

**Queens West Development**  
**Parcel 9**  
**QUEENS, NEW YORK**

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**2020 Periodic Review Report and Annual Certification**

**NYSDEC BCP Number: C241049**

**ATC Project Number:**

**Z214DCAB06**

**Prepared for:**

AvalonBay Communities  
1633 Broadway, Suite 22B  
New York, New York 10019

**Prepared by:**



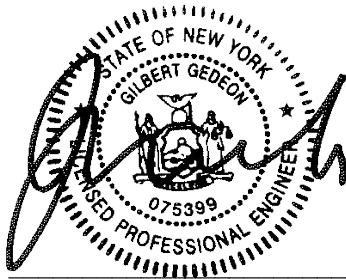
104 East 25<sup>th</sup> Street, 8<sup>th</sup> Floor  
New York, New York 10010

**JANUARY, 2021**

**CERTIFICATION PAGE**

*For each institutional or engineering control identified for the site, I certify that all of the following statements are true:*

- (a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put in place, or last approved by DER;*
- (b) nothing has occurred that would impair the ability of such control to protect public health and the environment;*
- (c) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control;*
- (d) access to the site will continue to be provided to DER to evaluate the remedy, including access to evaluate the continued maintenance of this control; and*
- (e) if a financial assurance mechanism is required under the oversight document for the site, the mechanism remains valid and sufficient for their intended purpose under the document*



Gilbert Gedeon, P.E.

3/8/21

Date

## TABLE OF CONTENTS

1.0	INTRODUCTION .....	1
2.0	BACKGROUND .....	2
2.1	SITE DESCRIPTION .....	2
2.2	REMEDIAL INVESTIGATION FINDINGS .....	2
2.2.1	<i>Geology, Hydrogeology and Subsurface Characteristics</i> .....	2
2.2.2	<i>Nature and Extent of Contamination</i> .....	2
2.3	SITE REMEDIATION.....	3
2.3.1	<i>Soil Excavation</i> .....	3
2.3.2	<i>Engineering Controls</i> .....	4
2.3.3	<i>Institutional Controls</i> .....	5
3.0	SITE COVER OPERATION AND MAINTENANCE .....	7
3.1	SITE COVER INSPECTION.....	7
4.0	VAPOR MITIGATION SYSTEM OPERATION & MAINTENANCE.....	8
4.1	ROUTINE SYSTEM CHECKS .....	8
4.2	PERIODIC INSPECTIONS .....	8
5.0	CONCLUSIONS AND RECOMMENDATIONS.....	9
6.0	INSTITUTIONAL AND ENGINEERING CONTROL CERTIFICATION .....	10

## FIGURES

Figure 1 - Site Location Map

Figure 2 - Queens West Development Parcels

Figure 3 - Site Plan and Engineering Controls

## TABLES

Table 1 - Vapor Mitigation System Blower Runtimes

Table 2 - Vapor Mitigation System Operational Data

## APPENDICES

Appendix A - Site Cover Inspection Log and Photographs

Appendix B - Vapor Mitigation System Inspection Logs

Appendix C - Site-wide Inspection Log

Appendix D - Institutional and Engineering Control Certification Form

Appendix E - NYSDEC Site Management Modification Approval Letters

Appendix F - Disposal Documentation

Appendix G - Well Decommissioning Records

## 1.0 INTRODUCTION

In January of 2020, AvalonBay Communities Inc., (AvalonBay), retained ATC Group Services LLC (ATC) to prepare the Periodic Review Report (PRR) for 2020 (formerly referred to as Site Management Report) and Annual Certification of Institutional and Engineering Controls for the site, which is identified as Queens West Development – Parcel 9. The following introductory and background discussions are according to the PRR prepared by AKRF Engineering, P.C. (AKRF) and dated February 2008.

The Queens West Development is a project of the Queens West Development Corporation (QWDC), a subsidiary of New York State's Empire State Development Corporation (NYSED), under the collective sponsorship of the Port Authority of New York and New Jersey, the New York City Economic Development Corporation (NYCEDC), and Empire State Development Corporation. The overall Queens West Development site comprises 74 acres along the East River in Hunters Point, Queens, extending from Anable Basin to the north to Newtown Creek to the south (Figure 1). Stage I of the development involved construction of residential buildings on the portion of the site between 47th Road and 50th Avenue. The development sites in this area were designated as Parcels 8, 9, 10, and 11, as shown on Figure 2.

In August 1998, a Voluntary Cleanup Agreement (VCA) was entered into between New York State Department of Environmental Conservation (NYSDEC) and QWDC. This agreement covered Parcels 8, 9, and 11 and the portion of Center Boulevard between Parcels 8 and 9. In July 2000, the VCA was amended to allow it to be divided into separate agreements for each parcel, which would be executed by the designated developer for the parcel. Accordingly, after AvalonBay was selected as the developer of Parcels 8, 9, and 11, AvalonBay executed separate agreements for each of the three parcels in September 2000. In March 2004, AvalonBay requested that NYSDEC transition Parcels 8 and 9 into the Brownfield Cleanup Program (BCP), with the BCP Agreements for both parcels being signed by the NYSDEC and becoming effective on June 28, 2005.

Subsurface contamination at Parcel 9 was remediated between August 2005 and May 2006 in accordance with the NYSDEC-approved Remedial Work Plan (revised August 2005). The site remediation was documented in a Final Engineering Report (FER) dated December 2006, and on-going site management requirements were specified in a Site Management Plan (SMP), which was included as an attachment to the FER. NYSDEC issued a Certificate of Completion for Parcel 9 on December 29, 2006. The purpose of this PRR and Annual Certification is to document on-going site management activities associated with Engineering and Institutional Controls for the site during the 2020 calendar year, and to certify those controls in accordance with the SMP.



## **2.0 BACKGROUND**

### **2.1 SITE DESCRIPTION**

Parcel 9 is located in the Hunters Point section of Queens, New York. The parcel is bound by 5th Street on the east, 48th Avenue on the south, Center Boulevard on the west, and 47th Road on the north. It has a total area of approximately 1.79 acres, and is defined as Lots 1, 5, and 19 of Tax Block 19 of Queens County. The site is currently occupied by an L-shaped high-rise apartment building located in the western and southwestern portions of the site, a multi-level parking garage located in the eastern portion of the site, with townhouses located south of the garage, along 48th Avenue. Approximately 2,300 square feet of retail space are located on the ground floor of the residential building, along Center Boulevard. A courtyard and driveway are located in the center of the site, providing access to the parking garage and loading dock from 47th Road. A Site Plan is provided as Figure 3.

### **2.2 REMEDIAL INVESTIGATION FINDINGS**

#### ***2.2.1 Geology, Hydrogeology and Subsurface Characteristics***

The geotechnical studies conducted prior to site redevelopment indicated that the top 10 to 12 feet of soil on the parcel consisted of historic urban fill material. This was underlain in most borings by a layer of alluvial sand up to 17 feet thick. A stratum of soft gray organic silty clay, generally less than 10 feet thick and representing old marsh deposits, was present inter-layered in the sand at many locations. Below the sand and organic deposits was a layer of glacial till up to 30 feet thick. This consisted of compact fine to coarse sand with some gravel, silt, clay, clay pockets, and boulders. The surface of the till was found at an elevation of -10 to -12 feet (Queens Borough Datum) over most of the parcel, dipping sharply to a depth of -30 feet in the southwest corner of the parcel. Bedrock was encountered at elevation -20 to -30 feet over most of the parcel, dipping in the southwest corner, to a minimum elevation of -55 feet.

Groundwater studies performed at the site and in surrounding areas indicated a general groundwater flow direction towards the west or southwest, with some tidal influence at locations close to the river. A localized groundwater depression in 47th Road, approximately 150 feet west of 5th Street, was noted in some studies. It is speculated that this depression was due to a leak in the storm sewer piping that runs under 47th Road.

#### ***2.2.2 Nature and Extent of Contamination***

##### **Soil Contamination**

Cumulative results from the previous studies on Parcel 9 indicated the presence of two separate types of soil contamination on the site. Petroleum contamination, including the presence of light non-aqueous phase liquid (LNAPL) was centered in the north-central portion of the site. Coal tar contamination, including the presence of dense non-aqueous phase liquid (DNAPL), was found in the southwestern portion of the site, and along the western boundary of the site adjacent to Center Boulevard.

The petroleum-contaminated soil was characterized by high levels of benzene, toluene, ethylbenzene, and xylenes (BTEX), as well as other relatively light, monocyclic hydrocarbons, including cyclohexane and methylcyclohexane. Naphthalene was present in the petroleum-contaminated soil, but at lower levels than the monocyclic compounds. The heavier polycyclic aromatic hydrocarbons (PAHs) were present at relatively low concentrations (except for samples from the historic fill layer).

An area of deep contamination was identified in the southwestern portion of the site where DNAPL was found. This area corresponded to a low point in the lower confining layer (till or clay) where it is not unexpected that DNAPL would tend to accumulate. A second area of coal tar contamination was identified further north along the western boundary of the site. The coal tar-contaminated soil was characterized by high levels of naphthalene and 2-methylnaphthalene, with BTEX present, but at lower levels than naphthalene.

The surface soils on the site were characterized as historic fill material incorporating ash as well as brick, concrete, and other demolition debris. The fill contained higher and more variable concentrations of metals and heavy PAHs than the underlying native soils. Metals were detected generally at concentrations typical of soil background levels. Above-background concentrations of mercury were detected in a few soil samples. However, these appeared to be randomly distributed in the fill.

### Groundwater Contamination

Petroleum and coal tar-related volatile organic compounds (VOCs) and semi volatile organic compounds (SVOCs) were present at elevated levels in groundwater samples from wells in the northwest quadrant of Parcel 9, and in the area of coal tar contamination at the southwestern corner and along the western edge of the parcel. The most common compounds detected were BTEX, naphthalene, and 2-methylnaphthalene. In general, the higher levels of naphthalene were associated with the coal tar contamination along the western edge of the site, and the higher levels of benzene were associated with the petroleum contamination in the north-central portion of the site. Metals were generally either not detected or detected at concentrations well below the Class GA groundwater standards. Polychlorinated biphenyls (PCBs) and pesticides were not detected in any of the groundwater samples analyzed.

## **2.3 SITE REMEDIATION**

### **2.3.1 Soil Excavation**

Remediation of the petroleum and coal tar contamination identified on Parcel 9 commenced in August 2005. The remediation was conducted in accordance with the approved Remedial Work Plan (RWP), dated May 2005 (Revised August 2005). The selected remedy consisted of excavating soil containing contaminant concentrations exceeding the Site-Specific Soil Action Levels (SSSALs), with soil excavation conducted under a temporary containment structure equipped with an air handling system to control fugitive odors and dust. The remedy also included installation of a permanent subsurface containment wall, constructed of steel sheet piles driven into the low permeability till layer, to facilitate soil removal and isolate the site from off-site contamination. The remediation program also included pumping out and removing several underground storage tanks that were discovered during soil excavation activities.

Excavation and off-site disposal of all contaminated soil from within the containment wall was completed on March 30, 2006. During remediation activities, soil excavation was terminated generally at the till layer based on field screening indicating the end of gross contamination and technical limitations of excavating the till, which consisted of densely packed clay, silt, and gravel, and contained numerous cobbles and boulders. Contaminated soil was removed from the southwestern portion of the excavation to the top of a dense clay layer at approximately 27 to 34 feet below grade, on top of the till layer. DNAPL was observed in an approximately six-inch interval in sandy material just above the clay layer, indicating that the clay was acting as a confining layer preventing downward migration of DNAPL in this portion of the site. These observations were consistent with findings from previous investigations, which identified DNAPL in monitoring wells in the southwestern corner of the parcel.

Between March 30 and May 25, 2006, additional soil remediation was conducted outside of the sheeting

line in an area of historic fill containing elevated naphthalene concentrations and three areas where underground storage tanks were discovered during excavation for foundations in the proposed parking garage area.

### ***2.3.2 Engineering Controls***

In addition to soil excavation and disposal, the RWP included the installation of engineering controls to prevent exposure to residual subsurface contamination at the site. The engineering controls, which consist of a site cover, hydraulic barrier, and sub-slab vapor mitigation system, are described in more detail below.

#### *Site Cover*

At the time that the FER was submitted, the site cover consisted of: concrete building foundations in the area of the high-rise residential building, townhouses, and portions of the garage; and a temporary cover of at least two feet of clean fill meeting NYSDEC TAGM 4046 RSCOs in the future courtyard area and the remaining portion of the garage not paved with concrete. Following completion of the building construction in the second half of 2007, a permanent site cover was installed in all areas not already covered by building foundations, and included: concrete over the entire garage area; paving in portions of the courtyard area; and two feet of top soil in the remainder of the courtyard and all perimeter landscaped areas.

#### *Hydraulic Barrier*

As described in Section 2.3.1., permanent interlocking steel sheeting was installed around the entire soil remediation area to facilitate soil excavation. The sheeting was installed such that it will also serve as a hydraulic barrier to isolate the site from off-site contamination. This was accomplished by driving the sheeting into the low-permeability till or clay layer, and sealing the seams in the sheeting with hydrocarbon-resistant Adeka gaskets to prevent infiltration of contaminants back onto the site. The hydraulic barrier was installed below grade, and does not require maintenance.

#### *Vapor Mitigation System*

Site remediation included the installation of a vapor mitigation system under the residential tower and townhouses. The system consists of a vapor barrier, a sub-slab gas collection network, steel pipe risers, and aboveground blowers/instrumentation. The vapor barrier consists of a 60-mil thick, spray-applied, LiquidBoot® gas vapor membrane. The subsurface gas collection pipe network consists of Schedule 40, 4-inch diameter PVC piping with 0.02-inch slots installed in a 12-inch thick layer of gas-permeable aggregate. The slotted piping is installed in four separate zones under the on-site residential buildings, as follows:

- Zone 1 - Northern wing of high-rise building (facing Center Boulevard)
- Zone 2 - Central tower portion of high-rise building
- Zone 3 - Southern wing of high-rise building (facing 48th Avenue)
- Zone 4 - Townhouses

In each zone, a length of solid 4-inch diameter Schedule 40 PVC piping leads from the slotted piping network to an interior riser. Temporary blower assemblies were connected to the risers and activated on December 22, 2006. Following completion of the building mechanical rooms, the temporary blowers were taken out of service and the permanent blowers were installed at their designated locations and activated on December 4, 2007.

### 2.3.3 *Institutional Controls*

Institutional controls incorporated into the site remedy include an environmental easement to prohibit certain on-site uses, and implementation of a SMP specifying soil management, operation, maintenance, monitoring, and reporting procedures during future site use. These Institutional Controls are described in more detail below.

#### Site Management Plan

A SMP was prepared to describe procedures and protocols for post-remediation management of the site. This SMP includes four plans: an Institutional and Engineering Control Plan for implementation and management of institutional and engineering controls; a Monitoring Plan for implementation of site monitoring; an Operation and Maintenance Plan for operation of the sub-slab vapor mitigation system; and a Site Management Reporting Plan for submittal of data, information, recommendations and certifications to NYSDEC. The Institutional and Engineering Control Plan portion of the SMP includes detailed procedures for handling residual on-site contamination during future soil disturbance activities.

At the end of the 2012 reporting year, ATC requested that the groundwater sampling be reduced from quarterly to semi-annual and that the quarterly vapor sampling be discontinued along with the use of the granulated activated carbon (GAC) adsorbers (which are located at Zone 4). A letter dated June 4, 2013 received from NYSDEC indicating the request to change the frequency of groundwater monitoring from quarterly to semi-annually was approved. Subsequently, a letter was received from NYSDEC dated December 20, 2013 indicating that the quarterly sampling at the four SSDS zones may be discontinued and the carbon should be removed. The GAC adsorbers located in Zone 4 were subsequently removed from the site on February 19, 2014. Disposal documentation is provided in Appendix F.

In February 2015, ATC requested that the semi-annual groundwater sampling be discontinued and the two on-site monitoring wells (MS-11R and MW-12) and the six monitoring wells outside of the hydraulic barrier (MW-2, MW-8 and MW-14 through MW-17) be decommissioned in accordance with NYSDEC CP-43 Groundwater Monitoring Well Decommissioning Policy. An email sent June 2, 2015 from NYSDEC stated that the semi-annual round of monitoring scheduled to take place in June 2015 did not need to be conducted and that a follow-up letter from NYSDEC would be sent in response the ATC's SMP modification request. Subsequently, NYSDEC approved the discontinuation of groundwater monitoring and the decommissioning of the six on-site and two off-site monitoring wells in letters dated November 24, 2015 and March 22, 2016. These monitoring wells were permanently closed in accordance with NYSDEC CP-43 on April 5 and 6, 2016. The SMP issued in December 2016 was subsequently revised in February 2014 and April 2016. NYSDEC correspondence documentation is provided in Appendix E and well decommissioning records are included in Appendix G

#### Environmental Easement

An environmental easement has been recorded for the site and includes the following site use restrictions:

- Use of the site for "Restricted Residential Use".
- All engineering controls (including the site cover and sub slab vapor depressurization and active venting system) must be operated and maintained as specified in the NYSDEC-approved Site Management Plan. No Engineering and Institutional Controls may be discontinued without a NYSDEC- approved amendment or extinguishment of the Environmental Easement and/or Site Management Plan.
- Annual inspections, certifications of Institutional & Engineering controls, Site usage, and Site

Management Reporting to NYSDEC must be conducted in accordance with the NYSDEC-approved Site Management Plan.

- All future soil disturbance activities on the site that will impact residual contaminated material, including, but not limited to, building construction or expansion, sub-grade utility line construction or repair, must be conducted in accordance with the Soil Management provisions in the NYSDEC-approved Site Management Plan.
- Operation Monitoring and Maintenance (OM&M) of the sub-slab depressurization system must be performed in a manner specified in the NYSDEC-approved Site Management Plan.
- Groundwater and other environmental or public health monitoring required by the NYSDEC-approved Site Management Plan, and reporting of information thus obtained, must be performed in a manner specified in that Plan.
- On-site environmental monitoring devices, including but not limited to, groundwater monitor wells and soil vapor probes, must be protected and replaced as necessary to ensure continued functioning in the manner specified in the NYSDEC-approved Site Management Plan.
- The use of the groundwater underlying the site is prohibited without treatment rendering it safe for intended purpose.
- Vegetable gardens are prohibited.
- The site may not be used for a higher level of use such as unrestricted residential, without proper notification of NYSDEC of the change of use, approval of that use by the NYSDEC, and an amendment of the Site Management Plan approved by NYSDEC.

The environmental easement includes: a description of the use restrictions; a map showing the area of the restrictions; and a copy of the NYSDEC-approved SMP. The property deed and all subsequent instruments of conveyance will contain language indicating that the site is subject to the environmental easement. A copy of the environmental easement is included as an appendix to the SMP.

### **3.0 SITE COVER OPERATION AND MAINTENANCE**

#### **3.1 SITE COVER INSPECTION**

ATC conducted an inspection of the entire site cover on December 2, 2020 to check the asphalt/concrete paving for cracking and/or signs of wear, and check for erosion of the soil cover in unpaved areas. All paving was found to be intact, with no signs of cracking or damage. No erosion was noted in the landscaped areas. Photographs documenting the December 2, 2020 inspection and a copy of the site cover inspection log are provided in Appendix A.

## **4.0 VAPOR MITIGATION SYSTEM OPERATION & MAINTENANCE**

### **4.1 ROUTINE SYSTEM CHECKS**

On-site representatives from AvalonBay conducted routine checks of the vapor mitigation system throughout the year to: ensure that the blowers were operational; record the blower runtimes as indicated on the control panels; and note any unusual conditions, such as leaks or odors. Routine checks were conducted on an approximately daily to weekly basis during the 2020 calendar year. Blower runtime data is summarized in Table 1. Copies of the routine system check log sheets are provided in Appendix B.

The zone 3 meter display was replaced on December 13, 2008, at which time the AKRF technician was able to decipher a final reading of 7415.4 hours from the broken meter. This value will be added to all subsequent readings from the new meter to calculate a total runtime for the Zone 3 blower. In July of 2020, the Zone 3 Well Flow Rate Gauge displayed a zero measurement, likely due to a malfunctioning sensor. However, at this time, the Total Flow Rate Gauge in Zone 3 continued to display readings which were typical for this zone. In addition, the system's motor continued to operate. Since the Total Flow Rate was operational, the Well Flow Rate gauge was not immediately replaced.

Blower downtime for each zone was calculated by subtracting the blower runtimes logged during the routine system checks (converted to days), from the number of calendar days elapsed during the reporting period, as summarized in Table 1. No blower downtime was calculated for Zones 1, 2 3, and 4.

### **4.2 PERIODIC INSPECTIONS**

Periodic system inspections were conducted by ATC personnel on a monthly basis. Copies of the inspection log sheets are provided in Appendix B. Activities conducted during the inspections included recording vacuum gauge and flow meter readings and adjusting system components to optimize system efficiency. All readings are summarized in Table 2. Vacuum readings generally ranged from 5.0 to 12.0 inches of water ("H<sub>2</sub>O) and total flow readings generally ranged from 206 to 351 cubic feet per minute (CFM), which are within the normal operating range of the blower. The differential pressure between pre-filter and post-filter vacuum readings was less than 1" H<sub>2</sub>O for all blowers. Vapor discharge sampling was discontinued and the GAC adsorbers were removed during the 2013 reporting period.

## 5.0 CONCLUSIONS AND RECOMMENDATIONS

A site wide inspection was conducted on December 2, 2020, as specified in the SMP to ensure that all aspects of the remedy were in-place and effective. A copy of the Site-Wide Inspection log is included in Appendix C. The inspection included a review of the site cover/vapor mitigation system monitoring logs. Based on this review and the data evaluation summarized in this report, the following conclusions and recommendations were developed:

- The permanent site cover is present and in good condition throughout all portions of the site.
- The active sub-slab vapor mitigation system was operated on a nearly continuous basis in all four (4) zones (Zones 1, 2, 3, and 4) throughout the 2020 reporting period.
- All vacuum and flow rate measurements collected from the vapor mitigation system during the 2020 reporting period were within the operational ranges for the system blowers.

Based on review of the analytical and field data for the 2020 reporting year, ATC has the following recommendations:

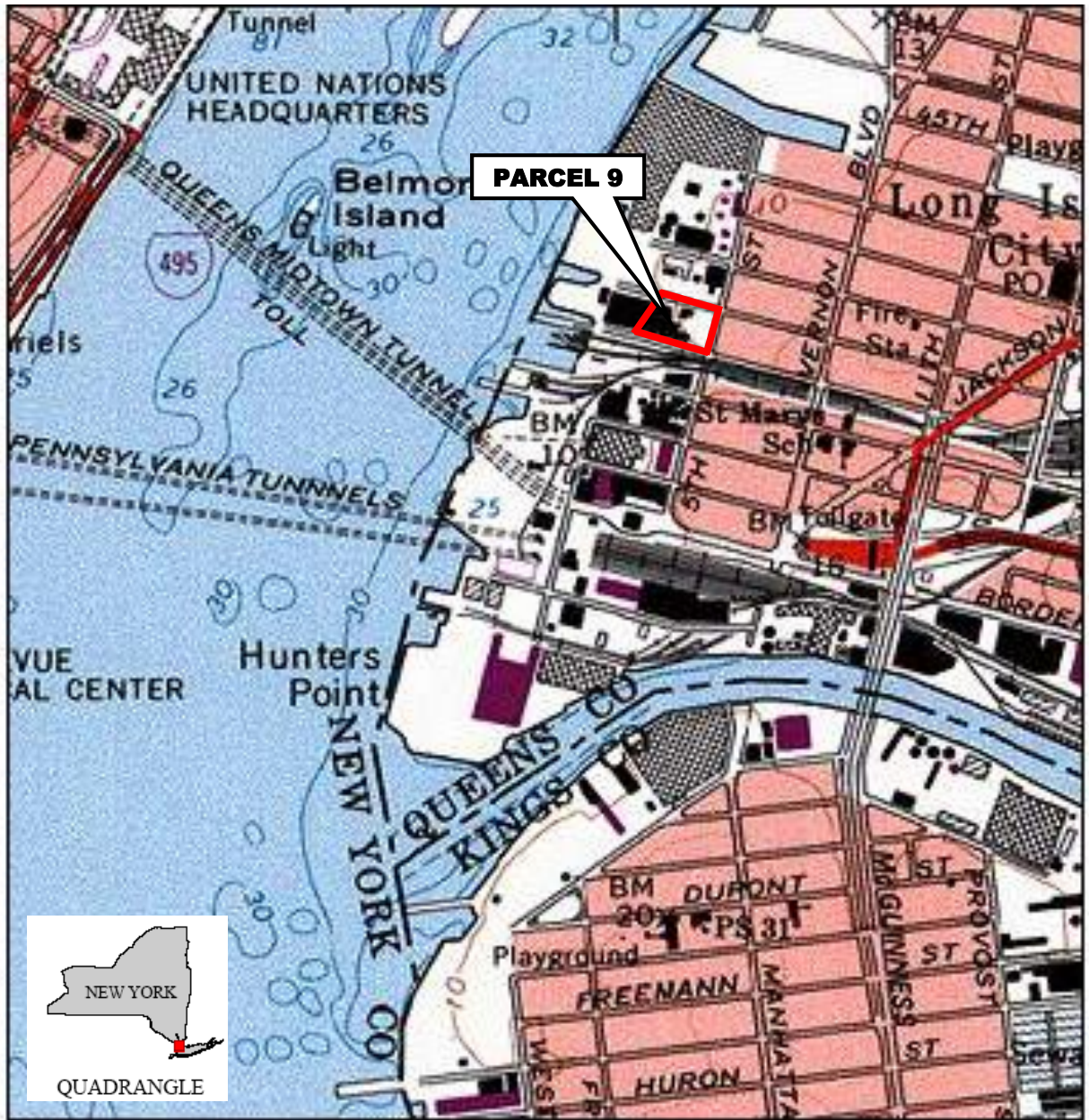
- Continue the monitoring and reporting for the 2021 reporting period as identified in the modified SMP issued in April 2016.
- Although not an immediate concern, based on the Zone 3 motor functioning and Total Flow Rate constant, the replacement of the Well Flow Rate sensor in Zone 3 should be considered.



## **6.0 INSTITUTIONAL AND ENGINEERING CONTROL CERTIFICATION**

The IC/EC Certification Form for the site was completed based on results from the site monitoring and inspections described in the report. A copy of the form is provided as Appendix D. The Certification Form indicates that all ICs/ECs at the site remain in place and effective.

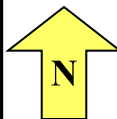
## **FIGURES**



0 0.5 1 MILE  
0 1000 FEET 0 500 1000 METERS  
Printed from TOPO! ©2001 National Geographic Holdings (www.topo.com)



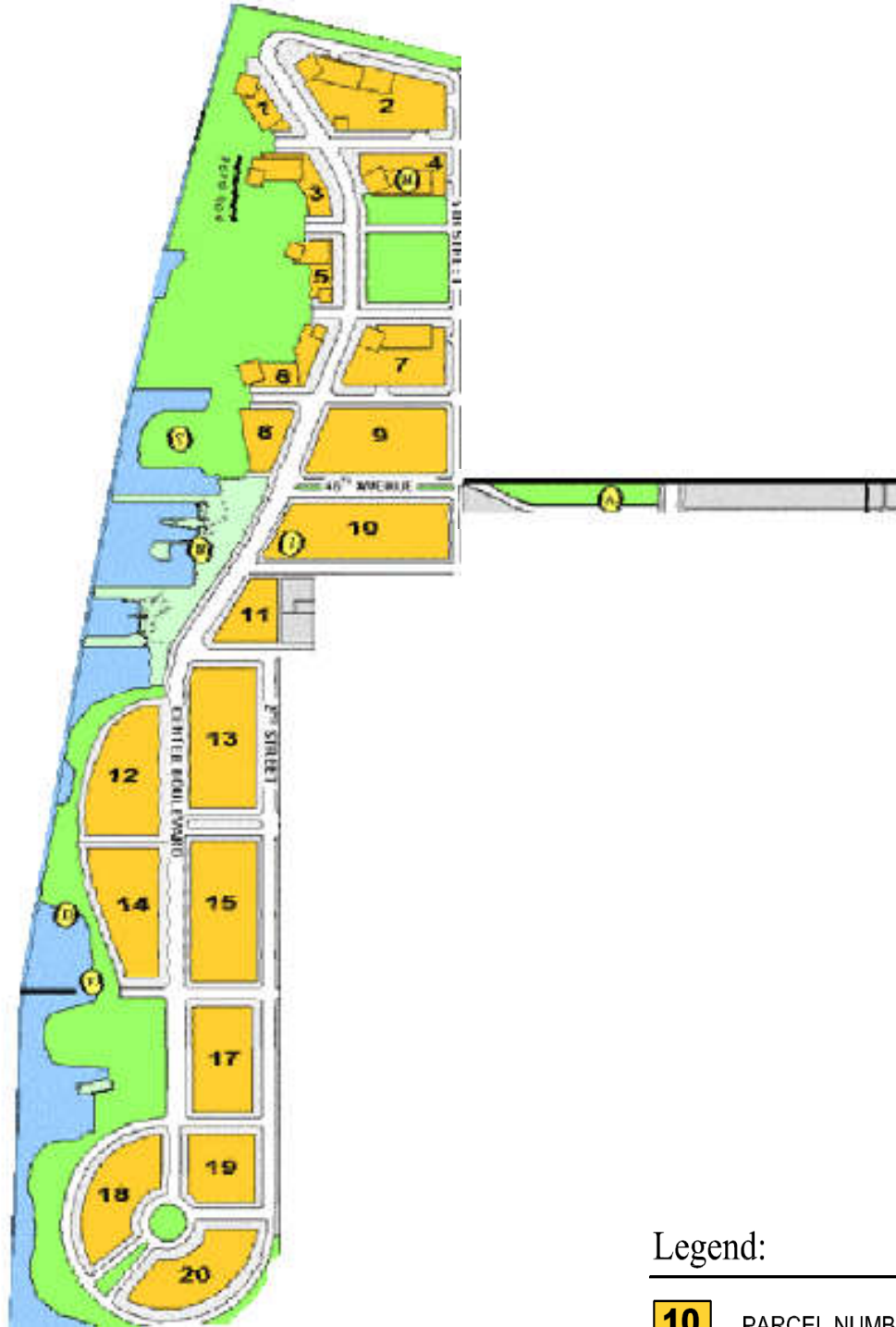
104 East 25<sup>th</sup> Street, 8<sup>th</sup> Floor  
New York, NY 10010-2917  
Phone (212) 353-8280 \* Fax (212) 353-8603



USGS TOPO, Brooklyn, NY Quad.

### FIGURE 1 – SITE LOCATION MAP

<b>Client:</b>	Avalon Bay Communities
<b>Site:</b>	Queens West Parcel 9
<b>Project No.:</b>	Z214DCAB06
<b>Year:</b>	1995
<b>Scale:</b>	As shown



Legend:

**10** PARCEL NUMBER



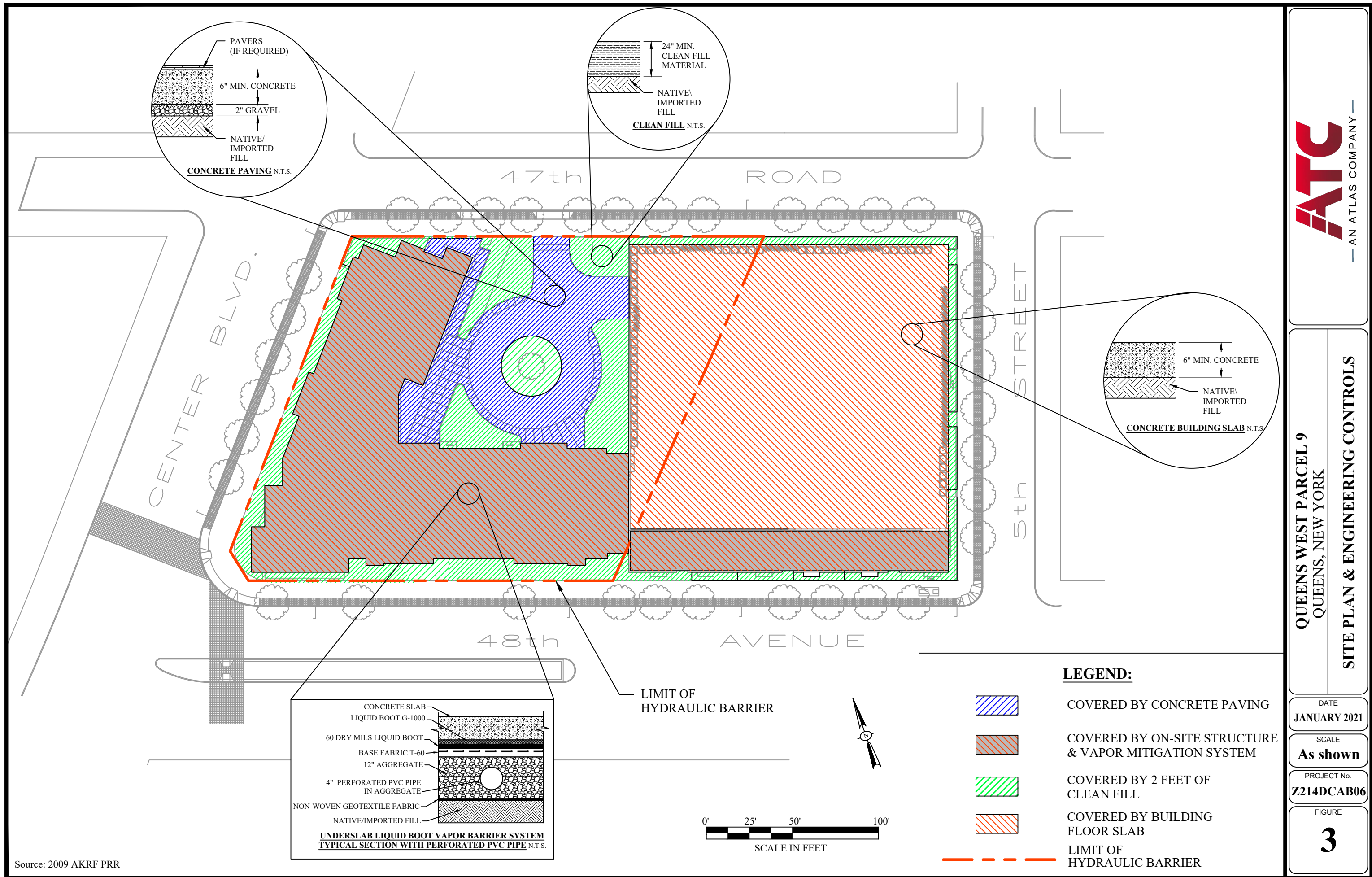
104 East 25<sup>th</sup> Street, 8<sup>th</sup> Floor  
New York, NY 10010-2917  
Phone (212) 353-8280 \* Fax (212) 979-8447



**FIGURE 2 – QUEENS WEST DEVELOPMENT PARCELS**

**Client:** Avalon Bay Communities  
**Site:** Queens West Parcel 9  
**Project No.:** Z214DCAB06





## **TABLES**

**TABLE 1**  
**VAPOR MITIGATION SYSTEM BLOWER RUNTIME DATA**  
**QUEENS WEST DEVELOPMENT - PARCEL 9**

Date	Zone 1				Zone 2				Zone 3				Zone 4			
	On/Off	Runtime (hrs)	Runtime (days) <sup>1</sup>	Est. Downtime (days) <sup>2</sup>	On/Off	Runtime (hrs)	Runtime (days) <sup>1</sup>	Est. Downtime (days) <sup>2</sup>	On/Off	Runtime (hrs)	Runtime (days) <sup>1</sup>	Est. Downtime (days) <sup>2</sup>	On/Off	Runtime (hrs)	Runtime (days) <sup>1</sup>	Est. Downtime (days) <sup>2</sup>
1/16/2020	On	103,648	4318.7	0.0	On	106,223	4426.0	0.0	On	104,090	4337.1	0.0	On	105,369	4390.4	0.0
2/27/2020	On	104,656	4360.7	0.0	On	107,232	4468.0	0.0	On	105,100	4379.2	0.0	On	106,377	4432.4	0.0
3/19/2020	On	105,156	4381.5	0.0	On	107,732	4488.8	0.0	On	105,604	4400.2	0.0	On	106,878	4453.2	0.0
4/16/2020	On	105,827	4409.5	0.0	On	108,404	4516.8	0.0	On	106,273	4428.0	0.0	On	107,550	4481.2	0.0
5/6/2020	On	106,309	4429.5	0.0	On	108,884	4536.8	0.0	On	106,746	4447.8	0.0	On	108,080	4503.3	0.0
6/9/2020	On	107,128	4463.7	0.0	On	109,704	4571.0	0.0	On	107,573	4482.2	0.0	On	108,849	4535.4	0.0
7/9/2020	On	107,847	4493.6	0.0	On	110,423	4601.0	0.0	On	108,292	4512.2	0.0	On	109,568	4565.3	0.0
8/28/2020	On	109,048	4543.7	0.0	On	111,624	4651.0	0.0	On	109,493	4562.2	0.0	On	110,769	4615.4	0.0
9/18/2020	On	109,555	4564.8	0.0	On	112,130	4672.1	0.0	On	109,999	4583.3	0.0	On	111,276	4636.5	0.0
10/30/2020	On	110,556	4606.5	0.0	On	113,132	4713.8	0.0	On	111,002	4625.1	0.0	On	112,278	4678.3	0.0
11/24/2020	On	111,181	4632.5	0.0	On	113,756	4739.9	0.0	On	111,626	4651.1	0.0	On	112,902	4704.3	0.0
12/2/2020	On	111,339	4639.1	0.0	On	113,926	4746.9	0.0	On	111,791	4657.9	0.0	On	113,072	4711.3	0.0

**Notes:**

<sup>1</sup> Estimated Runtime (days) = Runtime (hours)/24

<sup>2</sup> Estimated Downtime = # Calendar Days - Runtime (days)

\*Total Zone 3 runtime calculated by adding reading at new meter to final reading pulled from broken meter (7415.4).

\*\* All Runtime Meter displays are missing the first digit "1" when the meters reached 100,000 due to space limitations on the digital meter

**TABLE 2**  
**VAPOR MITIGATION SYSTEM VACUUM AND FLOW RATE READINGS**  
**QUEENS WEST DEVELOPMENT - PARCEL 9**

Date	Zone 1			Zone 2			Zone 3				Zone 4			
	Vacuum at Filter		Flow	Vacuum at Filter		Flow	Vacuum at Filter		Flow		Vacuum at Filter		Flow	
	Pre ("H <sub>2</sub> O)	Post ("H <sub>2</sub> O)	(CFM)	Pre ("H <sub>2</sub> O)	Post ("H <sub>2</sub> O)	(CFM)	Pre ("H <sub>2</sub> O)	Post ("H <sub>2</sub> O)	Riser (CFM)	Total(CFM)	Pre ("H <sub>2</sub> O)	Post ("H <sub>2</sub> O)	Riser (CFM)	Total(CFM)
1/16/2020	7.5	7.5	334	9.5	9.5	351	10.5	11.0	255	217	5.0	5.5	583	302
2/27/2020	7.0	7.5	324	9.5	9.5	342	10.5	11.0	216	256	5.0	5.5	578	304
3/19/2020	7.0	7.5	329	9.5	9.5	328	10.5	11.0	255	214	5.0	5.5	577	302
4/16/2020	7.5	7.5	330	9.5	9.5	337	10.5	11.0	251	212	5.5	5.5	577	303
5/6/2020	7.0	7.5	322	9.5	9.5	331	10.5	11.0	251	214	5.5	5.5	575	305
6/9/2020	7.0	7.5	327	9.5	9.5	335	11.0	1.5	240	206	5.5	5.5	576	303
7/9/2020	7.5	7.5	323	9.5	9.5	340	11.5	12.0	0	221	5.5	5.5	568	303
8/28/2020	7.0	7.0	322	9.5	9.5	337	11.5	12.0	0	216	5.5	5.5	571	305
9/18/2020	7.5	7.5	322	9.5	9.5	340	11.5	11.5	0	220	5.5	5.5	576	304
10/30/2020	7.5	7.5	324	9.5	9.5	339	11.0	11.5	0	224	5.5	5.5	578	303
11/24/2020	7.0	7.5	325	9.5	9.5	344	11.0	11.0	0	237	5.5	5.5	581	303
12/2/2020	7.0	7.5	324	9.5	9.5	348	11.0	11.0	0	236	5.5	5.5	581	304

**Notes:**

Pre - Reading taken before air filter.

Post - Reading taken after air filter.

Riser - Flow reading taken before dilution valve.

Total - flow reading taken after dilution valve.

\* Zone 3 - Although the system and motor were operational, the well flow meter sensor was non-functional and a reading could not be taken



## **APPENDICES**

## **Appendix A - Site Cover Inspection Log and Photographs**

**SITE CAP INSPECTION FORM**  
**QUEENS WEST PARCEL 11**  
**50<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**

Inspector: denise Cosenza

Date: 12-2-2020

**1. Courtyard/landscaped areas:**

Adequate top soil cover present?

YES

Signs of erosion?

NO

Recommended corrective action:

NONE

**2. Outdoor paving/sidewalks:**

Note any signs of cracking or other damage:

None

Note any areas where greater than 25% of surface is cracked/damaged:

None

Recommended corrective action:

None

**3. Lower level garage slab:**

Note any signs of cracking or other damage:

-ATC Observed minimal hairline cracks in the lower garage  
-cracks were not significant

Note any areas where greater than 25% of surface is cracked/damaged:

None

Recommended corrective action:

None

**Comments (attach photos/sketches to illustrate any damage noted):**

See attached photographs

Avalon Bay  
Queens West (Hunter's Point) Parcel 9  
Center Boulevard and 47<sup>th</sup> Road and 48<sup>th</sup> Avenue  
Long Island City, New York 11101

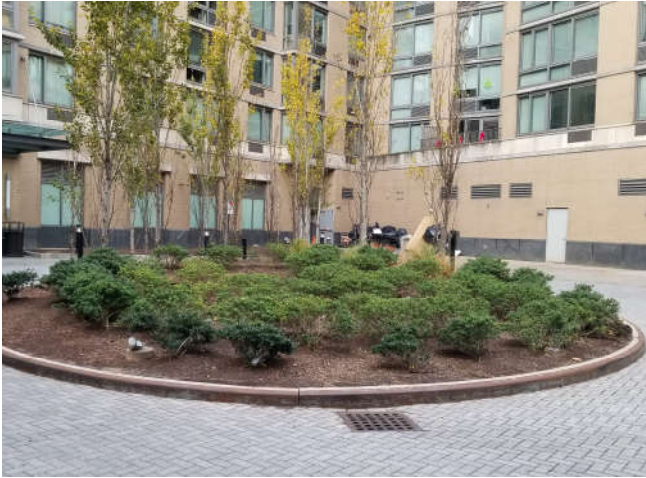


Photo 1: View of typical landscaping and paving in courtyard.



Photo 2: View of typical landscaping in courtyard



Photo 3: View of paving along Center Blvd. looking north from Center Blvd & 48<sup>th</sup> Ave. intersection.

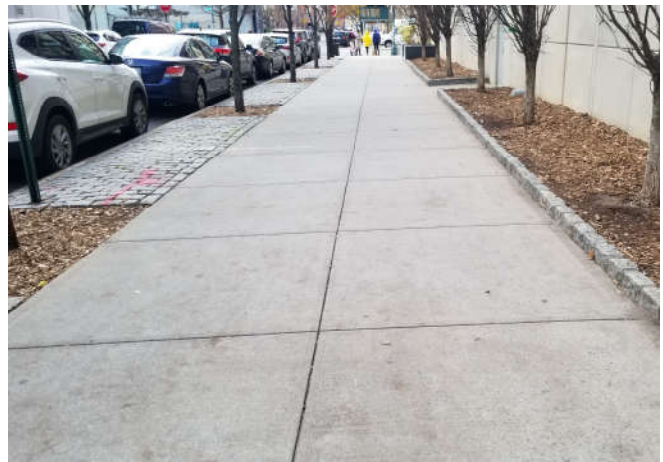


Photo 4: View of typical landscaping and paving along 5<sup>th</sup> Street looking south from 47<sup>th</sup> Rd. & 5<sup>th</sup> St. intersection.



Photo 5: View of typical landscaping and paving along 47<sup>th</sup> Rd. looking east from 47<sup>th</sup> Rd. & Center Blvd. intersection.



Photo 6: View of typical landscaping and paving along 48<sup>th</sup> Ave. looking towards east @ entrance.



Avalon Bay  
Queens West (Hunter's Point) Parcel 9  
Center Boulevard and 47<sup>th</sup> Road and 48<sup>th</sup> Avenue  
Long Island City, New York 11101

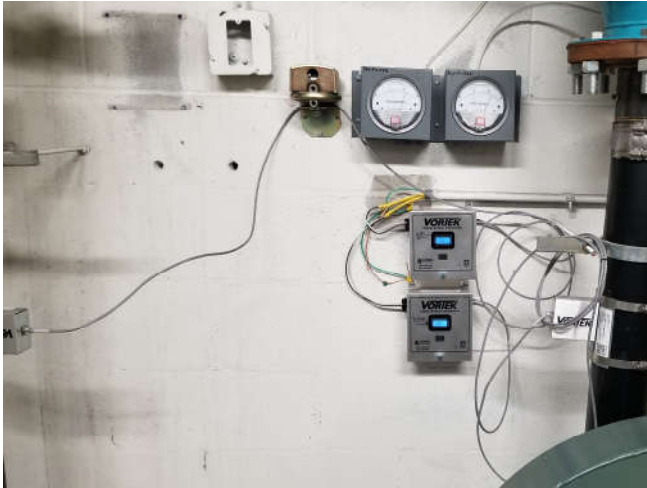


Photo 7: View of Zone 3 Equipment.



Photo 8: View of typical condition of concrete slab in parking garage.



Photo 9: View of Zone 4 Equipment.



Photo 10: View of Zone 2 Equipment.



Photo 11: View of Zone 1 Equipment.

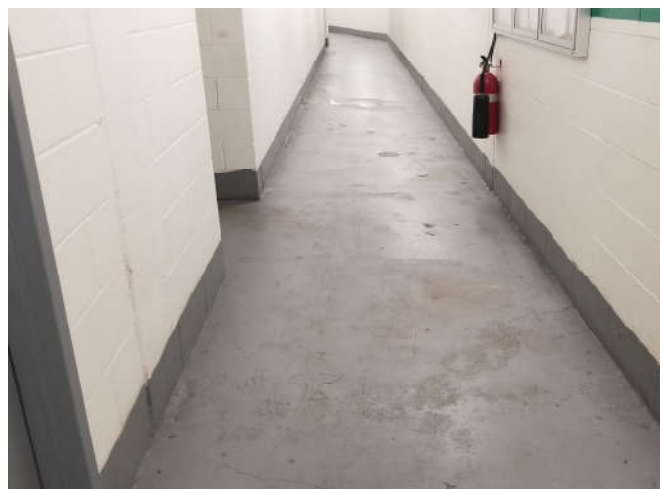


Photo 12: General view of interior concrete slab.



## **Appendix B - Vapor Mitigation System Inspection Logs**

PERIODIC INSPECTION FORM  
 PARCEL 9 VAPOR MITIGATION SYSTEM  
 48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>Denise Cosere</u>	Date: <u>1/16/20</u>
Time IN: <u>730</u>	Time OUT: <u>850</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>yes</u>	
If no, corrective actions taken:	

<b>FLOW RATES</b>			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>103,647.6</u>	<u>334</u>	
Zone 2	<u>106,223.2</u>	<u>351</u>	
Zone 3	<u>104,089.6</u>	<u>TOTAL 217</u> / <u>WELL 255</u>	
Zone 4	<u>105,369.2</u>	<u>302</u> / <u>583</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.5</u>	<u>7.5</u>	<u>0</u>	<u>NO</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>NO</u>			
Zone 3	<u>10.5</u>	<u>11.0</u>	<u>0.5</u>	<u>NO</u>			
Zone 4	<u>5.0</u>	<u>5.5</u>	<u>0.5</u>	<u>NO</u>			
Comments:							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							



PERIODIC INSPECTION FORM  
PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>Dense Cosma</u>	Date: <u>2/27/2020</u>
Time IN: <u>11:00</u>	Time OUT: <u>12:00</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>yes</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>104,656.0</u>	<u>324</u>	
Zone 2	<u>107,231.5</u>	<u>342</u>	
Zone 3	<u>105,100.1</u>	<u>256</u> <sup>TORP</sup> <u>216</u> <sup>WEH</sup>	
Zone 4	<u>106,377.1</u>	<u>304</u> <u>578</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.0</u>	<u>7.5</u>	<u>0.5</u>	<u>NO</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>NO</u>			
Zone 3	<u>10.5</u>	<u>11.0</u>	<u>0.5</u>	<u>NO</u>			
Zone 4	<u>5.0</u>	<u>5.5</u>	<u>0.5</u>	<u>NO</u>			
Comments:							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							



PERIODIC INSPECTION FORM  
 PARCEL 9 VAPOR MITIGATION SYSTEM  
 48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>denise Cosenza</u>	Date: <u>3/19/2020</u>
Time IN: <u>7:00</u>	Time OUT: <u>8:02</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>yes</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>105156.0</u>	<u>329</u>	
Zone 2	<u>107731.6</u>	<u>328</u>	
Zone 3	<u>105,604.4</u>	<u>well 255 / TOTAL 214</u>	
Zone 4	<u>106,877.9</u>	<u>577 / 302</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.0</u>	<u>7.5</u>	<u>0.5</u>	<u>NO</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>NO</u>			
Zone 3	<u>10.5</u>	<u>11</u>	<u>0.5</u>	<u>NO</u>			
Zone 4	<u>5.0</u>	<u>5.5</u>	<u>0.5</u>	<u>NO</u>			
Comments:							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							

PERIODIC INSPECTION FORM  
PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>A. Cosenza</u>	Date: <u>4/16/2020</u>
Time IN: <u>8:00</u>	Time OUT: <u>9:30</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>no</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>105,827.1</u>	<u>330</u>	
Zone 2	<u>108,404.0</u>	<u>337</u>	
Zone 3	<u>106,272.2</u>	<u>TOTAL / WELL</u> <u>212 / 251</u>	
Zone 4	<u>107,549.9</u>	<u>303 / 577</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.5</u>	<u>7.5</u>	<u>0</u>	<u>NO</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>NO</u>			
Zone 3	<u>10.5</u>	<u>11</u>	<u>0.5</u>	<u>NO</u>			
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>	<u>NO</u>			
Comments:							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							



PERIODIC INSPECTION FORM  
PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>Denise Coma</u>	Date: <u>5/6/2020</u>
Time IN: <u>2:30</u>	Time OUT: <u>3:30</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>yes</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>106,309</u>	<u>322</u>	
Zone 2	<u>108,884.0</u>	<u>331</u>	
Zone 3	<u>106,746.3</u>	<u>TOTAL WELL 214 251</u>	
Zone 4	<u>108,079.7</u>	<u>305 575</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.0</u>	<u>7.5</u>	<u>0.5</u>	<u>NO</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>NO</u>			
Zone 3	<u>10.5</u>	<u>11.0</u>	<u>0.5</u>	<u>NO</u>			
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>	<u>NO</u>			
Comments:							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							

PERIODIC INSPECTION FORM  
 PARCEL 9 VAPOR MITIGATION SYSTEM  
 48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>D. COSENZA</u>	Date: <u>6.9.2020</u>
Time IN: <u>11:20</u>	Time OUT: <u>12:00</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>no</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>107,127.8</u>	<u>327</u>	
Zone 2	<u>109,703.5</u>	<u>335</u>	
Zone 3	<u>107,572.8</u>	<u>TOTAL WELL 206 240</u>	
Zone 4	<u>108,849.3</u>	<u>303 576</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.0</u>	<u>7.5</u>	<u>0.5</u>	<u>No</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>No</u>			
Zone 3	<u>11.0</u>	<u>11.5</u>	<u>0.5</u>	<u>No</u>			
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>	<u>No</u>			
Comments:							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							



PERIODIC INSPECTION FORM  
PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>Danise Cosentino</u>	Date: <u>7-9-2020</u>
Time IN: <u>11:00</u>	Time OUT: <u>12:00</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>no</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>107847.4</u>	<u>323</u>	
Zone 2	<u>110423.1</u>	<u>340</u>	
Zone 3	<u>108292.4</u>	<u>0</u> WELL TOTAL <u>221</u>	
Zone 4	<u>109568.0</u>	<u>568</u> <u>303</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.5</u>	<u>7.5</u>	<u>0</u>				
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>				
Zone 3	<u>11.5</u>	<u>12.0</u>	<u>0.5</u>				
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>				
Comments:							
<u>Well flow gauge Zone 3 - 0 reading sensor malfunction</u>							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							

PERIODIC INSPECTION FORM  
PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>Dennis Cosenza</u>	Date: <u>August 28, 2020</u>
Time IN: <u>3:00</u>	Time OUT: <u>4:00</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>no</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>109.047.7</u>	<u>322</u>	
Zone 2	<u>111.623.5</u>	<u>337</u>	
Zone 3	<u>109.493.1</u>	<u>TOTAL WELL 246</u>	
Zone 4	<u>110769.0</u>	<u>305 571</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.0</u>	<u>7.0</u>	<u>0</u>	<u>NO</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>NO</u>			
Zone 3	<u>11.5</u>	<u>12</u>	<u>0.5</u>	<u>NO</u>			
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>	<u>NO</u>			
Comments:							
<u>Zone 3 - WELL GAUGE malfunctioning sensor</u>							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							



PERIODIC INSPECTION FORM  
PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>D. DiCossenza</u>	Date: <u>SEPTEMBER 18, 2020</u>
Time IN: <u>2:30</u>	Time OUT: <u>3:55</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>no</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>109,554.9</u>	<u>322</u>	
Zone 2	<u>112,130.2</u>	<u>340</u>	
Zone 3	<u>109,545</u>	<u>WELL TOTAL 0 220</u>	
Zone 4	<u>111,276.2</u>	<u>576 / 304</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.5</u>	<u>7.5</u>	<u>0</u>	<u>No</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>No</u>			
Zone 3	<u>11.5</u>	<u>11.5</u>	<u>0</u>	<u>No</u>			
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>	<u>No</u>			
Comments:							
<u>WELL Flow gauge in zone 3 reading zero - Sensor malfunction</u>							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							

PERIODIC INSPECTION FORM  
PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>Denise Cosenza</u>	Date: <u>10.30.2020</u>
Time IN: <u>800</u>	Time OUT: <u>900</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one) <u>no</u>	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one) <u>no</u>	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>110,556.4</u>	<u>324</u>	
Zone 2	<u>113,132.2</u>	<u>339</u>	
Zone 3	<u>111,001.5</u>	<u>WELL</u> / <u>TOTAL</u> <u>224</u>	
Zone 4	<u>112,278.0</u>	<u>578</u> / <u>303</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.0</u>	<u>7.5</u>	<u>0.5</u>	<u>No</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>No</u>			
Zone 3	<u>11.0</u>	<u>11.5</u>	<u>0.5</u>	<u>No</u>			
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>	<u>No</u>			
Comments: <u>WELL FLOW gauge sensor not working - no reading Zone 3</u>							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							



PERIODIC INSPECTION FORM  
 PARCEL 9 VAPOR MITIGATION SYSTEM  
 48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

Inspector Name: <u>Denise Casenre</u>	Date: <u>11-24-20</u>
Time IN: <u>800</u>	Time OUT: <u>900</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one)	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one)	
If no, corrective actions taken:	

FLOW RATES			
Location	Run Time (hours)	Flow Rate (cfm)	
Zone 1	<u>111,180.7</u>	<u>325</u>	
Zone 2	<u>113,756.4</u>	<u>344</u>	
Zone 3	<u>111,625.7</u>	<u>TOTAL 237</u> <u>WELL</u>	
Zone 4	<u>112,902.1</u>	<u>303</u> <u>581</u>	
Comments:			
Notes:			
1. Blower flow rates should be ~250 cfm.			

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	<u>7.0</u>	<u>7.5</u>	<u>0.5</u>	<u>NO</u>			
Zone 2	<u>9.5</u>	<u>9.5</u>	<u>0</u>	<u>NO</u>			
Zone 3	<u>11</u>	<u>11</u>	<u>0</u>	<u>NO</u>			
Zone 4	<u>5.5</u>	<u>5.5</u>	<u>0</u>	<u>NO</u>			
Comments:							
<u>Zone 3 - WELL GAUGE READING ZERO - SENSOR MALFUNCTION</u>							
Notes:							
1. If differential (inlet-outlet pressure) > 3 "H <sub>2</sub> O above normal conditions, change out filter.							

Inspector Name: <u>deruse cosma</u>	Date: <u>december 2, 2020</u>
Time IN: <u>9:30</u>	Time OUT: <u>10:30</u>
<b>GENERAL</b>	
Are there any leaks in system? yes or no (circle one)	
If yes, plans for repair:	
Are daily system checks being completed? yes or no (circle one)	
If no, corrective actions taken:	

VACUUM READINGS (at particulate filter)					(after filter change)		
	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O	Filter Changed?	Inlet "H <sub>2</sub> O	Outlet "H <sub>2</sub> O	Differential "H <sub>2</sub> O
Zone 1	7.0	7.5	0.5	NO			
Zone 2	9.5	9.5	0	NO			
Zone 3	11.0	11.0	0	NO			
Zone 4	5.5	5.5	0	NO			

Comments:  
WELL GAUGE READS ZERO IN Zone 3 - sensor malfunction

Notes:  
1. If differential (inlet-outlet pressure) > 3 "H<sub>2</sub>O above normal conditions, change out filter.



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
BRIAN N.	1-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03309.8	328 7-7.5
Howard M.	1-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03486.7	327 7-7.5
Howard M.	1-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03430.0	327 7-7.5
PHILIP C.	1-8-2020	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03457.0	327 7-7.5
Howard M.	1-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03481.6	330 7-7.5
Howard M.	1-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03505.9	326 7-7.5
Howard M.	1-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03571.6	328 7-7.5
Howard M.	1-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03598.1	329 6-6.5
Howard M.	1-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03621.7	330 7-7.5
Howard M.	1-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03647.6	334 7.5-7.5
MIKE D.	1-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03670.8	332 7-7.5
Howard M.	1-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03718.1	330 7-7.5
PHILIP C.	1-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03765.1	327 7-7.5
PHILIP C.	1-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03789.1	328 7-7.5
Howard M.	1-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03813.2	330 7-7.5
Howard M.	1-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03858.7	327 7-7.5

**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	1-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	0348.2	342 7-7.5
Howard M	1-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03910.2	330 7-7.5
Howard M	1-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03934.5	328 7-7.5
Philip C	1-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03957.3	325 7-7.5
Philip C	1-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03981.3	326 7-7.5
Howard M	2-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04050.2	325 7-7.5
Howard M	2-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04078.6	326 7-7.5
Howard M	2-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04126.1	324 7-7.5
Howard M	2-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04131.2	523 7-7.5
Howard M	2-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04157.3	330 7-7.5
Howard M	2-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04220.9	328 7-7.5
Howard M	2-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04245.8	327 7-7.5
Howard M	2-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04289.5	324 7-7.5
Howard M	2-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04299.9	330 7-7.5
Howard M	2-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04319.6	325 7-7.5
Howard M	2-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04358.6	324 7-7.5
Howard M	2-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04443.3	327 7-7.5



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: (1) 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	2-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04461.7	328 7-7.5
Howard M	2-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04486.2	327 7-7.5
Howard M	2-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04557.3	325 7-7.5
Howard M	2-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04582.2	326 7-7.5
Howard M	2-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04606.5	328 7-7.5
Howard M	2-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04630.4	327 7-7.5
Denise	2-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04656.0	324 7-7.5
Howard M	3-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04723.7	326 7-7.5
Howard M	3-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04749.6	325 7-7.5
Howard M	3-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04774.1	326 7-7.5
Howard M	3-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04797.5	325 7-7.5
Howard M	3-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04822.1	327 7-7.5
Howard M	3-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04841.3	325 7-7.5
Howard M	3-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04917.2	326 7-7.5
Howard M	3-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04938.7	324 7-7.5
Howard M	3-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04964.9	325 7-7.5
Howard M	3-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04989.8	324 7-7.5

**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	3-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05066.5	329 7-7.5
Howard M	3-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05091.1	328 7-7.5
Howard M	3-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05109.1	330 7-7.5
Denise C	3-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05156.0	329 7-7.5
Howard M	3-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05226.9	330 7-7.5
Howard M	3-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05252.8	328 7-7.5
Howard M	3-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05277.2	329 7-7.5
Howard M	3-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05283.4	330 7-7.5
Howard M	3-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05399.9	329 7-7.5
Howard M	3-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05420.5	330 7-7.5
Howard M	3-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05445.8	328 7-7.5
Howard M	4-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05493.2	329 7-7.5
Howard M	4-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05515.6	327 7-7.5
Howard M	4-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05562.7	329 7-7.5
Howard M	4-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05589.3	329 7-7.5
Howard M	4-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05612.3	324 7-7.5
Howard M	4-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05637.1	329 7-7.5



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	5-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06453.0	329 7 7.5
Howard M	5-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06476.3	330 7 7.5
Howard M	5-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06571.6	327 7 7.5
Howard M	5-18-26	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06597.4	324 7 7.5
Howard M	5-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06622.2	330 7 7.5
Howard M	5-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06647.7	326 7 7.5
Howard M	5-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06673.1	328 7 7.5
Howard M	5-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06722.5	329 7 7.5
Howard M	5-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06786.9	327 7 7.5
Howard M	5-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06812.0	326 7 7.5
Howard M	5-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06907.5	327 7 7.5
Howard M	6-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06932.4	327 7 7.5
Howard M	6-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06957.2	326 7 7.5
DANIEL C	6-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07127.8	327 7 7.5
Howard M	6-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07148.7	326 7 7.5
		<input type="checkbox"/> ON <input type="checkbox"/> OFF		
		<input type="checkbox"/> ON <input type="checkbox"/> OFF		

**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	6-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07173.5	328 7-7.5
Howard M	6-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07250.0	326 7-7.5
Howard M	6-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07270.8	327 7-7.5
Howard M	6-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07293.2	325 7-7.5
Howard M	6-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07322.5	324 7-7.5
Howard M	6-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07341.2	326 7-7.5
Howard M	6-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07412.6	327 7-7.5
Howard M	6-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07437.0	328 7-7.5
Howard M	6-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07462.3	325 7-7.5
Howard M	6-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07484.9	324 7-7.5
Howard M	6-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07509.2	323 7-7.5
Howard M	6-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07572.8	324 7-7.5
Howard M	6-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07598.6	328 7-7.5
Howard M	6-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07623.2	326 7-7.5
Howard M	7-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07653.9	329 7-7.5
Howard M	7-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07676.3	324 7-7.5
Howard M	7-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07773.3	322 7-7.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 0 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	7-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07795.0 323	7 7.5
Howard M	7-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07820.8 325	7 7.5
Howard M	7-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07844.2 329	7 7.5
Howard M	7-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07914.0 324	7 7.5
Howard M	7-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07939.8 323	7 7.5
Howard M	7-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07965.1 324	7 7.5
Howard M	7-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07990.2 323	7 7.5
Howard M	7-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08014.3 324	7 7.5
Howard M	7-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08086.5 322	7 7.5
Howard M	7-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08110.7 325	7 7.5
Howard M	7-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08125.6 326	7 7.5
Howard M	7-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08158.3 322	7 7.5
Howard M	7-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08186.9 326	7 7.5
Howard M	7-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08851.0 324	7 7.5
Howard M	7-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08277.3 323	7 7.5
Howard M	7-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08301.1 322	7 7.5
Howard M	7-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08325.6 326	7 7.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	8-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08445.3	322 7- 7.5
Howard M	8-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08464.0	324 7- 7.5
Howard M	8-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08443.1	323 7- 7.5
Howard M	8-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08517.7	325 7- 7.5
Howard M	8-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08590.4	323 7 7.5
Howard M	8-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08614.0	324 7 7.5
Howard M	8-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08638.2	325 7 7.5
Howard M	8-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08662.1	323 7 7.5
Howard M	8-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08687.0	324 7 7.5
Howard M	8-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08780.4	322 7 7.5
Howard M	8-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08804.3	323 7 7.5
Howard M	8-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08829.2	322 7 7.5
Howard M	8-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08853.7	324 7 7.5
Howard M	8-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08925.1	323 7 7.5
Howard M	8-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08944.0	322 7 7.5
DeCoster	8-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09047.7	322 7 7.0
Howard M	8-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09090.2	324 7 7.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	8-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	091180	323 7- 7.5
Howard M	9-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09167.2	324 7 7.5
Howard M	9-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09191.0	322 7 7.5
Howard M	9-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09253.1	224 7 7.5
Howard M	9-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09309.2	323 7 7.5
Howard M	9-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09333.0	324 7 7.5
Howard M	9-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09357.5	222 7 7.5
Howard M	9-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09381.2	323 7 7.5
Howard M	9-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09505.3	324 7 7.5
Howard M	9-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09529.4	322 7 7.5
Howard M	9-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09554.9	322 7 7.5
Howard M	9-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09622.2	324 7 7.5
Howard M	9-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09646.8	223 7 7.5
Howard M	9-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09669.6	322 7 7.5
Howard M	9-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09693.4	323 7 7.5
Howard M	9-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09789.2	323 7 7.5
Howard M	9-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09815.2	325 7 7.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/off	Runtime (hours)	Observations
Denise C	10-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10556.4	324 7.0 - 7.5
Howard M	11-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10570.2	326 7 7.5
Howard M	11-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10594.3	320 7 7.5
Howard M	11-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10620.2	324 7 7.5
Howard M	11-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10644.9	322 7 7.5
Howard M	11-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10785.5	326 7 7.5
Howard M	11-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10809.1	324 7 7.5
Howard M	11-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10833.6	322 7 7.5
Howard M	11-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10857.0	326 7 7.5
Howard M	11-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10966.6	324 7 7.5
Denise C	11-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11180.7	325 7.0 - 7.5
Howard M	11-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11182.1	326 7.0 - 7.5
Howard M	11-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11278.5	322 7.0 7.5
Howard M	11-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11301.2	324 7.0 7.5
Howard M	12-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11326.0	325 7.0 7.5
Denise C	12-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11350.1	326 7.0 - 7.5
Howard M	12-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11339.2	324 7.0 - 7.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	12-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11350.9	330 7 7.5
Howard M	12-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11368.2	326 7 7.5
Howard M	12-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11373.4	325 7 7.5
Howard M	12-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11397.0	324 7 7.5
Howard M	12-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11446.7	326 7 7.5
Howard M	12-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11470.3	324 7 7.5
Howard M	12-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11494.5	325 7 7.5
Howard M	12-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11508.2	324 7 7.5
Howard M	12-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11613.3	326 7 7.5
Howard M	12-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11637.6	326 7 7.5
Howard M	12-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11661.2	324 7 7.5
Howard M	12-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11685.1	326 7 7.5
Howard M	12-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11709.9	325 7 7.5
Howard M	12-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11733.3	324 7 7.5
Howard M	12-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11758.0	324 7 7.5
Howard M	12-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11783.5	325 7 7.5
Carlor Lazcano	01/04/2021	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11973.3	326 7 7.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
BRIAN N.	1/2/20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05885.3	340 9.5-9.5
Howard M.	1-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05980.1	340 9.5-9.5
Howard M.	1/7/20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06005.5	340 9.5-9.5
PHILIP C.	1/8/2020	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06027.8	358 9.5-9.5
Howard M.	1-9-2020	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06051.2	340 9.5-9.5
Howard M.	1-10-2020	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06076.1	351 9.5-9.5
Howard M.	1-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06100.7	356 9.5-9.5
Howard M.	1-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06173.5	348 9.5-9.5
Howard M.	1-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06197.5	349 9.5-9.5
Howard M.	1-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06227.2	351 9.5-9.5
MIKE D	1-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06246.4	343 9.5-9.5
Howard M.	1-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06293.8	347 9.5-9.5
PHILIP C.	1-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06341.0	336 9.5-9.5
PHILIP C.	1-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06365.1	342 9.5-9.5
PHILIP C.	1-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06390.5	337 9.5-9.5
Howard M.	1-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06415.1	335 9.5-9.5
Howard M.	1-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06459.2	348 9.5-9.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	1-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06488.9	349 9-9.5
Howard M	1-28-20	<input type="checkbox"/> ON <input type="checkbox"/> OFF	06510.7	351 9-9.5
PHILIP C	1-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06532.1	357 9.5-9.5
PHILIP C	1-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06557.6	344 9.5-9.5
Howard M	2-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06629.3	343 9.5-9.5
Howard M	2-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06654.8	357 9.5-9.5
PHILIP C	2-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06676.1	338 9.5-9.5
<del>Howard M</del>	<del>2-5-20</del>	<del><input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF</del>	<del>06677.4</del>	
Howard M	2-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06707.2	336 9.5-9.5
Howard M	2-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06727.1	341 9.5-9.5
Howard M	2-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06798.5	344 9.5-9.5
Howard M	2-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06821.7	339 9.5-9.5
Howard M	2-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06847.0	327 9.5-9.5
Howard M	2-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06869.1	336 9.5-9.5
Howard M	2-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06893.4	334 9.5-9.5
Howard M	2-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06989.5	343 9.5-9.5
Howard M	2-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07014.2	347 9.5-9.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	2-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07037.4	354 9.5 - 9.5
Howard M	2-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07062.5	364 9.5 - 9.5
Howard M	2-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07133.0	351 9.5 - 9.5
Howard M	2-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07158.1	356 9.5 - 9.5
Howard M	2-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07183.3	343 9.5 - 9.5
Howard M	2-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07205.9	347 9.5 - 9.5
Howard M	2-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07229.4	347 9.5 - 9.5
Howard M	3-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07299.5	351 9.5 - 9.5
Howard M	3-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07324.6	362 9.5 - 9.5
Howard M	3-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07349.9	346 9.5 - 9.5
Howard M	3-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07362.3	349 9 - 9.5
Howard M	3-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07398.0	343 9.5 - 9.5
Howard M	3-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07467.5	350 9.5 - 9.5
Howard M	3-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07492.9	354 9.5 - 9.5
Howard M	3-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07515.7	348 9.5 - 9.5
Howard M	3-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07540.6	338 9.5 - 9.5
Howard M	3-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07567.2	343 9.5 - 9.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	CFM	Observations
Howard M	3-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07593.6	344	9.5-9.5
Howard M	3-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07639.2	343	9.5-9.5
Howard M	3-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07666.6	331	9.5-9.5
Howard M	3-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07684.8	334	9.5-9.5
DENSE C	3-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07731.6	328	9.5-9.5
Howard M	3-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07801.0	343	9.5-9.5
Howard M	3-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07826.2	344	9.5-9.5
Howard M	3-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07852.6	331	9.5-9.5
Howard M	3-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07877.1	343	9.5-9.5
Howard M	3-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07968.5	331	9.5-9.5
Howard M	3-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07997.5	337	9.5-9.5
Howard M	3-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08020.6	339	9.5-9.5
Howard M	4-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08068.7	335	9.5-9.5
Howard M	4-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08071.9	331	9.5-9.5
Howard M	4-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08139.0	334	9.5-9.5
Howard M	4-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08164.9	340	9.5-9.5
Howard M	4-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08188.3	346	9.5-9.5
Howard M	4-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08212.9	342	9.5-9.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	CFM	Observations	PRE POST
Howard M	4-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08311.5	243		9.5-9.5
D. Cosenza	4-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08404.0	337		9.5 9.5
Howard M	4-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08430.1	337		9.5 9.5
Howard M	4-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08523.7	343		9.5 9.5
Howard M	4-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08549.6	345		9.5 9.5
Howard M	4-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08572.0	346		9.5 9.5
Howard M	4-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08597.2	336		9.5 9.5
Howard M	4-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08639.0	337		9.5 9.5
Howard M	4-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08667.9	340		9.5 9.5
Howard M	4-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08692.6	340		9.5 9.5
Howard M	4-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08715.9	335		9.5 9.5
Howard M	4-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08740.8	336		9.5 9.5
Howard M	5-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08765.2	338		9.5 9.5
Howard M	5-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08835.9	341		9.5 9.5
Howard M	5-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08861.1	346		9.5 9.5
D. Cosenza	5-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08884.0	331		9.5 9.5
Howard M	5-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09004.9	335		9.5 9.5



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

*Filter*

Inspector Name	Date	Blower On/Off	Runtime (hours)	CFM	Observations	Pre	Post
Howard M	5-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09028.7	342		9.5	9.5
Howard M	5-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09051.8	337		9.5	9.5
Howard M	5-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09144.5	347		9.5	9.5
Howard M	5-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09169.8	344		9.5	9.5
Howard M	5-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09194.2	339		9.5	9.5
Howard M	5-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09220.1	333		9.5	9.5
Howard M	5-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09250.7	342		9.5	9.5
Howard M	5-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09313.5	336		9.5	9.5
Howard M	5-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09363.8	346		9.5	9.5
Howard M	5-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09388.6	344		9.5	9.5
Howard M	5-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09482.3	348		9.5	9.5
Howard M	6-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09508.0	340		9.5	9.5
Howard M	6-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09532.0	349		9.5	9.5
Howard M	6-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09558.7	347		9.5	9.5
Howard M	6-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09654.0	333		9.5	9.5
Howard M	6-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09677.4	330		9.5	9.5
Howard M	6-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09701.2	343		9.5	9.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	6-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09723.8	326 9.5 9.5
Howard M	6-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09821.3	339 9.5 9.5
Howard M	6-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09846.6	342 9.5 9.5
Howard M	6-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09871.2	336 9.5 9.5
Howard M	6-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09894.9	343 9.5 9.5
Howard M	6-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09917.0	338 9.5 9.5
Howard M	6-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09978.5	340 9.5 9.5
Howard M	6-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10012.8	345 9.5 9.5
Howard M	6-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10036.2	338 9.5 9.5
Howard M	6-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10061.9	335 9.5 9.5
Howard M	6-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10085.7	338 9.5 9.5
Howard M	6-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10137.0	334 9.5 9.5
Howard M	6-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10162.5	335 9.5 9.5
Howard M	6-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10198.3	329 9.5 9.5
Howard M	7-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10228.8	346 9.5 9.5
Howard M	7-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10322.1	327 9.5 9.5
Howard M	7-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10348.8	334 9.5 9.5



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	7-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10373.2	Well 9.5
Howard M	7-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10395.3	9.5
Howard M	7-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10419.8	9.5
Howard M	7-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10490.1	9.5
Howard M	7-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10515.6	9.5
Howard M	7-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10540.5	9.5
Howard M	7-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10564.5	9.5
Howard M	7-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10588.2	9.5
Howard M	7-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10662.3	9.5
Howard M	7-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10686.6	9.5
Howard M	7-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10710.9	9.5
Howard M	7-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10735.0	9.5
Howard M	7-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10756.6	9.5
Howard M	7-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10780.2	9.5
Howard M	7-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10804.6	9.5
Howard M	7-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10828.5	9.5
Howard M	7-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10853.9	9.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	8-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11020.7	345 9.5
Howard M	8-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11044.1	356 9.5
Howard M	8-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11069.2	344 9.5
Howard M	8-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11093.0	339 9.5
Howard M	8-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11165.5	343 9.5
Howard M	8-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11179.4	340 9.5
Howard M	8-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11213.9	348 9.5
Howard M	8-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11237.3	337 9.5
Howard M	8-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11355.5	338 9.5
Howard M	8-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11381.6	342 9.5
Howard M	8-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11411.1	334 9.5
Howard M	8-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11432.1	333 9.5
Howard M	8-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11500.9	330 9.5
Howard M	8-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11525.6	331 9.5
Doonan	8-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11622.5	337 9.5
Howard M	8-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11647.7	335 9.5
Howard M	8-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11671.1	331 9.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	8-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11695.4	348 9.5
Howard M	9-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11743.3	340 9.5
Howard M	9-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11767.1	343 9.5
Howard M	9-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11836.5	341 9.5
Howard M	9-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11884.9	343 9.5
Howard M	9-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11908.2	337 9.5
Howard M	9-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11932.7	339 9.5
Howard M	9-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12030.9	361 9.5
Howard M	9-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12054.3	337 9.5
Howard M	9-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12078.4	353 9.5
Donde C	9-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12130.2	340 9.5
Howard M	9-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12198.5	330 9.5
Howard M	9-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12222.4	329 9.5
Howard M	9-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12245.0	340 9.5
Howard M	9-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12269.4	344 9.5
Howard M	9-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12364.7	344 9.5
Howard M	9-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12388.9	340 9.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Pre filter CSM post filter

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	9-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12426.5	350 9.5 9.5
Howard M	10-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12444.3	332 9.5 9.5
Howard M	10-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12536.0	347 9.5 9.5
Howard M	10-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12556.3	540 9.5 9.5
Howard M	10-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12580.7	335 9.5 9.5
Howard M	10-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12699.8	340 9.5 9.5
Howard M	10-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12724.0	352 9.5 9.5
Howard M	10-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12749.3	338 9.5 9.5
Howard M	10-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12774.2	341 9.5 9.5
Howard M	10-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12866.5	337 9.5 9.5
Howard M	10-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12891.9	346 9.5 9.5
Howard M	10-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12915.3	340 9.5 9.5
Howard M	10-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12939.6	337 9.5 9.5
Howard M	10-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13043.0	344 9.5 9.5
Howard M	10-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13067.2	341 9.5 9.5
Howard M	10-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13091.4	338 9.5 9.5
Howard M	10-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13115.6	344 9.5 9.5

**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
<i>Denise C</i>	<i>10-30-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13132.2</i>	<i>339 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-1-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13156.3</i>	<i>342 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-2-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13180.0</i>	<i>348 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-3-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13205.7</i>	<i>342 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-4-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13249.2</i>	<i>350 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-9-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13373.9</i>	<i>344 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-10-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13397.4</i>	<i>349 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-11-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13421.6</i>	<i>344 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-12-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13445.8</i>	<i>343 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-16-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13542.4</i>	<i>353 9.5 - 9.5</i>
<i>Denise C</i>	<i>11-24-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13756.4</i>	<i>344 9.5 - 9.5</i>
<i>Howard M</i>	<i>11-25-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13758.2</i>	<i>343 9.5 9.5</i>
<i>Howard M</i>	<i>11-29-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13755.9</i>	<i>346 9.5 9.5</i>
<i>Howard M</i>	<i>11-30-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13779.2</i>	<i>345 9.5 9.5</i>
<i>Howard M</i>	<i>12-1-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13901.7</i>	<i>347 9.5 9.5</i>
<i>Denise C</i>	<i>12-2-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13925.8</i>	<i>348 9.5 9.5</i>
<i>Howard M</i>	<i>12-3-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>13950.1</i>	<i>346 9.5 9.5</i>

*CFM* *Filter*



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLYD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	12-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04516.8	224 11.0-11
Howard M	12-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04558.1	231 11.0-11
Howard M	12-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04572.7	237 11.0-11
Howard M	12-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04596.6	239 10.5-11
Howard M	12-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04644.0	239 10.5-11
Howard M	12-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04668.2	234 10.5-11
Howard M	12-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04692.5	244 10.5-11
Howard M	12-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04732.2	243 10.5-11
Howard M	12-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04811.4	239 10.5-11
Howard M	12-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	04836.0	243 10.5-11
Howard M	12-22-20	<input type="checkbox"/> ON <input type="checkbox"/> OFF	04860.2	239 10.5-11
Howard M	12-23-20	<input type="checkbox"/> ON <input type="checkbox"/> OFF	04884.3	235 10.5-11
Howard M	12-24-20	<input type="checkbox"/> ON <input type="checkbox"/> OFF	04908.6	234 10.5-11
Howard M	12-27-20	<input type="checkbox"/> ON <input type="checkbox"/> OFF	04932.2	240 10.5-11
Howard M	12-28-20	<input type="checkbox"/> ON <input type="checkbox"/> OFF	05066.9	243 10.5-11
Howard M	12-29-20	<input type="checkbox"/> ON <input type="checkbox"/> OFF	05030.0	240 10.5-11
Clayton	01/04/21	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05172.1	243 10.5-11

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	WBL - Total	Observations
BRIAN N.	1/2/20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96335.2	262 - 227	11.5 - 11.8
Howard M.	1-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96435.7	262 - 227	11 - 11
Howard M.	1-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96459.0	262 - 227	11 - 11
Philip C.	1-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96481.0	262 - 228	11 - 11.5
Philip C.	1-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96501.0	262 - 229	11.5 - 11.5
Howard M.	1-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96526.2	262 - 227	11 - 11.5
Howard M.	1-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96597.1	262 - 227	11 - 11.5
Howard M.	1-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96627.4	262 - 227	11 - 11.5
Howard M.	1-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96651.4	262 - 228	11.5 - 11.5
Denise C.	1-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96674.2	255 - 217	10.5 - 11.0
MIKE D.	1-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96700.4	258 - 219	10.5 - 11
Howard M.	1-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96747.7	256 - 217	10.5 - 11
Philip C.	1-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96795.4	260 - 220	10.5 - 11
Philip C.	1-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96785.1	261 - 220	10.5 - 11
Philip C.	1-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96844.1	259 - 221	10.5 - 11
Howard M.	<del>1-24-20</del>	<input type="checkbox"/> ON <input type="checkbox"/> OFF			



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well - To Tank	Observations
Howard M	1-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96915.7	260 216	10 - 10.5
Howard M	1-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96939.2	256 218	10 - 10.5
Howard M	1-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96963.8	257 219	10.5 - 10.5
Philip C	1-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	96981.2	257 218	10.5 - 10.5
Philip C	1-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97011.1	258 218	10.5 - 10.5
Howard M	2-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97108.6	258 219	10.5 - 10.5
Philip C	2-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97125.1	256 217	10.5 - 10.5
Howard M	2-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97155.7	258 220	10.5 - 10.5
Howard M	2-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97180.0	255 217	10.5 - 10.5
Howard M	2-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97250.6	258 218	10.5 - 10.5
Howard M	2-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97275.2	256 219	10.5 - 10.5
Emilio	2-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97299.4	257 217	10.5 - 10.5
Howard M	2-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97322.5	253 217	10.5 - 10.5
Howard M	2-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97347.4	254 215	10.5 - 10.5
Howard M	2-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97420.7	257 217	10.5 - 10.5
Howard M	2-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97468.2	258 219	10.5 - 10.5
Howard M	2-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97490.3	256 218	10 - 10.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Well - Total

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	2-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97514.7	259 222 10.5-11
Howard M	2-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97588.3	257 219 10.5-11
Howard M	2-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97612.0	258 221 10.5-11
Howard M	2-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97637.9	259 219 10.5-11
Howard M	2-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97659.1	258 214 10.5-11
Howard M	2-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97683.8	254 216 10.5-11
Howard M	2-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97754.3	257 219 10.5-11
Howard M	2-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97779.0	256 220 10.5-11
Howard M	2-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97803.7	259 221 10.5-11
Howard M	2-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97825.5	257 218 10.5-11
Howard M	2-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97851.9	259 219 10.5-11
Howard M	2-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97923.5	256 221 10.5-11
Howard M	2-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97948.0	259 219 10.5-11
Howard M	2-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97966.2	256 217 10.5-11
Howard M	2-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	97994.0	256 219 10.5-11
Howard M	2-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98020.1	254 218 10.5-11
Howard M	2-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98045.9	257 214 10.5-11



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well - Total	Observations
Howard M	3-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98096.9	259 220	10 - 10.5
Howard M	3-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98120.3	257 218	10 - 10.5
Howard M	3-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98138.2	257 219	10 - 10.5
<del>Howard M</del>	<del>3-19-20</del>	<del><input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF</del>	<del>98189.0</del>	<del>255 214</del>	<del>10.5 - 11.0</del>
Howard M	3-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98255.5	256 215	10.5 - 11.0
Howard M	3-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98281.7	257 212	10.5 - 11.0
Howard M	3-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98306.3	256 214	10.5 - 11.0
Howard M	3-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98330.0	259 218	10.5 - 11.0
Howard M	3-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98425.6	258 217	10.5 - 11.0
Howard M	3-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98451.9	236 219	10.5 - 11.0
Howard M	3-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98474.3	257 214	10 - 10.5
Howard M	4-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98522.7	259 217	10 - 10.5
Howard M	4-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98547.8	257 218	10 - 10.5
Howard M	4-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98592.9	255 215	10 - 10.5
Howard M	4-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98618.3	256 217	10 - 10.5
Howard M	4-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98642.1	257 215	10 - 10.5
Howard M	4-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98668.0	256 215	10 - 10.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well	THAC Observations
<del>S. D. COOPER</del>	<del>4-16-2020</del>	<del><input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF</del>	<del>98.857.4</del>	<del>251</del>	<del>212 10.5 11.0</del>
Howard M	4-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98.883.2	252	214 10.5 11
Howard M	4-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	98.977.6	254	215 10.5 11
Howard M	4-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.003.7	253	214 10.5 11
Howard M	4-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.025.7	253	216 10.5 11
Howard M	4-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.050.6	249	209 10.5 11
Howard M	4-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.094.1	249	211 10.5 11
Howard M	4-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.122.5	251	212 10.5 11
Howard M	4-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.144.3	253	214 10.5 11
Howard M	4-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.169.0	251	213 10.5 11
Howard M	4-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.195.1	250	212 10.5 11
Howard M	5-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.252.2	251	213 10.5 11
Howard M	5-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.278.7	249	213 10.5 11
Howard M	5-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.314.8	250	211 10.5 11
D. Cosentino	5-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.330.9	251	214 10.5 11
Howard M	5-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99.355.7	249	213 10.5 11
Howard M	5-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF		252	221 10.5 11

CPM Pre Post



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Filter

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well	Total	Observations	Pre	Post
Howard M	5-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99482.7	253	211		10.5	11
Howard M	5-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99505.7	248	214		10.5	11
Howard M	5-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99597.1	267	213		10.5	11
Howard M	5-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99622.3	249	212		10.5	11
Howard M	5-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99648.8	251	210		10.5	11
Howard M	5-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99673.9	249	211		10.5	11
Howard M	5-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99699.2	247	213		10.5	11
Howard M	5-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99778.5	255	212		10.5	11
Howard M	5-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99817.8	253	211		10.5	11
Howard M	5-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99842.7	245	208		10.5	11
Howard M	5-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99946.0	248	209		10.5	11
Howard M	6-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99961.7	251	210		10.5	11
Howard M	6-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	99986.7	242	207		10.5	11
Howard M	6-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00082.3	240	205		10.5	11
Howard M	6-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00107.0	241	208		10.5	11
Howard M	6-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00125.6	243	206		10.5	11
Howard M	6-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00151.1	240	203		10.5	11



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48th AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Total WELL Filter Post  
~~2331~~ 204 11 11.5

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	6-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00177.0	238 204 11 11.5
Howard M	6-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00276.2	241 202 11 11.5
Howard M	6-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00300.4	239 205 11 11.5
Howard M	6-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00322.7	239 206 11 11.5
Howard M	6-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00346.2	238 205 11 11.5
Howard M	6-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00370.3	239 205 11 11.5
Howard M	6-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00435.9	235 204 11 11.5
Howard M	6-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00461.7	234 202 11 11.5
Howard M	6-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00486.2	237 203 11 11.5
Howard M	6-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00516.9	234 199 11 11.5
Howard M	6-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00541.1	225 203 11 11.5
Howard M	6-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00595.2	227 205 10 10.5
Howard M	6-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00619.9	226 198 10 10.5
Howard M	6-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00643.1	226 202 11 11.5
Howard M	7-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00682.7	225 0 10 10.5
Howard M	7-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00707.2	219 0 11 12
Howard M	7-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00779.8	231 0 11 11.5



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	<del>Total</del> Well Total	Observations
Howard M	7-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00823.01	0 219	11.5
Howard M	7-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00849.6	0 221	11.5
Howard M	7-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00873.8	0 234	11.5
Howard M	7-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00945.3	0 221	11.5
Howard M	7-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00969.9	0 221	11.5
Howard M	7-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	00994.7	0 221	11.5
Howard M	7-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01020.2	0 226	11.5
Howard M	7-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01045.3	0 234	11.5
Howard M	7-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	0115.0	0 226	11.5
Howard M	7-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01139.6	0 226	11.5
Howard M	7-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01163.5	0 221	11.5
Howard M	7-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01189.0	0 220	11.5
Howard M	7-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01210.4	0 224	11.5
Howard M	7-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01234.1	0 220	11.5
Howard M	7-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01258.3	0 219	11.5
Howard M	7-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01282.6	0 222	11.5
Howard M	7-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01306.5	0 219	11.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well	Total	Observations
Howard M	8-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01475.3	0	230	11.5
Howard M	8-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01449.9	0	226	11.5
Howard M	8-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01523.2	0	234	11.5
Howard M	8-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01547.0	0	224	11.5
Howard M	8-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01619.2	0	218	11.5
Howard M	8-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01643.7	0	217	11.5
Howard M	8-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01667.3	0	216	11.5
Howard M	8-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01691.1	0	218	11.5
Howard M	8-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01713.5	0	220	11.5
Howard M	8-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01809.3	0	216	11.5
Howard M	8-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01833.7	0	217	11.5
Howard M	8-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01846.0	0	218	11.5
Howard M	8-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01885.0	0	220	11.5
Howard M	8-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01955.8	0	219	11.5
Howard M	8-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	01979.5	0	218	11.5
Doseza	8-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02077.7	0	216	11.5
Howard M	8-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02022.5	0	219	11.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Weekly Total	
				W	Obs
Howard M	8-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02152.3	0	230 11.5
Howard M	9-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02196.1	0	226 11.5
Howard M	9-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02220.7	0	219 11.5
Howard M	9-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02290.9	0	217 11.5
Howard M	9-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02338.7	0	218 11.5
Howard M	9-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02362.3	16	219 11.5
Howard M	9-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02386.7	0	217 11.5
Howard M	9-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02434.0	0	220 11.5
Howard M	9-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02508.6	0	222 11.5
Howard M	9-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02532.9	0	221 11.5
Donise C	9-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02584.0	0	220 11.5
Howard M	9-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02651.1	0	227 11.5
Howard M	9-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02676.9	0	226 11.5
Howard M	9-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02699.9	0	224 11.5
Howard M	9-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02723.0	0	228 11.5
Howard M	9-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02818.8	0	225 11.5
Howard M	9-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02842.7	0	227 11.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	9-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02872.2	11 11.5
Howard M	10-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02896.7	11 11.5
Howard M	10-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	02976.8	11 11.5
Howard M	10-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03010.5	11 11.5
Howard M	10-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03034.0	11 11.5
Howard M	10-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03155.1	11 11.5
Howard M	10-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03179.5	11 11.5
Howard M	10-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03203.6	11 11.5
Howard M	10-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03227.3	11 11.5
Howard M	10-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03320.0	11 11.5
Howard M	10-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03345.1	11 11.5
Howard M	10-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03369.9	11 11.5
Howard M	10-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03393.2	11 11.5
Howard M	10-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03497.0	11 11.5
Howard M	10-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03521.2	11 11.5
Howard M	10-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03545.3	11 11.5
Howard M	10-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	03569.0	11 11.5



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
<i>Dense C</i>	<i>10-30-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03586.1</i>	<i>224</i>
<i>Howard M</i>	<i>11-1-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03810.4</i>	<i>231</i>
<i>Howard M</i>	<i>11-2-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03634.7</i>	<i>232</i>
<i>Howard M</i>	<i>11-3-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03658.9</i>	<i>231</i>
<i>Howard M</i>	<i>11-4-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03682.2</i>	<i>234</i>
<i>Howard M</i>	<i>11-9-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03887.8</i>	<i>232</i>
<i>Howard M</i>	<i>11-10-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03851.1</i>	<i>232</i>
<i>Howard M</i>	<i>11-11-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03876.2</i>	<i>234</i>
<i>Howard M</i>	<i>11-12-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03900.7</i>	<i>231</i>
<i>Howard M</i>	<i>11-16-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>03996.6</i>	<i>233</i>
<i>Dense C</i>	<i>11-24-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>04210.3</i>	<i>237</i>
<i>Howard M</i>	<i>11-25-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>04212.0</i>	<i>237</i>
<i>Howard M</i>	<i>11-29-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>04305.2</i>	<i>236</i>
<i>Howard M</i>	<i>11-30-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>04330.4</i>	<i>236</i>
<i>Howard M</i>	<i>12-1-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>04355.7</i>	<i>237</i>
<i>Dense C</i>	<i>12-2-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>04375.1</i>	<i>236</i>
<i>Howard M</i>	<i>12-3-20</i>	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<i>04397.2</i>	<i>237</i>

*WEEK TOTAL*

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	12-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14071.1	346 9.5-9.5
Howard M	12-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14096.0	335 9.5-9.5
Howard M	12-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14118.4	352 9.5-9.5
Howard M	12-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14143.5	356 9.5-9.5
Howard M	12-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14191.2	346 9.5-9.5
Howard M	12-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14204.3	352 9.5-9.5
Howard M	12-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14228.0	346 9.5-9.5
Howard M	12-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14253.1	350 9.5-9.5
Howard M	12-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14358.5	344 9.5-9.5
Howard M	12-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14382.0	342 9.5-9.5
Howard M	12-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14406.4	354 9.5-9.5
Howard M	12-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14430.9	350 9.5-9.5
Howard M	12-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14454.6	344 9.5-9.5
Howard M	12-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14528.1	341 9.5-9.5
Howard M	12-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14552.3	343 9.5-9.5
Howard M	12-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14576.4	356 9.5-9.5
Carla Bryan	01/14/21	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	14718.1	343 9.5-9.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	TOTAL-WGL	Observations
BRIAN N.	1/2/20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05031.1	302-573	5-5.5
Howard M.	1/6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05127.2	302-573	5-5.5
Howard M.	1-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05151.5	303-574	5-5.5
Howard M.	1-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05174.3	303-577	5-5.5
Howard M.	1-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05197.9	302-581	5-5.5
Howard M.	1-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05224.0	303-577	5-5.5
Howard M.	1-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05293.4	302-576	5-5.5
Howard M.	1-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05319.6	303-575	5-5.5
Denise C.	1-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05369.2	302-583	5-5.5
MIKE D.	1-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05392.0	304-577	5-5.5
Howard M.	1-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05439.1	303-580	5-5.5
Howard M.	1-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05460.3	303-580	5-5.5
Howard M.	1-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05511.4	302-584	5-5.5
Howard M.	1-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05535.7	303-580	5-5.5
Howard M.	1-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05559.1	305-571	5-5.5
Howard M.	1-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05614.3	304-581	5-5.5
Howard M.	1-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05637.2	303-577	5-5.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Wall	Total	Observations	Pre - Post
Howard M	1-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05655.7	572	304		6 - 6
Howard M	1-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05679.3	577	304		6 - 6
Howard M	1-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05703.0	583	304		6 - 6
Howard M	2-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05769.8	581	303		6 - 6.5
Howard M	2-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05800.7	577	302		6 - 6.5
Howard M	2-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05823.2	574	304		6 - 6.5
Howard M	2-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05847.3	577	303		6 - 6.5
Howard M	2-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05876.0	574	303		6 - 6.5
Howard M	2-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05941.5	579	302		6 - 6.5
Howard M	2-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05967.7	584	304		6 - 6.5
Howard M	2-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	05991.4	581	303		6 - 6.5
Howard M	2-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06016.2	577	304		6 - 6.5
Howard M	2-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06040.2	573	305		6 - 6.5
Howard M	2-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06124.7	599	303		6 - 6.5
Howard M	2-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06160.0	584	302		6 - 6.5
Howard M	2-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06183.5	575	303		6 - 6.5
Howard M	2-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06207.1	585	302		6 - 6.5

CFM Filter



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.

2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.

3. Observe and record the elapsed runtime.

4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.

5. Retain this page on-site for collection by ATC Associates.

6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	2-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06279.9	303-580 5-5.5
Howard M	2-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06303.7	302-575 5-5.5
Howard M	2-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06328.5	303-580 5-5.5
Howard M	2-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06351.7	302-574 5-5.5
Howard M	2-27	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06375.2	304-578 5-5.5
Howard M	3-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06445.0	303-575 5-5.5
Howard M	3-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06476.9	302-571 5-5.5
Howard M	3-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06495.7	305-573 5-5.5
Howard M	3-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06518	302-578 5-5.5
Howard M	3-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06543.6	302-577 5-5.5
Howard M	3-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06614.2	303-575 5-5.5
Howard M	3-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06639.5	303-577 5-5.5
Howard M	3-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06661.5	304-575 5-5.5
Howard M	3-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06686.5	303-573 5-5.5
Howard M	3-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06711.0	305-574 5-5.5
Howard M	3-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06736.7	304-575 5-5.5
Howard M	3-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	06789.4	305-573 5-5.5

Total - Cfm 304-575  
 Well 5-5.5  
 Filter 5-5.5  
 Ple - Post 5-5.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off		Runtime (hours)	CFM Wall		Observations
		<input type="checkbox"/> ON	<input type="checkbox"/> OFF		Total	CFM	
Howard M	3-16-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06812.5	302	577	5-5.5
Howard M	3-17-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06838.7	302	570	5-5.5
Danise C	3-19-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06877.9	302	577	5-5.5
Howard M	3-22-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06943.8	303	582	5-5.5
Howard M	3-23-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06972.1	302	576	5-5.5
Howard M	3-24-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06998.5	304	580	5-5.5
Howard M	3-25-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07021.5	302	578	5-5.5
Howard M	3-29-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07117.6	303	581	5-5.5
Danise C	3-30-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07143.1	302	575	5-5.5
Howard M	4-2-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07214.3	303	578	5-5.5
Howard M	4-3-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07239.6	302	571	5-5.5
Howard M	4-5-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07285.5	303	574	5-5.5
Howard M	4-6-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07310.3	304	572	5-5.5
Howard M	4-7-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07334.1	302	575	5-5.5
Howard M	4-8-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07358.7	302	581	5-5.5
		<input type="checkbox"/> ON	<input type="checkbox"/> OFF				
		<input type="checkbox"/> ON	<input type="checkbox"/> OFF				



**ROUTINE SYSTEM CHECK**  
**PARCEL 9 VAPOR MITIGATION SYSTEM**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**  
**ZONE: 1 2 3 4 (Circle One)**

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well	TOTAL	Observations
DCOMINZA	4-16-2020	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07549.9	577	303	5.5 5.5
Howard M	4-17-2020	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07575.0	579	304	5.5 5.5
Howard M	4-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07670.3	580	303	5.5 5.5
Howard M	4-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07695.2	577	303	5.5 5.5
Howard M	4-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07720.1	581	303	5.5 5.5
Howard M	4-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07788.6	577	304	5.5 5.5
Howard M	4-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07813.5	580	303	5.5 5.5
Howard M	4-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07838.2	576	305	5.5 5.5
Howard M	4-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07861.5	580	304	5.5 5.5
Howard M	4-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07886.3	581	303	5.5 5.5
Howard M	5-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07954.0	570	305	5.5 5.5
Howard M	5-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	07980.1	576	304	5.5 5.5
Howard M	5-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08005.2	572	305	5.5 5.5
DCOMINZA	5-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08029.7	575	305	5.5 5.5
Howard M	5-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08054.8	570	303	5.5 5.5
Howard M	5-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08125.3	581	304	5.5 5.5
Howard M	5-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08150.4	576	303	5.5 5.5

CAN PRE POST



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

CFM  
Total

Inspector Name	Date	Blower On/Off	Runtime (hours)	Observations
Howard M	5-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08173.7	302 - 580 5.5
Howard M	5-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08148.9	303 - 576 5.5
Howard M	5-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08284.2	302 571 5.5
Howard M	5-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08317.3	304 573 5.5
Howard M	5-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08340.9	303 573 5.5
Howard M	5-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08365.1	302 583 5.5
Howard M	5-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08391.0	303 576 5.5
Howard M	5-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08477.0	303 567 5.5
Howard M	5-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08509.8	302 574 5.5
Howard M	5-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08534.7	303 571 5.5
Howard M	5-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08628.5	304 576 5.5
Howard M	6-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08653.7	304 573 5.5
Howard M	6-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08676.3	303 571 5.5
Howard M	6-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08702.4	302 583 5.5
Howard M	6-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08799.0	304 579 5.5
Howard M	6-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08822.3	305 574 5.5
Howard M	6-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08847.0	304 582 5.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Unell	Tom	Plc	Post
Howard M	6-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08869.2	577	303	5.5	5.5
Howard M	6-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08962.9	572	306	5.5	5.5
Howard M	6-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	08992.5	576	304	5.5	5.5
Howard M	6-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09014.5	570	305	5.5	5.5
Howard M	6-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09037.9	574	304	5.5	5.5
Howard M	6-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09062.7	576	306	5.5	5.5
Howard M	6-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09132.6	584	305	5.5	5.5
Howard M	6-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09158.8	582	304	5.5	5.5
Howard M	6-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09183.5	574	303	5.5	5.5
Howard M	6-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09208.1	575	304	5.5	5.5
Howard M	6-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09233.6	573	305	5.5	5.5
Howard M	6-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09300.0	575	305	5.5	5.5
Howard M	6-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09324.6	584	303	5.5	5.5
Howard M	6-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09350.8	570	306	5.5	5.5
Howard M	7-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09374.0	581	304	5.5	5.5
Howard M	7-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09399.1	575	303	5.5	5.5
Howard M	7-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09423.6	580	305	5.5	5.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well Total	Observations
Howard M	7-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09514.3	581 303	5.5 - 5.5
Howard M	7-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09539.2	572 305	5.5 - 5.5
Howard M	7-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09565.8	573 304	5.5 - 5.5
Howard M	7-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09638.0	575 305	5.5
Howard M	7-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09662.2	571 304	5.5
Howard M	7-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09686.1	578 304	5.5
Howard M	7-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09710.3	575 303	5.5
Howard M	7-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09735.1	572 304	5.5
Howard M	7-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09806.7	573 305	5.5
Howard M	7-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09830.2	576 303	5.5
Howard M	7-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09856.3	570 304	5.5
Howard M	7-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09880.9	569 305	5.5
Howard M	7-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09902.4	570 303	5.5
Howard M	7-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09974.2	572 304	5.5
Howard M	7-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	09999.1	567 304	5.5
Howard M	7-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10023.0	566 305	5.5
Howard M	7-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10048.3	568 305	5.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.

Conduct inspections daily during first month of operation and weekly thereafter.			Well		Total		Observations
Inspector Name	Date	Blower On/Off	Runtime (hours)				
Howard M	8-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10173.2	575	304	5.5	5.5
Howard M	8-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10101.1	573	303	5.5	5.5
Howard M	8-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10215.5	578	305	5.5	5.5
Howard M	8-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10239.0	569	303	5.5	5.5
Howard M	8-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10310.1	572	305	5.5	5.5
Howard M	8-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10335.2	569	304	5.5	5.5
Howard M	8-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10359.4	570	304	5.5	5.5
Howard M	8-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10383.6	568	305	5.5	5.5
Howard M	8-17-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10503.0	569	303	5.5	5.5
Howard M	8-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10527.4	567	302	5.5	5.5
Howard M	8-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10556.0	570	304	5.5	5.5
Howard M	8-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10573.5	574	305	5.5	5.5
Howard M	8-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10647.3	563	302	5.5	5.5
Howard M	8-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10671.0	576	304	5.5	5.5
Howard C	8-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10769.0	571	305	5.5	5.5
Howard M	8-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10793.1	570	304	5.5	5.5
Howard M	8-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10831.4	574	305	5.5	5.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM

48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK

ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.

2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.

3. Observe and record the elapsed runtime.

4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.

5. Retain this page on-site for collection by ATC Associates.

6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	WELL	TAC Observations
Howard M	8-31-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10855.9	568	304 5.5
Howard M	9-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10888.1	570	305 5.5
Howard M	9-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10912.7	563	303 5.5
Howard M	9-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	10998.3	568	305 5.5
Howard M	9-8-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11030.7	567	303 5.5
Howard M	9-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11054.5	564	305 5.5
Howard M	9-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11078.7	570	304 5.5
Howard M	9-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11177.2	567	305 5.5
Howard M	9-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11200.0	565	303 5.5
Howard M	9-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11224.3	569	304 5.5
Danville C	9-18-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11276.2	576	304 5.5
Howard M	9-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11344.7	573	305 5.5
Howard M	9-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11268.1	572	305 5.5
Howard M	9-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11390.2	569	303 5.5
Howard M	9-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11415.3	570	302 5.5
Howard M	9-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11510.5	576	304 5.5
Howard M	9-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11535.2	575	302 5.5

# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Wall Total	Observations
Howard M	9-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11559.2	569	304 5.5
Howard M	10-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11589.0	571	305 5.5
Howard M	10-5-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11677.4	575	303 5.5
Howard M	10-6-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11701.0	578	305 5.5
Howard M	10-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11726.7	570	304 5.5
Howard M	10-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11847.6	589	304 5.5
Howard M	10-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11872.4	571	303 5.5
Howard M	10-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11896.2	577	305 5.5
Howard M	10-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	11920.0	574	304 5.5
Howard M	10-19-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12008.9	578	305 5.5
Howard M	10-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12037.5	574	304 5.5
Howard M	10-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12061.6	570	303 5.5
Howard M	10-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12085.2	571	305 5.5
Howard M	10-26-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12188.3	572	304 5.5
Howard M	10-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12212.0	580	303 5.5
Howard M	10-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12236.3	575	305 5.5
Howard M	10-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12261.5	571	303 5.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 4 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well TOTAL	Pre	Post	Observations
Denise C	10-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,278.0	578	303	5.5	5.5
Howard M	11-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,302.3	576	303	5.5	5.5
Howard M	11-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,326.5	575	302	5.5	5.5
Howard M	11-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,351.0	578	301	5.5	5.5
Howard M	11-4-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,375.4	576	304	5.5	5.5
Howard M	11-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,515.6	578	303	5.5	5.5
Howard M	11-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,539.2	575	304	5.5	5.5
Howard M	11-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,563.6	572	302	5.5	5.5
Howard M	11-12-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,587.4	576	303	5.5	5.5
Howard M	11-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,688.5	578	305	5.5	5.5
Denise C	11-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,902.1	581	303	5.5	5.5
Howard M	11-25-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	12,903.6	579	304	5.5	5.5
Howard M	11-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13,001.0	578	302	5.5	5.5
Howard M	11-30-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13,023.5	579	304	5.5	5.5
Howard M	12-1-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13,047.2	576	302	5.5	5.5
Denise C	12-2-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13,071.7	581	304	5.5	5.5
Howard M	12-3-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13,095.2	578	302	5.5	5.5



# ROUTINE SYSTEM CHECK

PARCEL 9 VAPOR MITIGATION SYSTEM  
48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK  
ZONE: 1 2 3 1 (Circle One)

Readings/Observations to be recorded by AvalonBay Site Representative.

1. Record Inspector Name and Date.
2. Observe and record if blower is on or off. If blower is off, immediately notify an emergency contact listed on attached page.
3. Observe and record the elapsed runtime.
4. Record any other comments e.g., unusual odors, spills, leaks, etc. If such conditions exist, immediately notify an emergency contact listed on attached page.
5. Retain this page on-site for collection by ATC Associates.
6. Conduct inspections daily during first month of operation and weekly thereafter.

Inspector Name	Date	Blower On/Off	Runtime (hours)	Well	Total	Observations
Howard M	12-7-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13216.5	575	303	5.5 - 5.5
Howard M	12-9-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13240.1	578	302	5.5 - 5.5
Howard M	12-10-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13264.2	580	305	5.5 - 5.5
Howard M	12-11-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13288.9	576	303	5.5 - 5.5
Howard M	12-13-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13336.7	579	304	5.5 - 5.5
Howard M	12-14-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13360.2	575	303	5.5 - 5.5
Howard M	12-15-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13384.0	580	305	5.5 - 5.5
Howard M	12-16-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13408.6	574	304	5.5 - 5.5
Howard M	12-20-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13525.2	576	303	5.5 - 5.5
Howard M	12-21-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13527.6	581	303	5.5 - 5.5
Howard M	12-22-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13559.9	576	304	5.5 - 5.5
Howard M	12-23-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13584.2	575	304	5.5 - 5.5
Howard M	12-24-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13608.3	580	302	5.5 - 5.5
Howard M	12-27-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13682.4	575	303	5.5 - 5.5
Howard M	12-28-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13706.5	576	305	5.5 - 5.5
Howard M	12-29-20	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13730.0	578	302	5.5 - 5.5
can 105 log	01/04/21	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	13767.3	580	303	5.5 - 5.5

## **Appendix C - Site-wide Inspection Log**



**SITE WIDE INSPECTION FORM  
QUEENS WEST PARCEL 9**

**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**

**Inspector:**

Denise Cosenza

**Date:**

December 2, 2020

**1. Site Use Restrictions**

No on-site vegetable gardens?

None

No groundwater withdrawal for potable/non-potable use?

None

Restricted residential maintained (single owner, or common ownership)?

Yes

**2. Site Cap**

Note the date that the annual site cap inspection was performed:

December 2, 2020

Repairs made as noted during inspection?

None Noted - Not Applicable (N/A)

**3. Soil Management**

Note the date(s) of any soil disturbance activities conducted during the past year:

N/A

Proper soil management procedures implemented (cite appropriate close out reports)?

N/A

**4. Groundwater Monitoring**

Monitoring being conducted on a quarterly basis (note the dates of sampling conducted)?

N/A

All on-site monitoring wells in working condition (note any repairs/replacement)?

N/A

**5. Vapor Discharge Monitoring**

Monitoring being conducted on a quarterly basis (note the dates of sampling conducted)?

N/A

All vapor monitoring points in working condition (note any repairs/replacement)?

N/A

**SITE WIDE INSPECTION FORM**  
**QUEENS WEST PARCEL 9**  
**48<sup>th</sup> AVE. AND CENTER BLVD., LONG ISLAND CITY, NEW YORK**

**6. Permits**

Do vapor emissions meet NYSDEC regulatory standards?

N/A

**7. Vapor mitigation system O&M**

Are routine system check logs being completed by on-site representative?

YES

Are Periodic Inspections being conducted as scheduled (note the dates of all inspections)?

YES, 1/16/20, 2/27/20, 3/19/20, 4/16/20, 5/6/20, 6/9/20, 7/9/20,  
8/28/20, 9/18/20, 10/20/20, 11/24/20, 12/2/20,

**8. Recordkeeping**

Check that the following records/reports are being maintained/completed (note report/log dates as appropriate):

- 1) Annual site cap inspection log

YES - 12-2-2020

- 2) Close-out report(s) for soil disturbance activities (including manifests for soil disposal)

N/A

- 3) Annual groundwater monitoring reports (including laboratory analytical data reports/groundwater contours)

N/A

- 4) Annual vapor discharge monitoring reports

N/A

- 5) Routine System Check Log for vapor mitigation system

YES

- 6) Periodic Inspection Log for vapor mitigation system

YES

- 7) Annual vapor mitigation system O&M reports

YES

**9. Comments**

(Note any deficiencies and recommendations for corrective actions.)

NONE

**Appendix D - Institutional and Engineering Control Certification Form**



# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

## Division of Environmental Remediation

625 Broadway, 11<sup>th</sup> Floor, Albany, NY 12233-7020

P: (518)402-9543 | F: (518)402-9547

[www.dec.ny.gov](http://www.dec.ny.gov)

1/13/2021

Baris Sevinc

Avalon Riverview III, LLC, c/o AvalonBay Communities, Inc.

1633 Broadway, Suite 22B

New York, NY 10019

[baris\\_sevinc@avalonbay.com](mailto:baris_sevinc@avalonbay.com)

### Re: Reminder Notice: Site Management Periodic Review Report and IC/EC Certification Submittal

**Site Name:** Queens West (Hunter's Point) Parcel 9

**Site No.:** C241049

**Site Address:** 4-75 48th Avenue  
Long Island City, NY 11101

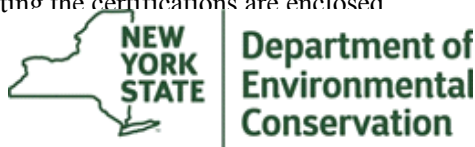
Dear Baris Sevinc:

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 **January 30, 2021**. 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.



All site-related documents and data, including the PRR, must be submitted in electronic format to the Department of Environmental Conservation. The required format for documents is an Adobe PDF file with optical character recognition and no password protection. Data must be submitted as an electronic data deliverable (EDD) according to the instructions on the following webpage:

<https://www.dec.ny.gov/chemical/62440.html>

Documents may be submitted to the project manager either through electronic mail or by using the Department's file transfer service at the following webpage:

<https://fts.dec.state.ny.us/fts/>

The Department will not approve the PRR unless all documents and data generated in support of the PRR have been submitted using the required formats and protocols.

You may contact Sondra Martinkat, the Project Manager, at 718-482-4891 or [sondra.martinkat@dec.ny.gov](mailto:sondra.martinkat@dec.ny.gov) with any questions or concerns about the site. Please notify the project manager before conducting inspections or field work. You may also write to the project manager at the following address:

New York State Department of Environmental Conservation  
One Hunters Point Plaza  
47-40 21st Street  
Long Island City, NY 11101

#### Enclosures

PRR General Guidance  
Certification Form Instructions  
Certification Forms

ec: w/ enclosures

NYCDOT Attn: Division Of Legal Affairs - [swynn@esd.ny.gov](mailto:swynn@esd.ny.gov)

ec: w/ enclosures

Sondra Martinkat, Project Manager  
Jane O'Connell, Hazardous Waste Remediation Supervisor, Region 2

ATC Group Services LLC - Denise Cosenza - [denise.cosenza@atcassociates.com](mailto:denise.cosenza@atcassociates.com)

## Enclosure 1

### Certification Instructions

#### I. Verification of Site Details (Box 1 and Box 2):

Answer the three questions in the Verification of Site Details Section. The Owner and/or Qualified Environmental Professional (QEP) may include handwritten changes and/or other supporting documentation, as necessary.

#### II. Certification of Institutional Controls/ Engineering Controls (IC/ECs)(Boxes 3, 4, and 5)

1.1.1. Review the listed IC/ECs, confirming that all existing controls are listed, and that all existing controls are still applicable. If there is a control that is no longer applicable the Owner / Remedial Party should petition the Department separately to request approval to remove the control.

2. In Box 5, complete certifications for all Plan components, as applicable, by checking the corresponding checkbox.

3. If you cannot certify "YES" for each Control listed in Box 3 & Box 4, sign and date the form in Box 5. Attach supporting documentation that explains why the **Certification** cannot be rendered, as well as a plan of proposed corrective measures, and an associated schedule for completing the corrective measures. Note that this **Certification** form must be submitted even if an IC or EC cannot be certified; however, the certification process will not be considered complete until corrective action is completed.

If the Department concurs with the explanation, the proposed corrective measures, and the proposed schedule, a letter authorizing the implementation of those corrective measures will be issued by the Department's Project Manager. Once the corrective measures are complete, a new Periodic Review Report (with IC/EC Certification) must be submitted within 45 days to the Department. If the Department has any questions or concerns regarding the PRR and/or completion of the IC/EC Certification, the Project Manager will contact you.

#### III. IC/EC Certification by Signature (Box 6 and Box 7):

If you certified "YES" for each Control, please complete and sign the IC/EC Certifications page as follows:

- For the Institutional Controls on the use of the property, the certification statement in Box 6 shall be completed and may be made by the property owner or designated representative.
- For the Engineering Controls, the certification statement in Box 7 must be completed by a Professional Engineer or Qualified Environmental Professional, as noted on the form.





Enclosure 2  
**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Site Management Periodic Review Report Notice**  
**Institutional and Engineering Controls Certification Form**



**Site No.**                      **C241049**                      **Site Details**                      **Box 1**

**Site Name** Queens West (Hunter's Point) Parcel 9

Site Address: 4-75 48th Avenue      Zip Code: 11101  
City/Town: Long Island City  
County: Queens  
Site Acreage: 1.800

Reporting Period: December 31, 2019 to December 31, 2020

- |  | YES                                 | NO                                  |
|--|-------------------------------------|-------------------------------------|
| 1. Is the information above correct?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 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?                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.</b> |                                     |                                     |
| 5. Is the site currently undergoing development?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

- |   | <b>Box 2</b>                        |                          |
|---|-------------------------------------|--------------------------|
|   | YES                                 | NO                       |
| 6. Is the current site use consistent with the use(s) listed below?<br>Restricted-Residential, Commercial, and Industrial | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all ICs in place and functioning as designed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**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.**

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date

		Box 2A	
		YES	NO
8.	Has any new information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>If you answered YES to question 8, include documentation or evidence that documentation has been previously submitted with this certification form.</b></p>			
9.	Are the assumptions in the Qualitative Exposure Assessment still valid? (The Qualitative Exposure Assessment must be certified every five years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>If you answered NO to question 9, the Periodic Review Report must include an updated Qualitative Exposure Assessment based on the new assumptions.</b></p>			

<b>SITE NO. C241049</b>	<b>Box 3</b>
<b>Description of Institutional Controls</b>	

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
	NYCDOT attn: Division of Legal Affairs	Ground Water Use Restriction Landuse Restriction Site Management Plan
The site is limited to commercial use.		
The groundwater underlying the Property may not be used without treatment rendering it safe for drinking water, as appropriate, unless the user first obtains permission to do so from the Department.		
<b>19-1</b>	Queens West Development Corporation	Site Management Plan Ground Water Use Restriction Landuse Restriction
The Controlled Property may be used for restricted residential use as long as the following long-term engineering and institutional controls are employed:		
<p>a) All engineering controls (including the site cover and sub-slab vapor depressurization system and active venting system) must be operated and maintained as specified in the NYSDEC-approved Site Management Plan (SMP). No Engineering or Institutional Controls may be discontinued without a NYSDEC-approved amendment or extinguishment of the Environmental Easement;</p> <p>b) Annual inspections of the Site, certifications of Institutional and Engineering Controls and Site usage of the controlled property, and Site Management Reporting to the Department must be conducted in accordance with the NYSDEC-approved SMP;</p> <p>c) all future soil disturbance activities on the Site that will impact residual contaminated material, including, but not limited to, building construction or expansion, subgrade utility line construction or repair, must be conducted in accordance with the Soil Management provisions in the NYSDEC-approved SMP;</p> <p>d) Operation Monitoring and Maintenance (OM&amp;M) of the sub-slab depressurization system must be performed in a manner specified in the NYSDEC-approved SMP;</p> <p>e) Groundwater and other environmental or public health monitoring required by the NYSDEC-approved SMP must be performed in a manner specified in that Plan;</p> <p>f) Onsite environmental monitoring devices, including but not limited to, groundwater monitoring wells and soil vapor probes, must be protected and replaced as necessary to ensure continued functioning in the manner specified in the NYSDEC-approved SMP;</p> <p>g) The use of the groundwater underlying the Controlled Property is prohibited without treatment rendering it safe for intended purpose; and</p> <p>h) Vegetable gardens are prohibited.</p>		
The Controlled Property may not be used for a higher level of use such as unrestricted residential without proper notification of NYSDEC of the change of, approval of that use by the NYSDEC, and an amendment of the SMP approved by NYSDEC.		
<b>19-19</b>	Queens West Development Corporation	Ground Water Use Restriction Site Management Plan Landuse Restriction
The Controlled Property may be used for restricted residential use as long as the following long-term engineering and institutional controls are employed:		
<p>a) All engineering controls (including the site cover and sub-slab vapor depressurization system and active venting system) must be operated and maintained as specified in the NYSDEC-approved Site Management Plan (SMP). No Engineering or Institutional Controls may be discontinued without a NYSDEC-approved amendment or extinguishment of the Environmental Easement;</p> <p>b) Annual inspections of the Site, certifications of Institutional and Engineering Controls and Site usage of the controlled property, and Site Management Reporting to the Department must be conducted in accordance with the NYSDEC-approved SMP;</p> <p>c) all future soil disturbance activities on the Site that will impact residual contaminated material, including, but not limited to, building construction or expansion, subgrade utility line construction or repair, must be conducted in accordance with the Soil Management provisions in the NYSDEC-approved SMP;</p>		



- d) Operation Monitoring and Maintenance (OM&M) of the sub-slab depressurization system must be performed in a manner specified in the NYSDEC-approved SMP;
- e) Groundwater and other environmental or public health monitoring required by the NYSDEC-approved SMP must be performed in a manner specified in that Plan;
- f) Onsite environmental monitoring devices, including but not limited to, groundwater monitoring wells and soil vapor probes, must be protected and replaced as necessary to ensure continued functioning in the manner specified in the NYSDEC-approved SMP;
- g) The use of the groundwater underlying the Controlled Property is prohibited without treatment rendering it safe for intended purpose; and
- h) Vegetable gardens are prohibited.

The Controlled Property may not be used for a higher level of use such as unrestricted residential without proper notification of NYSDEC of the change of, approval of that use by the NYSDEC, and an amendment of the SMP approved by NYSDEC.

**19-5**

Queens West Development Corporation

Site Management Plan  
Landuse Restriction  
Ground Water Use Restriction

The Controlled Property may be used for restricted residential use as long as the following long-term engineering and institutional controls are employed:

- a) All engineering controls (including the site cover and sub-slab vapor depressurization system and active venting system) must be operated and maintained as specified in the NYSDEC-approved Site Management Plan (SMP). No Engineering or Institutional Controls may be discontinued without a NYSDEC-approved amendment or extinguishment of the Environmental Easement;
- b) Annual inspections of the Site, certifications of Institutional and Engineering Controls and Site usage of the controlled property, and Site Management Reporting to the Department must be conducted in accordance with the NYSDEC-approved SMP;
- c) all future soil disturbance activities on the Site that will impact residual contaminated material, including, but not limited to, building construction or expansion, subgrade utility line construction or repair, must be conducted in accordance with the Soil Management provisions in the NYSDEC-approved SMP;
- d) Operation Monitoring and Maintenance (OM&M) of the sub-slab depressurization system must be performed in a manner specified in the NYSDEC-approved SMP;
- e) Groundwater and other environmental or public health monitoring required by the NYSDEC-approved SMP must be performed in a manner specified in that Plan;
- f) Onsite environmental monitoring devices, including but not limited to, groundwater monitoring wells and soil vapor probes, must be protected and replaced as necessary to ensure continued functioning in the manner specified in the NYSDEC-approved SMP;
- g) The use of the groundwater underlying the Controlled Property is prohibited without treatment rendering it safe for intended purpose; and
- h) Vegetable gardens are prohibited.

The Controlled Property may not be used for a higher level of use such as unrestricted residential without proper notification of NYSDEC of the change of, approval of that use by the NYSDEC, and an amendment of the SMP approved by NYSDEC.

**Box 4**

#### **Description of Engineering Controls**

Parcel

Engineering Control

Cover System

The composite cover system consisting of the asphalt and concrete of the roadway and sidewalk or a minimum of 1 foot of clean fill on any unpaved areas.

**19-1**

Subsurface Barriers  
Vapor Mitigation  
Cover System

Parcel

**19-19**

Engineering Control

Vapor Mitigation  
Cover System  
Subsurface Barriers

**19-5**

Vapor Mitigation  
Cover System  
Subsurface Barriers

**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 Engineering Control 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 complete.

YES NO

☒

☐

2. For each Engineering control listed in Box 4, I certify by checking "YES" below that all of the following statements are true:

(a) The 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

☒

☐

**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.**

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date

IC CERTIFICATIONS  
SITE NO. C241049

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 J. Brad Romano at 1633 Broadway Suite 22B  
print name print business address

am certifying as Owner (Owner or Remedial Party)

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

J. Brad Romano  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

1/14/21  
Date



## EC CERTIFICATIONS

Box 7

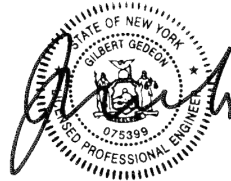
### Qualified Environmental Professional Signature

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 Gilbert Gedeon at ATC Group Services, 104 E. 25th Street, New York, NY 10010,  
print name print business address

am certifying as a Qualified Environmental Professional for the Queens West Development  
(Owner or Remedial Party)

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



\_\_\_\_\_  
Stamp  
(Required for PE)

1/29/21

\_\_\_\_\_  
Date

## **Appendix E - NYSDEC Site Management Modification Approval Letters**

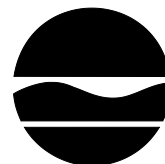
# New York State Department of Environmental Conservation

## Division of Environmental Remediation

47-40 21st Street, Long Island City, NY 11101

Phone: (718) 482-6454 • Fax: 718-482-6358

Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Joe Martens  
Commissioner

June 4, 2013

Martin Piazzola  
Avalon Bay Communities, Inc.  
275 7th Avenue, 25th Floor  
New York, NY 10001

Re: Site Management Plan (SMP) Modification Request  
Queens West (Hunter's Point) Parcel 9, Long Island City  
Queens County, Site No.: C241049

Dear Mr. Piazzola:

The New York State Department of Environmental Conservation has reviewed your letter dated March 26, 2013, requesting changes in the SMP requirements for monitoring soil vapor and groundwater. The requested changes for the sampling of soil vapor are under review and will be addressed in separate letter. In the meantime, the monitoring for soil vapor must continue as specified in the SMP. The request to change the frequency of groundwater monitoring from quarterly to semi-annually is approved.

The Site Management Plan must be updated to reflect the approved changes in the groundwater monitoring requirements. Please submit revised pages to the Department within 30 days from the date of this letter. Subsequent to the approval of the changed pages, a revised SMP (in pdf format) with an updated title page must be submitted.

If you have any questions, please contact me at 718-482-4891 or e-mail:  
[smmartin@gw.dec.state.ny.us](mailto:smmartin@gw.dec.state.ny.us).

Sincerely,

Sondra Martinkat-Taule  
Project Manager

ec: Jane O'Connell - NYSDEC  
Dawn Hettrick - NYSDOH  
Arana Hankin - QWDC  
John Mascioli – Cardno



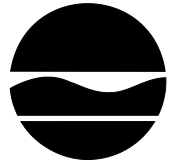
# New York State Department of Environmental Conservation

## Division of Environmental Remediation, Region 2 Office

47-40 21st Street, Long Island City, New York 11101

Phone: (718) 482-6454 • Fax: 718-482-6358

Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Joe Martens  
Commissioner

December 20, 2013

Martin Piazzola  
Avalon Riverview II, LLC  
c/o Avalon Bay Communities, Inc.  
275 Seventh Avenue, 25th Floor  
New York, NY 10001

Re: Site Management Modification Approval  
Queens West (Hunter's Point) Parcel 9, Long Island City  
Queens County, Site No.: C241049

Dear Mr. Piazzola:

The New York State Department of Environmental Conservation (the Department), in conjunction with the New York State Department of Health, has reviewed the letter submitted by ATC-Cardno Inc, on behalf of Avalon Riverview II, LLC, on March 26, 2013, requesting modification to monitoring requirements specified in the Site Management Plan (SMP). The frequency of groundwater monitoring was the subject of a previous letter dated June 4, 2013. This letter addresses the request to alter the monitoring schedule for soil vapor effluent at the sub-slab depressurization systems (SSDS).

The Department hereby approves the request to modify the SMP. The quarterly sampling at the four SSDS zones may be discontinued. The carbon may be removed and properly disposed of, with documentation included in the Periodic Review Report. All other monitoring requirements remain in effect.

Within 30 days, please submit the appropriate sections of the SMP with revisions (in redline/strikeout mode if possible) to my attention, and include a revised cover page noting the modifications. Following approval of the revised SMP sections, the report will be distributed and a new copy placed in the project repository.

If you have any questions, or need additional forms, please contact me at 718-482-4891 or e-mail: [smmartin@gw.dec.state.ny.us](mailto:smmartin@gw.dec.state.ny.us).

Sincerely,

Sondra Martinkat  
Environmental Engineer 2

ec: Jane O'Connell – NYSDEC  
Dawn Hettrick – NYSDOH  
John Mascioli – ATC-Cardno

# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Remediation, Region 2  
47-40 21st Street, Long Island City, NY 11101  
P: (718) 482-4995  
[www.dec.ny.gov](http://www.dec.ny.gov)

November 24, 2015

David Lewis  
Avalon Riverview II  
c/o AvalonBay Communities, Inc.  
Ballston Tower  
671 N. Glebe Road, Suite 800  
Arlington VA 22203

Re: Modification of Site Management Plan (SMP) for Queens West Parcel 9 ("Site")  
Site ID No.: C241049  
Long Island City, Queens County

Dear Mr. Lewis:

The New York State Department of Environmental Conservation has reviewed the February 12, 2015 request to modify the Site Management Plan with respect to semi-annual groundwater monitoring. The request to discontinue monitoring is approved.

Please maintain wells MW-2 and MW-8 to be available for gauging and monitoring by Queens West Development Corp. for the Queens West Center Blvd. Voluntary Cleanup Program site, V00194A. You must decommission the remaining wells in accordance with NYSDEC CP-43 Groundwater Well Decommissioning Policy, which can be found at <http://www.dec.ny.gov/regulations/2393.html>.

The Site Management Plan must be updated to reflect the approved changes. Submit the section number and the text that will replace the current SMP section(s). The title page has to be updated also. Once reviewed, a new PDF document of the SMP will be reissued to the Department and to all repositories.

If you have any questions, please contact me at 718-482-4891, or email me at [Sondra.martinkat@dec.ny.gov](mailto:Sondra.martinkat@dec.ny.gov).

Sincerely,

Sondra Martinkat  
Project Manager



Department of  
Environmental  
Conservation



*Page 2 of 2*

cc: Jane O'Connell – NYSDEC  
Denise Cosenza, Gil Gedeon – ATC Cardno  
Simon Wynn – QWDC  
Steve Panter – FLS

## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Remediation, Region 2

47-40 21st Street, Long Island City, NY 11101

P: (718) 482-4995

[www.dec.ny.gov](http://www.dec.ny.gov)

March 22, 2016

David Lewis  
AvalonBay Communities, Inc.  
1499 Post Road, 2nd floor  
Fairfield, CT 06824

Re: Site Management (SM) Periodic Review Report (PRR) Response Letter  
Queens West (Hunter's Point) Parcel 9, Long Island City  
Queens County, Site No.: C241049

Dear Mr. Lewis (as the Certifying Party):

The Department has reviewed your Periodic Review Report (PRR) and IC/EC Certification for following period: 12/31/2014 to 12/31/2015.

The Department hereby accepts the PRR and associated Certification. The frequency of Periodic Reviews for this site is one (1) year, and your next PRR is due on January 30, 2017. You will receive a reminder letter and updated certification form 45-days prior to the due date.

A letter was sent on November 24, 2015 with instructions to close all groundwater wells except MW-2 and MW-8. It is my understanding that these wells have not yet been decommissioned. Please decommission all wells *including* MW-2 and MW-8 within the next 90 days in accordance with CP-43. Submit documentation in the next PRR.

If you have any questions, please contact me at 718-482-4891 or e-mail:  
[Sondra.martinkat@dec.ny.gov](mailto:Sondra.martinkat@dec.ny.gov).

Sincerely,

Sondra Martinkat  
Project Manager

ec: Jane O'Connell – NYSDEC  
Dawn Hettrick – NYSDOH  
Simon Wynn, Esq. – Queens West Development Corporation  
Matthew Ulrich – Avalon Bay Communities  
Gil Gedeon, Denise Cosenza – ATC Cardno



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March 23, 2020

Avalon Riverview III, LLC, c/o AvalonBay Communities, Inc.  
Michael Simpson  
1633 Broadway, Suite 22B  
New York, NY 10019

Re: Site Management (SM) Periodic Review Report (PRR) Response Letter  
Queens West (Hunter's Point) Parcel 9, Long Island City  
Queens County, Site No.: C241049

Dear Mr. Simpson (as the Certifying Party):

The Department has reviewed your Periodic Review Report (PRR) and IC/EC Certification for following period: December 31, 2018 to December 31, 2019.

The Department hereby accepts the PRR and associated Certification. The frequency of Periodic Reviews for this site is 1 year, and your next PRR is due on February 1, 2021. You will receive a reminder letter and updated certification form 45-days prior to the due date. Regardless of receipt or not, of the reminder notice, the next PRR including the signed certification form, is still due on the date specified above.

If you have any questions, or need additional forms, please contact me at 718-482-4891 or e-mail: [sondra.martinkat@dec.ny.gov](mailto:sondra.martinkat@dec.ny.gov).

Sincerely,

*S Martinkat*

Sondra Martinkat  
Project Manager

ec: Jane O'Connell – NYSDEC  
Scarlett McLaughlin, Steve Berninger – NYSDOH  
Tobi Jaiyesimi, Simon Wynn, Esq. – Queens West Development Corporation  
Angel Malik – Avalon Bay Communities  
Gil Gedeon, Denise Cosenza – ATC



## **Appendix F - Disposal Documentation**



51 U.S. Highway 206 • Suite 102 • Augusta, New Jersey 07822  
Phone: (973) 940-3144 • Fax: (973) 940-3146

Change of Scope (Call your supervisor)

Job Complete ☐ Yes ☐ No      Lunch Taken ☐ Yes ☐ No

[illegible][illegible]





## **Appendix G – Well Decommissioning Records**

**FIGURE 3**  
**WELL DECOMMISSIONING RECORD**

Site Name: <b>Queens West Development Parcel 9</b>	Well I.D.: <b>MW-11R</b>
Site Location: <b>Queens, New York</b>	Driller: <b>CTS</b>
Drilling Co.: <b>Zebra Technical Services, LLC</b>	Inspector: <b>Denise Cosenza</b>
	Date: <b>April 5, 2016</b>

DECOMMISSIONING DATA (Fill in all that apply)		WELL SCHEMATIC*	
<b>OVERDRILLING</b>		Depth (feet)	
Interval Drilled			Flush Mount
Drilling Method(s)			<b>RISER</b>
Borehole Dia. (in.)			2" PVC
Temporary Casing Installed? (y/n)		5	
Depth temporary casing installed			
Casing type/dia. (in.)			
Method of installing			
<b>CASING PULLING</b>		10	
Method employed			
Casing retrieved (feet)			
Casing type/dia. (in.)			<b>SCREEN</b>
<b>CASING PERFORATING</b>			10 Slot Screen
Equipment used		15	
Number of perforations/foot			
Size of perforations			
Interval perforated		20	
<b>GROUTING</b>			
Interval grouted (FBLs)	0-22		
# of batches prepared	1		
For each batch record:			Well Bottom
Quantity of water used (gal.)	8	25	
Quantity of cement used (lbs.)	94		
Cement type	Typ 1		
Quantity of bentonite used (lbs.)	4		
Quantity of calcium chloride used (lbs.)	0	30	
Volume of grout prepared (gal.)	12		
Volume of grout used (gal.)	4		

**COMMENTS:** *Flux mount removed*

*[Signature]*

\* Sketch in all relevant decommissioning data, including interval overdrilled, interval grouted, casing left in hole, well pickup, etc

Drilling Contractor

Department Representative

**FIGURE 3**  
**WELL DECOMMISSIONING RECORD**

Site Name: <b>Queens West Development Parcel 9</b>	Well I.D.: <b>MW-12R</b>
Site Location: <b>Queens, New York</b>	Driller: <b>CTS</b>
Drilling Co.: <b>Zebra Technical Services, LLC</b>	Inspector: <b>Denise Cosenza</b>
	Date: <b>April 5, 2016</b>

DECOMMISSIONING DATA (Fill in all that apply)		WELL SCHEMATIC*	
<b>OVERDRILLING</b>		Depth (feet)	Flush Mount
Interval Drilled			RISER
Drilling Method(s)			2" PVC
Borehole Dia. (in.)			
Temporary Casing Installed? (y/n)			
Depth temporary casing installed		5	
Casing type/dia. (in.)			SCREEN
Method of installing			10-slot screen
<b>CASING PULLING</b>		10	
Method employed			
Casing retrieved (feet)		15	
Casing type/dia. (in.)			
<b>CASING PERFORATING</b>		20	Well Bottom
Equipment used			
Number of perforations/foot		25	
Size of perforations			
Interval perforated		30	
<b>GROUTING</b>			
Interval grouted (FBLs)	0-19		
# of batches prepared	1		
For each batch record:			
Quantity of water used (gal.)	8		
Quantity of cement used (lbs.)	94		
Cement type	Type 1		
Quantity of bentonite used (lbs.)	4		
Quantity of calcium chloride used (lbs.)	0		
Volume of grout prepared (gal.)	12		
Volume of grout used (gal.)	4		

**COMMENTS:** *Flush mount removed*

*[Signature]*

\* Sketch in all relevant decommissioning data, including interval overdrilled, interval grouted, casing left in hole, well pickup, etc

Drilling Contractor

Department Representative



**FIGURE 3**  
**WELL DECOMMISSIONING RECORD**

Site Name: <b>Queens West Development Parcel 9</b>	Well I.D.: <b>MW-14</b>
Site Location: <b>Queens, New York</b>	Driller: <b>CTS</b>
Drilling Co.: <b>Zebra Technical Services, LLC</b>	Inspector: <b>Denise Cosenza</b>
	Date: <b>April 5, 2016</b>

DECOMMISSIONING DATA (Fill in all that apply)		WELL SCHEMATIC*	
<b><u>OVERDRILLING</u></b>		Depth (feet)	Flush Mount
Interval Drilled			
Drilling Method(s)			
Borehole Dia. (in.)			
Temporary Casing Installed? (y/n)			
Depth temporary casing installed		5	RISER 2" PVC
Casing type/dia. (in.)			
Method of installing			
<b><u>CASING PULLING</u></b>		10	
Method employed			
Casing retrieved (feet)			
Casing type/dia. (in.)			SCREEN 10-slot screen
<b><u>CASING PERFORATING</u></b>		15	
Equipment used			
Number of perforations/foot			
Size of perforations			
Interval perforated			
<b><u>GROUTING</u></b>		20	Well Bottom
Interval grouted (FBLs)	0-19.5		
# of batches prepared	1		
For each batch record:			
Quantity of water used (gal.)	8		
Quantity of cement used (lbs.)	94	25	
Cement type	type 1		
Quantity of bentonite used (lbs.)	4		
Quantity of calcium chloride used (lbs.)	0		
Volume of grout prepared (gal.)	12		
Volume of grout used (gal.)	4	30	

**COMMENTS:** *Flush mount removed*

*[Signature]*

\* Sketch in all relevant decommissioning data, including: interval overdrilled, interval grouted, casing left in hole, well stickup, etc.

Drilling Contractor

Department Representative

FIGURE 3  
WELL DECOMMISSIONING RECORD

Site Name: Queens West Development Parcel 9	Well I.D.: MW-16
Site Location: Queens, New York	Driller: CTS
Drilling Co.: Zebra Technical Services, LLC	Inspector: Denise Cosenza
	Date: April 5, 2016

DECOMMISSIONING DATA (Fill in all that apply)		WELL SCHEMATIC*	
<b>OVERDRILLING</b> Interval Drilled Drilling Method(s) Borehole Dia. (in.) Temporary Casing Installed? (y/n) Depth temporary casing installed Casing type/dia. (in.) Method of installing		Depth (feet) 5 10 15 20 25 30	Flush Mount RISER 2" PVC SCREEN 10-slot screen Well Bottom
<b>CASING PULLING</b> Method employed Casing retrieved (feet) Casing type/dia. (in)			
<b>CASING PERFORATING</b> Equipment used Number of perforations/foot Size of perforations Interval perforated			
<b>GROUTING</b> Interval grouted (FBLS) # of batches prepared For each batch record: Quantity of water used (gal.) Quantity of cement used (lbs.) Cement type Quantity of bentonite used (lbs.) Quantity of calcium chloride used (lbs.) Volume of grout prepared (gal.) Volume of grout used (gal.)			
<b>COMMENTS:</b>		* Sketch in all relevant decommissioning data, including: interval overdrilled, interval grouted, casing left in hole, well stickup, etc.	

**FIGURE 3**  
**WELL DECOMMISSIONING RECORD**

Site Name: <b>Queens West Development Parcel 9</b>	Well I.D.: <b>MW-17</b>
Site Location: <b>Queens, New York</b>	Driller: <b>GTS</b>
Drilling Co.: <b>Zebra Technical Services, LLC</b>	Inspector: <b>Denise Cosenza</b>
	Date: <b>April 5, 2016</b>

DECOMMISSIONING DATA (Fill in all that apply)		WELL SCHEMATIC*	
<b>OVERDRILLING</b>		Depth (feet)	Flush Mount
Interval Drilled			
Drilling Method(s)			
Borehole Dia. (in.)			
Temporary Casing Installed? (y/n)			
Depth temporary casing installed		5	
Casing type/dia. (in.)			
Method of installing			
<b>CASING PULLING</b>			
Method employed		10	
Casing retrieved (feet)			
Casing type/dia. (in.)			
<b>CASING PERFORATING</b>			
Equipment used		15	
Number of perforations/foot			
Size of perforations			
Interval perforated			
<b>GROUTING</b>		20	
Interval grouted (FBLs)	0-19		
# of batches prepared	1		
For each batch record:			
Quantity of water used (gal.)	8		
Quantity of cement used (lbs.)	94	25	
Cement type	type 1		
Quantity of bentonite used (lbs.)	5		
Quantity of calcium chloride used (lbs.)	0		
Volume of grout prepared (gal.)	12		
Volume of grout used (gal.)	4	30	

**COMMENTS:** Flush Mt. removed

\* Sketch in all relevant decommissioning data, including interval overdrilled, interval grouted, casing left in hole, well pickup, etc.

Drilling Contractor: [Signature] Department Representative: \_\_\_\_\_



FIGURE 3  
WELL DECOMMISSIONING RECORD

Site Name: Queens West Development Parcel 9	Well I.D.: MW-15
Site Location: Queens, New York	Driller: CTS
Drilling Co.: Zebra Technical Services, LLC	Inspector: Denise Cosenza
	Date: April 6, 2016

DECOMMISSIONING DATA (Fill in all that apply)		WELL SCHEMATIC*	
<b>OVERDRILLING</b>		Depth (feet)	Flush Mount
Interval Drilled			
Drilling Method(s)			
Borehole Dia. (in.)			
Temporary Casing Installed? (y/n)			
Depth temporary casing installed		5	RISER 2" PVC
Casing type/dia. (in.)			
Method of installing			
<b>CASING PULLING</b>		10	
Method employed			
Casing retrieved (feet)			
Casing type/dia. (in.)			
<b>CASING PERFORATING</b>		15	SCREEN 10-slot screen
Equipment used			
Number of perforations/foot			
Size of perforations			
Interval perforated			
<b>GROUTING</b>		20	Well Bottom
Interval grouted (FBLs)	0-20		
# of batches prepared	1		
<u>For each batch record:</u>			
Quantity of water used (gal.)	8		
Quantity of cement used (lbs.)	94	25	
Cement type	type 1		
Quantity of bentonite used (lbs.)	4		
Quantity of calcium chloride used (lbs.)	0		
Volume of grout prepared (gal.)	12		
Volume of grout used (gal.)	4	30	

COMMENTS: Flush mount removed

\* Sketch in all relevant decommissioning data, including interval overdrilled, interval grouted, casing left in hole, well stickup, etc.

### Drilling Contractor

Department Representative

FIGURE 3

## WELL DECOMMISSIONING RECORD

Site Name: Queens West Development Parcel 9

Well I.D.: MW-2

Site Location: Queens, New York

Driller: CTS

Drilling Co.: Zebra Technical Services, LLC

Inspector: Denise Cosenza

Date: April 6, 2016

DECOMMISSIONING DATA  
(Fill in all that apply)OVERDRILLING

Interval Drilled  
Drilling Method(s)  
Borehole Dia. (in.)  
Temporary Casing Installed? (y/n)  
Depth temporary casing installed  
Casing type/dia. (in.)  
Method of installing


CASING PULLING

Method employed  
Casing retrieved (feet)  
Casing type/dia. (in.)


CASING PERFORATING

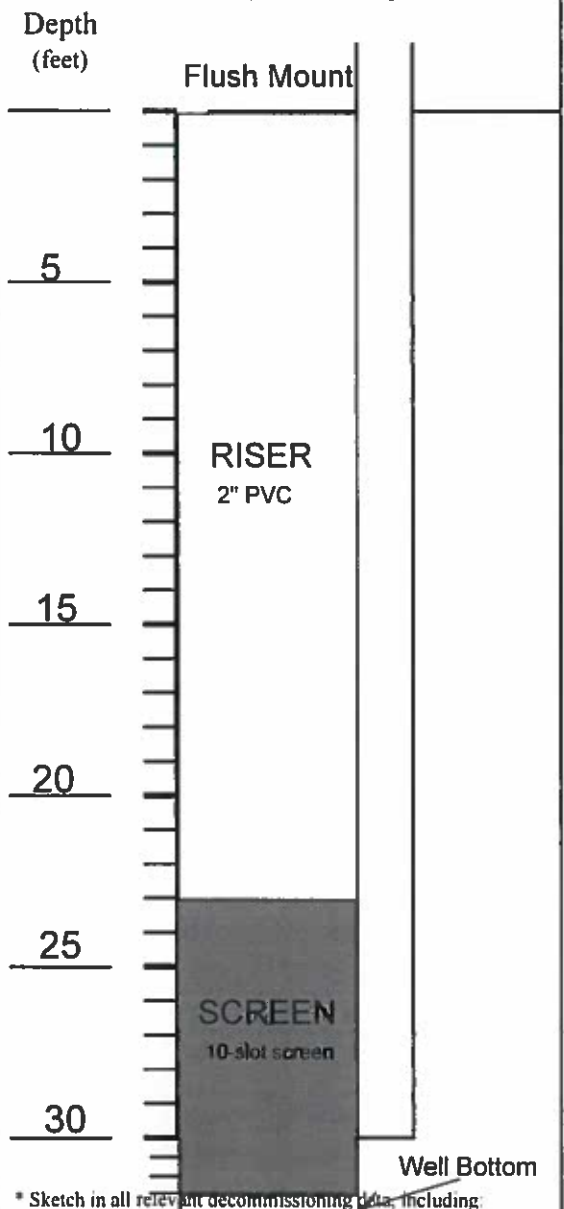
Equipment used  
Number of perforations/foot  
Size of perforations  
Interval perforated


GROUTING

Interval grouted (FBLS)  
# of batches prepared  
For each batch record:  
Quantity of water used (gal.)  
Quantity of cement used (lbs.)  
Cement type  
Quantity of bentonite used (lbs.)  
Quantity of calcium chloride used (lbs.)  
Volume of grout prepared (gal.)  
Volume of grout used (gal.)

0-34
1
8
94
Type 1
4
0
12
6

## WELL SCHEMATIC\*



COMMENTS:

Flush mount removed

\* Sketch in all relevant decommissioning data, including:  
interval overdrilled, interval grouted, casing left in hole,  
well stickup, etc.

Drilling Contractor

Department Representative

**FIGURE 3**  
**WELL DECOMMISSIONING RECORD**

Site Name: <b>Queens West Development Parcel 9</b>	Well I.D.: <b>MW-8</b>
Site Location: <b>Queens, New York</b>	Driller: <b>CTS</b>
Drilling Co.: <b>Zebra Technical Services, LLC</b>	Inspector: <b>Denise Cosenza</b>
	Date: <b>April 6, 2016</b>

DECOMMISSIONING DATA (Fill in all that apply)		WELL SCHEMATIC*	
<b><u>OVERDRILLING</u></b>		Depth (feet)	Flush Mount
Interval Drilled			
Drilling Method(s)			
Borehole Dia. (in.)			
Temporary Casing Installed? (y/n)			
Depth temporary casing installed		5	
Casing type/dia. (in.)			
Method of installing			
<b><u>CASING PULLING</u></b>		10	RISER 2" PVC
Method employed			
Casing retrieved (feet)			
Casing type/dia. (in.)			
<b><u>CASING PERFORATING</u></b>		15	
Equipment used			
Number of perforations/foot			
Size of perforations			
Interval perforated			
<b><u>GROUTING</u></b>		20	
Interval grouted (FBLs)	0-37		
# of batches prepared	1		
For each batch record:			
Quantity of water used (gal.)	8		
Quantity of cement used (lbs.)	94	25	
Cement type	type 1		
Quantity of bentonite used (lbs.)	21		
Quantity of calcium chloride used (lbs.)	0		
Volume of grout prepared (gal.)	12		
Volume of grout used (gal.)	6	30	Well Bottom

**COMMENTS:** *Flush mount removed*

*[Signature]*

\* Sketch in all relevant decommissioning data, including interval overdrilled, interval grouted, casing left in hole, well pickup, etc.