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1 July 2009
File No. 34858-004

Mr. David Szymanski
New York State Department of Environmental Conservation
Division of Environmental Remediation, Region 9
270 Michigan Avenue
Buffalo, New York 14203-2999

Subject: HydroAir Components, Inc. Site (Formerly Steelfields Area IV)
Brownfield Cleanup Program (BCP) Site #C915204
Site Management Annual Review Report & IC/EC Certifications

Dear Mr. Moore:

On behalf of Hydro-Air Components, Inc. (HydroAir), Haley & Aldrich of New York (Haley & Aldrich) has prepared this Site Management Annual Review Report & Institutional Controls & Engineering Controls (IC/EC) Certification in accordance with the New York State Department of Environmental Conservation (NYSDEC)-approved Site Management Plan dated November 2007 (SMP).

The annual environmental site inspection was performed by Haley & Aldrich in conjunction with HydroAir personnel on June 17, 2009. The findings of the inspection are documented on the attached forms as provided in the SMP. The need for corrective actions was determined based on observations made by Haley & Aldrich during the environmental site inspection and on verbal reports from HydroAir staff and site contractors. Corrective actions were recommended to HydroAir and summarized on the attached forms along with explanations. Some of those corrective actions have been completed; the rest of the corrective actions are scheduled, except for fencing of the undeveloped portion of the site. HydroAir is requesting that the NYSDEC suspend the requirement from the Soil/Fill Management Plan that the undeveloped areas of the site be fenced in order to allow sufficient time for HydroAir to determine if the posting of the property with no trespassing signs will be a sufficient deterrent to prevent disturbance of the soil cover by off-road vehicles. Fencing the south and east sides of the undeveloped property is cost prohibitive.

Please contact us if you have any questions or require additional information.

Sincerely yours,
HALEY & ALDRICH OF NEW YORK



Glenn M. White
Senior Scientist



Edward L. Hynes
Vice President

Cc: Walter Zurowski, Hydro Air Components, Inc.
Maurice Moore, NYSDEC
Cameron O'Connor, NYSDOH

Attachments:

- | | |
|--------------|--|
| Attachment 1 | New York State Department of Environmental Conservation
Site Management Periodic Review Report Notice
Institutional and Engineering Control Certification Form |
| Attachment 2 | Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan |
| Attachment 3 | Annual Operation & Maintenance
Active Sub-Slab Depressurization System
Certification Checklist |
| Attachment 4 | Corrective Action Certification
Operation, Monitoring, & Maintenance Work Plan |
| Attachment 5 | ORC Well Annual Inspection Form |

**New York State Department of Environmental Conservation
Site Management Periodic Review Report Notice
Institutional and Engineering Control Certification Form**



Enclosure 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form



Site No. C-915204	Site Details	Box 1
Site Name Hydro-Air Components, Inc.		
Site Address: 100 Rittling Boulevard		Zip Code: 14220
City/Town: Buffalo		
County: Erie, County		
Current Use: Hydro-Air Manufacturing Facility		
Intended Use: Commercial Industrial Redevelopment (See Environmental Easement Section 2B)		

Verification of Site Details	Box 2	
	YES	NO
1. Are the Site Details above, correct? (Note change above)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input checked="" type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification? N/A	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? N/A (This is the initial certification)	<input type="checkbox"/>	
If YES, is documentation or evidence that documentation has been previously submitted included with this certification? N/A	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a change-of-use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification? N/A	<input type="checkbox"/>	
5. For non-significant-threat Brownfield Cleanup Program Sites subject to ECL 27-1415.7(c), has any new information revealed that assumptions made in the Qualitative Exposure Assessment for offsite contamination are no longer valid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this Certification? N/A	<input type="checkbox"/>	
6. For non-significant-threat Brownfield Cleanup Program Sites subject to ECL 27-1415.7(c), are the assumptions in the Qualitative Exposure Assessment still valid (must be certified every five years) ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SITE NO. ~~V00619-9~~ C915204

Box 3

See Environmental Easement Contract/Order No: B9-0716-06-05 dated December 7, 2007
Description of Institutional Control Section 2

	YES	NO
Prohibition of groundwater use	X	
Prohibition of stormwater injection (dry wells)	X	
Prohibition on any use except for industrial use	X	

Description of Engineering Control

	YES	NO
Soil cover system and vegetation		X
Active sub-slab depressurization system	X	
Groundwater monitoring	X	
Insitu treatment of residual contamination using ORC		X
Stormwater conveyance pipes require gasketed joints		X

Box 4

Control Certification Statement

For each Institutional or Engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

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

IC/EC CERTIFICATIONS
SITE NO.

Box 5

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in Boxes 2 & 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.

Walter Zorowski at 100 Rittling Blvd
print name print business address

am certifying as Designated Representative of Owner (Owner or Remedial Party)

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

[Signature]
Signature of Owner or Remedial Party Rendering Certification

6/29/09
Date

Box 6

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in Box 4 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.

Glenn White at Haley & Aldrich of New York
print name print business address
200 Town Centre Dr., Rochester, NY

am certifying as a Qualified Environmental Professional for the Owner

(Owner or Remedial Party) for the Site named in the Site Details Section of this form.

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

Stamp (If Required)

7/1/09
Date

Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan



Environmental Inspection Form Operation, Monitoring, & Maintenance Work Plan

Property Name: HydroAir Components
Client: HydroAir Components
Property Address: 100 Rittling Blvd. City, State: Buffalo, NY Zip Code: 14220
Property ID: 1402001321200001009121 Section: 132.12 Block: 1 Lot(s): 9.121
Preparer's Name: Glenn White Date/Time: June 17, 2009

CERTIFICATION

The results of this inspection were discussed with the owner and/or owner's representative. Any corrective actions required have been identified and noted in this report, and a supplemental Corrective Actions Form has been completed. Proper implementation of these corrective actions have been discussed with the owner, agreed upon, and scheduled.

Preparer / Inspector: Glenn White Haley & Aldrich of NY Date: June 17, 2009

Signature: _____

Next Scheduled Inspection (date): June 2010

Final Surface Cover / Vegetation

In accordance with the Soil/Fill Management Plan, vegetative or other (eg. Asphalt, buildings, concrete) surface coverage over the entire redeveloped parcel is required by the developer or owner as a pre-condition of occupancy. The following documents the condition of the above.

1. Final Cover is in Place and in good condition? ☐ yes ☒ no ☐ N/A

Cover consists of (mainly): Field grasses, building asphalt parking

The majority of the final cover is in good condition. See attachment to page 1 of 3 for explanation.

2. Evidence of erosion? ☐ yes ☒ no ☐ N/A
3. Cracks visible in pavement? ☐ yes ☒ no ☐ N/A
4. Evidence of distressed vegetation/turf? ☒ yes ☐ no ☐ N/A
5. Evidence of unintended traffic and/or rutting? ☒ yes ☐ no ☐ N/A
6. Evidence of uneven settlement and/or ponding? ☒ yes ☐ no ☐ N/A
7. Damage to any surface coverage? ☐ yes ☒ no ☐ N/A

If yes to any question above, please provide more information below.

See attachment to page 1 of 3 for explanation.

Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan

Final Surface Cover/Vegetation

Explanation Continued:

- Grass coverage in the field west of the building is sparse likely due to excessively dry conditions and quality of top soil, and apparently due to ponding in localized areas.
- Tire ruts were observed in the field west of the building and were reportedly caused by trespassers. Hydro Air suspects that people drive into the field in the evenings and on the weekends to observe deer and turkey.
- Evidence of uneven settlement and ponding was observed in the field west of the building. Ponding has been an ongoing issue on the property since installation of the soil cover during 2007 and ongoing settlement. French drains were installed during May 2008 to address the ponding. Trenches approximately one foot deep were excavated and filled with stone to channel surface water to drainage ditch along the southern property boundary. R. E. Lorenz Construction, Inc. reported that the soil underlying the clean soil cover was not breached during installation of the drains. The excavated cover soil was spread in a thick layer near the south west corner of the property. This area is scheduled to be regraded, covered with topsoil, and seeded. The areas of ponding observed during this inspection are planned to be filled with clay, covered with topsoil, and seeded this season.
- Monitoring well MW-10 was replaced during May 2008 and one 55-gallon drum of soil cutting from the drilling activity was generated and staged by the soil pile from the French drain installation described above. The drummed soils are to be placed below one foot of cover material during regrading of the soil pile.

Corrective actions to address the issues above have been completed since the inspection, or are scheduled to be completed in the near future. A summary of the corrective actions needed as determined during this inspection is included on the Corrective Action Certification Form.



Environmental Inspection Form Operation, Monitoring, & Maintenance Work Plan

Property Security & Access

In accordance with the Soil/Fill Management Plan, fencing is required to restrict access in all undeveloped areas and as necessary in redeveloped areas. In addition, all fencing around undeveloped areas will be posted with "No Trespassing" signs.

- | | | | |
|--|---|--|---|
| 1. Is access controlled by perimeter fencing? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A |
| If not, please note: <u>Site is partially fenced</u> | | | |
| 2. Is fencing in need of repair? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> N/A |
| 3. Area access gates in working order? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input checked="" type="checkbox"/> N/A |
| 4. Sufficient signage posted (No Trespassing)? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A |
| 5. Has there been any noted or reported trespassing? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> N/A |

Please note any irregularities/ changes in site access and security: See attachment to
page 2 of 3 for explanation.

Property Use Changes / Site Development

Has the property usage changed, or site been redeveloped since the last inspection?

☐ yes ☐ no ☒ N/A

If so, please list with date: This report documents the first inspection. Property use
has not changed since 2006 when HydroAir occupied the building.

Active Sub-Slab Depressurization System (ASD)

Is there an ASD present on-site?

☒ yes ☐ no ☐ N/A

If yes, is it currently operating?

☒ yes ☐ no ☐ N/A

Is the ASD annual inspection checklist completed and enclosed?

☒ yes ☐ no ☐ N/A

Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan

Property Security & Access

Explanation Continued:

- The property is fenced on the north and west sides only. There is a small section of fence on the west side in need of repair. The repair is schedule for July 2009.
- Unintended vehicle trespassing in the field west of the building has been documented by HydroAir on several occasions. Hydro Air suspects that people drive into the field in the evenings and on the weekends to observe deer and turkey.

To completely fence the field would be cost prohibitive and appears unnecessary based on the contaminated soil removal actions performed in the area. Installation of No Trespassing signs was recommended as a first attempt to prevent unintended vehicle access to the field. NYSDEC approval to not fence the undeveloped portions of the site from the south and east is being sought in order to allow time to see if the no trespassing signs will be sufficient to protect the soil cover from disturbance by off-road vehicles.

Corrective actions to address the issues above have been completed since the inspection, or are scheduled to be completed in the near future. A summary of the corrective actions needed as determined during this inspection is included on the Corrective Action Certification Form.



Environmental Inspection Form Operation, Monitoring, & Maintenance Work Plan

ORC Well Monitoring and Maintenance

Is there ORC mitigation present on-site?

☒ yes ☐ no ☐ N/A

Are the wells currently intact and operational?

☒ yes ☐ no ☐ N/A

Has regular maintenance and monitoring been documented and enclosed or referenced?

☒ yes ☐ no ☐ N/A

Long-Term Ground Water Monitoring

Is there a plan in place and currently being followed?

☒ yes ☐ no ☐ N/A

Are the wells currently intact and operational?

☒ yes ☐ no ☐ N/A

When was the most recent sampling event report and submittal? Date: May 2009 (report on June 2009 sampling)

When is the next projected sampling event? Date: June 2009

New Information

Has any new information been brought to the owner/engineer's attention regarding any and/or all engineering and institutional controls and their operation and effectiveness?

☒ yes ☐ no ☐ N/A

Comments: See attachment to page 3 of 3 for explanation.

This space for Notes and Comments

Please include the following Attachments:

1. Site Sketch (Attached)
2. Photographs (Attached)

Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan

New Information

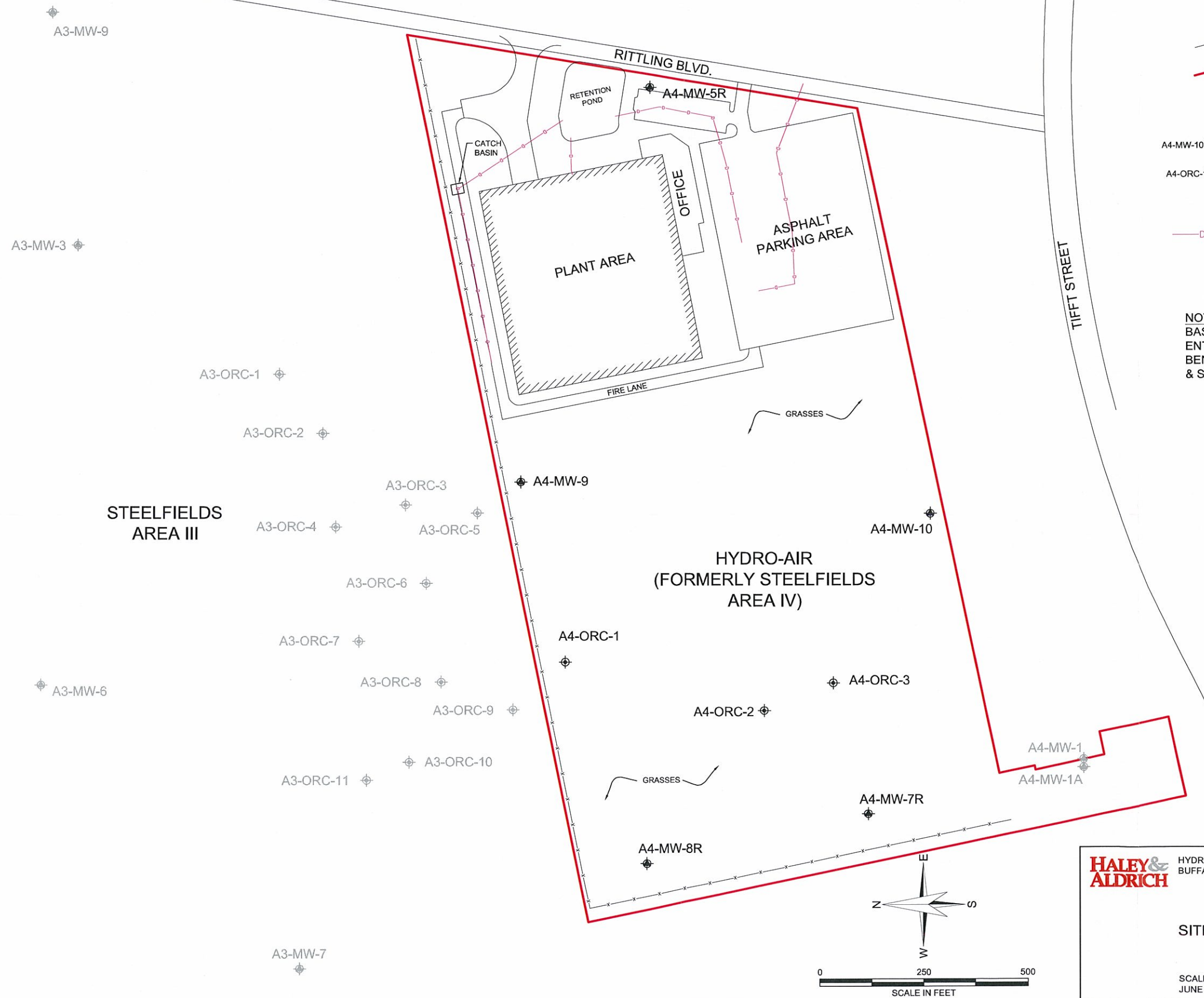
Explanation Continued:

- HydroAir reported that, before the stormwater conveyance pipes were installed along the north side of the building, stormwater used to pond near the building corner and limited emergency vehicle access to the fire lane on the north side of the building. The municipality required HydroAir to remediate the ponding to provide emergency vehicle access. Groundwater has been observed entering that stormwater conveyance system at a catch basin near the northeast corner of the building through a hole in the wall of the structure. The water was tested and found to have an elevated pH. R.E. Lorenz Construction, Inc., the company that installed the stormwater conveyance pipe and catch basin described above was contacted, and it reported that during construction, slag was encountered, which is the likely cause of the high pH.

The catch basin is scheduled for repair during dry weather anticipated during July 2009 along with the installation of trench collars or equivalent around the stormwater conveyance pipes to prevent groundwater migration in the pipe bedding. See the Corrective Action Certification Form.

- As a result of ORC well monitoring and maintenance in accordance with the NYSDEC-approved Site Management Plan dated November 2007; low pH conditions in each of the ORC treatment wells have been documented during each monitoring event completed to date. The low pH conditions are likely inhibiting the effectiveness of the ORC.

G:\34858_HISCOCK\004\CAD\34858-004_SITE PLAN.DWG



LEGEND:

- FENCE
- BCP PROPERTY BOUNDARY
- A4-MW-10 MONITORING WELL
- A4-ORC-1 ORC SOCK WELL
- STORM WATER PIPES

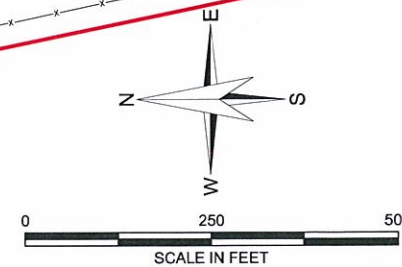
NOTE:
BASEMAP IS MODIFIED FROM A DRAWING
ENTITLED "SITE PLAN" PROVIDED BY
BENCHMARK ENVIRONMENTAL ENGINEERING
& SCIENCE, PLLC. DATED JULY 2007.

HALEY & ALDRICH

HYDRO AIR COMPONENTS, INC.
BUFFALO, NEW YORK

SITE PLAN

SCALE: AS SHOWN
JUNE 2009





February 2009



February 2009

Halev & Aldrich, Inc.



February 2009



February 2009

Haley & Aldrich, Inc.



February 2009



May 2009



May 2009



May 2009



May 2009



Annual Inspection (17 June 2009)



Annual Inspection (17 June 2009)



Annual Inspection (17 June 2009)

Haley & Aldrich, Inc.



Annual Inspection (17 June 2009)



Annual Inspection (17 June 2009)



2009 6 17

Annual Inspection (17 June 2009)



2009 6 17

Annual Inspection (17 June 2009)



Annual Inspection (17 June 2009)



Annual Inspection (17 June 2009)



Annual Inspection (17 June 2009)



Annual Inspection (17 June 2009)

**Annual Operation & Maintenance
Active Sub-Slab Depressurization System
Certification Checklist**

Annual Operation & Maintenance Active Sub-Slab Depressurization System Certification Checklist

Project Name: HydroAir Components

Project Location: Buffalo, NY

Client: HydroAir Components

Preparer's Name: Glenn White

Date/Time: June 17, 2009

Notes:

System Information

Has monthly system inspection been completed regularly?

☒ yes ☐ no

Are last 11 inspection logs attached for the past 12 months?

☐ yes ☒ no

Monthly system inspection has been completed regularly since January 2009.

Inspection logs for the months January - June 2009 are attached.

What is the current Vacuum reading?

See Logs

System Updates, Maintenance, Part Replacement

The exhaust fans "NE corner #3" and SE corner #2 were not functioning upon inspection on January 16, 2009. The fans were repaired by HydroAir and have been functioning properly during subsequent monthly inspections.

Annual Operation & Maintenance Active Sub-Slab Depressurization System Certification Checklist

Change in Occupancy / Use of Space:

Please indicate general use of floor space? Manufacturing & Storage

Has this general use changed in the past year? ☐ yes ☒ no

If yes, please explain:

Building Renovations:

Have any building renovations taken place in the last month? ☐ yes ☒ no

If yes, please provide more information below, and sketch any basement floor plan modifications on the floor plan sketch below.

System Modifications:

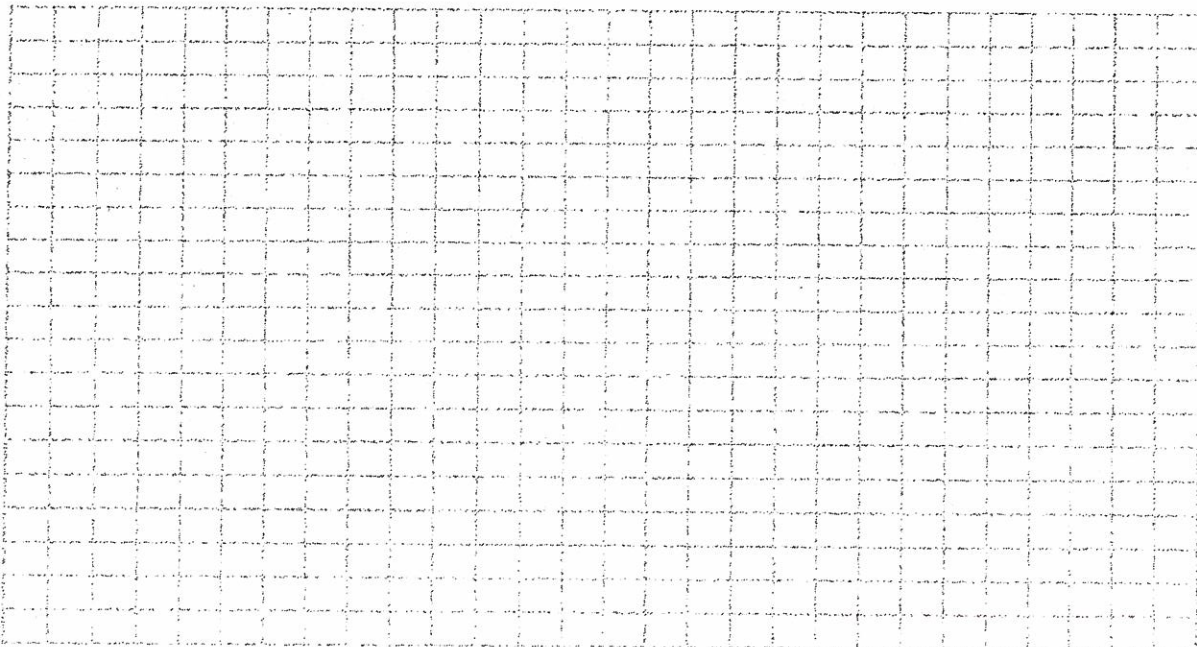
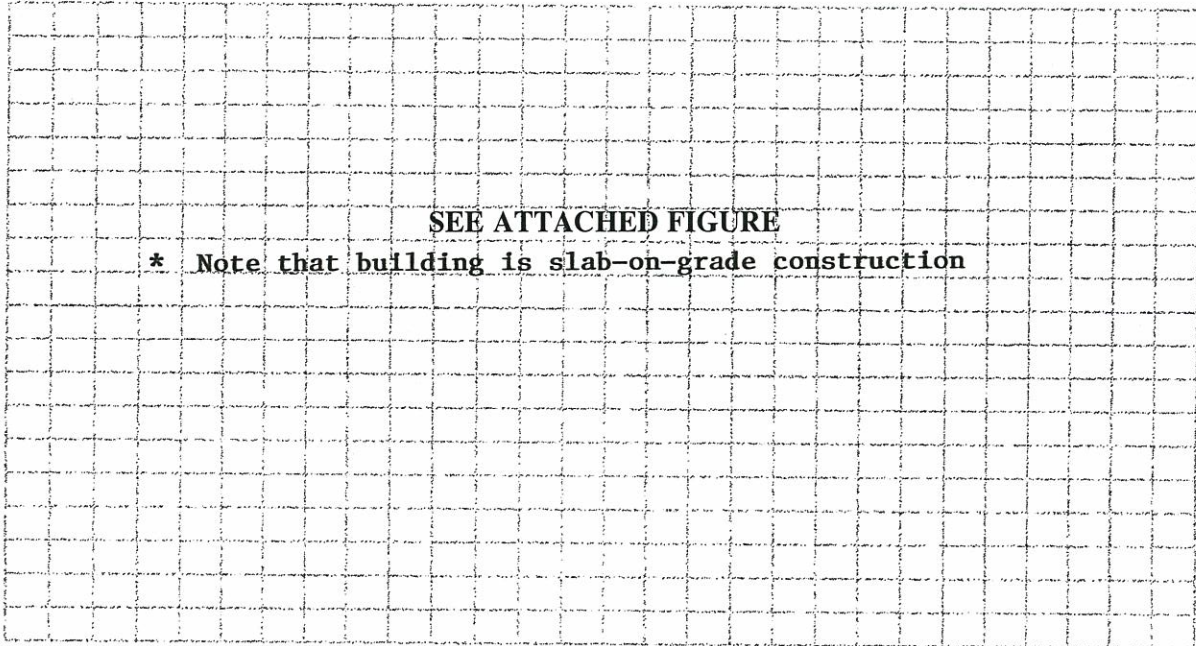
Have any modifications been made to the Sub-Slab Depressurization System? ☐ yes ☒ no

If so, please list with date:





Annual Operation & Maintenance Active Sub-Slab Depressurization System Certification Checklist

Floor Plan Sketch:

Draw a plan view sketch of the basement of the building. Indicate Sub-Slab Depressurization system location. Please also note and include, any alterations to the system, locations of visible cracks and/or repairs needed, and changes or alterations to the usage of this space.



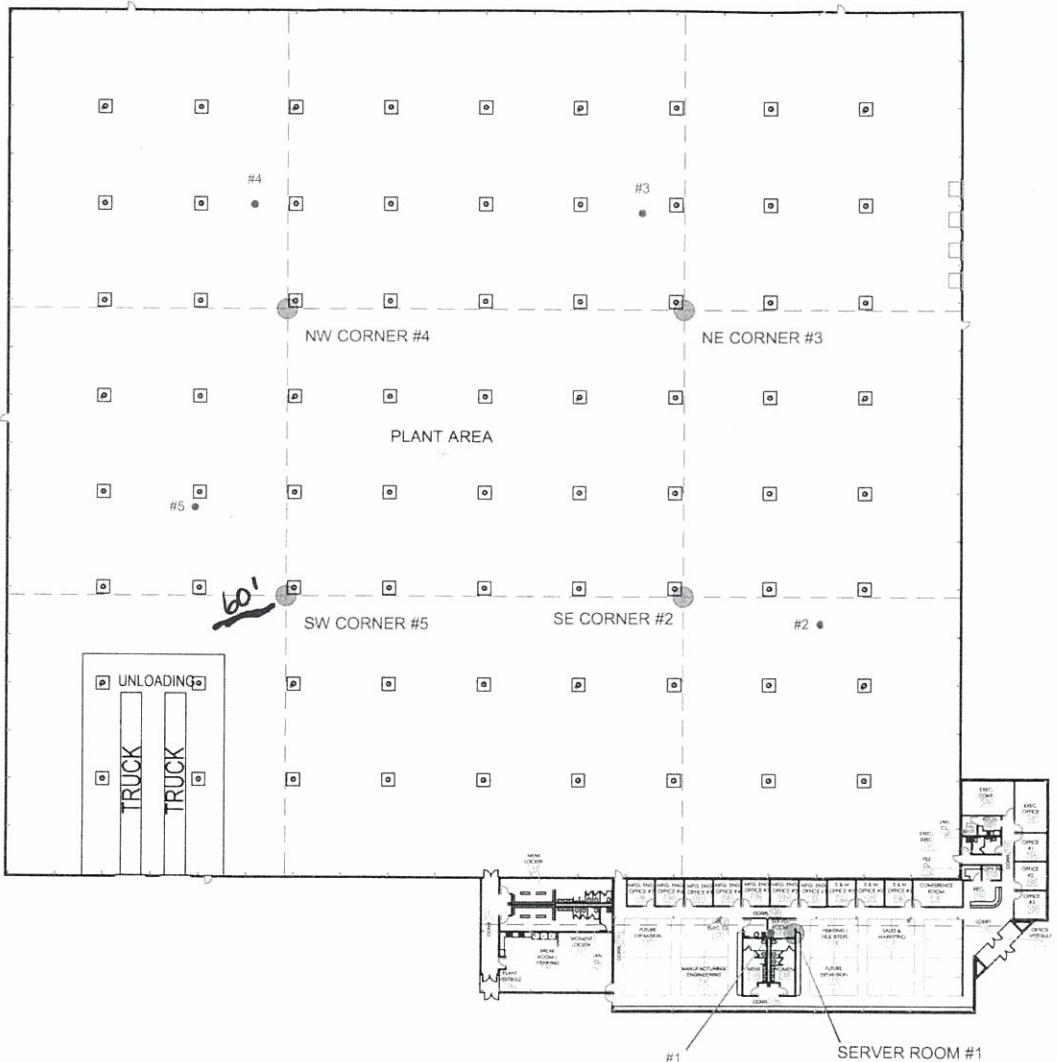
LEGEND:

-  TYPICAL BUILDING PIER & FOOTER
-  MAGNAHELIC GAUGE LOCATION (TYP. OF 5)
-  12 INCHES WIDE x 8 INCHES DEEP TRENCH FILLED WITH CLEAN NO. 2 STONE
-  ASD VERIFICATION SAMPLE LOCATION

~ = crack in floor

600' 0' 600' 1200'

SCALE: 1 INCH = 600 FEET
SCALE IN FEET
(approximate)



ASD SYSTEM & POST-INSTALLATION SAMPLE LOCATIONS

BENCHMARK
726 EXCHANGE STREET
SUITE 624
BUFFALO, NEW YORK 14210
(716) 856-0599

HYDRO-AIR SITE
BUFFALO, NEW YORK

PREPARED FOR
HYDRO-AIR COMPONENTS, INC.

JOB NO.: 0107-002-300

FIGURE 1

Monthly Operation & Maintenance Log
Active Sub-slab Depressurization System

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: Hydro-AIR Project No.: _____
Project Location: 100 RITTING Blvd Client: _____
Preparer's Name: Thomas B. Behr Date/Time: 6/15/09 9 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

Has the system been off-line in the past month? ☐ yes ☒ no

If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):

What is the current Vacuum reading? -1.22

Visual Inspection:

Any piping disconnected? ☐ yes ☒ no

Any cracks visible in piping? ☐ yes ☒ no

Any new cracks visible in slab floor? ☐ yes ☒ no

Magnehelic guage reading 0? ☐ yes ☒ no

If yes to any question above, please provide more information below.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space?

MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

System Modifications:

Have any modifications been made to the Sub-Slab Depressurization System?

☐ yes

☒ no

If so, please list with date:

#5 S.W.Corner Cell 100

[illegible]

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: Hydro-AIR Project No.: _____
Project Location: 100 RITTING Blvd Client: _____
Preparer's Name: Thomas B. Schawls Date/Time: 5/19/09 9 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

Has the system been off-line in the past month? ☐ yes ☒ no

If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):

What is the current Vacuum reading? -1.11

Visual Inspection:

Any piping disconnected?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any cracks visible in piping?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any new cracks visible in slab floor?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Magnehelic guage reading 0?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

If yes to any question above, please provide more information below.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space?

MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ *no*

If yes, please explain:

System Modifications:

Have any modifications been made to the Sub-Slab Depressurization System?

☐ yes

☒ *no*

If so, please list with date:

#5 S.W.Corner Cell 100

[illegible]

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: Hydro-AIR Project No.: _____
Project Location: 100 RITTING Blvd Client: _____
Preparer's Name: Thomas B. Betaw Date/Time: 4/17/09 9 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

Has the system been off-line in the past month? ☐ yes ☒ no

If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):

What is the current Vacuum reading? -0.85

Visual Inspection:

Any piping disconnected?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any cracks visible in piping?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any new cracks visible in slab floor?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Magnehelic guage reading 0?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

If yes to any question above, please provide more information below.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space?

MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

System Modifications:

Have any modifications been made to the Sub-Slab Depressurization System?

☐ yes

☒ no

If so, please list with date:

Magnehelic Readings

#5 S.W.Corner Cell 100

[illegible]

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: Hydro-AIR Project No.: _____
Project Location: 100 RITTYLING BLVD Client: _____
Preparer's Name: THOMAS B SCHAUWS Date/Time: 3/18/09 9AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

Has the system been off-line in the past month? ☐ yes ☒ no

If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):

What is the current Vacuum reading? -269

Visual Inspection:

Any piping disconnected? ☐ yes ☒ no

Any cracks visible in piping? ☐ yes ☒ no

Any new cracks visible in slab floor? ☐ yes ☒ no

Magnehelic guage reading 0? ☐ yes ☒ no

If yes to any question above, please provide more information below.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space?

MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

System Modifications:

Have any modifications been made to the Sub-Slab Depressurization System?

☐ yes

☒ no

If so, please list with date:

#5 S.W.Corner Cell 100

[illegible]

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: Hydro AIR Project No.: _____
Project Location: 100 RITTING Blvd. Client: _____
Preparer's Name: Thomas B. Shaw Date/Time: 2/13/09 9 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

Has the system been off-line in the past month? ☐ yes ☒ no

If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):

What is the current Vacuum reading? -0.54

Visual Inspection:

Any piping disconnected?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any cracks visible in piping?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any new cracks visible in slab floor?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Magnehelic guage reading 0?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

If yes to any question above, please provide more information below.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space?

MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

System Modifications:

Have any modifications been made to the Sub-Slab Depressurization System?

☐ yes

☒ no

If so, please list with date:

1

Magnehelic Readings

#2 S.E. Corner Cell 500/800

#3 N.E Corner Warehouse

#4 N.W. Corner Cell 200

#5 S.W.Corner Cell 100

7.54

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: Hydro AIR Project No.: _____
Project Location: 100 RITTING BLVD Client: _____
Preparer's Name: THOMAS B SCHAU Date/Time: 1/16/09 9AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

Has the system been off-line in the past month? ☒ yes ☐ no

If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):

REPAIRED EXHAUST FAN ON #2 SE CORNER
AND ON #3 N.E. CORNER.

What is the current Vacuum reading? -0.48

Visual Inspection:

Any piping disconnected? ☐ yes ☒ no

Any cracks visible in piping? ☐ yes ☒ no

Any new cracks visible in slab floor? ☐ yes ☒ no

Magnehelic guage reading 0? ☐ yes ☒ no

If yes to any question above, please provide more information below.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space?

MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

System Modifications:

Have any modifications been made to the Sub-Slab Depressurization System?

☐ yes

☒ no

If so, please list with date:

#5 S.W.Corner Cell 100

[illegible]

Corrective Action Certification
Operation, Monitoring, & Maintenance Work Plan



Corrective Action Certification Operation, Monitoring, & Maintenance Work Plan

Property Name: HydroAir Components

Client: HydroAir Components

Property Address: 100 Rittling Blvd.

City, State: Buffalo, NY Zip Code: 14220

Property ID: 1402001321200001009121

Section: 132.12

Block: 1

Lot(s): 9.121

Preparer's Name: Glenn White

Date/Time: June 17, 2009

Issue Addressed

The environmental inspection of the above property determined the need for corrective action. This form has been completed to document the required corrective action and its implementation.

Description of site issue identified during Environmental Inspection (include sketch & photographs):

See attachment to page 1 of 1 for explanation.

Corrective Action Taken

Date Completed: June 2009

Describe Action Taken (include sketch & photographs):

See attachment to page 1 of 1 for explanation.

Certification of Implementation

The signatory hereby certifies that the corrective action as described in this form has been completed in accordance with all relevant requirements of the Soil/Fill Management Plan and other applicable documents.

Preparer / Inspector: Glenn White (Haley & Aldrich of NY)

Date: July 1, 2009

Signature: 

Please verify inclusion of the following Attachments:

1. Site Sketch (See Attachment 2)
2. Photographs (Attached)

Corrective Action Certification Operation, Monitoring, & Maintenance Work Plan

Issues Addressed Continued:

Areas of the field west of the building require the following:

- Where grass coverage is sparse – spread topsoil, reseed, and water (if possible).
- Where evidence of ponding is present – fill the areas with sub-soil, cover with topsoil, and reseed.
- The remaining soil pile from French drain installation requires regrading, cover with topsoil, and seeding.

Stormwater conveyance system to the north of the building requires:

- The stormwater catch basin near the northeast corner of the building requires repair to prevent groundwater infiltration.
- Trench collars or equivalent should be installed around the stormwater conveyance pipes on the north side of the building to prevent groundwater migration in the pipe bedding.

HydroAir intends to engage R.E. Lorenz to complete the scope of work recommended above during summer 2009.

Corrective Action Taken:

The following actions have been taken since the facility inspection on June 17, 2009:

- Tire ruts in the field west of the building have been rolled and reseeded on June 22, 2009. The area is being watered.
- No Trespassing signs have been installed every 150 feet where there is no fence in the field west of the building as a first step to prevent unintended vehicle access.
- The crack in the concrete floor slab in the southwest corner of the manufacturing floor was sealed with polyurethane concrete patch on June 27, 2009.
- Investigation of elevated pH in the stormwater pond is ongoing.



"No Trespassing" signs



"No Trespassing" signs



"No Trespassing" signs



"No Trespassing" signs



"No Trespassing" signs



Rolled and re-seeded vehicle ruts.



Watering of new grass seed.

ORC Well Annual Inspection Form

ORC WELL ANNUAL INSPECTION FORM **Active ORC monitoring wells**

Project Name: Hydro Air Project No.: _____
 Project Location: Buffalo NY Client: _____
 Preparer's Name: Paul Little Date/Time: 6-26-09 12:00
 A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3

sampling dates: 6-26-09 _____

Field groundwater quality measurements

Water Level	<u>4.22</u>	_____	_____	_____	_____
Bottom Depth	<u>6.78</u>	_____	_____	_____	_____
pH	<u>5.00</u>	_____	_____	_____	_____
Temperature	<u>17.0</u>	_____	_____	_____	_____
DO	<u>1.55</u>	_____	_____	_____	_____
ORP	<u>330</u>	_____	_____	_____	_____
Alkalinity	_____	_____	<u>DARK</u>	<u>Amber</u>	_____

Refer to Figure 1 for well locations

Well integrity

Cement seal	<input type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well.	<u>Buried</u>
Pro - casing condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note any damage.	_____
Lock condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well.	<u>Cut *replaced by Hydro Air</u>
Working J - plug	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	If no please note well.	_____

ORC Sock's

Have any Socks been replaced ☐ yes ☒ no
 If replaced on what date and why. _____

Are socks fully submerged in well screens. ☒ yes ☐ no
 If no explain why. 3.69

Are all ORC wells begin sampled and maintained according to the site management plan
☒ yes ☐ no

If no please state why. _____

Initial: PL
*bze 6/29/09

Date: 6-26-09

ORC WELL ANNUAL INSPECTION FORM **Active ORC monitoring wells**

Project Name: Hydro Air Project No.: _____
 Project Location: Buffalo NY Client: _____
 Preparer's Name: Paul Little Date/Time: 6-26-09 1105
 A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3

sampling dates: _____ 6-26-09 _____

Field groundwater quality measurements

Water Level	_____	<u>2.75</u>	_____	_____	_____
Bottom Depth	_____	<u>11.58</u>	_____	_____	_____
pH	_____	<u>4.31</u>	_____	_____	_____
Temperature	_____	<u>16.1</u>	_____	_____	_____
DO	_____	<u>1.00</u>	_____	_____	_____
ORP	_____	<u>466</u>	_____	_____	_____
Alkalinity	_____	<u>Indeterminate</u>	<u>Due to sample condition</u>	<u>check screen</u>	

Refer to Figure 1 for well locations DARK AMBER color

Well integrity

Cement seal	<input type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well.	<u>Seal Buried JK</u>
Pro - casing condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note any damage.	<u>Thence</u>
Lock condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well.	<u>Lock cut *replaced by</u>
Working J - plug	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	If no please note well.	<u>Hydro-Air</u>

ORC Sock's

Have any Socks been replaced ☐ yes ☒ no
 If replaced on what date and why. 2-31 POC

Are socks fully submerged in well screens. ☒ yes ☐ no
 If no explain why. 2.31

Are all ORC wells begin sampled and maintained according to the site management plan
☒ yes ☐ no

If no please state why. _____

Initial: PL
*BZ 6/29/09

Date: 6-26-09

ORC WELL ANNUAL INSPECTION FORM **Active ORC monitoring wells**

Project Name: Hydro-Air GW Project No.: _____
 Project Location: Buffalo, NY Client: _____
 Preparer's Name: Dan Colquhoun Date/Time: 6-25-09 / 1255
 A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3

sampling dates: _____ 6-25-09

Field groundwater quality measurements

Water Level	_____	_____	_____	_____	<u>5.16</u>	_____
Bottom Depth	_____	_____	_____	_____	<u>10.48</u>	_____
pH	_____	_____	_____	_____	<u>5.39</u>	_____
Temperature	_____	_____	_____	_____	<u>19.72</u>	_____
DO	_____	_____	_____	_____	<u>0.47</u>	_____
ORP	_____	_____	_____	_____	<u>134</u>	_____
Alkalinity	_____	_____	_____	_____	<u>153</u>	_____

Refer to Figure 1 for well locations

Well integrity

Cement seal	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well. _____
Pro - casing condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note any damage. _____
Lock condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well. _____
Working J - plug	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	If no please note well. _____

Lock has been cut & replaced by Hydro-Air

ORC Sock's

Have any Socks been replaced ☐ yes ☒ no
 If replaced on what date and why. _____

Are socks fully submerged in well screens. ☒ yes ☐ no
 If no explain why. 3.74

Are all ORC wells begin sampled and maintained according to the site management plan
☒ yes ☐ no

If no please state why. _____

Initial: DC
* BZ 6/29/09

Date: 6-25-09