Project: Sp	ectrum Finishing - Remedia	l Action					CDM			
	viroTrac Environmental Ser			-	100 Cr	neewaye	Park Wes			
	006956 Site No. 1-52-029	VICES		•		-	, NY 11797			
				-						
CDM Project Manager: Joi	nn Blaum			-	i elep		6.496.8400			
	DAILY RI	<u>EPORT</u>				Fax: 51	6.496.8864			
Day: S	M T W TH F S	WEATHER	Clear	Partly Cloudy	Overcast	Rain	Snow Flurries			
Date:	20-Mar-09	TEMP L/H		34/41						
REPORT No.	104	HUMIDITY	Dry	Moderate	High					
PAGE No.	1	WIND	Calm	Light	Moderate	High				
17(02 110.	<u>'</u>	WIND	N	E	S	W				
PREPARED BY: <u>F.R</u>	obinsor TITLE: Inspector	WIND DIR	NE	SE	SW	NW				
AVERAGE FIELD FOR	CE									
Name of Contractor	Title	Hours Wor	ked		Remark	s				
EnviroTrac	Construction Manager	2x8 hrs		J. Szymanski', M.Rose						
AARCO	Operator	2x8 hrs			C.Blumberg, B					
Preferred Environmental Services	Technician	1x8 hrs		D.Kahn						
EnviroTrac	Operator	2x8 hrs		B.Byrnes, B.Gimbel						
EnviroTrac	Technician	2x8 hrs			R.Maletta, K.D	Davies				
20" Storage Container - W Case CX130 Excavator - W Case 621D Front End Loader - W Daewoo 450 skidder - W	ITE I = Idle	W = Working								
2 Conveyor belt units - W										
Case 590 backhoe - W										
HEALTH AND SAFETY										
Name	Time (From - To)				vel of PPE					
			All	workers onsite	were in level D-PF	,E				
CONSTRUCTION ACTI	VITIES									
Site Representative: Frank	Robinson - CDM									
Health and Safety Site Office	cer: N/A									
	DESCRIPTION OF V	VORK PERFOR	RMED A	ND OBSER	VED					
1-Tailgate H&S meeting performed		,	woote	acil Manitarin	ag atanpad dua ta d	an out flurrit	2-Air			
monitoring for dust and VOC's (2 s	•	-	วนอ พิสธิโต	SOII. IVIOITILOTII	ig stopped due to s	SHOW HUITE	zo.			
3-EnviroTrac finished backfilling ar		-					_			
4-AARCO continues to backfill and the utility pole west to the west edge		using the conveyo	or belts to	move the mat	erial. They almost	finished th	e area from			
5-8 truck loads of hazardous waste	e soil were transported to the	e disposal facility, (Clean Ear	th by ETGI Tru	ucking.					
6-The drums of soil cuttings from t and purge water were dumped into			th the ba	ckfill material.	The drums of senti	inel well de 7-Tim Be	•			

CDM Site Representative: F. Robinson

Town of Babylon chief building inspector was on site for the final demolition inspection. There were no problems with the inspection.

x - Designates report is continued on additional pages

Project Manager: John Blaum

PHOTOGRAPHIC LOG

Date: 03/20/09

CDM Job No. D-006956

Spectrum Finishing Remedial Action

SITE No. 1-52-029

РНОТО	DATE	TIME	DESCRIPTION
100_00138.jpg	3/20/2009	AM	1st day of spring in Babylon, NY!
100_00139.jpg	3/20/2009	AM	Backfilling and compacting south alleyway
100_00140.jpg	3/20/2009	AM	Backfilling and compacting west alleyway west of utility pole
100_00141.jpg	3/20/2009	AM	Finished backfilling and compacting the south alleyway
100_00142.jpg	3/20/2009	PM	End of day for backfilling and compaction of west alleyway west of utility

PHOTOS 3/20/09



100_00138.jpg - 1st day of spring in Babylon, NY!



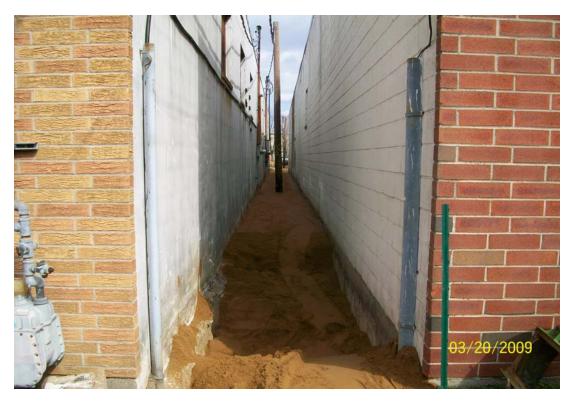
100_00139.jpg - Backfilling and compacting south alleyway.



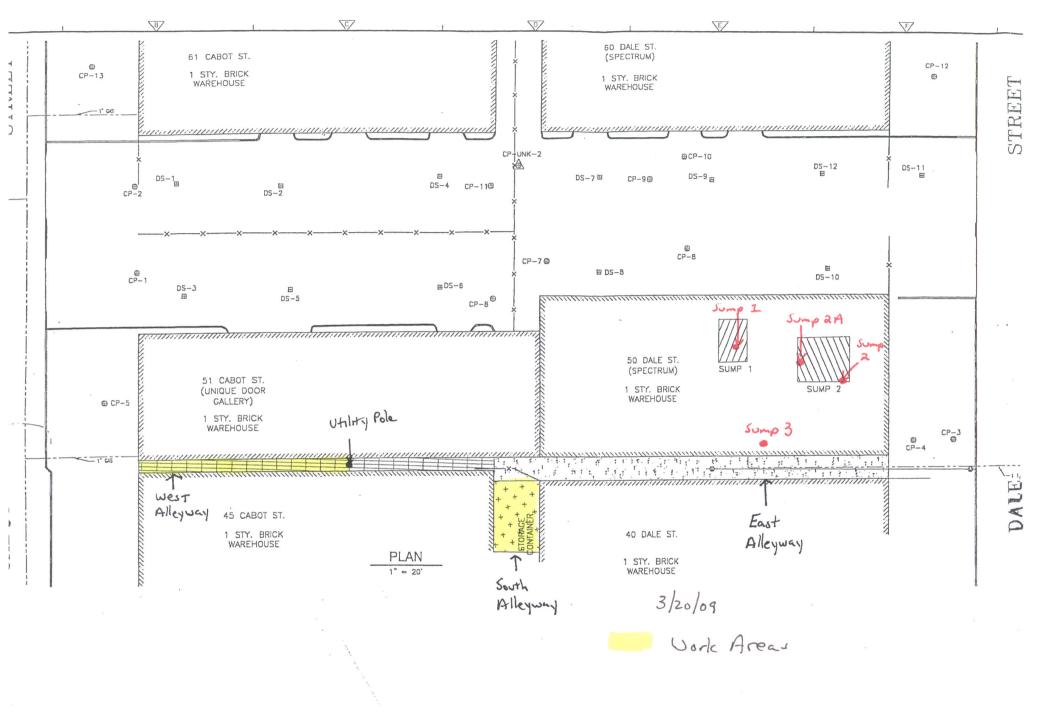
100_00140.jpg - Backfilling and compacting west alleyway west of utility pole.



100 0041.jpg - Finished backfilling and compacting the south alleyway



100_0042.jpg - End of day for backfilling and compacting west alleyway west of utility pole.



Plea	Please print or type. (Form designed for use on elite (12-pitch) typewriter.)												
A	UNIFORM HAZARDOUS	Generator ID Number	3. Emerg	gency Response	Phone	4. Manifest	Tracking No	ımber	-				
Ш	WASTE MANIFEST	NYDBUYYH	66910	1	631	-586-5	900	00	117	422	5 J.	JK	
Ш	5. Generator's Name and Maili			I		r's Site Address (0 1000 0000			
Ш	NYSDEL				po	YSDEC			/				
Ш	GRE Brundmer	1/1210 Floor				male >	W pet						
Ш	Albery, NY	12235			W	W Baby	low A	4 11704					
Ш	Generator's Phone:	1-402-9623					*		*				
Ш	6. Transporter 1 Company Nar	me						U.S. EPA ID I	Number				
Ш	Cornormata	1 WARSPURE GAL	JUP TNG.					NJ 0000 692067					
Ш	7. Transporter 2 Company Nar							U.S. EPA ID I	Number				
Ш	,												
Ш	8. Designated Facility Name a							U.S. EPA ID I	Number				
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Ш	115 Janubrs							. 1-17 %	001	23	-		
Ш	Sadh Krantu	, NJ OTHIR						NJI	7771	29110	3		
Ш	Facility's Phone: 773	344 4004											
Ш		tion (including Proper Shipping Name,	Hazard Class, ID Number,			10. Contain	ers	11. Total	12. Unit	40.1	M4- O-4-		
Ш	HM and Packing Group (if	• * * * * * * * * * * * * * * * * * * *				No.	Туре	Quantity	Wt./Vol.	13.	Waste Code	S	
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Ш	15. GENERATOR'S/OFFER	OR'S CERTIFICATION: I hereby decl	are that the contents of this	consignment	are fully ar	nd accurately des	cribed above	by the proper sh	nipping name	, and are clas	sified, packa	aged,	
Ш	marked and labeled/placa	arded, and are in all respects in proper	condition for transport acc	ording to appli	icable inter	national and natio	nal governme	ental regulations	. If export sh	ipment and I	am the Prima	ary	
Ш	L certify that the waste mi	contents of this consignment conform nimization statement identified in 40 C	to the terms of the attache	ed EPA ACKNOW	viedgment	of Consent.	l guantity gon	orator) is true					
Ш	Generator's/Offeror's Printed/T		i i v zoz.z/ (a) (ii r aiii a iaig		nature	(b) (II I alli a sirial	quantity gen	erator) is true.		Mor	ith Day	Year	
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11	18. Discrepancy												
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ш					Ma	nifest Reference	Number:						
	18b. Alternate Facility (or Gene	erator)						U.S. EPA ID I	Number				
FACILITY													
AS	Facility's Phone:							Ī					
0	Facility's Phone: 18c. Signature of Alternate Fac	rility (or Generator)								Liv-	nth D	. Vr	
世	100. Oignature of Alternate Fac	mity (Of Generator)								Mo	nth Day	Year	
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DESIGNATED	19. Hazardous Waste Report N	Management Method Codes (i.e., code	s for hazardous waste trea	tment, disposa	al, and recy	cling systems)							
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1													
	20. Designated Facility Owner	or Operator: Certification of receipt of	hazardous materials covere	ed by the mani	ifest excen	t as noted in Item	18a						
	Printed/Typed Name	,	The second secon		gnature					Mo	nth Day	Year	
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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)										050-0039			
A	UNIFORM HAZARDOUS	Generator ID Number	2. Page 1 of	3. Emergency Respo	nse Phone	4. Manifest Tracking Number							
Ш	WASTE MANIFEST	NYDA044466910	1 /	631-586-	5 7012	> 001174228 JJK							
Ш	5. Generator's Name and Mailir	ng Address		Generator's Site Addre				T Seep Bern		-			
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Ш	122 Samilar	112116120		Su pale si									
Ш	ALBERT ANT LA	7333											
Ш	Generator's Phone:	402-9625		Wat is by	lun My	11704							
Ш	6. Transporter 1 Company Nam	ie		-		U.S. EPA ID							
Ш						N30000612061							
Ш	E plant Hartal	Transport Grand INC.				NOO	0000	1206	L				
Ш	7. Transporter 2 Company Nam	ie .				U.S. EPA ID Number							
Ш						1							
Ш	8. Designated Facility Name an	d Site Address				U.S. EPA ID	Number						
Ш	Man Entho	FARUCH BUTTY INC.				O.O. LI MID	radifibol						
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Ш	south Kenney,	NJ 07032			N30991291105								
Ш	Facility's Phone: 179	3014 4004				1							
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Ш	marked and labeled/placa	irded, and are in all respects in proper condition for transp	port according to appli	cable international and	national governm	ental regulations. If export shipment and I am the Primary							
Ш	Exporter, I certify that the	contents of this consignment conform to the terms of the	attached EPA Acknow	ledgment of Consent.									
Ш		nimization statement identified in 40 CFR 262.27(a) (if I are			small quantity ger	nerator) is true.							
Ш	Generator's/Offeror's Printed/Ty	/ped Name	Sig	nature	Acres 1			Mor	,	Year			
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世	100. Signature of Alternate Fact	inty (or Generator)						Mo	nth Day	Year			
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DESIGNATED FACILITY	19. Hazardous Waste Report M	lanagement Method Codes (i.e., codes for hazardous was	ste treatment, disposa	al, and recycling system	is)					1			
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H													
Ш	20. Designated Facility Owner	or Operator: Certification of receipt of hazardous materials	s covered by the man	ifest except as noted in	Item 18a								
\prod	Printed/Typed Name		Siç	gnature				Mo	nth Day	Year			
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Transporter 2 Printed/Typed Name Signature Month Day Year 18. Discrepancy 18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection Manifest Reference Number: U.S. EPA ID Number Facility's Phone:	FIE	ise prii	int or type. (Form designed for use on elite (12-pitch) typewriter.)							Approved. C	MB No. 20	150-0039				
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Ш	14. Special Handling Instructions and	d Additional Information										
Ш	l special riang moducions and	a / addonal illiornidion										
Ш												
Ш												
Ш												
Ш	15. GENERATOR'S/OFFEROR'S (CERTIFICATION: I hereby declare to and are in all respects in proper con	hat the contents of this consig	nment are fully and	d accurately de	scribed above	by the proper sh	nipping name	and are class	ified, packag	ged,	
Ш	Exporter, I certify that the conte	ents of this consignment conform to the	ne terms of the attached EPA	Acknowledgment o	auonarand nat f Consent.	ionai governiri	ientai regulations	. If export sni	oment and I a	n the Primar	ry	
Ш	I certify that the waste minimiza	ation statement identified in 40 CFR 2	262.27(a) (if I am a large quan	tity generator) or (b) (if I am a sma	all quantity ge	nerator) is true.					
Ш	Generator's/Offeror's Printed/Typed N	Name		Signature	7	1 1		1	Mont	,	Year	
\	Frank K			- J					1 3	20	109	
7	16. International Shipments	Import to U.S.		45110	D-4-6	4						
INT'L	Transporter signature (for exports on		L Expoi	t from U.S.	Port of en Date leavi							
_	17. Transporter Acknowledgment of R				Date leavi							
TRANSPORTER	Transporter 1 Printed/Typed Name			Signature					Month	n Day	Year	
Ö	1.		WJ ALSSON) I		- marga		85	1 2	120	1,50	
NSI	Transporter 2 Printed/Typed Name	of the contract of the contrac	AAT HIS SOM	Signature	a Hyperocentral of	fre the	2 sold		Mont		Voor	
RA	, and a specific and a specific and			Jointalaile	11				Mont	h Day	Year	
-	10 D:				(mark	4				\bot		
↑	18. Discrepancy											
Ш	18a. Discrepancy Indication Space	Quantity	Туре		Residue		Partial Re	iection		Full Rejec	ction	
Ш										,		
				Man	ifest Reference	Number:						
È	18b. Alternate Facility (or Generator)						U.S. EPA ID I	Number				
믕												
FA	Facility's Phone:											
	18c. Signature of Alternate Facility (o	or Generator)							Mon	th Day	Year	
AT										T	1	
5	19. Hazardous Waste Report Manage	ement Method Codes (i.e. codes for	hazardous wasta troatmost	dienocal and record	ling eveterns							
DESIGNATED FACILITY	1.	2.	nazaruous waste treatment, (3.	iiig systems)		I A					
		2.		٥.			4.					
	20 Designated For Weight											
	20. Designated Facility Owner or Ope	erator: Certification of receipt of haza	rdous materials covered by the		as noted in Iten	n 18a					,,,	
	Printed/Typed Name			Signature					Mont	h Day	Year	
+					RIGG.							

Ple	ase prin	t or type. (Form desig	ned for use on el	lite (12-pitch) typew	vriter.)						Forr	n Approved.	OMB No. 2	2050-0039	
A	UNIFO	ORM HAZARDOUS	1. Generator ID No	umber WYO	0444/191	2. Page 1 of	3. Emergency	Respons	se Phone	4. Manifest	Tracking N	umber			
П	WA	STE MANIFEST	MYOO	4 The Contrales	9	and the same of th	631-5	86-	5900	100	117	423	2 J.	JK	
П		erator's Name and Mailir	ng Address	7 7 7 0 1 7 0			Generator's Site					7 May 10			
Ш		AYS					MH				,			6	
Ш		ORS Board					50 A	alt	31 .						
Ш	Conore	ator's Phone: 518	1/3333				Wrst		1.10 A4	11704	1				
Ш	6. Tran	sporter 1 Company Nam	e	Ud 3				/	8 45 7 4	U.S. EPA ID					
Ш					941							100	-1 married		
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Ш	7. 11011	oportor 2 company ream								U.S. EPAID	Number				
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Ш	o. Desi	es A Cost	d Site Address	1 34 sey	T NT					U.S. EPA ID	Number				
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П	80	AL Vezza	1.NJ	07032						70.00		1		1	
Ш	Facility	's Phone: 973	344 4	1004											
Ш	9a.	9b. U.S. DOT Description		r Shipping Name, Haz	ard Class, ID Numbe	۲,	1	0. Conta	iners	11. Total	12. Unit	13 \	Vaste Codes	.	
Ш		and Packing Group (if a	***					lo.	Туре	Quantity	Wt./Vol.	15.1	vasie codes	,	
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Ш	14. Spe	ecial Handling Instruction	s and Additional Info	ormation											
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Ш	15. G l	ENERATOR'S/OFFERO	R'S CERTIFICATIO	ON: I hereby declare	that the contents of th	nis consignment	are fully and accu	ırately de	escribed above	by the proper sl	nipping name	and are clas	sified packa	ged	
Ш	ma	arked and labeled/placar	ded, and are in all r	respects in proper cor	dition for transport ad	coording to appli	cable international	l and nat	tional governme	ental regulations	. If export sh	ipment and I a	m the Prima	ry	
Ш	E)	cortify that the coertify that the coertify that the waste mini	contents of this cons	signment conform to the	he terms of the attach	ned EPA Acknow	redgment of Cons	sent.	all avantih saan	and a line to la					
Ш		tor's/Offeror's Printed/Ty		identified in 40 CFR 2	202.27(a) (II I alli a la		inature	am a sm	all quantity ger	ierator) is true.		Mon	th Day	Year	
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TRANSPORTER	rranspo	orter 2 Printed/Typed Nar	ne			Sig	nature					Mon	th Day	Year	
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1	18. Disc	crepancy													
	18a. Dis	screpancy Indication Spa	ce Quar	ntity	Туре		Resi	due		Partial Re	iection		Full Reje	ction	
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T	18b. Alte	ernate Facility (or Genera	ator)							U.S. EPA ID	Number				
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E		nature of Alternate Facili	ty (or Generator)									Mor	nth Day	Year	
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DESIGNATED FACILITY	19. Haz	ardous Waste Report Ma	anagement Method	Codes (i.e. codes for	hazardous waste tro	atment disposa	and recycling or	/steme)						4	
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-				I		J ³ .				4.					
	20 Doc	ignated Eacility Owner or	Operator: Cartifa-	ation of roosint of h	redoue meti-t-	una d bu di-	f1 · ·	-40- 0	- 40-					9	
		ignated Facility Owner or Typed Name	Operator: Certifica	nuon or receipt of haza	iruous materials cove		fest except as not nature	ed in Iter	m 18a			M	th Davi	Veer	
	, , inted/	.,pod Hallio				olg I	ndure					Mon	th Day	Year	
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FIE	UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number												
1	W	ASTE MANIFEST	NYDOY	er 14466970	2. Page	63	1-586	- 5 900	00:	117	umber 423() Ji	JK
Ш	5. Ge	nerator's Name and Mailin	g Address			Genera	tor's Site Address	s (if different than	mailing addre	ss)			
Ш	12	5 Brandway	1121 Flox	m,			NYSDE						
Ш	All	bony, NY là	233				Dale S						
Ш	Gene	rator's Phone: 5717	402-962	75		bede	at Baby	kn, M	1170	4			
Ш	6. Tra	ansporter 1 Company Name	е				7		U.S. EPA ID	Number			
Ш	In	VIVONPACAGE!	Transport	1 GOOD THE					U.S. EPAID	0006	920	61	
Ш	7. Tra	ansporter 2 Company Name	е						U.S. EPA ID I	Number			
П													
Ш	8. Des	signated Facility Name and	d Site Address	n CAV					U.S. EPA ID I	Number			
Ш		Laroby, A		7							4399		
Ш	500	dh Krainey.	NJ 070	2 E E					NJI	2771	79110	25	
П	Facilit	ty's Phone:	344-4004										
П	9a.			ipping Name, Hazard Class, ID Nur	mber,		10. Conta	iners	11. Total	12. Unit	13 V	Naste Code	S
	НМ	and Packing Group (if a					No.	Туре	Quantity	Wt./Vol.	10. 1		
8		1. Ru Hazard	las bash s	sold Nos (Cada	non)						0006		
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	14. Sr	I pecial Handling Instruction:	s and Additional Informa	ation									
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Ш													
	15. (GENERATOR'S/OFFEROI	R'S CERTIFICATION:	I hereby declare that the contents	of this consignr	ment are fully	and accurately de	escribed above b	y the proper sh	ipping name	, and are class	sified, packa	aged.
	r	marked and labeled/placar	ded, and are in all respe	ects in proper condition for transporment conform to the terms of the at	rt according to	applicable into	ernational and nat	tional governmer	ital regulations	If export sh	ipment and I a	m the Prima	ary
	i	certify that the waste mini	mization statement iden	ntified in 40 CFR 262.27(a) (if I am	a large quantity	y generator) o	r (b) (if I am a sm	all quantity gene	rator) is true.				
		rator's/Offeror's Printed/Typ				Signature	2 %	37.97		1	Mont	th Day	Year
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ER	17. Tra	ansporter Acknowledgment	of Receipt of Materials										
ORT	Transp	oorter 1 Printed/Typed Nan	ne			Signature			.// -		Mont	th Day	Year
SPC	ji.	Re My	681	(NJ ALS	5374)	12	(1	1 like	4 (-			20	09
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1	18. Dis	screpancy											
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DF		y's Phone: lignature of Alternate Facili	ty (or Congretor)								Lv	11 D	
ATE	100. 0	ngriature of Arternate Facili	ty (or Generator)								Mor	nth Day	Year
DESIGNATED FACILITY	10 LI-	Prordoug Worth Denost M.	unagement M-H-10	des files and as facilities to									
ESI	19. Ha	azaruous vvaste Report Ma	magement Method Code	les (i.e., codes for hazardous waste	e treatment, dis	posal, and re	cycling systems)		T _A				
۵	6		2.			J.			4.				
	20 0-	osignated Eacility Own	Operator: Cadification	of receipt of house-level and the				40-					
		esignated Facility Owner or d/Typed Name	Operator: Certification	of receipt of hazardous materials of	covered by the	manifest exce Signature	ept as noted in Ite	m 18a			Mon	ith Day	Year
		75									I	l Day	Ieal
*	_												

TOWN OF BABYLON - INSPECTION REQUEST

200 East Sunrise Highway, Lindenhurst, NY 11757-2598 Residential: (631) 957-3058/7464 Commercial: (631) 957-3108/3065 Plumbing: (631) 957-7423/3021 Date of Inspection: Type: BUILDING PLUMBING SCTM Number: _ Property Address: _ Appl. No./Building Permit No./Plumbing Permit No.: ___ Valeur Contact Person: Phone: Inspection Type: ☐ Pre-Site ☐ Excavation ☐ Rough Encl Final ☐ Plumbing - U/G ☐ Plumbing - Final ☐ Interior ☐ Foundation ☐ Insulation On-Site Plumbing - Rough Mercury Test Inspector's Report: Inspector's Signature Date Re-Inspection Fee Required Check, if applicable ☐ No Entry Previously cited items not corrected

\$50 - residential, \$100 - all others