NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Division of Environmental Remediation
625 Broadway, 11th Floor, Albany, NY 12233-7020
P: (518)402-9543 | F: (518)402-9547
www.dec.ny.gov

7/17/2020

Mark Tucker
Eagle Comtronics
4566 Waterhouse Road
Clay, NY 13041

Re: Reminder Notice: Site Management Periodic Review Report and IC/EC Certification Submittal
Site Name: Eagle Comtronics
Site No.: 734058
Site Address: 4562 Waterhouse Road
Clay, NY 13041

Dear Mark Tucker:

This letter serves as a reminder that sites in active Site Management (SM) require the submittal of a periodic progress report. This report, referred to as the Periodic Review Report (PRR), must document the implementation of, and compliance with, site-specific SM requirements. Section 6.3(b) of DER-10 *Technical Guidance for Site Investigation and Remediation* (available online at http://www.dec.ny.gov/regulations/67386.html) provides guidance regarding the information that must be included in the PRR. Further, if the site is comprised of multiple parcels, then you as the Certifying Party must arrange to submit one PRR for all parcels that comprise the site. The PRR must be received by the Department no later than **September 27, 2020**. Guidance on the content of a PRR is enclosed.

Site Management is defined in regulation (6 NYCRR 375-1.2(at)) and in Chapter 6 of DER-10. Depending on when the remedial program for your site was completed, SM may be governed by multiple documents (e.g., Operation, Maintenance, and Monitoring Plan; Soil Management Plan) or one comprehensive Site Management Plan.

A Site Management Plan (SMP) may contain one or all of the following elements, as applicable to the site: a plan to maintain institutional controls and/or engineering controls ("IC/EC Plan"); a plan for monitoring the performance and effectiveness of the selected remedy ("Monitoring Plan"); and/or a plan for the operation and maintenance of the selected remedy ("O&M Plan"). Additionally, the technical requirements for SM are stated in the decision document (e.g., Record of Decision) and, in some cases, the legal agreement directing the remediation of the site (e.g., order on consent, voluntary agreement, etc.).

When you submit the PRR (by the due date above), include the enclosed forms documenting that all SM requirements are being met. The Institutional Controls (ICs) portion of the form (Box 6) must be signed by you or your designated representative. The Engineering Controls (ECs) portion of the form (Box 7) must be signed by a Qualified Environmental Professional (QEP). If you cannot certify that all SM requirements are being met, you must submit a Corrective Measures Work Plan that identifies the actions to be taken to restore compliance. The work plan must include a schedule to be approved by the Department. The Periodic Review process will not be considered complete until all necessary corrective measures are completed and all required controls are certified. Instructions for completing the certifications are enclosed.

HSE Consulting Services, LLC

Safety / Industrial Hygiene
Air Quality / Asbestos / Lead / Mold
OSHA Compliance / Training
Environmental Services

January 25, 2021

Mr. Mark Tucker
Eagle Comtronics
7665 Henry Clay Blvd.
Liverpool, NY 13088

RE: DRAFT January 2021 Vapor Intrusion Mitigation System Inspection – Site 734058 – 4562 Waterhouse Road, Clay, NY 13041

Dear Mr. Tucker:

In accordance with HSE Consulting Services, LLC's (HSE's) proposal dated January 11, 2021, HSE is pleased to submit this memorandum summarizing the Vapor Intrusion Mitigation System inspection at the above-referenced site on January 15, 2021.

The information herein will support the Periodic Review Report (PRR) required by NYSDEC's July 17, 2020 letter to Eagle Comtronics (Eagle; Attachment 1). The PRR must include certification by both the site owner (or designated representative) and a Qualified Environmental Professional (QEP) that Site Management (SM) requirements are being met. At this site, the SM requirements consist of Institutional Controls/Engineering Controls. The information provided in this memorandum forms the basis of this certification. Attachment 2 contains the System Inspection Field Form. Additionally, Attachment 3 includes the Qualified Environmental Professional certification to be included with the PRR.

1.0 SYSTEM INSPECTION:

The Vapor Intrusion Mitigation System was inspected on January 15, 2021 by Mark Tucker (Eagle) and Christopher R. Torell CSP, P.G. The inspection was conducted consistent with previous inspection events. Specifically, visual observation of Suction Points, related manometer readings and appurtenances, and the blower housings and piping located on the south exterior of the building took place. Visual observations did not indicate system damage or sub-standard operating conditions.

2.0 SYSTEM PERFORMANCE:

Manometer data was used as the primary metric to evaluate system performance on the date of inspection. This approach is consistent with previous inspections and it is understood, per letter dated June 4, 2013 from O'Brien & Gere to Eagle, that NYSDEC is familiar with and approves this method. All manometer readings were within 0.25" WC of commissioning levels:

8636 Brewerton Road
Cicero, New York 13039

Ph # (315) 698-1438
Fax # (315) 698-1441
www.hseconsultingservices.com

Manometer Data - Inch WC Sub-slab Suction Points (SSPs) Site No. 734058 4562 Waterhouse Road Clay, NY 13041						
Date	SSP 1	SSP 2	SSP 3	SSP 4	SSP 5	SSP 6
1/15/2021	2.625	2.75	2.625	2.75	2.875	2.875
11/13/2020	2.75	2.75	2.75	2.875	2.875	2.875
11/15/2019	2.75	2.75	2.75	2.875	3	3
10/26/2018	2.625	2.75	2.625	2.875	3	2.875
10/2/2017	2.625	2.75	2.625	2.875	2.875	2.875
10/3/2016	2.625	2.75	2.75	2.875	2.875	2.875
12/4/2015	2.75	2.875	2.75	2.75	2.875	2.75
7/22/2014	2.625	2.75	2.625	2.75	2.875	2.75
5/3/2013	2.625	2.75	2.625	2.75	2.875	2.75
Acceptable high WC	3	3.125	3	3	3.125	3
Acceptable low WC	2.5	2.625	2.5	2.5	2.625	2.5
4/15/2011 (Commissioning)	2.75	2.875	2.75	2.75	2.875	2.75
Acceptable reading Unacceptable reading						

In summary, no corrective actions or system modifications are required based on the January 15, 2021 inspection. Please contact me if you have any questions or would like more information.

Sincerely,

HSE CONSULTING SERVICES, LLC

C R Torell

Christopher R. Torell, CSP, P.G.
Manager - Occupational Health, Safety & Training Services

https://hseconsultingservicescom.sharepoint.com/sites/hse-cicero/shared documents/projects and reports/environmental/eagle comtronics/2021 prr/qep memo.docx

Enclosure 2

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form

Site Details **Box 1**

Site No. **734058**

Site Name Eagle Comtronics

Site Address: 4562 Waterhouse Road Zip Code: 13041
City/Town: Clay
County: Onondaga
Site Acreage: 16.870

Reporting Period: August 28, 2009 to August 28, 2020

	YES	NO
1. Is the information above correct?	X	☐
If NO, include handwritten above or on a separate sheet.		
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment during this Reporting Period?	☐	X
3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?	☐	X
4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?	☐	X
If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.		
5. Is the site currently undergoing development?	☐	X

Box 2

	YES	NO
6. Is the current site use consistent with the use(s) listed below?	X	☐
7. Are all ICs/ECs in place and functioning as designed?	X	☐

IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.

A Corrective Measures Work Plan must be submitted along with this form to address these issues.

Mark Tucker — 1-27-21

Signature of Owner, Remedial Party or Designated Representative — Date

SITE NO. 734058 **Box 3**

Description of Institutional Controls

Parcel	Owner	Institutional Control
071.-01-11.2	Local Union No. 43 Realty Corp	Monitoring Plan

Decision Document -- ROD, March 23, 1998.
1. One sentinel well on site.
2. Sentinel well and four residential drinking water wells to be monitored semiannually for VOCs; if CoCs detected, further action will be required.
3. Site reclassified to Class 4.
4. On site monitoring wells to be monitored annually for VOCs; if concentrations in monitoring wells drop to below drinking water standards for two consecutive sampling events, monitoring will be discontinued and site considered for removal from the Registry.

Box 4

Description of Engineering Controls

Parcel	Engineering Control
071.-01-11.2	Vapor Mitigation

Box 5

Periodic Review Report (PRR) Certification Statements

1. I certify by checking "YES" below that:

   a) the Periodic Review report and all attachments were prepared under the direction of, and reviewed by, the party making the certification;

   b) to the best of my knowledge and belief, the work and conclusions described in this certification are in accordance with the requirements of the site remedial program, and generally accepted engineering practices; and the information presented is accurate and compete.

YES	NO
X	☐

2. If this site has an IC/EC Plan (or equivalent as required in the Decision Document), for each Institutional or Engineering control listed in Boxes 3 and/or 4, I certify by checking "YES" below that all of the following statements are true:

   (a) the Institutional Control and/or Engineering Control(s) employed at this site is unchanged since the date that the Control was put in-place, or was last approved by the Department;

   (b) nothing has occurred that would impair the ability of such Control, to protect public health and the environment;

   (c) access to the site will continue to be provided to the Department, to evaluate the remedy, including access to evaluate the continued maintenance of this Control;

   (d) nothing has occurred that would constitute a violation or failure to comply with the Site Management Plan for this Control; and

   (e) if a financial assurance mechanism is required by the oversight document for the site, the mechanism remains valid and sufficient for its intended purpose established in the document.

YES	NO
X	☐

IF THE ANSWER TO QUESTION 2 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.

A Corrective Measures Work Plan must be submitted along with this form to address these issues.

Mark Tucker — Signature of Owner, Remedial Party or Designated Representative

1-27-21 — Date

IC CERTIFICATIONS
SITE NO. 734058

Box 6

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in Boxes 1,2, and 3 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I Mark Tucker at 7665 Henry Clay BLVD. Liverpool, NY 13088,
print name print business address

am certifying as Designated Representative (Owner or Remedial Party)

for the Site named in the Site Details Section of this form.

Mark Tucker 1-27-21
Signature of Owner, Remedial Party, or Designated Representative Rendering Certification Date

Enclosure 3
Periodic Review Report (PRR) General Guidance

I. Executive Summary: (1/2-page or less)
   A. Provide a brief summary of site, nature and extent of contamination, and remedial history.
   B. Effectiveness of the Remedial Program - Provide overall conclusions regarding;
      1. progress made during the reporting period toward meeting the remedial objectives for the site
      2. the ultimate ability of the remedial program to achieve the remedial objectives for the site.
   C. Compliance
      1. Identify any areas of non-compliance regarding the major elements of the Site Management Plan (SMP, i.e., the Institutional/Engineering Control (IC/EC) Plan, the Monitoring Plan, and the Operation & Maintenance (O&M) Plan).
      2. Propose steps to be taken and a schedule to correct any areas of non-compliance.
   D. Recommendations
      1. recommend whether any changes to the SMP are needed
      2. recommend any changes to the frequency for submittal of PRRs (increase, decrease)
      3. recommend whether the requirements for discontinuing site management have been met.

II. Site Overview (one page or less)
   A. Describe the site location, boundaries (figure), significant features, surrounding area, and the nature and extent of contamination prior to site remediation.
   B. Describe the chronology of the main features of the remedial program for the site, the components of the selected remedy, cleanup goals, site closure criteria, and any significant changes to the selected remedy that have been made since remedy selection.

III. Evaluate Remedy Performance, Effectiveness, and Protectiveness
   Using tables, graphs, charts and bulleted text to the extent practicable, describe the effectiveness of the remedy in achieving the remedial goals for the site. Base findings, recommendations, and conclusions on objective data. Evaluations and should be presented simply and concisely.

IV. IC/EC Plan Compliance Report (if applicable)
   A. IC/EC Requirements and Compliance
      1. Describe each control, its objective, and how performance of the control is evaluated.
      2. Summarize the status of each goal (whether it is fully in place and its effectiveness).
      3. Corrective Measures: describe steps proposed to address any deficiencies in ICECs.
      4. Conclusions and recommendations for changes.
   B. IC/EC Certification
      1. The certification must be complete (even if there are IC/EC deficiencies), and certified by the appropriate party as set forth in a Department-approved certification form(s).

V. Monitoring Plan Compliance Report (if applicable)
   A. Components of the Monitoring Plan (tabular presentations preferred) - Describe the requirements of the monitoring plan by media (i.e., soil, groundwater, sediment, etc.) and by any remedial technologies being used at the site.
   B. Summary of Monitoring Completed During Reporting Period - Describe the monitoring tasks actually completed during this PRR reporting period. Tables and/or figures should be used to show all data.
   C. Comparisons with Remedial Objectives - Compare the results of all monitoring with the remedial objectives for the site. Include trend analyses where possible.
   D. Monitoring Deficiencies - Describe any ways in which monitoring did not fully comply with the monitoring plan.
   E. Conclusions and Recommendations for Changes - Provide overall conclusions regarding the monitoring completed and the resulting evaluations regarding remedial effectiveness.

VI. Operation & Maintenance (O&M) Plan Compliance Report (if applicable)
   A. Components of O&M Plan - Describe the requirements of the O&M plan including required activities, frequencies, recordkeeping, etc.
   B. Summary of O&M Completed During Reporting Period - Describe the O&M tasks actually completed during this PRR reporting period.
   C. Evaluation of Remedial Systems - Based upon the results of the O&M activities completed, evaluated

the ability of each component of the remedy subject to O&M requirements to perform as designed/expected.

D. O&M Deficiencies - Identify any deficiencies in complying with the O&M plan during this PRR reporting period.

E. Conclusions and Recommendations for Improvements - Provide an overall conclusion regarding O&M for the site and identify any suggested improvements requiring changes in the O&M Plan.

VII. Overall PRR Conclusions and Recommendations

A. Compliance with SMP - For each component of the SMP (i.e., IC/EC, monitoring, O&M), summarize;
   1. whether all requirements of each plan were met during the reporting period
   2. any requirements not met
   3. proposed plans and a schedule for coming into full compliance.

B. Performance and Effectiveness of the Remedy - Based upon your evaluation of the components of the SMP, form conclusions about the performance of each component and the ability of the remedy to achieve the remedial objectives for the site.

C. Future PRR Submittals
   1. Recommend, with supporting justification, whether the frequency of the submittal of PRRs should be changed (either increased or decreased).
   2. If the requirements for site closure have been achieved, contact the Departments Project Manager for the site to determine what, if any, additional documentation is needed to support a decision to discontinue site management.

VIII. Additional Guidance

Additional guidance regarding the preparation and submittal of an acceptable PRR can be obtained from the Departments Project Manager for the site.

HSE Consulting Services, LLC

Safety / Industrial Hygiene
Air Quality / Asbestos / Lead / Mold
OSHA Compliance / Training
Environmental Services

Attachment 2

8636 Brewerton Road
Cicero, New York 13039

Ph # (315) 698-1438
Fax # (315) 698-1441
www.hseconsultingservices.com

System Inspection Field Form

STRUCTURE INSPECTION

Site 734058

(Routine) or Non-Routine (circle one)

Address: 4566 Waterhouse Rd. Clay NY **Structure ID #:** Main Bldg

Performed by: Christopher R. Torell - HSE Consulting Services, LLC. **Date:** 1/15/21

Have the following items changed since the last visit?

	Yes	No
Building Foot Print		X
Basement/Slab Occupancy		X
Heating / Ventilating Systems		X
Basement Finish		X
Crawlspaces		X
Drains, Sumps, Floor Cracks		X
Wall Penetrations, Cracks		X
Appliances (in basement)		X
Siding		X
Are there any new buildings on the property or conversion of spaces in previously existing building? *If Yes, describe in comments section below.*		X
Ownership		X

If Yes, write new owner name contact information below

Date of Ownership Change _____

Owner Name _____

Telephone No. _____

If any of these items have changed, a redesign may be required. Contact the maintenance supervisor for field review.

Documentation

Were digital photographs taken of the entire system?	☐ Yes	☒ No	
Was Property Owner provided "Operational Fact Sheet"?	☐ Yes	☐ No	☒ No - has already been provided
Was the drawing updated to show any changes?	☐ Yes	☐ No	☒ N/A
Was a Service Call filed for items that could not be addressed during this visit?	☐ Yes	☒ No	☐ N/A

Comments

System Inspection Field Form

Site 734058

FAN AND ELECTRICAL

Routine or Non-Routine (circle one)

Address: 4566 Watethouse Rd Clay NY **Structure ID #:** Main Bldg

Performed by: Christopher R. Torell HSE Consulting Services LLC **Date:** 4/15/21

Equipment Documentation

Manometer Reading at Fan Inlet (" w.c. vacuum)

Fan #	HP220		HP220				
Fan Model	1		2				
Manometer Reading (Prior Commissioned)	—		—				
Manometer Reading (As Found)	—		—				
Manometer Reading (As Left)	—		—				

Manometer Reading at Sub-Slab SSPs (" w.c. vacuum)

Note: For SSPs located in accessible crawlspaces with EPDM membrane, use the crawlspace field form to record the SSP manometer reading.

SSP #	1	2	3	4	5	6	
Manometer Reading (Prior Commissioned)	2 3/4	2 7/8	2 3/4	2 3/4	2 7/8	2 3/4	
Manometer Reading (As Found)	2 5/8	2 3/4	2 5/8	2 3/4	2 7/8	2 7/8	
Meet Criteria?**	Y	Y	Y	Y	Y	Y	
Manometer Reading (As Left)	2 5/8	2 3/4	2 5/8	2 3/4	2 7/8	2 7/8	

Fan System Inspection

	As Found			As Left		
Is fan cover still present?	☒ Yes	☐ No	☐ NA	☒ Yes	☐ No	☒ UC
Each fan mounted securely?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Coupling connections secure?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Is excessive noise heard when fan is running?	☐ Yes	☒ No		☐ Yes	☒ No	☒ UC
Switch is locked in the ON position?	☐ Yes	☒ No		☐ Yes	☒ No	☒ UC
Is set point indicated on speed controller?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Has fan been in continuous operation since previous visit?	☒ Yes	☐ No		☐ Yes	☐ No	☒ UC
Is the pipe penetration sealed on the structure's exterior?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Is the downspout/PVC junction sufficiently sealed?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Is conduit penetration sealed on the structure's exterior?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Each fan runs when switch is ON position?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Each fan stops when switch is in OFF position?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Does the condensate line appear to be functioning correctly?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Is each fan below its maximum vacuum? (HP220 = 2.5" w.c., GP501 = 4.25" w.c., FR-250 = 2.6" w.c., HS-5000 = 53" w.c.)	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC

If fan vacuum is at maximum, measure velocity at each SSP (record below).

SSP #							
Velocity at SSP (As Found)							
Velocity at SSP (As Left)							

Does the SSP velocity meet criteria (> 1 ft/min)?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC

Electrical System Inspection

Are all electrical connections secure?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Each junction box closed?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Conduit/Wire properly supported?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Are audible alarm(s) present and working properly?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Are appliances affected by fan operation?	☐ Yes	☒ No		☐ Yes	☒ No	☒ UC

Labeling Inspection

Correct labels applied in proper location? ***	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Are labels still legible?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Is SSDS breaker identified in the electrical panel?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Commissioned value written on SSP sticker?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC

Comments/Corrective Action

No corrective actions needed

* As Found conditions = before corrective action. (NA = Not Applicable)

* As Left conditions = after corrective action. (UC = Unchanged from As Found conditions)

** Criteria is met if deviation is less than or equal to 0.25"wc (for all fans with the exception of the HS-5000). For an HS-5000 fan, criteria is met if deviation is less than or equal to 10% of the prior commissioned value or less than or equal to 0.25"wc, whichever is greater.
If deviation exceeds criteria (0.25"wc or 10% of prior commissioned value, as applicable), conduct communication testing and document on Re-Commissioning Field Form.

*** Correct labels are at least one green label per floor and one white sticker at every suction point.

System Inspection Field Form

PIPING, SLAB AND WALL Site No: 734058

Routine or Non-Routine (circle one)

Address: 4566 Waterhouse Rd Clay NY Structure ID #: Main Bldg

Performed by: Christopher R. Torell HSE Consulting Services LLC Date: 11/15/21

	As Found			As Left		
Piping Check						
System suction point seals are accessible?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
System suction points are sealed to the slab?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Each component is installed?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Piping system is properly supported (6'-horizontal/8'-vertical)	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Excessive noise is heard in piping joints?	☐ Yes	☒ No		☐ Yes	☒ No	☒ UC
Smoke 10% of all pipe joints and/or piping modifications?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Did smoke enter joints? ** not tested	☐ Yes	☒ No		☐ Yes	☒ No	☒ UC
Floor Check						
Are areas of the slab not visible (e.g. floor covering)?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Are areas of the slab not accessible (e.g. stored items)?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Were drawing-identified slab crack repairs/modifications smoke tested?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Did smoke enter? **	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Are other cracks present that did not draw smoke? not tested	☐ Yes	☐ No	☒ NA	☐ Yes	☒ No	☒ UC
Are other cracks present that did draw smoke?**	☐ Yes	☐ No	☒ NA	☐ Yes	☒ No	☒ UC
Were newly identified slab cracks indicated on drawing?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Check and clean Dranjer(s)?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Smoke Dranjer(s)?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Wall Check						
Are areas of the walls not visible (e.g. finished walls)?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Are areas of the walls not accessible (e.g. stored items)?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Were drawing-identified wall crack repairs/modifications smoke tested?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Did smoke enter wall crack(s)? **	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Are other wall cracks/penetrations present that did not draw smoke?	☐ Yes	☐ No	☒ NA	☐ Yes	☒ No	☒ UC
Are other wall cracks/penetrations present that did draw smoke?**	☐ Yes	☐ No	☒ NA	☐ Yes	☒ No	☒ UC
Were newly identified wall cracks indicated on drawing?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Is top course of block wall open?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Smoke top course of block wall (open-top block only)?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Did smoke enter top course? **	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Are utility penetrations sealed so they don't draw smoke?	☒ Yes	☐ No		☒ Yes	☐ No	☒ UC
Sump Check						
Have any non-approved modifications been made to sump cover?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Is sump cover structurally sound?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Verify integrity of sump cover seal?	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC
Does sealed sump cover draw smoke? **	☐ Yes	☐ No	☒ NA	☐ Yes	☐ No	☒ UC

Exhaust Stack Check

Distance above eave	Commissioned distance: > 1'			Criteria: ≥ 1 ft	
Distance from nearest opening	Commissioned distance: > 10'			Criteria: ≥ 10 ft	
Distance above nearest opening	Commissioned distance: > 2'			Criteria: ≥ 2 ft	
Are vertical exhaust stack supports installed every 8' maximum?	☒ Yes	☐ No	☐ NA	☐ Yes ☐ No	☒ UC
Distances from stack exhaust to openings appear to be unchanged?	☒ Yes	☐ No		☐ Yes ☐ No	☒ UC

*** If the existing exhaust stack is modified and/or removed and replaced as part of non-routine system maintenance, complete the "Stack Modification Field Form" and attach

Comments

Notes:

* As Found conditions = before corrective action. [NA = Not Applicable]

* As Left conditions = after corrective action. [UC = Unchanged from As Found conditions]

** If answered YES to this question, perform corrective action and re-test.

System Inspection Field Form

CRAWLSPACE

Site 734058

Routine or Non-Routine (circle one)

Address: 4566 Waterhouse Rd Clay NY **Structure ID #:** Main Bldg

Performed by: Christopher R. Torell MSE Consulting Services LLC **Date:** 1/15/21

Inaccessible Crawlspace (Ventilation) ☒ NA

As Found*	Crawlspace 1	Crawlspace 2	Crawlspace 3	Crawlspace 4
SSP#				
Target Velocity (fpm)				
Measured Velocity (fpm)				
Meets Criteria? **				

As Left*	Crawlspace 1	Crawlspace 2	Crawlspace 3	Crawlspace 4
SSP#				
Target Velocity (fpm)				
Measured Velocity (fpm)				
Meets Criteria? **				

Is sampling port to inaccessible crawl space threaded with a plug? ☒ Yes ☐ No ☐ Yes ☐ No ☐ UC

Accessible Crawlspace (Sub-Membrane Depressurization) ☒ NA

As Found*	Crawlspace 1	Crawlspace 2	Crawlspace 3	Crawlspace 4
SSP#				
Prior Commissioned Manometer reading (" w.c.)				
As found Manometer reading (" w.c.)				

As Left*	Crawlspace 1	Crawlspace 2	Crawlspace 3	Crawlspace 4
SSP#				
Manometer reading (" w.c.)				

Accessible Crawlspace Performance Inspection	**As Found**		**As Left**		
Was each membrane joint smoke tested?	☐ Yes	☐ No	☐ Yes	☐ No	☐ UC
Did smoke enter? ***	☐ Yes	☐ No	☐ Yes	☐ No	☐ UC
Was the membrane perimeter smoke tested?	☐ Yes	☐ No	☐ Yes	☐ No	☐ UC
Did smoke enter? ***	☐ Yes	☐ No	☐ Yes	☐ No	☐ UC
Is the suction point manometer(s) reading ≤ -1/10" w.c.?****	☐ Yes	☐ No	☐ Yes	☐ No	☐ UC

Comments

* As Found conditions = before corrective action. [NA = Not Applicable]
* As Left conditions = after corrective action. [UC = Unchanged from As Found conditions]
** Inaccessible Crawlspace Criteria: Measured velocity ≥ 90% of Target Velocity (adjust if >110% of target velocity)
***** If answered YES to this question, perform corrective action and re-test.**
****** If answered NO to this question, adjust valve accordingly and re-check all SSP and fan readings.**

HSE Consulting Services, LLC

Safety / Industrial Hygiene
Air Quality / Asbestos / Lead / Mold
OSHA Compliance / Training
Environmental Services

Attachment 3

8636 Brewerton Road
Cicero, New York 13039

Ph # (315) 698-1438
Fax # (315) 698-1441
www.hseconsultingservices.com

IC/EC CERTIFICATIONS

Box 7

Qualified Environmental Professional Signature

I certify that all information in Boxes 4 and 5 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I Christopher R. Tozzi at HSE Consulting Services LLC 8636 Brewerton Rd Cicero NY 13039
print name CSP, P.G. print business address

am certifying as a Qualified Environmental Professional for the Eagle Comtronics - Site 734058
(Owner or Remedial Party)

Signature of Qualified Environmental Professional, for the Owner or Remedial Party, Rendering Certification

Stamp (Required for PE)

1/19/21
Date