

Matt D.



TETRA TECH FW, INC.

28

24 June 2004
RAC II-2004-103

Ms. Sharon Trocher
Work Assignment Manager
U.S. Environmental Protection Agency
290 Broadway, 20th Floor
New York, NY 10007-1866

**SUBJECT: USEPA RAC II CONTRACT NUMBER 68-W-98-214
WORK ASSIGNMENT NUMBER 109-RALR-0238
VESTAL WATER SUPPLY WELL, OPERABLE UNIT 1
JANUARY 2004 PERFORMANCE MONITORING REPORT**

Dear Ms. Trocher:

I am pleased to provide the January 2004 Monthly Performance Monitoring Report for the Vestal Water Supply Well treatment facility.

A. Monthly Operations

The treatment system at the Vestal Water Supply Well operated continuously during the month of January. The Monthly Operating Report submitted by the Long Term Response Subcontractor, Aguilar Environmental, Inc., is included in Attachment 1. A summary of the operation and maintenance activities performed during January is as follows:

- Routine cleaning and inspections of the facility were performed;
- Air filters were replaced;
- Facility heating fan fixed;
- Facility thermostat replaced; and
- The monthly influent and effluent samples were collected.

B. Operational Data

The following table presents operational data for the year 2004, arranged by month:



| Month | Operating Days | Average flow Meter% | Average flow rate (gpm) | Amount of groundwater treated (mg) |
|--|----------------|---------------------|-------------------------|------------------------------------|
| January | 31 | 50 | 575 | 25.7 |
| Volume of groundwater treated for 2004 | | | | 25.7 |
| Volume of groundwater treated for the OU-1 | | | | 2445.3 |

gpm - gallons per minute

mg - millions of gallons

C. Comparison of Influent and Effluent Concentrations with Discharge Criteria

The treatment plant influent and effluent analytical data received from the EPA-DESA laboratory for the month of January 2004 are included in Attachment 2. A summary of the data for the compounds detected in the plant influent and effluent is as follows:

| Compound | Discharge Criteria (ug/L) | Influent Concentration (ug/L) | | | | | | | | | | | | Effluent Concentration (ug/L) January | |
|---------------------------------------|---------------------------|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------------------------------|-------|
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | |
| Vinyl Chloride | 2 | 4.8 | | | | | | | | | | | | | 0.5 U |
| Chloroethane | | 1 | | | | | | | | | | | | | 0.5 U |
| 1,1-Dichloroethene* | 5 | 11 | | | | | | | | | | | | | 1.0 U |
| 1,1,2 Trichloro-1,2,2-Trifluoroethane | | 3.6 | | | | | | | | | | | | | 0.5 U |
| Trans-1,2-Dichloroethene* | 5 | 0.5 U | | | | | | | | | | | | | 0.5 U |
| Methyl Tert-Butyl Ether | | 3.9 | | | | | | | | | | | | | .90 |
| 1,1-Dichloroethane | 5 | 23 | | | | | | | | | | | | | 0.5 U |
| Cis-1,2-Dichloroethene* | 5 | 56 | | | | | | | | | | | | | 0.5 U |
| Chloroform | 7 | 0.5 U | | | | | | | | | | | | | 0.5 U |
| 1,1,1-Trichloroethane* | 5 | 120 | | | | | | | | | | | | | 0.5 U |
| Trichloroethene* | 5 | 46 | | | | | | | | | | | | | 0.5 U |
| Total Volatile Organics* | 100 | 269.3 | | | | | | | | | | | | | .90 |

Note:

ug/L = micrograms per liter

* = Site Contaminant of Concern

U = Below Reporting Limit

D. Next Month's Activities

The following activities are planned for February 2004:

- Finish repairs on pump control valve
- Routine system maintenance.

E. Summary and Recommendations

Based on the treatment plant influent and effluent data summarized above, it can be concluded that the treated water continues to meet the discharge limits. Please feel free to contact me at (973) 630-8197 if you should have any questions.

Sincerely,



Heidemarie Roldan
Project Manager

Attachments

cc: K. Moncino (EPA)
M. Dunham (NYSDEC)

Attachment 1

Case Narrative:
Vestal #04010002

The Laboratory has met all data quality objectives, e.g., Target Reporting Limits, Accuracy and Precision, established for this project except where noted below.

Reporting Limits:

OLC03.2 contains a list of Contract Required Quantitation Limits (CRQLs) for each analyte. The Laboratory was able to achieve the listed CRQLs except for the following analytes:

The CRQL for Trichlorofluoromethane, 1,1-Dichloroethene, Methyl Acetate Bromochloromethane, Bromobenzene, n-Propylbenzene, 1,2-Dibromo-3-Chloropropane, Naphthalene and 1,2,3-Trichlorobeneze in water is 0.5 ug/L. The Laboratory's Reporting Limit was raised to 1ug/L due to problems with the initial calibration curve. The CRQL for Acetone in water is 5.0ug/L. The Laboratory's Reporting Limit was raised to 10ug/L due to problems associated with the method blank.

Approval: _____

J. R. Polu

Date: _____

2/8/04



U.S. Environmental Protection Agency
Region 2 Laboratory

Data Report: Vestal Well 1-1 [1/04]

Project Number: 04010002

Program: Y206E

Project Leader: L. Niles

| Remark Codes | Explanation |
|--------------|--|
| U | THE ANALYTE WAS NOT DETECTED AT OR ABOVE THE REPORTING LIMIT. |
| J | THE IDENTIFICATION OF THE ANALYTE IS ACCEPTABLE; THE REPORTED VALUE IS AN ESTIMATE. |
| UJ | THE ANALYTE WAS NOT DETECTED AT OR ABOVE THE REPORTING LIMIT. THE REPORTING LIMIT IS AN ESTIMATE. |
| N | THERE IS PRESUMPTIVE EVIDENCE THAT THE ANALYTE IS PRESENT; THE ANALYTE IS REPORTED AS A TENTATIVE IDENTIFICATION. |
| NJ | THERE IS PRESUMPTIVE EVIDENCE THAT THE ANALYTE IS PRESENT; THE ANALYTE IS REPORTED AS A TENTATIVE IDENTIFICATION. THE REPORTED VALUE IS AN ESTIMATE. |
| R | THE PRESENCE OR ABSENCE OF THE ANALYTE CANNOT BE DETERMINED FROM THE DATA DUE TO SEVERE QUALITY CONTROL PROBLEMS. THE DATA ARE REJECTED AND CONSIDERED UNUSABLE. |
| K | THE IDENTIFICATION OF THE ANALYTE IS ACCEPTABLE; THE REPORTED VALUE MAY BE BIASED HIGH. THE ACTUAL VALUE IS EXPECTED TO BE LESS THAN THE REPORTED VALUE. |
| L | THE IDENTIFICATION OF THE ANALYTE IS ACCEPTABLE; THE REPORTED VALUE MAY BE BIASED LOW. THE ACTUAL VALUE IS EXPECTED TO BE GREATER THAN THE REPORTED VALUE. |
| NV | NOT VALIDATED |
| INC | RESULT NOT ENTERED |



U.S. EPA Region 2 Laboratory
Data Report

Survey Name: Vestal Well 1-1 [1/04]

Project Number: 04010002

*Sorted By Sample ID

AF00001 Field/Station ID: INFLUENT
Matrix: Aqueous

Date Received: 1/5/2004

Sample Description:

Analysis Type: VOA LOW LEVEL GCMS DRINK WTR

| CAS Number | Analyte Name | Result | Remark Codes | Units |
|------------|---------------------------------------|--------|--------------|-------|
| 75-43-4 | DICHLORODIFLUOROMETHANE | --- | 0.50U | ug/L |
| 000074873 | CHLOROMETHANE | --- | 0.50U | ug/L |
| 000075014 | VINYL CHLORIDE | 4.8 | K | ug/L |
| 000074839 | BROMOMETHANE | --- | 0.50U | ug/L |
| 000075003 | CHLOROETHANE | 1.0 | | ug/L |
| 000075694 | TRICHLOROFLUOROMETHANE | --- | 1.0U | ug/L |
| 000075354 | 1,1-DICHLOROETHENE | 11 | K | ug/L |
| 76-13-1 | 1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE | 3.6 | | ug/L |
| 000075150 | CARBON DISULFIDE | --- | 0.50U | ug/L |
| 000067641 | ACETONE | --- | 10U | ug/L |
| 79-20-9 | METHYL ACETATE | --- | 1.0U | ug/L |
| 000075092 | METHYLENE CHLORIDE | --- | 0.50U | ug/L |
| 000156605 | TRANS-1,2-DICHLOROETHENE | --- | 0.50U | ug/L |
| 001634044 | METHYL TERT-BUTYL ETHER | 3.9 | | ug/L |
| 000075343 | 1,1-DICHLOROETHANE | 23 | | ug/L |
| 000156592 | CIS-1,2-DICHLOROETHENE | 56 | | ug/L |
| 594-20-7 | 2,2-DICHLOROPROPANE | --- | 0.50U | ug/L |
| 000078933 | 2-BUTANONE | --- | 1.0U | ug/L |
| 000074975 | BROMOCHLOROMETHANE | --- | 1.0U | ug/L |
| 000067663 | CHLOROFORM | --- | 0.50U | ug/L |
| 71-55-6 | 1,1,1-TRICHLOROETHANE | 120 | | ug/L |
| 110-82-7 | CYCLOHEXANE | --- | 0.50U | ug/L |
| 000056235 | CARBON TETRACHLORIDE | --- | 0.50U | ug/L |
| 000563586 | 1,1-DICHLOROPROPENE | --- | 0.50U | ug/L |
| 000071432 | BENZENE | --- | 0.50U | ug/L |
| 000107062 | 1,2-DICHLOROETHANE | --- | 0.50U | ug/L |
| 025323891 | TRICHLOROETHENE | 46 | | ug/L |
| 108-87-2 | METHYLCYCLOHEXANE | --- | 0.50U | ug/L |
| 000078875 | 1,2-DICHLOROPROPANE | --- | 0.50U | ug/L |
| 000074953 | DIBROMOMETHANE | --- | 0.50U | ug/L |
| 000075274 | BROMODICHLOROMETHANE | --- | 0.50U | ug/L |
| 010061015 | CIS-1,3-DICHLOROPROPENE | --- | 0.50U | ug/L |
| 000108101 | 4-METHYL-2-PENTANONE | --- | 1.0U | ug/L |
| 000108883 | TOLUENE | --- | 0.50U | ug/L |
| 010061026 | TRANS-1,3-DICHLOROPROPENE | --- | 0.50U | ug/L |
| 000079005 | 1,1,2-TRICHLOROETHANE | --- | 0.50U | ug/L |
| 000127184 | TETRACHLOROETHENE | --- | 0.50U | ug/L |
| 000142289 | 1,3-DICHLOROPROPANE | --- | 0.50U | ug/L |
| 000124481 | DIBROMOCHLOROMETHANE | --- | 0.50U | ug/L |
| 000106934 | 1,2-DIBROMOETHANE | --- | 0.50U | ug/L |
| 000591786 | 2-HEXANONE | --- | 1.0U | ug/L |
| 000108907 | CHLOROBENZENE | --- | 0.50U | ug/L |

Refer to Page 1 for an explanation of Remark Codes

Report Date: 2/5/2004 3:06PM

Page 2 of 5



U.S. EPA Region 2 Laboratory
Data Report

Survey Name: Vestal Well 1-1 [1/04]

Project Number: 04010002

*Sorted By Sample ID

AF00001 Field/Station ID: INFLUENT
Matrix: Aqueous

Date Received: 1/5/2004

Sample Description:

Analysis Type: VOA LOW LEVEL GCMS DRINK WTR

| CAS Number | Analyte Name | Result | Remark Codes | Units |
|------------|-----------------------------|--------|--------------|-------|
| 000630206 | 1,1,1,2-TETRACHLOROETHANE | --- | 0.50U | ug/L |
| 100-41-4 | ETHYLBENZENE | --- | 0.50U | ug/L |
| 001330207 | M/P-XYLENE | --- | 0.50U | ug/L |
| 000095476 | O-XYLENE | --- | 0.50U | ug/L |
| 000100425 | STYRENE | --- | 0.50U | ug/L |
| 000075252 | BROMOFORM | --- | 0.50U | ug/L |
| 000098828 | ISOPROPYLBENZENE | --- | 0.50U | ug/L |
| 000108861 | BROMOBENZENE | --- | 1.0U | ug/L |
| 000096184 | 1,2,3-TRICHLOROPROPANE | --- | 0.50U | ug/L |
| 000079345 | 1,1,2,2-TETRACHLOROETHANE | --- | 0.50U | ug/L |
| 000103651 | N-PROPYLBENZENE | --- | 1.0U | ug/L |
| 000095498 | 2-CHLOROTOLUENE | --- | 0.50U | ug/L |
| 106-43-4 | 4-CHLOROTOLUENE | --- | 0.50U | ug/L |
| 000108678 | 1,3,5-TRIMETHYLBENZENE | --- | 0.50U | ug/L |
| 000098066 | TERT-BUTYLBENZENE | --- | 0.50U | ug/L |
| 000095636 | 1,2,4-TRIMETHYLBENZENE | --- | 0.50U | ug/L |
| 135-98-8 | SEC-BUTYLBENZENE | --- | 0.50U | ug/L |
| 000541731 | 1,3-DICHLOROBENZENE | --- | 0.50U | ug/L |
| 000106467 | 1,4-DICHLOROBENZENE | --- | 0.50U | ug/L |
| 000095501 | 1,2-DICHLOROBENZENE | --- | 0.50U | ug/L |
| 000099876 | 4-ISOPROPYLTOLUENE | --- | 0.50U | ug/L |
| 000104518 | N-BUTYLBENZENE | --- | 0.50U | ug/L |
| 000096128 | 1,2-DIBROMO-3-CHLOROPROPANE | --- | 1.0U | ug/L |
| 000120821 | 1,2,4-TRICHLOROBENZENE | --- | 0.50U | ug/L |
| 87-68-3 | HEXACHLOROBUTADIENE | --- | 0.50U | ug/L |
| 000091203 | NAPHTHALENE | --- | 1.0U | ug/L |
| 000087616 | 1,2,3-TRICHLOROBENZENE | --- | 1.0U | ug/L |

AF00002 Field/Station ID: EFFLUENT
Matrix: Aqueous

Date Received: 1/5/2004

Sample Description:

Analysis Type: VOA LOW LEVEL GCMS DRINK WTR

| CAS Number | Analyte Name | Result | Remark Codes | Units |
|------------|--------------|--------|--------------|-------|
|------------|--------------|--------|--------------|-------|

Refer to Page 1 for an explanation of Remark Codes

Report Date: 2/5/2004 3:06PM



U.S. EPA Region 2 Laboratory
Data Report

Survey Name: Vestal Well 1-1 [1/04]

Project Number: 04010002

*Sorted By Sample ID

AF00002 Field/Station ID: EFFLUENT
Matrix: Aqueous

Date Received: 1/5/2004

Sample Description:

Analysis Type: VOA LOW LEVEL GCMS DRINK WTR

| CAS Number | Analyte Name | Result | Remark Codes | Units |
|------------|---------------------------------------|--------|--------------|-------|
| 75-43-4 | DICHLORODIFLUOROMETHANE | --- | 0.50U | ug/L |
| 000074873 | CHLOROMETHANE | --- | 0.50U | ug/L |
| 000075014 | VINYL CHLORIDE | --- | 0.50U | ug/L |
| 000074839 | BROMOMETHANE | --- | 0.50U | ug/L |
| 000075003 | CHLOROETHANE | --- | 0.50U | ug/L |
| 000075694 | TRICHLOROFLUOROMETHANE | --- | 1.0U | ug/L |
| 000075354 | 1,1-DICHLOROETHENE | --- | 1.0U | ug/L |
| 76-13-1 | 1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE | --- | 0.50U | ug/L |
| 000075150 | CARBON DISULFIDE | --- | 0.50U | ug/L |
| 000067641 | ACETONE | --- | 10U | ug/L |
| 79-20-9 | METHYL ACETATE | --- | 1.0U | ug/L |
| 000075092 | METHYLENE CHLORIDE | --- | 0.50U | ug/L |
| 000156605 | TRANS-1,2-DICHLOROETHENE | --- | 0.50U | ug/L |
| 001634044 | METHYL TERT-BUTYL ETHER | 0.90 | | ug/L |
| 000075343 | 1,1-DICHLOROETHANE | --- | 0.50U | ug/L |
| 000156592 | CIS-1,2-DICHLOROETHENE | --- | 0.50U | ug/L |
| 594-20-7 | 2,2-DICHLOROPROPANE | --- | 0.50U | ug/L |
| 000078933 | 2-BUTANONE | --- | 1.0U | ug/L |
| 000074975 | BROMOCHLOROMETHANE | --- | 1.0U | ug/L |
| 000067663 | CHLOROFORM | --- | 0.50U | ug/L |
| 71-55-6 | 1,1,1-TRICHLOROETHANE | --- | 0.50U | ug/L |
| 110-82-7 | CYCLOHEXANE | --- | 0.50U | ug/L |
| 000056235 | CARBON TETRACHLORIDE | --- | 0.50U | ug/L |
| 000563586 | 1,1-DICHLOROPROPENE | --- | 0.50U | ug/L |
| 000071432 | BENZENE | --- | 0.50U | ug/L |
| 000107062 | 1,2-DICHLOROETHANE | --- | 0.50U | ug/L |
| 025323891 | TRICHLOROETHENE | --- | 0.50U | ug/L |
| 108-87-2 | METHYLCYCLOHEXANE | --- | 0.50U | ug/L |
| 000078875 | 1,2-DICHLOROPROPANE | --- | 0.50U | ug/L |
| 000074953 | DIBROMOMETHANE | --- | 0.50U | ug/L |
| 000075274 | BROMODICHLOROMETHANE | --- | 0.50U | ug/L |
| 010061015 | CIS-1,3-DICHLOROPROPENE | --- | 0.50U | ug/L |
| 000108101 | 4-METHYL-2-PENTANONE | --- | 1.0U | ug/L |
| 000108883 | TOLUENE | --- | 0.50U | ug/L |
| 010061026 | TRANS-1,3-DICHLOROPROPENE | --- | 0.50U | ug/L |
| 000079005 | 1,1,2-TRICHLOROETHANE | --- | 0.50U | ug/L |
| 000127184 | TETRACHLOROETHENE | --- | 0.50U | ug/L |
| 000142289 | 1,3-DICHLOROPROPANE | --- | 0.50U | ug/L |

Refer to Page 1 for an explanation of Remark Codes

Report Date: 2/5/2004 3:06PM



U.S. EPA Region 2 Laboratory
Data Report

Survey Name: Vestal Well 1-1 [1/04]

Project Number: 04010002

*Sorted By Sample ID

AF00002 Field/Station ID: EFFLUENT
Matrix: Aqueous

Date Received: 1/5/2004

Sample Description:

Analysis Type: VOA LOW LEVEL GCMS DRINK WTR

| CAS Number | Analyte Name | Result | Remark Codes | Units |
|------------|-----------------------------|--------|--------------|-------|
| 000124481 | DIBROMOCHLOROMETHANE | --- | 0.50U | ug/L |
| 000106934 | 1,2-DIBROMOETHANE | --- | 0.50U | ug/L |
| 000591786 | 2-HEXANONE | --- | 1.0U | ug/L |
| 000108907 | CHLOROBENZENE | --- | 0.50U | ug/L |
| 000630206 | 1,1,1,2-TETRACHLOROETHANE | --- | 0.50U | ug/L |
| 100-41-4 | ETHYLBENZENE | --- | 0.50U | ug/L |
| 001330207 | M/P-XYLENE | --- | 0.50U | ug/L |
| 000095476 | O-XYLENE | --- | 0.50U | ug/L |
| 000100425 | STYRENE | --- | 0.50U | ug/L |
| 000075252 | BROMOFORM | --- | 0.50U | ug/L |
| 000098828 | ISOPROPYLBENZENE | --- | 0.50U | ug/L |
| 000108861 | BROMOBENZENE | --- | 1.0U | ug/L |
| 000096184 | 1,2,3-TRICHLOROPROPANE | --- | 0.50U | ug/L |
| 000079345 | 1,1,1,2-TETRACHLOROETHANE | --- | 0.50U | ug/L |
| 000103651 | N-PROPYLBENZENE | --- | 1.0U | ug/L |
| 000095498 | 2-CHLOROTOLUENE | --- | 0.50U | ug/L |
| 106-43-4 | 4-CHLOROTOLUENE | --- | 0.50U | ug/L |
| 000108678 | 1,3,5-TRIMETHYLBENZENE | --- | 0.50U | ug/L |
| 000098066 | TERT-BUTYLBENZENE | --- | 0.50U | ug/L |
| 000095636 | 1,2,4-TRIMETHYLBENZENE | --- | 0.50U | ug/L |
| 135-98-8 | SEC-BUTYLBENZENE | --- | 0.50U | ug/L |
| 000541731 | 1,3-DICHLOROBENZENE | --- | 0.50U | ug/L |
| 000106467 | 1,4-DICHLOROBENZENE | --- | 0.50U | ug/L |
| 000095801 | 1,2-DICHLOROBENZENE | --- | 0.50U | ug/L |
| 000099876 | 4-ISOPROPYLTOLUENE | --- | 0.50U | ug/L |
| 000104518 | N-BUTYLBENZENE | --- | 0.50U | ug/L |
| 000096128 | 1,2-DIBROMO-3-CHLOROPROPANE | --- | 1.0U | ug/L |
| 000120821 | 1,2,4-TRICHLOROBENZENE | --- | 0.50U | ug/L |
| 87-68-3 | HEXACHLOROBUTADIENE | --- | 0.50U | ug/L |
| 000091203 | NAPHTHALENE | --- | 1.0U | ug/L |
| 000087616 | 1,2,3-TRICHLOROBENZENE | --- | 1.0U | ug/L |

Project Approval:

J. D. [Signature]

Date:

2/8/04

Refer to Page 1 for an explanation of Remark Codes

Report Date: 2/5/2004 3:06PM

Attachment 2



AGUILAR ENVIRONMENTAL, INC.

919 Highway 33 - #47, Freehold, New Jersey 07728 • (732) 294-9980 • Fax (732) 294-9939

JANUARY 2004

MONTHLY OPERATING REPORT

for

OPERATION & MAINTENANCE

at

**VESTAL WELL 1-1 SITE
VESTAL, NEW YORK**

Prepared for

TETRA TECH FW, INC.
1000 The American Road
Morris Plains, New Jersey 07950

SUBCONTRACT #15623

Prepared by

AGUILAR ENVIRONMENTAL, INC.
919 Highway 33, Suite #47
Freehold, New Jersey 07728

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| 5.0 | RECOMMENDATIONS | 2 |

APPENDICES

Appendix A - Copy of Log

Appendix B - Weekly Health and Safety Inspection Forms

1.0 INTRODUCTION

The treatment system at Vestal Well 1-1 has operated continuously for the month of January. The cathodic protection system operated without problem. Cathodix Inc. has not yet sent the recorder previously talked about to collect the data. During the sub freezing weather the thermostat unit in the old pump house failed. This in turn caused freezing of pipes. In the old pump house the emergency shower line burst. The problem has been corrected. The thermostat and fans have been repaired. In the chlorine building the fan is still not working, therefore a small portable heater has been placed inside to heat the room. The pump control valve still needs additional repair. Estimated date for this project is yet to be determined.

2.0 MONTHLY OPERATIONS

The following work took place:

- Routine site inspections of the facility.
- Replaced the thermostat in the old pump house
- Snow shoveled
- Old pump house cleaned and swept
- Fixed heating fan in old pump house
- Monthly sampling with Simon.

3.0 REPAIR WORK

All repair work that took place was mentioned above.

4.0 PROPOSED WORK

- Finish pump control valve
- Paint piping in stripper/blower building (after repair work is complete)

5.0 RECOMMENDATIONS

It is recommended that the following be acted upon by Foster Wheeler.

1. Pursue getting approval to turn off high service pump

APPENDIX A
COPY OF LOG

Vestal Well 1-1 Site
Vestal, New York

Monthly Operating Report
January 2004

AGUILAR ENVIRONMENTAL, INC.

919 Highway 33 - #47, Freehold, New Jersey 07728 ■ Phone No. (732) 294-9980 ■ Fax No. (732) 294-9939

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 2004 | S | M | T | W | T | F | S | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| pril 20 | S | M | T | W | T | F | S | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Maic | S | M | T | W | T | F | S | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| /2004 | S | M | T | W | T | F | S | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

Notes

1

THURSDAY
001/365 WEEK 1
New Year's

No Visit

2

FRIDAY
002/364 WEEK 1

weekly health & safety check

Fire Extinguishers ✓
Shower ✓
Air Monitoring ✓

checked Bbwer Room
Filters, will need to be cleaned

3

SATURDAY
003/363 WEEK 1

No Visit

4

SUNDAY
004/362 WEEK 2

visited site
Everything Fine
Lock Frozen on fence
Very cold

JANUARY

acemb.
S M T W T F S
1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30 31

W
S M T
4 5 6
7 8 9
10 11
12 13
14 15
16 17
18 19
20 21
22 23
24 25
26 27
28 29
30 31

Notes

5

MONDAY

005/361 WEEK 2

No visit

6

TUESDAY

006/360 WEEK 2

No visit

7

WEDNESDAY

007/359 WEEK 2

shovel path in snow

Very cold out

Everything running fine

December 2003
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

January 2004
 S M T W T F S
 4 5 6 7 8 9
 10 11 12 13 14 15
 16 17 18 19 20 21
 22 23 24 25 26 27 28
 29 30 31

February 2004
 S M T W T F S
 1 2 3 4 5 6 7
 8 9 10 11 12 13 14
 15 16 17 18 19 20 21
 22 23 24 25 26 27 28
 29

March 2004
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

April 2004
 S M T W T F S
 4 5 6 7 8 9 10
 11 12 13 14 15 16 17
 18 19 20 21 22 23 24
 25 26 27 28 29 30
 31

Week of JAN 15

Notes

8

THURSDAY
 008/358 WEEK 2

No Visit

9

FRIDAY
 009/357 WEEK 2

weekly health & safety check

Fire Extinguishers ✓
 Air Monitoring ✓
 Showers ✓

Still cold

Re-shoveled path in snow

10

SATURDAY
 010/356 WEEK 2

No Visit

11

SUNDAY
 011/355 WEEK 3

No Visit

thin snow

Clearing fine

JANUARY

December 2003
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

January 2004
 S M T W T F S
 1 2 3
 4 5 6 7 8 9 10
 11 12 13 14 15 16 17
 18 19 20 21 22 23 24
 25 26 27 28 29 30 31

Notes

12

MONDAY
012/354 WEEK 3

Broken pipes in old well
 house, Thermostat and heating elements
 changed

13

TUESDAY
013/353 WEEK 3

portable heater placed in
 chlorine room to maintain heat
 level

14

WEDNESDAY
014/352 WEEK 3

re sealed hole in well
 from cathodic installation

December 2003
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

January
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

February 2004
 S M T W T F S
 1 2 3 4 5 6 7
 8 9 10 11 12 13 14
 15 16 17 18 19 20 21
 22 23 24 25 26 27 28
 29

March 2004
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

April 2004
 S M T W T F S
 1 2 3
 4 5 6 7 8 9 10
 11 12 13 14 15 16 17
 18 19 20 21 22 23 24
 25 26 27 28 29 30

May 2004
 S M T W T F S
 1
 2 3 4 5 6 7 8
 9 10 11 12 13 14 15
 16 17 18 19 20 21 22
 23 24 25 26 27 28 29
 30 31

Week of JAN. 12-18

Notes

15

THURSDAY
 015/351 WEEK 3

Old well house cleared
 out, slight water damage
 from broken pipes - Everything
 Fine

16

FRIDAY
 016/350 WEEK 3

Still below freezing -
 Very cold - Everything Running
 Fine / weekly health & safety check
 Fire Ex ✓ Air ✓
 Shower ✓

17

18

SATURDAY
 017/349 WEEK 3

SUNDAY
 018/348 WEEK 4

No Visit
 No Visit

s in old well
 and heating element

water placed in
 maintain heat

note in well
 about the man

1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30 31

PLANNING

1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30 31

Notes

19

MONDAY

019/347 WEEK 4

Martin Luther King, Jr. Day

Visited site

removed all water damaged
garbage, swept floors

very cold!!

20

TUESDAY

020/346 WEEK 4

No visit

21

WEDNESDAY

021/345 WEEK 4

Visited site

checked blower foam filters
will change next week

should snow

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
 30 31
 S M T W T F S S
 1 1 1 1 1 1 1
 2 1 1 1 1 1 1
 3 1 1 1 1 1 1
 4 1 1 1 1 1 1
 5 1 1 1 1 1 1
 6 1 1 1 1 1 1
 7 1 1 1 1 1 1
 8 1 1 1 1 1 1
 9 1 1 1 1 1 1
 10 1 1 1 1 1 1
 11 1 1 1 1 1 1
 12 1 1 1 1 1 1
 13 1 1 1 1 1 1
 14 1 1 1 1 1 1
 15 1 1 1 1 1 1
 16 1 1 1 1 1 1
 17 1 1 1 1 1 1
 18 1 1 1 1 1 1
 19 1 1 1 1 1 1
 20 1 1 1 1 1 1
 21 1 1 1 1 1 1
 22 1 1 1 1 1 1
 23 1 1 1 1 1 1
 24 1 1 1 1 1 1
 25 1 1 1 1 1 1
 26 1 1 1 1 1 1
 27 1 1 1 1 1 1
 28 1 1 1 1 1 1
 29 1 1 1 1 1 1
 30 1 1 1 1 1 1
 31 1 1 1 1 1 1

Notes

22

THURSDAY
022/344 WEEK 4

No Visit

23

FRIDAY
023/343 WEEK 4

Weekly Health & Safety Check

Fire Extinguishers ✓

Air Monitoring ✓

showers ✓

still cold

shovelled more snow

24

SATURDAY
024/342 WEEK 4

No Visit

25

SUNDAY
025/341 WEEK 5

Visited sit

Everything Fine
wind chill -19.1111

be
ter damaged
s very cold

e
in Filters
ext week
shovelled snow

Notes

26

MONDAY
026/340 WEEK 5

No Visit

27

TUESDAY
027/339 WEEK 5

Visited site

Removed blower from Filters,
cleaned them best possible, Rearranged
order & replaced Every thing
Fine

28

WEDNESDAY
028/338 WEEK 5

No Visit

December 2003
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

January 2004
 S M T W T F S
 4 5 6 7 8 9
 11 12 13 14 15 16 17
 18 19 20 21 22 23 24
 25 26 27 28 29 30 31

February 2004
 S M T W T F S
 1 2 3 4 5 6 7
 8 9 10 11 12 13 14
 15 16 17 18 19 20 21
 22 23 24 25 26 27 28
 29

March 2004
 S M T W T F S
 1 2 3 4 5 6
 7 8 9 10 11 12 13
 14 15 16 17 18 19 20
 21 22 23 24 25 26 27
 28 29 30 31

April 2004
 S M T W T F S
 1 2 3
 4 5 6 7 8 9 10
 11 12 13 14 15 16 17
 18 19 20 21 22 23 24
 25 26 27 28 29 30

May 2004
 S M T W T F S
 1 2 3 4 5 6 7 8
 9 10 11 12 13 14 15
 16 17 18 19 20 21 22
 23 24 25 26 27 28 29
 30 31

Week of JAN. 26-FEB. 1

Notes

29

THURSDAY
 029/337 WEEK 5

Weekly health & safety check

Fire Extinguishers ✓

Air Monitor May ✓

Shower

shovel more snow off path

* wind keeps blowing it back on

30

FRIDAY
 030/336 WEEK 5

No visit

31

SUNDAY
 031/335 WEEK 6

SATURDAY temp ↑ Freezing

Everything Fine

all buildings warm

No Visit

room Filters,

possible, teaming

Everything Fine

17

VESTAL WELL 1-1

MONTH

JAN 04

| DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| WELL HOUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL PUMP PACKING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRE LUBE LINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUMP MOTOR OIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUMP VIBRATION / HEAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHEMICAL BUILDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUMP PUMP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISCHARGE VALVES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLOW METER % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIALER - ALARMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHLORINE ROOM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL CONDITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOWER PACKING INSP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAIN PUMPHOUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOWER AND MOTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOWER AIR FILTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALARM/CONTROL PANEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLEARWELL LEVEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Float & BYPASS LINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H.S. PUMP PACKING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H.S. PUMP MOTOR OIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUMP VIBRATION / HEAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURGE RELIEF VALVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISCHARGE PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEMAND METER READ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTOR CONT. CENTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GROUNDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INGROUND TANK LEVEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AIR MONITORING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CALIBRATE METERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTSIDE AIR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL HOUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHEMICAL BUILDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHEM. BLDG. BASEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHLORINE ROOM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAIN PUMPHOUSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

10pm 1pm 3pm 5pm 12pm 12pm 12pm 12pm 6pm 3pm 5pm 5pm 12pm 2pm 6pm 12pm 2pm 6pm 12pm

APPENDIX B

WEEKLY HEALTH & SAFETY INSPECTION FORMS

Vestal Well 1-1 Site
Vestal, New York

Monthly Operating Report
January 2004

AGUILAR ENVIRONMENTAL, INC.

919 Highway 33 - #47, Freehold, New Jersey 07728 ■ Phone No. (732) 294-9980 ■ Fax No. (732) 294-9939

**VESTAL WELL 1-1 SITE
WEEKLY HEALTH AND SAFETY INSPECTION FORM**

Inspector's Name: Tavis R Shimer

Date: 1-2-04

Signature: T.R. Shimer

Time: 5:00pm

| WORK CONDITIONS | YES | NO | OBSERVATIONS |
|------------------------------|--------------|--------------|--------------|
| Walking/Working Surfaces | ✓ | | |
| Aisles and Passageways | ✓ | | |
| Ladders | ✓ | | |
| Exits/Egress | ✓ | | |
| Roadways | ✓ | | |
| Ventilation | ✓ | | |
| Lighting | ✓ | | |
| Noise Exposure | ✓ | | |
| MATERIALS | YES | NO | OBSERVATIONS |
| Stacking and Storage | ✓ | | |
| Chemicals and Fuel | ✓ | | |
| Compressed Gases | ✓ | ✓ | |
| EQUIPMENT | YES | NO | OBSERVATIONS |
| Hand/Portable Tools | ✓ | | |
| Materials Handling Equipment | ✓ | | |
| Mechanical Power Systems | ✓ | | |
| Pneumatic Power Systems | ✓ | ✓ | |
| Electrical Power Systems | ✓ | | |
| Valves and Controls | ✓ | | |
| HAZARD CONTROLS | YES | NO | OBSERVATIONS |
| Lock-Out Systems | ✓ | | |
| Signs and Tags | ✓ | | |
| Materials Labeling | ✓ | | |
| Warning Systems | ✓ | | |

None

FOLLOW-UP:

None

ACTIONS REQUIRED:

Air Monitoring system
Emergency shower

ADDITIONAL COMMENTS:

Fire Extinguisher

| EMERGENCY SYSTEMS | YES | NO | OBSERVATIONS |
|--------------------------|-------------------------------------|----|--------------|
| Emergency Instructions | <input checked="" type="checkbox"/> | | |
| Fire Protection | <input checked="" type="checkbox"/> | | |
| Eye Wash and Showers | <input checked="" type="checkbox"/> | | |
| First Aid Kits/Stations | <input checked="" type="checkbox"/> | | |
| PROTECTIVE EQUIPMENT | YES | NO | OBSERVATIONS |
| Eye Protection | <input checked="" type="checkbox"/> | | |
| Ear Protection | <input checked="" type="checkbox"/> | | |
| Respiratory Protection | <input checked="" type="checkbox"/> | | |
| Head Protection | <input checked="" type="checkbox"/> | | |
| Hand Protection | <input checked="" type="checkbox"/> | | |
| Foot Protection | <input checked="" type="checkbox"/> | | |
| Body Protection | <input checked="" type="checkbox"/> | | |
| WASTE STORAGE AREAS | YES | NO | OBSERVATIONS |
| Drum Storage | <input checked="" type="checkbox"/> | | |
| Underground Storage Tank | <input checked="" type="checkbox"/> | | |

**VESTAL WELL 1-1 SITE
WEEKLY HEALTH AND SAFETY INSPECTION FORM**

Inspector's Name: Travis R. Shimer

Date: 1-9-04

Signature: [Handwritten Signature]

Time: 5:00pm

| WORK CONDITIONS | YES | NO | OBSERVATIONS |
|------------------------------|--------------|--------------|--------------|
| Walking/Working Surfaces | ✓ | | |
| Aisles and Passageways | ✓ | | |
| Ladders | ✓ | | |
| Exits/Egress | ✓ | | |
| Roadways | ✓ | | |
| Ventilation | ✓ | | |
| Lighting | ✓ | | |
| Noise Exposure | ✓ | | |
| MATERIALS | YES | NO | OBSERVATIONS |
| Stacking and Storage | ✓ | | |
| Chemicals and Fuel | ✓ | | |
| Compressed Gases | ✓ | ✓ | |
| EQUIPMENT | YES | NO | OBSERVATIONS |
| Hand/Portable Tools | ✓ | | |
| Materials Handling Equipment | ✓ | | |
| Mechanical Power Systems | ✓ | | |
| Pneumatic Power Systems | ✓ | ✓ | |
| Electrical Power Systems | ✓ | | |
| Valves and Controls | ✓ | | |
| HAZARD CONTROLS | YES | NO | OBSERVATIONS |
| Lock-Out Systems | ✓ | | |
| Signs and Tags | ✓ | | |
| Materials Labeling | ✓ | | |
| Warning Systems | ✓ | | |

FOLLOW-UP: *None*

ACTIONS REQUIRED: *None*

ADDITIONAL COMMENTS: *Fire Extinguishers ✓
Air Monitoring system ✓
Emergency shower ✓*

| EMERGENCY SYSTEMS | YES | NO | OBSERVATIONS |
|--------------------------|-------------------------------------|----|--------------|
| Emergency Instructions | <input checked="" type="checkbox"/> | | |
| Fire Protection | <input checked="" type="checkbox"/> | | |
| Eye Wash and Showers | <input checked="" type="checkbox"/> | | |
| First Aid Kits/Stations | <input checked="" type="checkbox"/> | | |
| PROTECTIVE EQUIPMENT | YES | NO | OBSERVATIONS |
| Eye Protection | <input checked="" type="checkbox"/> | | |
| Ear Protection | <input checked="" type="checkbox"/> | | |
| Respiratory Protection | <input checked="" type="checkbox"/> | | |
| Head Protection | <input checked="" type="checkbox"/> | | |
| Hand Protection | <input checked="" type="checkbox"/> | | |
| Foot Protection | <input checked="" type="checkbox"/> | | |
| Body Protection | <input checked="" type="checkbox"/> | | |
| WASTE STORAGE AREAS | YES | NO | OBSERVATIONS |
| Drum Storage | <input checked="" type="checkbox"/> | | |
| Underground Storage Tank | <input checked="" type="checkbox"/> | | |

**VESTAL WELL 1-1 SITE
WEEKLY HEALTH AND SAFETY INSPECTION FORM**

Inspector's Name: Travis R Shimer

Date: 1-16-04

Signature: *Travis R Shimer*

Time: 5:00pm

| WORK CONDITIONS | YES | NO | OBSERVATIONS |
|------------------------------|--------------|--------------|--------------|
| Walking/Working Surfaces | ✓ | | |
| Aisles and Passageways | ✓ | | |
| Ladders | ✓ | | |
| Exits/Egress | ✓ | | |
| Roadways | ✓ | | |
| Ventilation | ✓ | | |
| Lighting | ✓ | | |
| Noise Exposure | ✓ | | |
| MATERIALS | YES | NO | OBSERVATIONS |
| Stacking and Storage | ✓ | | |
| Chemicals and Fuel | ✓ | | |
| Compressed Gases | ✓ | ✓ | |
| EQUIPMENT | YES | NO | OBSERVATIONS |
| Hand/Portable Tools | ✓ | | |
| Materials Handling Equipment | ✓ | | |
| Mechanical Power Systems | ✓ | | |
| Pneumatic Power Systems | ✓ | ✓ | |
| Electrical Power Systems | ✓ | | |
| Valves and Controls | | | |
| HAZARD CONTROLS | YES | NO | OBSERVATIONS |
| Lock-Out Systems | ✓ | | |
| Signs and Tags | ✓ | | |
| Materials Labeling | ✓ | | |
| Warning Systems | ✓ | | |

None

FOLLOW-UP:

None

ACTIONS REQUIRED:

*Fire Extinguishers ✓
Air monitoring system ✓
Emergency showers ✓*

ADDITIONAL COMMENTS:

| | | | |
|--------------|----|-------------------------------------|--------------------------|
| | | <input checked="" type="checkbox"/> | Emergency Instructions |
| | | <input checked="" type="checkbox"/> | Fire Protection |
| | | <input checked="" type="checkbox"/> | Eye Wash and Showers |
| | | <input checked="" type="checkbox"/> | First Aid Kits/Stations |
| OBSERVATIONS | NO | YES | PROTECTIVE EQUIPMENT |
| | | <input checked="" type="checkbox"/> | Eye Protection |
| | | <input checked="" type="checkbox"/> | Ear Protection |
| | | <input checked="" type="checkbox"/> | Respiratory Protection |
| | | <input checked="" type="checkbox"/> | Head Protection |
| | | <input checked="" type="checkbox"/> | Hand Protection |
| | | <input checked="" type="checkbox"/> | Foot Protection |
| | | <input checked="" type="checkbox"/> | Body Protection |
| OBSERVATIONS | NO | YES | WASTE STORAGE AREAS |
| | | <input checked="" type="checkbox"/> | Drum Storage |
| | | <input checked="" type="checkbox"/> | Underground Storage Tank |

**VESTAL WELL 1-1 SITE
WEEKLY HEALTH AND SAFETY INSPECTION FORM**

Inspector's Name: Travis R Shimer

Date: 1-23-04

Signature: *Travis R Shimer*

Time: 5:00 PM

| WORK CONDITIONS | YES | NO | OBSERVATIONS |
|------------------------------|--------------|--------------|--------------|
| Walking/Working Surfaces | ✓ | | |
| Aisles and Passageways | ✓ | | |
| Ladders | ✓ | | |
| Exits/Egress | ✓ | | |
| Roadways | ✓ | | |
| Ventilation | ✓ | | |
| Lighting | ✓ | | |
| Noise Exposure | ✓ | | |
| MATERIALS | YES | NO | OBSERVATIONS |
| Stacking and Storage | ✓ | | |
| Chemicals and Fuel | ✓ | | |
| Compressed Gases | ✓ | ✓ | |
| EQUIPMENT | YES | NO | OBSERVATIONS |
| Hand/Portable Tools | ✓ | | |
| Materials Handling Equipment | ✓ | | |
| Mechanical Power Systems | ✓ | | |
| Pneumatic Power Systems | ✓ | | |
| Electrical Power Systems | ✓ | | |
| Valves and Controls | ✓ | | |
| HAZARD CONTROLS | YES | NO | OBSERVATIONS |
| Lock-Out Systems | ✓ | | |
| Signs and Tags | ✓ | | |
| Materials Labeling | ✓ | | |
| Warning Systems | ✓ | | |

FOLLOW-UP: *None*

ACTIONS REQUIRED: *None*

ADDITIONAL COMMENTS: *Fire Extinguishers ✓
Emergency Showers ✓
Air Monitoring System ✓*

| EMERGENCY SYSTEMS | YES | NO | OBSERVATIONS |
|--------------------------|-------------------------------------|----|--------------|
| Emergency Instructions | <input checked="" type="checkbox"/> | | |
| Fire Protection | <input checked="" type="checkbox"/> | | |
| Eye Wash and Showers | <input checked="" type="checkbox"/> | | |
| First Aid Kits/Stations | <input checked="" type="checkbox"/> | | |
| PROTECTIVE EQUIPMENT | YES | NO | OBSERVATIONS |
| Eye Protection | <input checked="" type="checkbox"/> | | |
| Ear Protection | <input checked="" type="checkbox"/> | | |
| Respiratory Protection | <input checked="" type="checkbox"/> | | |
| Head Protection | <input checked="" type="checkbox"/> | | |
| Hand Protection | <input checked="" type="checkbox"/> | | |
| Foot Protection | <input checked="" type="checkbox"/> | | |
| Body Protection | <input checked="" type="checkbox"/> | | |
| WASTE STORAGE AREAS | YES | NO | OBSERVATIONS |
| Drum Storage | <input checked="" type="checkbox"/> | | |
| Underground Storage Tank | <input checked="" type="checkbox"/> | | |

**VESTAL WELL 1-1 SITE
WEEKLY HEALTH AND SAFETY INSPECTION FORM**

Inspector's Name: Troyis R Shimer Date: 1-29-09
 Signature: [Signature] Time: 5:00pm

| WORK CONDITIONS | YES | NO | OBSERVATIONS |
|------------------------------|--------------|--------------|--------------|
| Walking/Working Surfaces | ✓ | | |
| Aisles and Passageways | ✓ | | |
| Ladders | ✓ | | |
| Exits/Egress | ✓ | | |
| Roadways | ✓ | | |
| Ventilation | ✓ | | |
| Lighting | ✓ | | |
| Noise Exposure | ✓ | | |
| MATERIALS | YES | NO | OBSERVATIONS |
| Stacking and Storage | ✓ | | |
| Chemicals and Fuel | ✓ | | |
| Compressed Gases | ✓ | ✓ | |
| EQUIPMENT | YES | NO | OBSERVATIONS |
| Hand/Portable Tools | ✓ | | |
| Materials Handling Equipment | ✓ | | |
| Mechanical Power Systems | ✓ | | |
| Pneumatic Power Systems | ✓ | ✓ | |
| Electrical Power Systems | ✓ | | |
| Valves and Controls | ✓ | | |
| HAZARD CONTROLS | YES | NO | OBSERVATIONS |
| Lock-Out Systems | ✓ | | |
| Signs and Tags | ✓ | | |
| Materials Labeling | ✓ | | |
| Warning Systems | ✓ | | |

FOLLOW-UP: *None*

ACTIONS REQUIRED: *None*

ADDITIONAL COMMENTS: *Fire Extinguishers OK
Emergency Showers OK
Air Monitoring System*

| EMERGENCY SYSTEMS | YES | NO | OBSERVATIONS |
|--------------------------|-------------------------------------|----|--------------|
| Emergency Instructions | <input checked="" type="checkbox"/> | | |
| Fire Protection | <input checked="" type="checkbox"/> | | |
| Eye Wash and Showers | <input checked="" type="checkbox"/> | | |
| First Aid Kits/Stations | <input checked="" type="checkbox"/> | | |
| PROTECTIVE EQUIPMENT | YES | NO | OBSERVATIONS |
| Eye Protection | <input checked="" type="checkbox"/> | | |
| Ear Protection | <input checked="" type="checkbox"/> | | |
| Respiratory Protection | <input checked="" type="checkbox"/> | | |
| Head Protection | <input checked="" type="checkbox"/> | | |
| Hand Protection | <input checked="" type="checkbox"/> | | |
| Foot Protection | <input checked="" type="checkbox"/> | | |
| Body Protection | <input checked="" type="checkbox"/> | | |
| WASTE STORAGE AREAS | YES | NO | OBSERVATIONS |
| Drum Storage | <input checked="" type="checkbox"/> | | |
| Underground Storage Tank | <input checked="" type="checkbox"/> | | |