Fort Edward Landfill - Weekly Operation	and Maintenance	Checklist		
Staff: FC GL	Date:	20	Time: 8.	00
Check status and compare to normal conditions. See	Reverse side for typical of	operating pa	rameters.	
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to confirm flow, if needed. Confirm pumps are operating between setpoints Confirm pressure with pump cycling & not high/low If pumps on, is water flowing into IPC (Y/N)? Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) If on - record chlorine concentration (ppm) Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level=actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why	Online (Y/N EW-1 EW-2 EW-3 EW-4 EW-5 A2	l) Auto	Manual Flow (gpm) Level (N	0,0 NA 35,30 NA
BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values) 305 Bleach 2130 Coagulant Height (in) 2130 Coagulant Height (in) Volume (gal) 410	mA Signal 5,4 Stroke Rate 9, 7 Stroke Rate 55	Notes Notes Notes Chemicals	Check auto drain operation Check dryer - alarms? Cycling? HX fan operates with compressor Propane tank level greater than 2 Check sludge ports (Sludge Y/N) Indicate % of sludge at each port Lower sneeded?	0% 30% er 0 d 50%
Floor Sumps (Y/N) Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow Regulators working properly Exhaust mufflers Filter Press (Check if OK)	(check monthly) Press Feed Floc Feed		Pump runs but not emptying sum Back flowing after pump cycle?	o? _N
Hydraulic ram operating normally Hydraulic pressure normal Significant leaks? General/Housekeeping Wipe down dirty equipment/piping	Any leaks?		Sorbent pads replaced w many total filled Haz drums onsite any Haz drums filled & closed today Waste drums needed	? 1
Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank? Grounds Mow/trim around building, structures, wells, bollards, or Shovel doorways, apply ice melt Confirm gates and doorways locked	Lights working? Exit signs working? ontrol panels and cleanou	its	Drum labels needed Removed trash Clear woody vegetation from swal Look for damage fencing/gates Confirm storage container locked	

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
		•	Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 aph	72 - 75

Discharge Pumps

Typical speed 30-100%
Typical pressure 22 psi @ 100%

Air compressor

operating range 90-175 psi regulator setpoint 90 psi

Auto drain On 5 seconds every 5 minutes

Dryer Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	
Dlaudaum	00

Blowdown	90 psi max			
Notes:				
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Fort Edward I	Landfill - Weekly	Operation	and Maintenance	Checklist
			CONTRACTOR CONTRACTOR OF THE ACTION OF THE STATE OF THE S	

Staff: FZ4J5 Date: 6/8/20

Mow/trim around building, structures, wells, bollards, control panels and cleanouts

Shovel doorways, apply ice melt

Confirm gates and doorways locked

Clear woody vegetation from swales and cap

Look for damage fencing/gates

Confirm storage container locked

Check status and compare to normal conditions. See Reverse side for typical operating parameters.

HMI SCREENS	CONTROL DESCRIPTION OF SAME PRINTS AND A					1 (6)	(;)
Extraction Wells		Online (Y/N)	Auto	Manual	THE CORP. TO SUSSESSED MEMORY & N. P. SCHOOL STATES OF MALES AND PARTY.	evel (ft)	(psi)
Pump Status/Flow	EW-1	Ψ .	-	n		3.86	0.0
Run pumps in "Manual" to confirm flow, if needed		Υ				7,59	0.0
Confirm pumps are operating between setpoints	EW-3	<u>w</u> .	<u> </u>	-N-		4.52	NA NA
Confirm pressure with pump cycling & not high/low		<u> </u>		<u> </u>		0.46	35,89
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u> </u>	i i		NA -	1.84	NA
Process - (Check if OK or fill in values)					1-66		
Chlorine Alarm status (on/off) A1	A2	_		Auto rotate o			
If on - record chlorine concentration (ppm)					ump operating		
Operate exhaust fan manually					ump pressure no	ormai	
FT-801 reading (GPM)	17			Building tem			_/_
Chemical rates normal for flow?				Mixers opera			
Catch tank display level=actual?				Other Alarms	s (Y/N)		_ 10_
Filtration (Check if OK)							
Air compressor pressure in range				Solenoid sta	tus correct for op	peration	
Data (Check if OK)							territoria de la
Do Daily & Yesterday Starts make sense							
Alarms							
All Alarms Enabled (Y/N)							
List any disabled and indicate why						197	
BUILDING/GROUNDS							
Air Compressor (Check if OK)							
Cycle times normal for load				Check auto	drain operation)	
Check oil level at least monthly				Check drye	er - alarms? Cyc	ling?	
Belt tension	_				erates with comp		
Unit Heaters (Check if OK)							对极别的数数
Thermostats set correctly (50-55 F)				Propane ta	nk level greater	than 20%	
Heaters working					in the state of th		
IPC (Y/N)							
IPC discharge clear?				Check slud	lge ports (Sludge	e Y/N)	Y
Floatables? (take photos if yes)				Indicate %	6 of sludge	Upper	0
Coag visibly dosing?						Mid	50°6
Floc visibly dosing?				at eac	ch port	Lower	100%
Chemical Feed (Fill in values)							and a street
305 Bleach Height (in) 1014	mA Signal	5.1	Notes				
2130 Coagulant Height (in) 25 3/			Notes				The state of the s
1668 Flocculant Volume (gal) 400	-		Notes				
Dosing pumps at normal rate?		13	Chemicals	needed?			
Floor Sumps (Y/N)							
Sump levels normal?				Pump runs	but not emptyin	ig sump?	W
High-High level switches operate freely?	(check month	nly)			ng after pump cy		W
Excessive sludge/sediment?							
Diaphragm pumps (Check if OK) Thick Fe	eed Press Feed	Floc Feed					
Proper operation/flow	V.	V					
Regulators working properly		1//					
Exhaust mufflers		1/					
Filter Press (Check if OK)							
Hydraulic ram operating normally					Sorbent pads re	placed?	N
Hydraulic pressure normal			Hov		filled Haz drums		3
Significant leaks?			How ma	any Haz drun	ns filled & closed	d today?	1
General/Housekeeping							
Wipe down dirty equipment/piping	Ar	y leaks?	12		Waste drums r	needed?	n)
Sweep and/or wash floors		working?			Drum labels r		W
Fire extinguisher inspection (monthly)	Exit signs				Remove	d trash?	N
Sludge in Clarifier Catch Tank?							
Grounds							

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

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Discharge Pumps

Typical speed 30-100%
Typical pressure 22 psi @ 100%

Air compressor

operating range regulator setpoint

90-175 psi 90 psi

Auto drain

On 5 seconds every 5 minutes

Dryer

Notes:

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	
Blowdown	90 psi max

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	 			_			
 	 · · · · · ·		<u> </u>				

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001___

Page **1** of **9**

NYSDEC Division of Environme			Department of Environmental Conservation	5 0	NYSDEC 0 D011107 Superintende		No.
Site Location: Leav			rd, INY		NYSDEC PM	1:	
Company of the second of the s		er Conditions		1 214	Consultant P	M:	
General Description Temperature	Sunny	AM	(1 da paramento de	PM	Consultant S		2521
Wind	11200	AM AM		PM PM	Consultant	ite irisheci	ors.
Health & Safety	NO	Aivi		1 101			
If any box below is	checked "Ye	s", provide ex	planation und	der "Health &	Safety Con	nments".	
Were there any change					*Yes	No -	NA
Were there any exceed	ances of the pe	rimeter air monit	oring reported or	n this date?	*Yes	No -	NA
Were there any nuisance issues reported/observed on this date?					*Yes	No 🗸	NA
Health & Safety Con	nments						
Comment of World D		1 A			- 1 - 1 0 4		
Summary of Work P	ertormea	Arrived at sit	te: 8:00		eparted Site:		
Equipment/Material If any box below is o		;", provide exp	lanation unde	er "Material	Tracking Co	mments"	
If any box below is o	checked "Yes					mments"	
	checked "Yes which did not d	display proper D.			Tracking Co		NA NA
If any box below is of Were there any vehicles	checked "Yes s which did not d s which were no	display proper D. ot tarped?	O.T numbers an	nd placards?	*Yes * Yes	No	NA
If any box below is of Were there any vehicles Were there any vehicles	checked "Yes s which did not on s which were no s which were no	display proper D. ot tarped?	O.T numbers an	nd placards?	*Yes * Yes	No No	NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not on s which were no s which were no	display proper D. ot tarped?	O.T numbers an	nd placards? the work site?	*Yes * Yes	No No No	NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	checked "Yes s which did not on s which were no s which were no	display proper D. ot tarped? ot decontaminated	O.T numbers and prior to exiting	nd placards? the work site?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	nd placards? the work site?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual Frank Zabe	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	the work site?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual Frank Zabe	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	the work site?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual Frank Zabe	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	the work site?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual Frank Zabe	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	the work site?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual Frank Zabe	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	the work site?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual Frank Zabe	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	the work site?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip Individual Frank Zabe	checked "Yes s which did not on s which were no s which were no	display proper D. of tarped? of decontaminated Compa	O.T numbers and prior to exiting	the work site?	*Yes *Yes *Yes	No No No	NA NA NA

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001___ D

	1	/Pa	ge 8	of 9
Date: 💪	181	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:		

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes □	No 🖻
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗗
Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🖳
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
5. Does the Department and its contractors have your permission to er the property at this time?	nter Yes 🗗	No 🗆
If Yes to any of 1-4 above:		
 If it is <u>not</u> critical that service/entry be carried out immediately and carbon 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 <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory 	Yes 🖺	No 🗆
protection) - and do so prior to entry.		
Comments:		

Fort Edward Landfill - Weekly Op	eration	and Maint	enance (Checklist				
Staff: [-7 2]	GC	_ Date:	6/15/0	20	-	Time:	8:00	<u>ن</u>
Check status and compare to normal condit	ons. See I	Reverse side	for typical o	perating pa	rameters.			
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to confirm flow, if no Confirm pumps are operating between set por Confirm pressure with pump cycling & not hill fly pumps on, is water flowing into IPC (Y/N)? Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) A1 If on - record chlorine concentration (ppm) Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level=actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why	oints gh/low	EW-1 EW-2 EW-3 EW-4 EW-5	Online (Y/N)	Auto	Discharge por Building tem Mixers opera Other Alarms	ump operating ump pressure p accurate ating?	normal	(psi) O NA 34,92 NA
2130 Coagulant Height (in)	/ / / / / / / / / / / / / / / / / / /	mA Signal Stroke Rate	6.9	Notes Notes	Check drye HX fan ope Propane ta Check sluc Indicate %	o drain operater - alarms? Cerates with counk level greater with counk level greater (Sludge of sludge ch port	Cycling? mpressor? ter than 20%	30% 30% 7 0% 50% 100%
1668 Flocculant Volume (gal) Dosing pumps at normal rate? Floor Sumps (Y/N) Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow Regulators working properly Exhaust mufflers	hick Feed	(check month) Press Feed		Notes Chemicals	Pump runs	but not empt ng after pump		N N
Filter Press (Check if OK) Hydraulic ram operating normally Hydraulic pressure normal Significant leaks? General/Housekeeping Wipe down dirty equipment/piping Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank?		Lights	ny leaks? s working? s working?		w many total	Sorbent pads filled Haz drun ns filled & clos Waste drum Drum label Remo	ms onsite? sed today? s needed?	N 2 2 N N
Grounds Mow/trim around building, structures, wells, be Shovel doorways, apply ice melt	ollards, co	ontrol panels	and cleanoเ	ıts	Look for da	ly vegetation	g/gates	and cap

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light.

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Discharge Pumps

Typical speed 30-100%
Typical pressure 22 psi @ 100%

Air compressor

operating range regulator setpoint

90-175 psi 90 psi

Auto drain Dryer On 5 seconds every 5 minutes

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

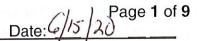
Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	

Blowdown	90 psi max
Notes:	

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001



NYSDEC Division of Environme	ental Remedia	New York Popar Environ	tment of onmental struction	D011107	ontract No.
Site Location: Leav	v Hollow Bo	I Fort Edward N	IY	Superintender	
Site Location. Leav		r Conditions	· ·	NYSDEC PM:	
General Description	Sunn	AM	P	Consultant PN	Λ:
Temperature	54	M Consultant Sit	e Inspectors:		
Wind	NO	AM	P	М	
Health & Safety If any box below is	checked "Ye	s", provide explan	ation under "Healt	h & Safety Com	ments".
Were there any change	es to the Health	& Safety Plan?		*Yes	No NA
Were there any exceed	lances of the pe	rimeter air monitoring	reported on this date?	*Yes	No NA
Were there any nuisand	ce issues report	ed/observed on this da	ate?	*Yes	No NA
Health & Safety Cor	mments				
Summary of Work F	Performed	Arrived at site:	8:00	Departed Site:	
Equipment/Material If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes as which did not a as which were no as which were no	display proper D.O.T r ot tarped?	numbers and placards	? *Yes *Yes	mments". No NA No NA No NA
Personnel and Equi	ipment				
Individual		Company		Trade	Total Hours
Frank Tabel		Actech	Jeck)	Parties of the same
Carrett Corler	V	Aztech	TecV		



Fort Edward Landfill - NYSDEC Site No. 558001___

	C		Page 8 of 9
Date:	0	15	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:		

	1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹
	2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗷
	3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
	4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹
	5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗹	No □
lf	Yes	to any of 1-4 above:		
	•	If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes 🗹	No 🗆
Co	mme	ents:		

Staff: AT+	CA	Date:	6/22	130	_	Time:	8.00)
Check status and compare to normal con-	ditions. See F	Reverse side	/ for typical o ؛	perating pa	rameters.			
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1668 Flocculant Volume (gat Dosing pumps at normal rate? Floor Sumps (Y/N) Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow Regulators working properly Exhaust mufflers Filter Press (Check if OK) Hydraulic ram operating normally Hydraulic pressure normal Significant leaks?		(check mon			Pump runs Back flowir	but not empty ng after pump o Sorbent pads i	replaced?	N N S
General/Housekeeping Wipe down dirty equipment/piping Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank? Grounds Mow/trim around building, structures, wells Shovel doorways, apply ice melt	N bollards, co	Light: Exit sign:	iny leaks? s working? s working? and cleanou	<u> </u>	Clear wood	Waste drums Drum labels Remov y vegetation fr	needed? needed? ed trash? om swales	N/N/

Confirm storage container locked

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Confirm gates and doorways locked

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			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

Typical speed 30-100% Typical pressure 22 psi @ 100%

Air compressor

operating range regulator setpoint 90-175 psi 90 psi

Auto drain

On 5 seconds every 5 minutes

Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators

Thickener feed pump Filter press feed pump PSI Range 40 psi max 90 psi max

Floc feed pump

40 psi

Filter press hyd pump

Blowdown

90 psi max

Notes:

System running on arrival. Empty filter press and fill one (1) frum w/ filter
cakes. Fill filter press on batch clarifier sludge into thickener tank.
recart hater and prestor next week. Hose down clarition places.
Fill chemical batches by perform grounds maintenance, Perform
Complete Blandown.
partine site/system sampling. System running on departure

Report No. Fort Edward Landfill - NYSDEC Site No. 558001 Date: Page 1 of 9

NYSDEC Division of Environme	ental Remedia	netion New York Er	epartment of nvironmental onservation	50	NYSDEC D011107		t No.
Site Location: Leav	y Hollow Ro	d, Fort Edward	, NY		Superintend NYSDEC P		
	Weathe	er Conditions					
General Description	Sunny, 1	401 AM		PM	Consultant		
Temperature	Suny, 1	AM		PM	Consultant	Site Inspec	tors:
Wind	none	AM		PM			
Health & Safety If any box below is	checked "Ye	s", provide expl	anation und	der "Health 8	& Safety Co	mments"	
Were there any change					*Yes	(N9)	NA
Were there any exceeds	ances of the pe	rimeter air monitori	na reported o	n this date?	*Yes	No	(NA)
Were there any nuisano	•		-	Timo dato.	*Yes	No	(NA)
		ed/observed on this	uale!	70 - 14 - 32 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1	1 68	110	IVA
Health & Safety Con	nments						
Oti	1, Chem	CXPOSU/ Arrived at site:	e Co	VID-	19		
Summary of Work P	erformed	Arrived at site:	8:00) De	eparted Site	e: /6.	30
	0,	1					
	U+M	sampli.	19				
Farris was not/Material							
	Tueselvine						
Equipment/Material		" provide evale	nation und	or "Matarial"	Trooking C	ommonto	,,
If any box below is o	checked "Yes						
If any box below is of Were there any vehicles	checked "Yes which did not	display proper D.O.			*Yes	No	(NA)
If any box below is of Were there any vehicles Were there any vehicles	checked "Yes s which did not o s which were no	display proper D.O. ot tarped?	T numbers ar	nd placards?	*Yes * Yes	No No	NA)
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped?	T numbers ar	nd placards?	*Yes * Yes	No	(NA)
If any box below is of Were there any vehicles Were there any vehicles	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped?	T numbers ar	nd placards?	*Yes * Yes	No No	NA)
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped?	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA NA otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equip	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA NA otal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes * Yes	No No No	NA ENA WA etal Hours
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If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes * Yes	No No No	NA ENA WA etal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equipolation Individual	checked "Yes s which did not on s which were no s which were no	display proper D.O. ot tarped? ot decontaminated p	T numbers ar	nd placards? the work site?	*Yes * Yes * Yes * Yes	No No No	NA ENA WA etal Hours

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001_

Page **8** of Date: 6/2</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:		

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes □	No/b
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖢
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	Not
5. 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 <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 	Yes 🗸	No □
 If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 		
Comments:		

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: AT+ ZC

Date: 6/29/20



Check status and compare to normal conditions. See Reverse side for typical operating parameters.

HMI SCREENS								
Extraction Wells			Online (Y/N) Auto	Manual	Flow (gpm)	Level (ft)	(psi)
Pump Status/Flow		EW-1	N	N	N	D	13,93	0
Run pumps in "Manual" to confirm flow	, if needed.	EW-2	Y	Y	N	0	4.03	1.45
Confirm pumps are operating between	setpoints	EW-3	N	N	V	0	14.30	NA
Confirm pressure with pump cycling & r	not high/low	EW-4	7	Y	N	15.25	7-16	43.59
If pumps on, is water flowing into IPC ()	//N)?	EW-5	·V	7	N	NA	9.18	NA
Process - (Check if OK or fill in value	s)		1					
Chlorine Alarm status (on/off)	A1 OF	A2	off		Auto rotate o	on/off		V-
If on - record chlorine concentration (pp	om) —				Discharge p	ump operating	1	V
Operate exhaust fan manually						ump pressure		1/
FT-801 reading (GPM)	1/.21				Building tem			1/1
Chemical rates normal for flow?	16.71				Mixers opera			1/
Catch tank display level=actual?	1/				Other Alarm		11-1121	low met
Filtration (Check if OK)					Other Alaim	3 (1/14)	1 03+	1000 100
ALTONOMY AND MAINTENANT TO A CONTRACT OF THE PROPERTY OF THE P	1/				Salanaid sta	tus correct for	r operation	4
Air compressor pressure in range					Solellold Sta	tus correct ioi	operation	Charles and a part of the control of
Data (Check if OK)								
Do Daily & Yesterday Starts make sens	e							
Alarms								
All Alarms Enabled (Y/N)								
List any disabled and indicate why							15.6911	
BUILDING/GROUNDS								
Air Compressor (Check if OK)	/							
Cycle times normal for load	-					o drain operat		
Check oil level at least monthly	V					er - alarms? C		V
Belt tension					HX fan ope	erates with co	mpressor?	
Unit Heaters (Check if OK)								
Thermostats set correctly (50-55 F)		attendant to the			Propane ta	ank level grea	ter than 20%	6
Heaters working								
IPC (Y/N)								
IPC discharge clear?					Check slud	dge ports (Slu	dge Y/N)	
Floatables? (take photos if yes)	N				Indicate 9	% of sludge	Upper	0
Coag visibly dosing?	V					the second secon	Mid	50
Floc visibly dosing?					al ea	ch port	Lower	100
Chemical Feed (Fill in values)								matter sealing.
305 Bleach Height (ir	1) 24"	mA Signal	5,5	Notes				
2130 Coagulant Height (ir		Stroke Rat		Notes		RATE OF STATE		
1668 Flocculant Volume (Stroke Rat		Notes				
Dosing pumps at normal rate?	1/	- 11 - 11 - 11 - 11 - 11			Is needed?			355
Floor Sumps (Y/N)								- 125 T25521
Sump levels normal?	1/				Pump rups	but not empt	ving sumn?	N
High-High level switches operate freely?		(check mor	nthly)		Back flowing	ng after pump	cvcle?	1/
Excessive sludge/sediment?	1/	(oncor mo	indiny)		Back nown	ig alter parrip	oyolo .	
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed					
Proper operation/flow	THICKTCCC	1 1033 1 000	Tiocreca					
Regulators working properly			1/					
Exhaust mufflers Filter Press (Check if OK)								
	1/					Carbont!-	roplacedo	M
Hydraulic ram operating normally						Sorbent pads		10
Hydraulic pressure normal	V				ow many total			8 6
Significant leaks?	14			Hown	nany Haz drun	ns filled & clos	sed today?	
General/Housekeeping	./			11				11
Wipe down dirty equipment/piping	N		Any leaks?	10	_	Waste drum		1
Sweep and/or wash floors	V		ts working?	V	_	Drum label		
Fire extinguisher inspection (monthly)		Exit sign	ns working?		_	Remo	ved trash?	N
Sludge in Clarifier Catch Tank?								
Grounds								
Mow/trim around building, structures, we	ells, bollards, c	ontrol panels	and cleano	uts	Clear wood	dy vegetation	from swales	and cap

Mow/trim around building, structures, wells, bollards, control panels and cleanouts Shovel doorways, apply ice melt Confirm gates and doorways locked

Clear woody vegetation from swales and cap Look for damage fencing/gates Confirm storage container locked



Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

Typical speed 30-100% Typical pressure 22 psi @ 100%

Air compressor

operating range

90-175 psi 90 psi

regulator setpoint

On 5 seconds every 5 minutes

Auto drain Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators

Thickener feed pump Filter press feed pump **PSI** Range 40 psi max 90 psi max 40 psi

Floc feed pump Filter press hyd pump

Blowdown

90 psi max

Notes:

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No. Land f. II Date: 6/59/20

NYSDEC Division of Environmental	Remediation NEW YORK Environmental Conservation	5 0	NYSDEC D011107		t No.
Site Location: West Islin	New York Fort Education	1 1/0	Superintend NYSDEC P		
action was plant and the constant	Weather Conditions	, , , , ,			
General Description 5	efferes Tsto AMNS	PM	Consultant	PM:	
Temperature	705/805 AM	PM	Consultant	Site Inspect	tors:
Wind	gusty AM 7	PM			
Health & Safety If any box below is chec	ked "Yes", provide explanation unde	er "Health &	& Safety Co	mments".	
Were there any changes to th	ie Health & Safety Plan?	A resis	*Yes	10	NA
Were there any exceedances	of the perimeter air monitoring reported on	this date?	*Yes	No	NA
Were there any nuisance issu	ues reported/observed on this date?		*Yes	No	NA
Health & Safety Commen	its				
Distribution of the second of	exposure, Trip/slip/fall,	Car	0-19		
Summary of Work Perfor	med Arrived at site: 8:00) D	eparted Site	: 16	3:45
Were there any vehicles which Were there any vehicles which Were there any vehicles which	ked "Yes", provide explanation under h did not display proper D.O.T numbers and h were not tarped? h were not decontaminated prior to exiting the	d placards?	*Yes * Yes	omments No No No	". NA NA
Personnel and Equipmen					
Individual	Company	of the second second	ade	То	tal Hours
2ach condon	Artech	Eug it	ch	7	75



Report No. (Site Name) - NYSDEC Site No.

FOATE JUNE B/28/26

Page 8 of 9

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 □	Nov
Comments:		

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖯
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🕹
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗸
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No
5.	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 <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.	Yes 🖺	No 🗆
•	If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.		
Comme	ents:		



Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: <u>AT+JM</u> Date: <u>7/6/z0</u>



Check status and compare to normal conditions. See Reverse side for typical operating parameters.

HMI SCREENS					
		Online (Y/N)) Auto	Manual Flow (gpm) Level (ft)	(psi)
Extraction Wells Pump Status/Flow		EW-1	/ Auto	V 0 13,89	()
Run pumps in "Manual" to confirm flow , if	noodod	EW-2 Y		0 9.56	0
Confirm pumps are operating between set		EW-3		N 0 14.30	NA
Confirm pressure with pump cycling & not		EW-4 y	- 1	13.66 8.37	40.81
		EW-5		NA S.68	NA
If pumps on, is water flowing into IPC (Y/N) !	EVV-5	- /	N NA 2.60	
Process - (Check if OK or fill in values)	1/	A2 N		Auto rotate on/off	
Chlorine Alarm status (on/off) A1		AZ			
If on - record chlorine concentration (ppm)				Discharge pump prossure parmal	-V/
Operate exhaust fan manually	1/1/28			Discharge pump pressure normal	
FT-801 reading (GPM)	14.0			Building temp accurate	
Chemical rates normal for flow?				Mixers operating?	
Catch tank display level=actual?				Other Alarms (Y/N) w3 flow alar,	ny
Filtration (Check if OK)				0.1	./
Air compressor pressure in range				Solenoid status correct for operation	
Data (Check if OK)					
Do Daily & Yesterday Starts make sense					
Alarms					
All Alarms Enabled (Y/N)					
List any disabled and indicate why					
BUILDING/GROUNDS					
Air Compressor (Check if OK)					/
Cycle times normal for load	1/			Check auto drain operation	V/
Check oil level at least monthly	1/			Check dryer - alarms? Cycling?	V
Belt tension				HX fan operates with compressor?	V
Unit Heaters (Check if OK)					
Thermostats set correctly (50-55 F)	V			Propane tank level greater than 20%	
Heaters working					
IPC (Y/N)	.,				
IPC discharge clear?	.,			Check sludge ports (Sludge Y/N)	<u> </u>
Floatables? (take photos if yes)	N			Indicate % of sludge Upper	010
Coag visibly dosing?	Y			at each port	50 90
Floc visibly dosing?	ý			Lower	100%
Chemical Feed (Fill in values)					a opposite in
305 Bleach Height (in)	19	mA Signal 5.3	Notes	Datast	Maan.
2130 Coagulant Height (in)	12.75	Stroke Rate 9,8	Notes	OCEV/1 1602 (245	- A Charte State
1668 Flocculant Volume (ga	1) 400	Stroke Rate 5.1	Notes		
Dosing pumps at normal rate?			Chemical	s needed?	ngede
Floor Sumps (Y/N)	1				
Sump levels normal?	V			Pump runs but not emptying sump?	N.
High-High level switches operate freely?	V	(check monthly)		Back flowing after pump cycle?	N
Excessive sludge/sediment?	N	S. Mala retter to			
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed Floc Feed			
Proper operation/flow	- /	V			
Regulators working properly	V				
Exhaust mufflers	V	V			
Filter Press (Check if OK)	/			0-1-1	1/
Hydraulic ram operating normally	V			Sorbent pads replaced?	
Hydraulic pressure normal				ow many total filled Haz drums onsite?	7
Significant leaks?	N		How m	nany Haz drums filled & closed today?	
General/Housekeeping	1		.,		BN-
Wipe down dirty equipment/piping	Vy	Any leaks?	N,	Waste drums needed?	e jes
Sweep and/or wash floors		Lights working?	- //	Drum labels needed?	N
Fire extinguisher inspection (monthly)		Exit signs working?		Removed trash?	8/
Sludge in Clarifier Catch Tank?					
Grounds					

Mow/trim around building, structures, wells, bollards, control panels and cleanouts Shovel doorways, apply ice melt Confirm gates and doorways locked

Clear woody vegetation from swales and cap Look for damage fencing/gates Confirm storage container locked



Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

A1 means chlorine concentration greater than 0.5 ppm A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
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1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

Typical speed 30-100% 22 psi @ 100% Typical pressure

Air compressor

operating range

90-175 psi 90 psi

regulator setpoint Auto drain

On 5 seconds every 5 minutes

Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

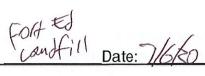
PSI Range Regulators 40 psi max Thickener feed pump 90 psi max Filter press feed pump 40 psi Floc feed pump Filter press hyd pump 90 psi max

Notes:

Blowdown

Report No.

(Site Name) - NYSDEC Site No.



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NYSDEC Division of Environmental Remedi	nation NEW YORK STATE Environ	tment of onmental servation		NYSDEC (D011107		t No.	
Site Location: West Islip, New York					Superintendent:		
Weather Conditions					NYSDEC PM:		
General Description SUN P		I P	M	Consultant PM:			
Temperature 805	AM		M	Consultant Site Inspectors:			
Wind Non	2 AM	Р	M				
Health & Safety If any box below is checked "Yo	es", provide explana	ation under "Heal	th &	Safety Con	ıments".		
Were there any changes to the Health	n & Safety Plan?			*Yes	No	NA	
Were there any exceedances of the p	erimeter air monitoring r	reported on this date	?	*Yes	No	NA	
Were there any nuisance issues repor	rted/observed on this da	ite?		*Yes	No	(NA)	
Health & Safety Comments							
#Clemical e,	ADSUR, TriPISI	lip/fall, CO	VJ	-D-19			
Summary of Work Performed	Arrived at site:	8:00	De	parted Site:			
Equipment/Material Tracking If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n	display proper D.O.T not tarped?	umbers and placards	3?	*Yes * Yes	No No	(NA)	
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n	display proper D.O.T not tarped?	umbers and placards	3?	*Yes	No	100	
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment	display proper D.O.T not tarped? ot decontaminated prior	umbers and placards	3?	*Yes * Yes	No No No	NA NA	
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T not tarped?	umbers and placards	site?	*Yes *Yes *Yes	No No No	(NA)	
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T not tarped? ot decontaminated prior	umbers and placards	site?	*Yes *Yes *Yes	No No No	NA NA	
If any box below is checked "Ye Were there any vehicles which did not Were there any vehicles which were n Were there any vehicles which were n Personnel and Equipment Individual	display proper D.O.T not tarped? ot decontaminated prior	umbers and placards	site?	*Yes *Yes *Yes	No No No	NA NA	

(Site Name) - NYSDEC Site No.

Fort Ed Date: 16/20

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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:		
	100	

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes □	No V
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗗
Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No b
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No &
5. Does the Department and its contractors have your permission to ente the property at this time?	Yes 🖰	No 🗆
If Yes to any of 1-4 above:		-
 If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. 	Yes	No □
 If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 		
Comments:		