

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: FC OK

Date: 6/1/20

Time: 8:00

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	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>13.89</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>7.65</u>	<u>0.0</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>N</u>	<u>N</u>	<u>14.61</u>	<u>NA</u>	
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>16.00</u>	<u>7.90</u>	<u>35.30</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>NA</u>	<u>5.52</u>	<u>NA</u>
Process - (Check if OK or fill in values)							
Chlorine Alarm status (on/off)	A1	<u>off</u>	A2	<u>off</u>	Auto rotate on/off		<u>✓</u>
If on - record chlorine concentration (ppm)		<u>✓</u>			Discharge pump operating		<u>✓</u>
Operate exhaust fan manually		<u>✓</u>			Discharge pump pressure normal		<u>✓</u>
FT-801 reading (GPM)		<u>15.45</u>			Building temp accurate		<u>✓</u>
Chemical rates normal for flow?		<u>✓</u>			Mixers operating?		<u>✓</u>
Catch tank display level=actual?		<u>✓</u>			Other Alarms (Y/N)		<u>N</u>
Filtration (Check if OK)							
Air compressor pressure in range		<u>✓</u>			Solenoid status correct for operation		<u>✓</u>
Data (Check if OK)							
Do Daily & Yesterday Starts make sense		<u>✓</u>					
Alarms							
All Alarms Enabled (Y/N)		<u>✓</u>					
List any disabled and indicate why							

BUILDING/GROUNDS

Air Compressor (Check if OK)						
Cycle times normal for load		<u>✓</u>			Check auto drain operation	<u>✓</u>
Check oil level at least monthly		<u>✓</u>			Check dryer - alarms? Cycling?	<u>✓</u>
Belt tension		<u>✓</u>			HX fan operates with compressor?	<u>✓</u>
Unit Heaters (Check if OK)						
Thermostats set correctly (50-55 F)		<u>✓</u>			Propane tank level greater than 20%	<u>30%</u>
Heaters working		<u>✓</u>				
IPC (Y/N)						
IPC discharge clear?		<u>✓</u>			Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)		<u>N</u>			Indicate % of sludge at each port	Upper <u>0</u> Mid <u>50%</u> Lower <u>100%</u>
Coag visibly dosing?		<u>✓</u>				
Floc visibly dosing?		<u>✓</u>				
Chemical Feed (Fill in values)						
305 Bleach	Height (in)	<u>12"</u>	mA Signal	<u>5.4</u>	Notes	
2130 Coagulant	Height (in)	<u>2734</u>	Stroke Rate	<u>9.7</u>	Notes	
1668 Flocculant	Volume (gal)	<u>410</u>	Stroke Rate	<u>55</u>	Notes	
Dosing pumps at normal rate?					Chemicals needed?	
Floor Sumps (Y/N)						
Sump levels normal?		<u>✓</u>			Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?		<u>✓</u>	(check monthly)		Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?		<u>✓</u>				
Diaphragm pumps (Check if OK)						
Proper operation/flow	Thick Feed	<u>✓</u>	Press Feed	<u>✓</u>	Floc Feed	<u>✓</u>
Regulators working properly		<u>✓</u>		<u>✓</u>		<u>✓</u>
Exhaust mufflers		<u>✓</u>		<u>✓</u>		<u>✓</u>
Filter Press (Check if OK)						
Hydraulic ram operating normally		<u>✓</u>			Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal		<u>✓</u>			How many total filled Haz drums onsite?	<u>2</u>
Significant leaks?		<u>✓</u>			How many Haz drums filled & closed today?	<u>1</u>
General/Housekeeping						
Wipe down dirty equipment/piping		<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>NO</u>
Sweep and/or wash floors		<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>NO</u>
Fire extinguisher inspection (monthly)		<u>✓</u>	Exit signs working?	<u>✓</u>	Removed trash?	<u>NO</u>
Sludge in Clarifier Catch Tank?		<u>✓</u>				
Grounds						
Mow/trim around building, structures, wells, bollards, control panels and cleanouts					Clear woody vegetation from swales and cap	
Shovel doorways, apply ice melt					Look for damage fencing/gates	
Confirm gates and doorways locked					Confirm storage container locked	

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: FZ + JS

Date: 6/8/20

Time: 8:00

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	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>13.86</u>	<u>0.0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>7.59</u>	<u>0.0</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>N</u>	<u>N</u>	<u>0.0</u>	<u>14.52</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>14.47</u>	<u>10.46</u>	<u>35.89</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.84</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<u>—</u>	A2	<u>—</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)		<u>—</u>			Discharge pump operating	<u>✓</u>
Operate exhaust fan manually		<u>✓</u>			Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)		<u>13.07</u>			Building temp accurate	<u>✓</u>
Chemical rates normal for flow?		<u>Y</u>			Mixers operating?	<u>✓</u>
Catch tank display level=actual?		<u>Y</u>			Other Alarms (Y/N)	<u>N</u>

Filtration (Check if OK)

Air compressor pressure in range	<u>✓</u>	Solenoid status correct for operation	<u>✓</u>
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Data (Check if OK)

Do Daily & Yesterday Starts make sense	<u>✓</u>
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Alarms

All Alarms Enabled (Y/N)	<u>✓</u>
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List any disabled and indicate why

BUILDING/GROUNDS

Air Compressor (Check if OK)

Cycle times normal for load	<u>✓</u>	Check auto drain operation	<u>✓</u>
Check oil level at least monthly	<u>✓</u>	Check dryer - alarms? Cycling?	<u>✓</u>
Belt tension	<u>✓</u>	HX fan operates with compressor?	<u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>—</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>Y</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge	Upper <u>0</u>
Coag visibly dosing?	<u>Y</u>	at each port	Mid <u>50%</u>
Floc visibly dosing?	<u>Y</u>	Lower	<u>100%</u>

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>10 1/4</u>	mA Signal	<u>5.1</u>	Notes	<u>—</u>
2130 Coagulant	Height (in)	<u>85 3/4</u>	Stroke Rate	<u>8.3</u>	Notes	<u>—</u>
1668 Flocculant	Volume (gal)	<u>400</u>	Stroke Rate	<u>45</u>	Notes	<u>—</u>
Dosing pumps at normal rate?					Chemicals needed?	<u>—</u>

Floor Sumps (Y/N)

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>✓</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<u>✓</u>	<u>✓</u>	<u>✓</u>
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>3</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>✓</u>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>✓</u>				

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts	Clear woody vegetation from swales and cap
Shovel doorways, apply ice melt	Look for damage fencing/gates
Confirm gates and doorways locked	Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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

Chlorine Alarm

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
 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

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:

DAILY INSPECTION REPORT

Report No. Fort Edward Landfill - NYSDEC Site No. 558001

Date: 6/8/20 Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments:		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: FZ & GC

Date: 6/15/20

Time: 8:00

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	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>13.83</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>0.0</u>	<u>9.77</u>
Confirm pumps are operating between setpoints	EW-3	<u>N</u>	<u>✓</u>	<u>N</u>	<u>-</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>12.75</u>	<u>34.92</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5	<u>Y</u>	<u>✓</u>	<u>N</u>	<u>NA</u>	<u>9.76</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1	<u>-</u>	A2	<u>-</u>	Auto rotate on/off	<u>✓</u>
If on - record chlorine concentration (ppm)		<u>-</u>			Discharge pump operating	<u>✓</u>
Operate exhaust fan manually		<u>✓</u>			Discharge pump pressure normal	<u>✓</u>
FT-801 reading (GPM)		<u>11.04</u>			Building temp accurate	<u>✓</u>
Chemical rates normal for flow?		<u>Y</u>			Mixers operating?	<u>✓</u>
Catch tank display level=actual?		<u>Y</u>			Other Alarms (Y/N)	<u>N</u>
Filtration (Check if OK)		<u>✓</u>				
Air compressor pressure in range		<u>✓</u>			Solenoid status correct for operation	<u>✓</u>

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	<u>✓</u>	Check auto drain operation	<u>✓</u>
Check oil level at least monthly	<u>✓</u>	Check dryer - alarms? Cycling?	<u>✓</u>
Belt tension	<u>✓</u>	HX fan operates with compressor?	<u>✓</u>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<u>✓</u>	Propane tank level greater than 20%	<u>30%</u>
Heaters working	<u>✓</u>		

IPC (Y/N)

IPC discharge clear?	<u>✓</u>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>0%</u> Mid <u>50%</u> Lower <u>100%</u>
Coag visibly dosing?	<u>✓</u>		
Floc visibly dosing?	<u>✓</u>		

Chemical Feed (Fill in values)

305 Bleach	Height (in)	<u>3.3"</u>	mA Signal	<u>5.0</u>	Notes	_____
2130 Coagulant	Height (in)	<u>2.34</u>	Stroke Rate	<u>6.9</u>	Notes	_____
1668 Flocculant	Volume (gal)	<u>4.5</u>	Stroke Rate	<u>40</u>	Notes	_____
Dosing pumps at normal rate?		<u>Y</u>			Chemicals needed?	_____

Floor Sumps (Y/N)

Sump levels normal?	<u>✓</u>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<u>✓</u>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>✓</u>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<u>✓</u>	<u>✓</u>	<u>✓</u>
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>

Filter Press (Check if OK)

Hydraulic ram operating normally	<u>✓</u>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<u>✓</u>	How many total filled Haz drums onsite?	<u>4</u>
Significant leaks?	<u>✓</u>	How many Haz drums filled & closed today?	<u>2</u>

General/Housekeeping

Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>✓</u>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>✓</u>				

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts	Clear woody vegetation from swales and cap
Shovel doorways, apply ice melt	Look for damage fencing/gates
Confirm gates and doorways locked	Confirm storage container locked

Fort Edward Landfill - Typical Operating Parameters

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

Chlorine Alarm

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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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
 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

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:

DAILY INSPECTION REPORT

Report No. **Fort Edward Landfill - NYSDEC Site No. 558001**

Date: 6/15/20 Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>If Yes to <u>any</u> of 1-4 above:</p> <ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

Fort Edward Landfill - Weekly Operation and Maintenance Checklist

Staff: AT+CA

Date: 6/22/20

Time: 8:00

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

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) A1 off A2 off

If on - record chlorine concentration (ppm)

Operate exhaust fan manually

FT-801 reading (GPM) 17.20

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) Y

List any disabled and indicate why

	Online (Y/N)	Auto	Manual	Flow (gpm)	Level (ft)	(psi)
EW-1	<u>✓</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>13.94</u>	
EW-2	<u>✓</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>5.3</u>	
EW-3	<u>✓</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>19.32</u>	NA
EW-4	<u>✓</u>	<u>Y</u>	<u>N</u>	<u>16.8</u>	<u>7.87</u>	
EW-5	<u>✓</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>7.93</u>	NA

Auto rotate on/off	<u>✓</u>
Discharge pump operating	<u>✓</u>
Discharge pump pressure normal	<u>✓</u>
Building temp accurate	<u>✓</u>
Mixers operating?	<u>✓</u>
Other Alarms (Y/N)	<u>Y - W3 flow</u>
Solenoid status correct for operation	<u>✓</u>

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) N

Coag visibly dosing? ✓

Floc visibly dosing? ✓

Chemical Feed (Fill in values)

305 Bleach Height (in) 22" mA Signal 05.6 Notes

2130 Coagulant Height (in) 19.5 Stroke Rate 10.5% Notes

1668 Flocculant Volume (gal) 400 Stroke Rate 61 Notes

Dosing pumps at normal rate? ✓

Floor Sumps (Y/N)

Sump levels normal? ✓

High-High level switches operate freely? ✓ (check monthly)

Excessive sludge/sediment? N

Diaphragm pumps (Check if OK)

Proper operation/flow ✓ Thick Feed ✓ Press Feed ✓ Floc Feed ✓

Regulators working properly ✓ ✓ ✓

Exhaust mufflers ✓ ✓ ✓

Filter Press (Check if OK)

Hydraulic ram operating normally ✓

Hydraulic pressure normal ✓

Significant leaks? N

General/Housekeeping

Wipe down dirty equipment/piping ✓

Sweep and/or wash floors ✓

Fire extinguisher inspection (monthly) ✓

Sludge in Clarifier Catch Tank? N

Grounds

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

Shovel doorways, apply ice melt

Confirm gates and doorways locked

Check auto drain operation	<u>✓</u>
Check dryer - alarms? Cycling?	<u>✓</u>
HX fan operates with compressor?	<u>✓</u>
Propane tank level greater than 20%	<u>✓</u>
Check sludge ports (Sludge Y/N)	<u>✓</u>
Indicate % of sludge at each port	Upper <u>0%</u> Mid <u>50%</u> Lower <u>100%</u>

Chemicals needed?	<u> </u>
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Pump runs but not emptying sump?	<u>N</u>
Back flowing after pump cycle?	<u>N</u>

Sorbent pads replaced?	<u>N</u>
How many total filled Haz drums onsite?	<u>5</u>
How many Haz drums filled & closed today?	<u>1</u>

Any leaks?	<u>N</u>
Lights working?	<u>✓</u>
Exit signs working?	<u>✓</u>
Waste drums needed?	<u>N</u>
Drum labels needed?	<u>N</u>
Removed trash?	<u>✓</u>

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

Fort Edward Landfill - Typical Operating Parameters

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

Chlorine Alarm

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
 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

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:

System running on arrival. Empty filter press and fill one(1) drum w/ filter cakes. Fill filter press and batch clarifier sludge into thickener tank. Recant water and prep for next week. Hose down clarifier plates. Fill chemical batches and perform grounds maintenance. Perform routine site/system sampling. System running on departure.

complete blowdown.

DAILY INSPECTION REPORT

Report No. Fort Edward Landfill - NYSDEC Site No. 558001

Date: 6/22/20 Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>If Yes to <u>any</u> of 1-4 above:</p> <ul style="list-style-type: none"> 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. 		
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<u>Comments:</u>		

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: AT+ZC

Date: 6/29/20

Time: 8:00

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 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>13.93</u>	<u>0</u>
Run pumps in "Manual" to confirm flow, if needed.	EW-2 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>4.02</u>	<u>1.45</u>
Confirm pumps are operating between setpoints	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>17.30</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>15.25</u>	<u>7.16</u>	<u>43.59</u>
If pumps on, is water flowing into IPC (Y/N)?	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>9.18</u>	<u>NA</u>

Process - (Check if OK or fill in values)

Chlorine Alarm status (on/off)	A1 <u>off</u>	A2 <u>off</u>	Auto rotate on/off	<input checked="" type="checkbox"/>
If on - record chlorine concentration (ppm)	<u> </u>		Discharge pump operating	<input checked="" type="checkbox"/>
Operate exhaust fan manually	<input checked="" type="checkbox"/>		Discharge pump pressure normal	<input checked="" type="checkbox"/>
FT-801 reading (GPM)	<u>16.21</u>		Building temp accurate	<input checked="" type="checkbox"/>
Chemical rates normal for flow?	<input checked="" type="checkbox"/>		Mixers operating?	<input checked="" type="checkbox"/>
Catch tank display level=actual?	<input checked="" type="checkbox"/>		Other Alarms (Y/N)	<u>y-w3 flow meter</u>

Filtration (Check if OK)

Air compressor pressure in range	<input checked="" type="checkbox"/>	Solenoid status correct for operation	<input checked="" type="checkbox"/>
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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	<input checked="" type="checkbox"/>	Check auto drain operation	<input checked="" type="checkbox"/>
Check oil level at least monthly	<input checked="" type="checkbox"/>	Check dryer - alarms? Cycling?	<input checked="" type="checkbox"/>
Belt tension	<input checked="" type="checkbox"/>	HX fan operates with compressor?	<input checked="" type="checkbox"/>

Unit Heaters (Check if OK)

Thermostats set correctly (50-55 F)	<input checked="" type="checkbox"/>	Propane tank level greater than 20%	<input checked="" type="checkbox"/>
Heaters working	<input checked="" type="checkbox"/>		

IPC (Y/N)

IPC discharge clear?	<input checked="" type="checkbox"/>	Check sludge ports (Sludge Y/N)	<u>Y</u>
Floatables? (take photos if yes)	<u>N</u>	Indicate % of sludge at each port	Upper <u>0</u> Mid <u>50</u> Lower <u>100</u>
Coag visibly dosing?	<input checked="" type="checkbox"/>		
Floc visibly dosing?	<input checked="" type="checkbox"/>		

Chemical Feed (Fill in values)

305 Bleach	Height (in) <u>24"</u>	mA Signal <u>5.5</u>	Notes <u> </u>
2130 Coagulant	Height (in) <u>16"</u>	Stroke Rate <u>100</u>	Notes <u> </u>
1668 Flocculant	Volume (gal) <u>390</u>	Stroke Rate <u>577</u>	Notes <u> </u>
Dosing pumps at normal rate?	<input checked="" type="checkbox"/>	Chemicals needed?	<u> </u>

Floor Sumps (Y/N)

Sump levels normal?	<input checked="" type="checkbox"/>	Pump runs but not emptying sump?	<u>N</u>
High-High level switches operate freely?	<input checked="" type="checkbox"/>	Back flowing after pump cycle?	<u>N</u>
Excessive sludge/sediment?	<u>N</u>		

Diaphragm pumps (Check if OK)

	Thick Feed	Press Feed	Floc Feed
Proper operation/flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Regulators working properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exhaust mufflers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Filter Press (Check if OK)

Hydraulic ram operating normally	<input checked="" type="checkbox"/>	Sorbent pads replaced?	<u>N</u>
Hydraulic pressure normal	<input checked="" type="checkbox"/>	How many total filled Haz drums onsite?	<u>6</u>
Significant leaks?	<u>N</u>	How many Haz drums filled & closed today?	<u>1</u>

General/Housekeeping

Wipe down dirty equipment/piping	<input checked="" type="checkbox"/>	Any leaks?	<u>N</u>	Waste drums needed?	<u>N</u>
Sweep and/or wash floors	<input checked="" type="checkbox"/>	Lights working?	<input checked="" type="checkbox"/>	Drum labels needed?	<u>N</u>
Fire extinguisher inspection (monthly)	<input checked="" type="checkbox"/>	Exit signs working?	<input checked="" type="checkbox"/>	Removed trash?	<u>N</u>
Sludge in Clarifier Catch Tank?	<u>N</u>				

Grounds

Mow/trim around building, structures, wells, bollards, control panels and cleanouts		Clear woody vegetation from swales and cap
Shovel doorways, apply ice melt		Look for damage fencing/gates
Confirm gates and doorways locked		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
Clarifier Catch Tank			Low-Low	Level (off)	Level (on)	High-High
			0.5	1	2	3.25

Chlorine Alarm

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
 regulator setpoint 90 psi
 Auto drain 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:

*System running on arrival. Empty sludge from filter press into waste drums.
 Fill filter press with batched sludge. Pump down clarifier and wash down
 plates w/ hose. Fill chemical supplies and prep contents of thickener
 tank for sludge batching next week. After filling ITC, floatables present,
 remove w/ shop vac. System running on departure.*

DAILY INSPECTION REPORT

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

*FOA Edwards
Landfill*

Date: 6/28/20

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

Fort Edward Landfill - Weekly Operation and Maintenance Checklist



Staff: AT+JM

Date: 7/6/20

Time: 8:00

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 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>13.84</u>	<u>0</u>
Run pumps in "Manual" to confirm flow, if needed.	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>0</u>	<u>9.56</u>	<u>0</u>
Confirm pumps are operating between setpoints	EW-2 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>14.30</u>	<u>NA</u>
Confirm pressure with pump cycling & not high/low	EW-3 <u>N</u>	<u>N</u>	<u>N</u>	<u>0</u>	<u>14.30</u>	<u>NA</u>
If pumps on, is water flowing into IPC (Y/N)? <u>Y</u>	EW-4 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>13.66</u>	<u>8.37</u>	<u>40.81</u>
Process - (Check if OK or fill in values)	EW-5 <u>Y</u>	<u>Y</u>	<u>N</u>	<u>NA</u>	<u>5.68</u>	<u>NA</u>
Chlorine Alarm status (on/off) A1 <u>N</u>	A2 <u>N</u>		Auto rotate on/off			<u>✓</u>
If on - record chlorine concentration (ppm)			Discharge pump operating			<u>✓</u>
Operate exhaust fan manually			Discharge pump pressure normal			<u>✓</u>
FT-801 reading (GPM) <u>14.31</u>			Building temp accurate			<u>✓</u>
Chemical rates normal for flow?			Mixers operating?			<u>✓</u>
Catch tank display level=actual?			Other Alarms (Y/N) <u>w3 flow alarm</u>			<u>Y</u>
Filtration (Check if OK)			Solenoid status correct for operation			<u>✓</u>
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						

BUILDING/GROUNDS

Air Compressor (Check if OK)						
Cycle times normal for load	<u>✓</u>			Check auto drain operation		<u>✓</u>
Check oil level at least monthly	<u>✓</u>			Check dryer - alarms? Cycling?		<u>✓</u>
Belt tension	<u>✓</u>			HX fan operates with compressor?		<u>✓</u>
Unit Heaters (Check if OK)				Propane tank level greater than 20%		<u>✓</u>
Thermostats set correctly (50-55 F)	<u>✓</u>					
Heaters working	<u>✓</u>					
IPC (Y/N)				Check sludge ports (Sludge Y/N)		<u>Y</u>
IPC discharge clear?	<u>Y</u>			Indicate % of sludge at each port	Upper	<u>0%</u>
Floatables? (take photos if yes)	<u>N</u>				Mid	<u>50%</u>
Coag visibly dosing?	<u>Y</u>				Lower	<u>100%</u>
Floc visibly dosing?	<u>Y</u>					
Chemical Feed (Fill in values)						
305 Bleach	Height (in) <u>19</u>	mA Signal <u>5.3</u>	Notes			
2130 Coagulant	Height (in) <u>12.75</u>	Stroke Rate <u>8.8</u>	Notes			
1668 Flocculant	Volume (gal) <u>400</u>	Stroke Rate <u>5.1</u>	Notes			
Dosing pumps at normal rate?	<u>✓</u>		Chemicals needed?			
Floor Sumps (Y/N)						
Sump levels normal?	<u>✓</u>			Pump runs but not emptying sump?		<u>N</u>
High-High level switches operate freely?	<u>✓</u>	(check monthly)		Back flowing after pump cycle?		<u>N</u>
Excessive sludge/sediment?	<u>N</u>					
Diaphragm pumps (Check if OK)	Thick Feed	Press Feed	Floc Feed			
Proper operation/flow	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Regulators working properly	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Exhaust mufflers	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Filter Press (Check if OK)						
Hydraulic ram operating normally	<u>✓</u>			Sorbent pads replaced?		<u>N</u>
Hydraulic pressure normal	<u>✓</u>			How many total filled Haz drums onsite?		<u>7</u>
Significant leaks?	<u>N</u>			How many Haz drums filled & closed today?		<u>1</u>
General/Housekeeping						
Wipe down dirty equipment/piping	<u>✓</u>	Any leaks?	<u>N</u>	Waste drums needed?		<u>YES</u>
Sweep and/or wash floors	<u>✓</u>	Lights working?	<u>✓</u>	Drum labels needed?		<u>N</u>
Fire extinguisher inspection (monthly)	<u>✓</u>	Exit signs working?	<u>✓</u>	Removed trash?		<u>✓</u>
Sludge in Clarifier Catch Tank?	<u>N</u>					
Grounds						
Mow/trim around building, structures, wells, bollards, control panels and cleanouts				Clear woody vegetation from swales and cap		
Shovel doorways, apply ice melt				Look for damage fencing/gates		
Confirm gates and doorways locked				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
Clarifier Catch Tank			Low-Low	Level (off)	Level (on)	High-High
			0.5	1	2	3.25

Chlorine Alarm

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
 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

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:

System running on arrival. Empty filter cakes into drum. Fill filter from thickener tank for next visit. Batch sludge from IPC to thickener tank. Batch/resupply chemicals. Clean IPC plates and refill + restart system. Perform grounds maintenance. Perform blowdown and decant water from thickener tanks. System running on departure.

DAILY INSPECTION REPORT

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

*Fort Ed
Landfill*

Date: *7/6/20*

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above:		
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		