundai</b>	<b>106</b>
<b>Advantage Toyota</b>	<b>24</b>
<b>Advantage Nissan</b>	<b>136</b>
<b>Lexus Massapequa</b>	<b>118</b>
<b>Lexus RVC</b>	<b>119</b>
<b>Total Hill:</b>	<b>1876</b>
<b>Total Lexus PDI:</b>	<b>237</b>
<b>Total Count:</b>	<b>2113</b>

Attn: Faz