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15 January 2013
File No. 34858-007

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: Hydro-Air Components, Inc. Property (Formerly Steelfields Area IV)
Brownfield Cleanup Program (BCP) Site #C915204
Site Management Periodic Review Report & ICs/ECs Certification

Dear Mr. Szymanski:

On behalf of Hydro-Air Components, Inc. (Hydro-Air), Haley & Aldrich of New York (Haley & Aldrich) has prepared the attached Site Management Periodic Review Report and Annual Institutional & Engineering Controls Certification (2012 PRR) in accordance with the New York State Department of Environmental Conservation (NYSDEC)-approved Site Management Plan dated November 2007 (SMP).

The PRR is comprised of five attachments, identified at the end of this letter, each containing pre-printed forms developed by others and populated and compiled by Haley & Aldrich and Hydro-Air to document SMP activities implemented during the reporting period ending 15 December 2012.

The 2012 PRR also provides documentation of activities related to the NYSDEC-approved Corrective Measures Program implemented from January through November 2012 to address the site cover engineering control. This Corrective Measures Program was developed in response to the findings of the 2011 PRR. The favorable results of that corrective measures work are documented more fully in a Corrective Measures Report, dated 14 December 2012, and included in the Action Certification-Operations, Monitoring & Maintenance Work Plan section of Attachment 4.

Haley & Aldrich conducted the annual site engineering controls inspection in November 2012 in accordance with the requirements of the SMP. Site monitoring activities were completed over the reporting period by Hydro-Air personnel. Hydro-Air provided the documentation of their personnel's activities to Haley & Aldrich for the completion of the 2012 PRR. Haley & Aldrich also conducted site visits as part of the corrective measures work described above.

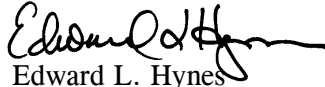
Please contact us if you have any questions or require additional information.

Sincerely yours,

HALEY & ALDRICH OF NEW YORK



Glenn M. White
Senior Scientist



Edward L. Hynes
Vice President

Cc: Andrew Lennartz, Hydro-Air Components, Inc.
Maurice Moore, NYSDEC
Zwelonke Ushe, NYSDOH
Thomas F. Walsh, Esq., Hiscock & Barclay, LLP

Attachments:

- | | |
|--------------|---|
| Attachment 1 | New York State Department of Environmental Conservation
Site Management Periodic Review Report Notice
Institutional and Engineering Control Certification |
| 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 2
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form



	Site Details	Box 1	
Site No. C915204			
Site Name Steelfields Area IV			
Site Address: 100 Rittling Blvd. Zip Code: 14220			
City/Town: Buffalo			
County: Erie			
Site Acreage: 30.9			
Reporting Period: May 05, 2010 to December 15, 2012			
		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"/>
If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.			
5. Is the site currently undergoing development?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Box 2	
		YES	NO
6. Is the current site use consistent with the use(s) listed below? Industrial		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are all ICs/ECs 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	

Description of Institutional Controls

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
132.12-1-9.121	Hydro-Air Components, Inc.	Ground Water Use Restriction Landuse Restriction Site Management Plan Soil Management Plan

Description of Engineering Controls

<u>Parcel</u>	<u>Engineering Control</u>
132.12-1-9.121	Cover System Vapor Mitigation

Engineering Control Details for Site No. C915204**Parcel: 132.12-1-9.121**

- i) until the remedial goals for the Controlled Property are attained or deemed complete by the Department, the Department-approved Site Management Plan (SMP) for the implemented remedy must be adhered to.
- ii) a soil cover system and vegetation in accordance with the Soil/Fill Management Plan in the SMP shall be maintained over undeveloped portions of the Controlled Property.
- iii) an active subslab depressurization system (ASD) to eliminate potential soil vapor intrusion shall be installed, operated and maintained in all new buildings and building additions in accordance with the standards and procedures specified in the SMP, and the ASD already installed in the existing building shall continue to be operated and maintained in accordance with the SMP, unless the Department determines that the ASD is not necessary based on the results of a Department-approved evaluation of potential sub-slab vapor impacts.
- iv) the groundwater beneath the Controlled Property cannot be used as a potable water source or for any other use without prior written permission of the Department.
- v) groundwater monitoring in accordance with the SMP shall continue until the Department determines that continued monitoring is unnecessary.
- vi) the in-situ treatment of residual contamination in native soils using oxygen release compounds (ORC) shall be maintained and monitored in accordance with the SMP until the Department determines that continued maintenance and monitoring of ORC is unnecessary.
- vii) in areas of the Controlled Property with known groundwater impacts, storm water injection (drywells) will be prohibited and storm water conveyance pipes will be required to have gasketed joints for water tightness to prevent the infiltration of impacted groundwater into the collection system.

Periodic Review Report (PRR) Certification Statements

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

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

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

YES NO

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

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

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

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

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

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

'Yes' response is provided subject to the statement regarding Corrective Measures attached in the "Addendum to Box 5, Certification Statement #2".

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

Addendum to Certification Statement

Addendum to Box 5, Certification Statement #2

The yes response provided in Box 5, Certification Statement #2, assumes NYSDEC concurrence and approval of the recently submitted Corrective Measures Report, dated December 14, 2012. A copy of the Corrective Measures Report is provided as part of Attachment 4 of this PRR. The Corrective Measures Report documents completion of corrective actions during 2012. The corrective actions completed were prescribed in the NYSDEC approved Corrective Measures Work Plan, dated 17 November 2011. The purpose of this work was to enhance the protectiveness of the cover system Engineering Control and to develop recommendations for an improved site management approach that would be applicable to future Periodic Review and Certification of the Engineering and Institutional Controls for the property. As of December 15, 2012, corrective measures have been implemented that are protective of human health and the environment.

IC CERTIFICATIONS
SITE NO. C915204

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 Andrew Lennartz at 100 Rittling Blvd. Buffalo NY
print name print business address

am certifying as Designated Representative (Owner or Remedial Party)

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


Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

1/14/13
Date

IC/EC CERTIFICATIONS

Box 7

Qualified Environmental Professional Signature

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

I GLENN M. WHITE at HALEY & ALDRICH OF NEW YORK,
print name print business address

am certifying as a Qualified Environmental Professional for the OWNER
(Owner or Remedial Party)



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

Stamp
(Required for PE)

1-15-13
Date

**Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan**



Environmental Inspection Form Operation, Monitoring, & Maintenance Work Plan

Property Name: Hydro-Air Components Project No.: 34858-007
 Client: Hydro-Air 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: November 2012

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 Glenn White Haley & Aldrich of NY Date: 11/14/12

Signature: _____

Next Scheduled Inspection (date): 11/2013

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? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> N/A |
| Cover consists of (mainly): | Field grasses, building, asphalt parking lot and asphalt and gravel drives. See Attachment to Page | | |
| 2. Evidence of erosion? | 1 of 3. <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A |
| 3. Cracks visible in pavement? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A |
| 4. Evidence of distressed vegetation/turf? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A |
| 5. Evidence of unintended traffic and/or rutting? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A |
| 6. Evidence of uneven settlement and/or ponding? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> N/A |
| 7. Damage to any surface coverage? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A |

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

Item 6: See attachment to Page 1 of 3, the Corrective Measures Report for the site (Attachment 4), and the attached photos.

**Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan**

Attachment to Page 1 of 3 - Item 6 - Final Surface Cover/Vegetation

Coverage in Western Grass Area

Ponding had been observed after installation of the soil cover in 2007. As requested by NYSDEC, French drains were installed in May 2008 and generally appear to have improved conditions. During the annual site inspection, ponding water was not observed, although some wetland vegetation could be observed during the annual inspection. (See attached photos.)

Northern Loading Dock

Until Corrective Measures were put in place on 1 December 2012 (per the Corrective Measures Work Plan, approved 29 December 2011), there were indications that water accumulated for periods of time in the northeastern loading dock area. The pH of the accumulated water tested during implementation of the Corrective Measures was typically at or above pH 8. The evidence of ponding at the northern loading dock indicates that the final surface cover was not entirely effective until implementation of the corrective measures.



November 2012 – View of gravel drive along north side of building.



November 2012 – View of loading dock on the northeastern corner of the facility.



November 2012 – View of retention pond on northeastern corner of the property (northwestern portion of pond).



November 2012 – View of main retention pond on northeastern corner of the property.



November 2012 – View of embankments and main retention pond on northeastern corner of the property.



November 2012 – View of retention pond and loading dock from eastern outlet.



November 2012 – View of asphalt drive and parking area on southern side of the facility.



November 2012 – View of asphalt parking area and loading dock on south side of facility.



November 2012 – View of western grass area (looking southwest).



December 2012 – View of western grass area (looking northwest from roof of building).



December 2012 – View of western grass area (looking southwest from roof of building).



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? yes no N/A
If not, please note: Site is partially fenced.
- 2. Is fencing in need of repair? yes no N/A
- 3. Area access gates in working order? yes no N/A
- 4. Sufficient signage posted (No Trespassing)? yes no N/A
- 5. Has there been any noted or reported trespassing? yes no N/A

Please note any irregularities/ changes in site access and security: There have been no changes in site access and security since the previous report, dated August 2011. Posting of the property with No Trespassing signs has reportedly deterred trespassers and prevented disturbance of the soil cover by off-road vehicles.

Property Use Changes / Site Development Security cameras provide additional deterrents for trespassing.

Has the property usage changed, or site been redeveloped since the last inspection? yes no N/A

If so, please list with date: Property use has not changed since 2006 when Hydro-Air first 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

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

See attachment to page 3 of 3 for further explanation.

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:

Report on July 2012
sampling event, the
report was submitted
November 2012.

When is the next projected sampling event? Date: June 2013

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: _____

This space for Notes and Comments

Please include the following Attachments:

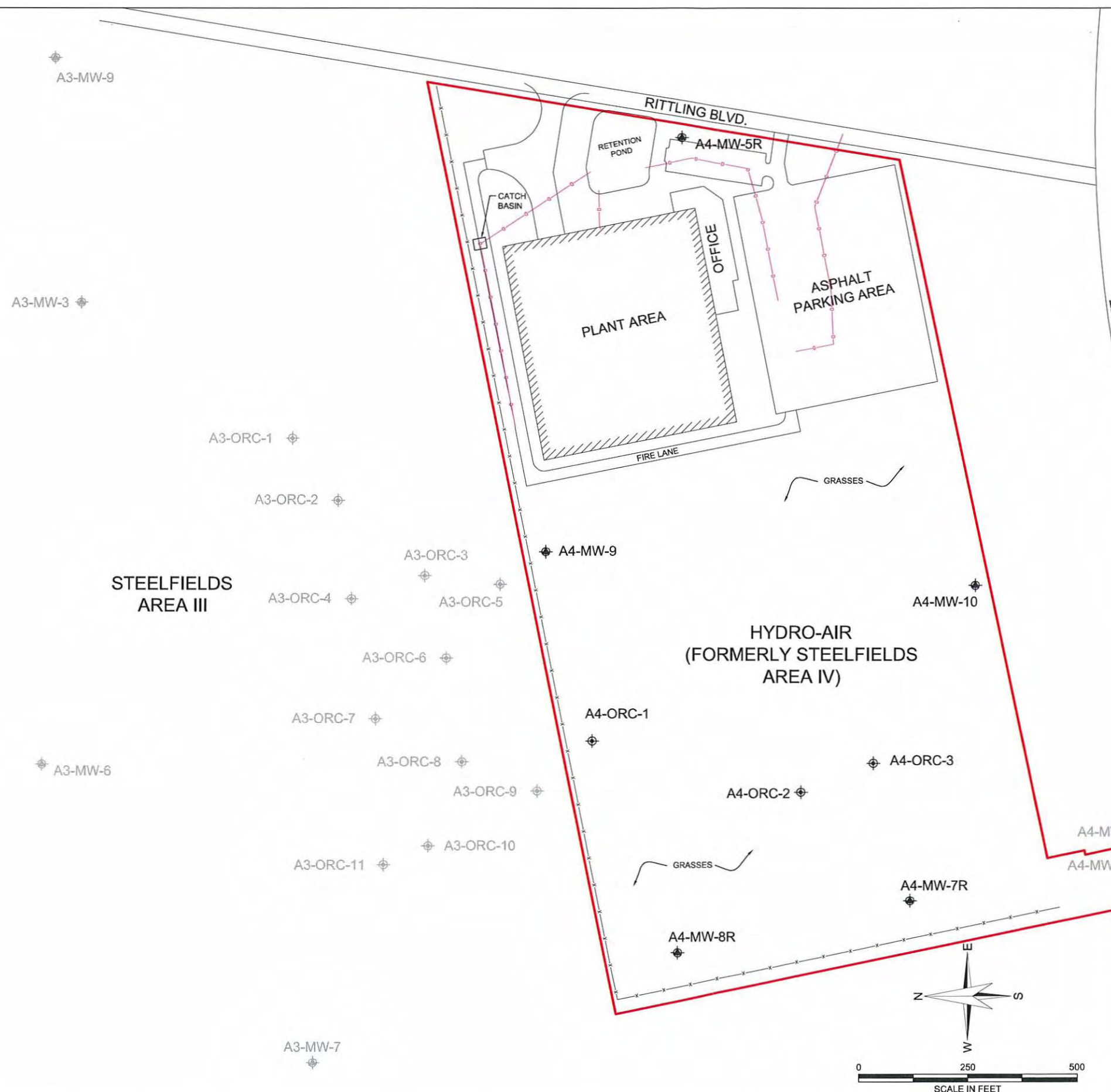
1. Site Sketch (Attached)
2. Photographs (Attached)

**Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan**






Attachment to Page 3 of 3 - ORC Well Monitoring and Maintenance

- ORC well monitoring and maintenance activities were completed in accordance with the NYSDEC-approved Site Management Plan dated November 2007. Low pH conditions in each of the ORC wells have been documented during each monitoring event completed to date. The low pH conditions are likely inhibiting the effectiveness of the ORC. The ORC socks were most recently replaced in March 2012 by Trec Environmental. The socks are currently due to be replaced. Hydro-Air has scheduled ORC sock replacement for the week of January 14 2013.

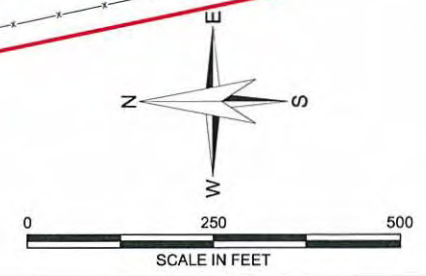
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LEGEND:

-  FENCE
-  BCP PROPERTY BOUNDARY
-  MONITORING WELL
-  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

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

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:

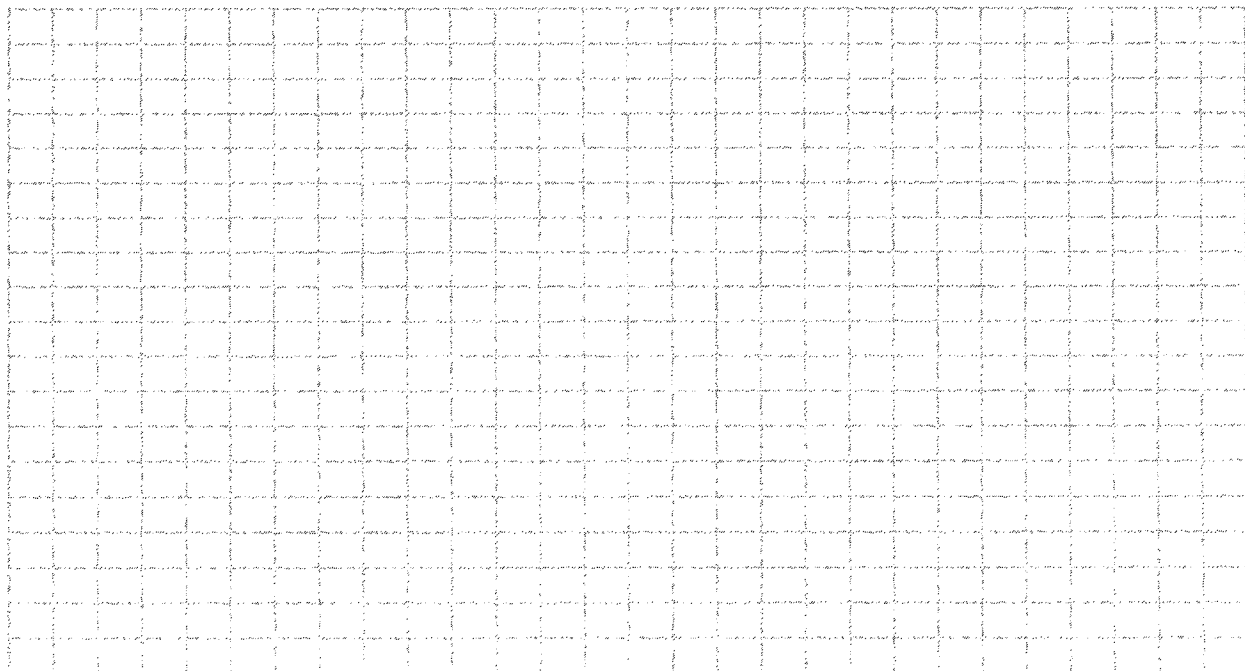
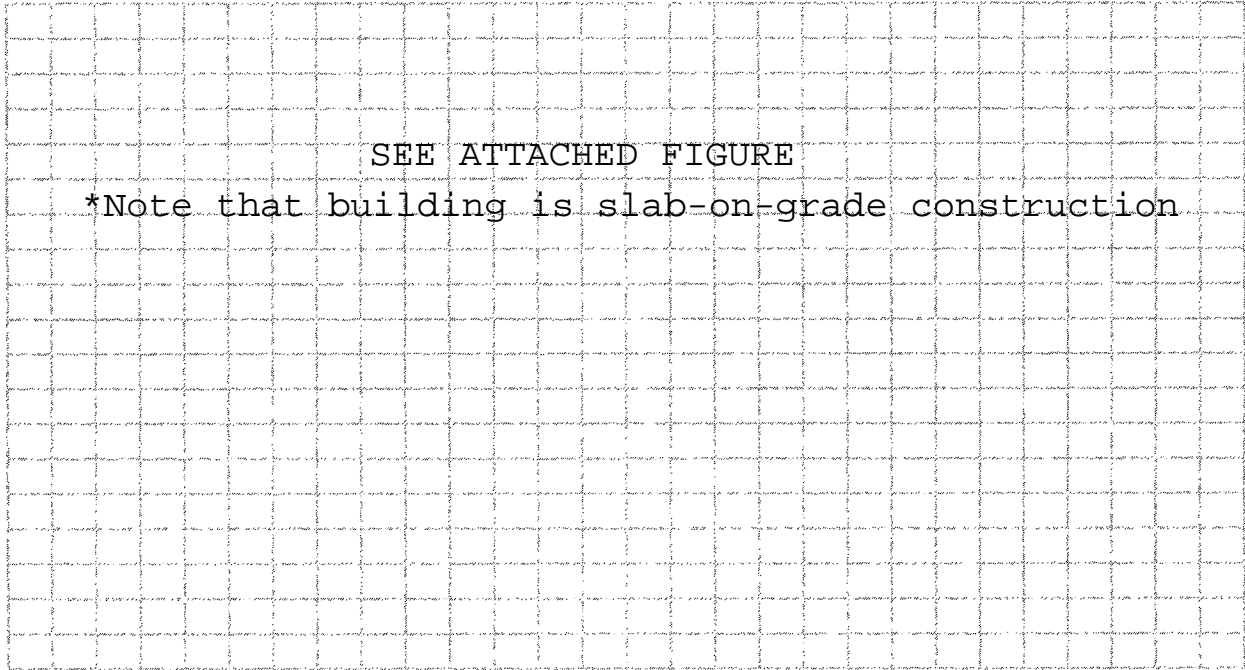
Have any modifications been made to the Sub-Slab Depressurization System? yes no

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.







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DATE: JULY 2007
DRAWN BY: BSR

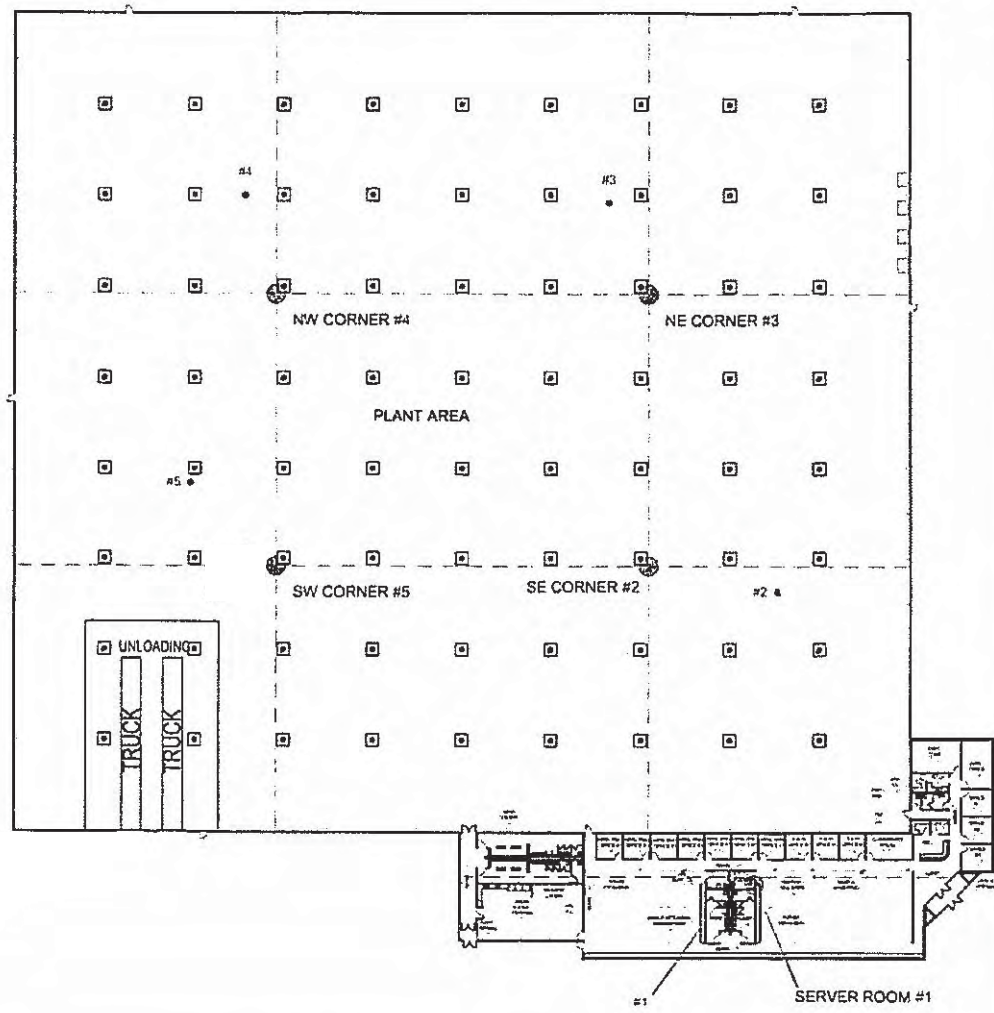


LEGEND:

-  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



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



BENCHMARK
 ENVIRONMENTAL
 SCIENCE, P.C.
 798 EXCHANGE STREET
 SUITE 824
 BUFFALO, NEW YORK 14210
 (716) 800-0099

JOB NO.: 0107-002-300

POST-INSTALLATION SAMPLE LOCATIONS

HYDRO-AIR SITE
BUFFALO, NEW YORK

PREPARED FOR
HYDRO-AIR COMPONENTS, INC.

FIGURE 1

**Monthly Operation & Maintenance Log
Active Sub-slab Depressurization System**

Note on Attachment 3

Please note that the vacuum readings provided by Hydro-Air in their monthly ASD System O&M logs represent an average of the vacuum readings collected at each location by Hydro-Air during that month. The individual readings are summarized on the 'magnehelic readings' tables following each monthly log. Therefore, the date of the actual vacuum readings may be different from the date the monthly inspection was completed and recorded on the O&M log.



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B. SCHAUW. Date/Time: 5/26/2010 11 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? 1.44

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:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCITAWA Date/Time: 6/30/2010 10:00 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? 1.45

Visual Inspection:

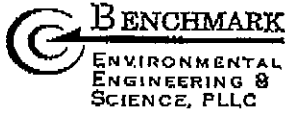
Any piping disconnected? yes no

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: THOMAS B SCHNAUS Date/Time: 8-4-2010

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? 1.47

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:

#1 Server Room Office
 #2 S.E. Corner Cell 500/800
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnehelic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30

3 14.7
 = 1.47 AUG

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SENAW Date/Time: 8/30/2010 9:10 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? 1.41

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:

#1 Server Room Office
 #2 S.E. Corner Cell 500/600
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnehelic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50

8/2010
 } 14.10 ÷ 10
 AVG = 1.41

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHNAUS Date/Time: 9/29/2010 9:00 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? 1.39

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:

#1 Server Room Office
 #2 S.E. Corner Cell 600/800
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnehelic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/6/2010	1.00	1.30	1.50	1.50	1.55
9/29/2010	1.10	1.35	1.50	1.60	1.50

} 13.9 ÷ 10
 = 1.39 AVG

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHALLS Date/Time: 10/29/2010 10 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? 1.36

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: THOMAS B SENALUS Date/Time: 11/30/2010 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? 11.33

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 Server Room Office
 #2 S.E. Corner Cell 500/800
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnetic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/6/2010	1.00	1.30	1.50	1.50	1.55
9/29/2010	1.10	1.35	1.50	1.60	1.50
10/6/2010	1.00	1.30	1.50	1.50	1.50
10/29/2010	1.00	1.30	1.50	1.50	1.50
11/4/2010	1.00	1.25	1.35	1.50	1.50
11/30/2010	1.00	1.25	1.50	1.50	1.50

} 13.35 ÷ 10
 = 1.335 AVG.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHAUWS Date/Time: 12/31/2010 10 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? 1.4

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 Server Room Office
 #2 S.E. Corner Cell 500/800
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnetic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/16/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.60	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/6/2010	1.00	1.30	1.50	1.50	1.55
9/29/2010	1.10	1.35	1.50	1.60	1.50
10/6/2010	1.00	1.30	1.50	1.50	1.50
10/29/2010	1.00	1.30	1.50	1.50	1.50
11/4/2010	1.00	1.25	1.35	1.50	1.50
11/30/2010	1.00	1.25	1.50	1.50	1.50
12/6/2010	1.25	1.50	1.50	1.50	1.50
12/31/2010	1.00	1.50	1.50	1.50	1.50

} 14.25 ÷ 10 = 1.425

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHALLER Date/Time: 1-28-2011 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? 1.4

Visual Inspection:

Any piping disconnected? yes no

Any cracks visible in piping? yes no

Any new cracks visible in slab floor? yes no

Magnehelic gauge 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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHNAUS Date/Time: 2-28-2011 1:00 PM

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? 1.42

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 Server Room Office
 #2 S.E. Corner Cell 500/500
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnehelic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.65	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/6/2010	1.00	1.30	1.50	1.50	1.55
9/29/2010	1.10	1.35	1.50	1.60	1.50
10/6/2010	1.00	1.30	1.50	1.50	1.50
10/29/2010	1.00	1.30	1.50	1.50	1.50
11/4/2010	1.00	1.25	1.35	1.50	1.50
11/30/2010	1.00	1.25	1.50	1.50	1.50
12/6/2010	1.25	1.50	1.50	1.50	1.50
12/31/2010	1.00	1.50	1.50	1.50	1.50
2011					
1/7/2011	1.25	1.50	1.50	1.50	1.25
1/28/2011	1.00	1.50	1.50	1.50	1.50
2/3/2011	1.00	1.55	1.45	1.45	1.50
2/28/2011	1.25	1.50	1.50	1.50	1.50

14.2 ÷ 10 = 1.42 AVG

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: THOMAS B SCHNAUB Date/Time: 3/31/2011 11 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? 1.44

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 Server Room Office
 #2 S.E. Corner Cell 500/503
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #6 S.W. Corner Cell 100

Magnehelic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.58	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/6/2010	1.00	1.30	1.50	1.50	1.55
9/29/2010	1.10	1.35	1.50	1.60	1.50
10/6/2010	1.00	1.30	1.50	1.50	1.50
10/29/2010	1.00	1.30	1.50	1.50	1.50
11/4/2010	1.00	1.25	1.35	1.50	1.50
11/30/2010	1.00	1.25	1.50	1.50	1.50
12/6/2010	1.25	1.50	1.50	1.50	1.50
12/11/2010	1.00	1.50	1.50	1.50	1.50
2011					
1/7/2011	1.25	1.50	1.50	1.50	1.25
1/28/2011	1.00	1.50	1.50	1.50	1.50
2/3/2011	1.00	1.55	1.45	1.45	1.50
2/28/2011	1.25	1.50	1.50	1.50	1.50
3/8/2011	1.25	1.50	1.50	1.45	1.50
3/31/2011	1.25	1.50	1.50	1.50	1.50

= 14.45 ÷ 10 = 1.44

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: Thomas B. Schaub Date/Time: 4/29/2011 9:00

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? 1.475

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:

#1 Server Room Office
 #2 S.E. Corner Cell 500/600
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnetic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.80	0.95	0.75	0.80
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.60
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/6/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/6/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/6/2010	1.00	1.30	1.50	1.50	1.55
9/29/2010	1.10	1.35	1.50	1.60	1.50
10/6/2010	1.00	1.30	1.50	1.50	1.50
10/28/2010	1.00	1.30	1.50	1.50	1.50
11/4/2010	1.00	1.25	1.35	1.50	1.50
11/30/2010	1.00	1.25	1.50	1.50	1.50
12/6/2010	1.25	1.50	1.50	1.50	1.50
12/31/2010	1.00	1.50	1.50	1.50	1.50
2011					
1/7/2011	1.25	1.50	1.50	1.50	1.25
1/28/2011	1.00	1.50	1.50	1.50	1.50
2/3/2011	1.00	1.55	1.45	1.45	1.50
2/28/2011	1.25	1.50	1.50	1.50	1.50
3/8/2011	1.25	1.50	1.50	1.45	1.50
3/31/2011	1.25	1.50	1.50	1.50	1.50
4/13/2011	1.50	1.50	1.60	1.50	1.50
4/29/2011	1.25	1.50	1.50	1.50	1.50

= 14.75 ÷ 10 = 1.475

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: THOMAS B SCHNAUB Date/Time: 5/30/2011

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? 1.28

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:

#1 Sewer Room Office
 #2 S.E. Corner Call 500/800
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Call 200
 #5 S.W. Corner Call 100

Magnehelic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.90	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	6.38	0.38	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.80	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.55
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.60	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/28/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/8/2010	1.00	1.30	1.50	1.50	1.55
9/28/2010	1.10	1.35	1.50	1.60	1.50
10/6/2010	1.00	1.30	1.50	1.50	1.50
10/29/2010	1.00	1.30	1.50	1.50	1.50
11/4/2010	1.00	1.25	1.35	1.50	1.60
11/30/2010	1.00	1.25	1.50	1.50	1.50
12/8/2010	1.25	1.50	1.50	1.50	1.50
12/31/2010	1.00	1.50	1.50	1.50	1.50
2011					
1/7/2011	1.25	1.50	1.50	1.50	1.25
1/26/2011	1.00	1.50	1.50	1.50	1.50
2/3/2011	1.00	1.55	1.45	1.45	1.50
2/28/2011	1.25	1.50	1.50	1.50	1.50
3/8/2011	1.25	1.50	1.50	1.45	1.50
3/31/2011	1.25	1.50	1.50	1.50	1.50
4/13/2011	1.50	1.50	1.50	1.50	1.50
4/29/2011	1.25	1.50	1.50	1.50	1.50
5/6/2011	1.00	1.40	1.25	1.25	1.50
5/30/2011	1.00	1.30	1.25	1.25	1.60

} 12.8 = 10 = 1.28 AVG.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____

Project No.: _____

Project Location: _____

Client: _____

Preparer's Name: THOMAS B SCHNAUB

Date/Time: 6/29/2011 11:00 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? 1.42

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:

#1 Server Room Office
 #2 S.E. Corner Cell 500/800
 #3 N.E. Corner Warehouse
 #4 N.W. Corner Cell 200
 #5 S.W. Corner Cell 100

Magnetic Readings

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
1/15/2009	0.40	0.00	0.00	0.25	0.50
1/16/2009	0.45	Fan Repaired	Fan Repaired	0.30	0.55
1/16/2009	0.55	0.56	0.43	0.35	0.55
2/4/2009	0.55	0.55	0.36	0.36	0.55
2/13/2009	0.55	0.62	0.55	0.40	0.60
3/2/2009	0.60	0.70	0.55	0.55	0.65
3/18/2009	0.65	0.70	0.75	0.62	0.75
4/2/2009	0.65	0.85	0.80	0.75	0.75
4/17/2009	0.75	0.90	0.95	0.75	0.90
5/1/2009	0.75	1.05	0.95	0.95	1.10
5/19/2009	0.90	1.15	1.05	1.05	1.40
6/1/2009	0.11	1.25	1.10	1.10	1.55
6/15/2009	1.05	1.25	1.10	1.15	1.55
6/19/2009	1.05	1.10	1.30	1.20	1.60
7/3/2009	1.05	1.15	1.30	1.20	1.65
7/14/2009	1.00	1.10	1.30	1.25	1.50
8/12/2009	1.05	1.15	1.25	1.30	1.65
8/21/2009	1.10	1.15	1.25	1.25	1.50
9/9/2009	1.15	1.25	1.60	1.25	1.60
9/24/2009	1.15	1.30	1.55	1.30	1.60
10/12/2009	1.25	1.30	1.55	1.30	1.55
10/29/2009	1.30	1.25	1.60	1.35	1.50
11/10/2009	1.30	1.35	1.50	1.35	1.50
11/26/2009	1.30	1.35	1.55	1.40	1.50
12/14/2009	1.35	1.30	1.50	1.30	1.50
12/21/2009	1.05	1.25	1.50	1.30	1.50
1/8/2010	1.10	1.25	1.30	1.30	1.50
1/23/2010	1.15	1.30	1.30	1.35	1.25
2/9/2010	1.20	1.35	1.40	1.30	1.20
2/22/2010	1.25	1.35	1.30	1.25	1.25
3/5/2010	1.30	1.40	1.30	1.25	1.25
3/29/2010	1.30	1.35	1.25	1.25	1.30
4/5/2010	1.45	1.40	1.35	1.50	1.45
4/20/2010	1.55	1.50	1.55	1.50	1.55
5/3/2010	1.45	1.50	1.40	1.50	1.20
5/28/2010	1.55	1.50	1.45	1.55	1.30
6/3/2010	1.50	1.40	1.50	1.50	1.40
6/27/2010	1.55	1.45	1.40	1.50	1.30
7/9/2010	1.60	1.50	1.50	1.50	1.40
7/26/2010	1.50	1.40	1.50	1.50	1.30
8/9/2010	1.30	1.50	1.50	1.50	1.40
8/30/2010	1.10	1.25	1.55	1.50	1.50
9/6/2010	1.00	1.30	1.50	1.50	1.55
9/29/2010	1.10	1.35	1.50	1.60	1.50
10/6/2010	1.00	1.30	1.50	1.50	1.50
10/29/2010	1.00	1.30	1.50	1.50	1.50
11/4/2010	1.00	1.25	1.35	1.50	1.50
11/30/2010	1.00	1.25	1.50	1.50	1.50
12/6/2010	1.25	1.50	1.50	1.50	1.50
12/31/2010	1.00	1.50	1.50	1.50	1.50
2011					
1/7/2011	1.25	1.50	1.50	1.50	1.25
1/26/2011	1.00	1.50	1.50	1.50	1.50
2/3/2011	1.00	1.55	1.45	1.45	1.50
2/28/2011	1.25	1.50	1.50	1.50	1.50
3/8/2011	1.25	1.50	1.50	1.45	1.50
3/31/2011	1.25	1.50	1.50	1.50	1.50
4/13/2011	1.50	1.50	1.50	1.50	1.50
4/29/2011	1.25	1.50	1.50	1.50	1.50
5/6/2011	1.00	1.40	1.25	1.25	1.50
5/30/2011	1.00	1.30	1.25	1.25	1.60
6/6/2011	1.00	1.50	1.50	1.50	1.60
6/29/2011	1.10	1.50	1.50	1.40	1.60

} 14.2 ÷ 10 = 1.42 AVG.

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SENALLS Date/Time: 7/31/2011 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? 1.47

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHALL Date/Time: 8/31/2011 10AM

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? 1.43

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 gauge 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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: THOMAS B SCHAUWS Date/Time: 9/30/2011 10 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? 1.42

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?

Has this general use changed in the past month?

MANUFACTURING

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: Thomas B. Schnauz Date/Time: 10/31/2011 9:00 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? 1.47

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: Thomas B Schnaud Date/Time: 11/30/2011 10 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? 1.41

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?

Has this general use changed in the past month?

yes

no

MANUFACTURING

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: T. Thomas B. Schaub Date/Time: 12/31/2011 10 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? 1.425

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:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
Project Location: _____ Client: _____
Preparer's Name: Thomas B Schall Date/Time: 1/31/2012 11 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? 1.375

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:

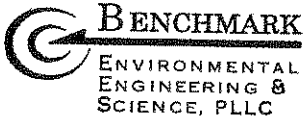
System Modifications:

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

yes

no

If so, please list with date:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHAUER Date/Time: 2/29/2012 6 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? 1.40

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:

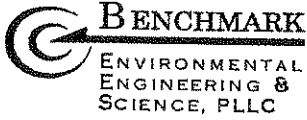
System Modifications:

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

yes

no

If so, please list with date:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHAUERS Date/Time: 3/29/2011 11:00 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? 1.4

Visual Inspection:

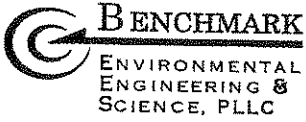
Any piping disconnected? yes no

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

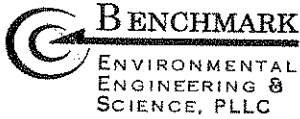
Has this general use changed in the past month? yes no

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:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B. SCHAUER Date/Time: 4/30/2012 10 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? 1.4

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B SCHAU Date/Time: 5/30/2012

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? 1.4

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: THOMAS B SCHNAUB Date/Time: 7/1/2012 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? 1.36

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: Thomas B. Selhaus Date/Time: 8/1/2012 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? 1.375

Visual Inspection:

Any piping disconnected? yes no
 Any cracks visible in piping? yes no
 Any new cracks visible in slab floor? yes no
 Magnehelic gauge 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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: Thomas B. Schmitt Date/Time: 8/31/2012 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? 1.49

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:

Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: Thomas B. Schnauß Date/Time: 9/30/2012 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? 1.42

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:

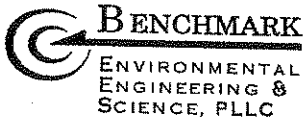
System Modifications:

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

yes

no

If so, please list with date:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: _____ Project No.: _____

Project Location: _____ Client: _____

Preparer's Name: THOMAS B. SCHAUER Date/Time: 10/31/2012 10PM

Notes:

Monthly Operating Status:

System(s) currently running? yes no

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

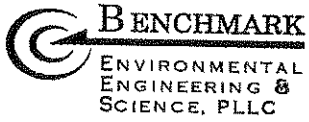
If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):

What is the current Vacuum reading? 1.42

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:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: Thomas B SeNaw Project No.: _____
 Project Location: _____ Client: _____
 Preparer's Name: _____ Date/Time: 12/1/2012 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? 1.375

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:

#1 Server Room Office

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

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner
2012					
1/8/2012	1.00	1.50	1.50	1.50	1.50
1/31/2012	1.00	1.50	1.25	1.50	1.50
2/9/2012	1.00	1.50	1.50	1.50	1.50
2/29/2012	1.00	1.50	1.50	1.50	1.50
3/5/2012	1.00	1.50	1.25	1.25	1.50
3/29/2012	1.25	1.50	1.50	1.25	1.50
4/6/2012	1.00	1.50	1.50	1.50	1.50
4/30/2012	1.00	1.50	1.50	1.50	1.50
5/7/2012	1.00	1.50	1.50	1.50	1.50
5/30/2012	1.00	1.50	1.50	1.50	1.50
6/7/2012	1.00	1.40	1.25	1.50	1.50
6/30/2012	1.00	1.50	1.50	1.50	1.50
7/5/2012	1.00	1.25	1.50	1.50	1.50
7/30/2012	1.00	1.50	1.50	1.50	1.50
8/8/2012	1.00	1.60	1.50	1.70	1.60
8/31/2012	1.00	1.60	1.60	1.70	1.60
9/8/2012	1.00	1.50	1.60	1.60	1.50
9/30/2012	1.00	1.50	1.50	1.50	1.50
10/6/2012	1.00	1.50	1.50	1.50	1.50
10/31/2012	1.00	1.50	1.50	1.50	1.50
11/8/2012	1.00	1.50	1.50	1.50	1.25
11/30/2012	1.00	1.50	1.50	1.50	1.50

Corrective Action Certification
Operation, Monitoring, & Maintenance Work Plan



Corrective Action Certification Operation, Monitoring, & Maintenance Work Plan

Property Name: Hydro-Air Components Project No.: 34858-007
 Client: Hydro-Air 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: November 2012

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 it's implementation.

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

See attached Corrective Measures Report, dated 14 December 2012.

Corrective Action Taken

Date Completed: _____

Describe Action Taken (include sketch & photographs): _____

See attached Corrective Measures Work Report, dated 14 December 2012.

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: _____ Date: _____

Signature: _____

Please verify inclusion of the following Attachments:

- 1. Site Sketch See Attachment 2 and attached Corrective Measures Report
- 2. Photographs for related site sketch and photographs.

Haley & Aldrich of New York
200 Town Centre Drive
Suite 2
Rochester, NY 14623

Tel: 585.359.9000
Fax: 585.359.4650
HaleyAldrich.com



14 December 2012
File No. 34858-007

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

Subject: **Corrective Measures Report**
Hydro-Air Components, Inc. Property (formerly Steelfields Area IV)
BCP Site # C915204, Buffalo, New York

Dear Mr. Szymanski:

Haley and Aldrich of New York (Haley & Aldrich) has prepared this Corrective Measures Report on behalf of HydroAir Components, Inc. (HydroAir) for the above-referenced site (Site). This report summarizes the findings of the site inspections and monitoring activities completed in accordance with the Corrective Measures Work Plan (Work Plan), dated 17 November 2011, which was approved by the New York State Department of Environmental Conservation (Department) by a letter dated 29 December 2011.

Corrective measures were required by the Department after Haley & Aldrich determined, during the annual Engineering Control certification for 2011, that the Site Cover System was not completely protective of human health and the environment because of indications that groundwater with elevated pH (alkaline water) was surfacing, and accumulating on a section of the northern access road and other areas along the northern boundary of the Site. The cover system is maintained to isolate below-surface contaminants in accordance with the Soil/Fill Management Plan included in the Site Management Plan, as contained in the Final Engineering Report, dated September 2007 (SMP).

Based on the results of site inspections and continuous monitoring conducted to date by HydroAir, and the corrective measures previously implemented, Haley & Aldrich anticipates being able to provide a qualified annual Engineering Control certification for 2012 when the time comes.

The following sections of this report include the background of the alkaline groundwater conditions that are migrating onto the HydroAir property from the adjacent property to the north, a discussion of the mitigation measures implemented to address surfacing of alkaline groundwater on HydroAir property, the results of monitoring activities specified by the Work Plan to assess the mitigation measures, and our recommendations for future Site management.

Background

A plume of alkaline groundwater originating on the upgradient Steelfields Area III property to the north of the Site has been a concern in three locations on the Site: along the northern property boundary including the northern access road, in the recessed loading dock area, and in the stormwater pond. The alkaline condition was first observed in the stormwater pond, and then traced back to the plume of groundwater entering the Site along the northern property boundary. The conditions and mitigation efforts taken are summarized below and are more fully documented by work plans and reports that have been submitted to the Department and identified in the References attached to this letter.

Pond

A discoloration of the water in the stormwater pond was observed during 2008 (principally in the pond's northern settling basin). It was determined that the discoloration was caused by alkaline groundwater and its associated calcite flocculent that had accumulated in the settling basin. The origin of the alkaline water was determined by a 2008/2009 investigation program (as fully documented in a letter to the Department dated 30 August 2010) to be the apparent result of the migration of alkaline groundwater from the adjacent Steelfields Area III property onto the northern area of the HydroAir property. The alkaline conditions in the pond were exacerbated by the inadvertent conveyance of alkaline groundwater migrating from the adjacent property to HydroAir's stormwater pond during high groundwater conditions. The alkaline groundwater was conveyed through catch basins and piping and pipe bedding associated with HydroAir's stormwater collection system. The stormwater pond and interconnected conveyances in this area of the HydroAir property are shown on Figure 1.

These conditions have been documented in prior annual PPRs dating back to 2009 which describe the work planning, investigations, and response actions that have been undertaken by HydroAir to define the nature of the transport of alkaline groundwater onto HydroAir property and the corrective actions HydroAir has taken to mitigate the effects of this condition. Listed below are the efforts that have been made to limit alkaline groundwater from entering the pond:

- Sealing of the perforation in the northern catch basin to prevent alkaline groundwater from directly entering the stormwater system and pond;
- Installing trench collars along the length of piping between the catch basin and stormwater pond to reduce preferential migration of alkaline groundwater through the pipe bedding (Figure 1).

Northern Property Boundary

Subsequent to completion of the above efforts, alkaline groundwater began to discharge to the surface of the HydroAir property at the toe of slope located along the Site's northern property boundary. The groundwater discharge accumulated on the surface in this area until it was inadvertently captured by stormwater catch basins and conveyed to the pond. In response to the condition, HydroAir raised the inlet of the catch basin and the surface of the surrounding access road by adding a layer of gravel. These actions prevented the alkaline groundwater discharge from entering the stormwater system and pond and the discoloration of the pond subsided. However, it was evident by the presence of residual calcite flocculent on the surface of the gravel access road that alkaline groundwater had continued to accumulate on the

surface and subsided over time requiring placement of additional gravel as described below to keep the alkaline groundwater from surfacing.

Loading Dock

Calcite flocculent has also been present in the recessed loading dock area. Stormwater runoff collected in the loading dock is removed by pumping from a sump located in the bottom of the dock, through buried pipes to the stormwater pond. Higher rates of pumping are necessary to maintain a dry loading dock not only during storm events, but also when the groundwater table is high, indicating that the sump collects groundwater as well as stormwater. The presence of alkaline water collecting in the loading dock is indicated by residual calcite flocculent on the surface of the pavement.

In response to conditions along the northern access road and in the loading dock, HydroAir implemented the following:

- Enhanced the Site cover system engineering control by placing additional gravel along the northern portion of the access road to inhibit the surfacing groundwater (a total of approximately 9 to 11 inches of gravel have been added); and
- Changed the automatic operation of the pump that drains the catch basins in the loading dock to manually activated operation. This change in pump operation was intended to reduce the possibility of creating a cone of depression in the shallow groundwater table around the sump which may have inadvertently captured or enhanced the natural flow of alkaline groundwater toward the loading dock during high groundwater conditions.

Corrective Measures Work Plan

The Corrective Measures Plan was implemented from January to October 2012 and further assessed the effectiveness of the above described engineering controls over time in support of PRR and annual institutional and engineering controls certification involving the following elements:

- Monitoring the continuing efficacy of the gravel cover by undertaking three separate visits, one each in March, April, and May of 2012 coincident with the anticipated seasonal high water table, to observe whether this is any evidence that the alkaline water is surfacing; and,
- Monitoring of the water pumped from the loading dock area to assess the quantity, and measure the pH prior to each discharge event over the 2012 PRR time period, and record the information collected.

Corrective Measures Findings

Gravel Ground Cover

Haley & Aldrich monitored the continued efficacy of the additional gravel cover over three separate site visits (29 March, 27 April, and 18 May 2012). These visits were timed to be coincident with the anticipated seasonal high water table. During all three site visits there was no evidence observed of alkaline water surfacing and accumulating in this area, indicating that the additional gravel cover is

sufficiently preventing surfacing of groundwater in this area of the property and potential for inadvertent human contact.

Loading Dock Monitoring & Pumping

Subsequent to Department approval of the Work Plan, and under the direction of Haley & Aldrich, HydroAir conducted 10 complete months of monitoring of the loading dock water (January through October 2012). As water accumulated in the dock, a measurement of pH was taken, using a hand held probe, and then the accumulated water was pumped via the stormwater piping, to the pond. Table 1 summarizes the pH monitoring results and also includes an estimate of the volume of accumulated water that was transferred to the pond during each pumping event. The range of pH observed during this period was from 8.01 in October to 12.28 in February. Variability of pH conditions was created by groundwater inflow. The volume of water pumped from the loading dock to the stormwater pond was not significant relative to the capacity of the pond and adverse impact (i.e. discoloration) was not observed in the pond over this time period.

HydroAir has recently reconfigured the loading dock pump system back to automatic operation. The operation of the pump has been further modified by adjusting (raising) the float set-point to enable sufficient pumping to maintain dry conditions within the recessed loading ramp while reducing excess pumping of groundwater below the loading dock that may have been inducing a flow of alkaline groundwater to this area from the adjacent property. Operation of the pump in this manner will mitigate accumulation of groundwater and potential for inadvertent human exposure to alkaline water in the loading dock.

Recommendations for Future Site Management

Corrective actions have been implemented and appear to be protective of human health and the environment. It is proposed that required Site Management Plan activities be revised to include documentation in future annual PRRs to confirm these corrective actions remain effective in the future. The following activities are recommended:

- Quarterly monitoring of conditions in the gravel cover area to verify that groundwater is not surfacing and this engineering control continues to be effective. Should observations of groundwater surfacing be observed, the engineering control (i.e. gravel cover) will be enhanced to mitigate the condition.
- Automatic operation of the pump at the loading dock to manage collection of water within the recessed loading dock ramp. The pump will continue to be operated as described above and maintained as necessary to provide for continuous availability for operation.
- Measurement of pH in the stormwater pond to verify that conditions remain protective. These measurements will be obtained on a monthly basis (or as otherwise possible based on winter/freezing conditions) by collection of field pH and temperature readings to monitor conditions at locations within the small embayment, containing the stormwater inlet pipe from the loading dock, and within the main pond area. Sampling locations are shown on Figure 1 and include the inlet, northern embayment, and in the main pond at the midpoint and near the discharge pipe. The main pond samples will be combined in the field to provide a representative pH value for the main pond area. These values will be conservatively evaluated by comparison to

the Department TOGS 1.1.1 ambient guidance water quality value of pH 8.5 selected for protection of public health. Exceedance of this value for more than three consecutive monitoring events will trigger enhancements as a precaution to mitigate potential for an inadvertent exposure. These enhancements will likely involve placement of fencing to prevent contact/access to all or part of the pond exceeding the pH criterion. The fencing will meet the City of Buffalo's building code for fencing off outdoor swimming pools. The Department will be notified of these conditions and provided a work plan describing location and procedure for installation and management.

- Per the Work Plan, the SMP be amended to acknowledge the existence of the regional alkaline groundwater condition related to the upgradient Steelfields Area III site and require the continued monitoring of the northern access road area and the stormwater pond as part of the annual certification process.

Should you have any questions or concerns regarding this Corrective Measures Report, please do not hesitate to contact us.

Sincerely yours,


HALEY & ALDRICH OF NEW YORK



Bethany J. Zinni, P.G.
Sr. Geologist



Glenn M. White
Sr. Scientist/Project Manager



Edward L. Hynes
Vice President

c: HydroAir; A. Lennartz
DEC Region 9; M. Moore
T. Walsh; H&B

Attachments:

References

Figure 1. Proposed Retention Pond Monitoring Locations

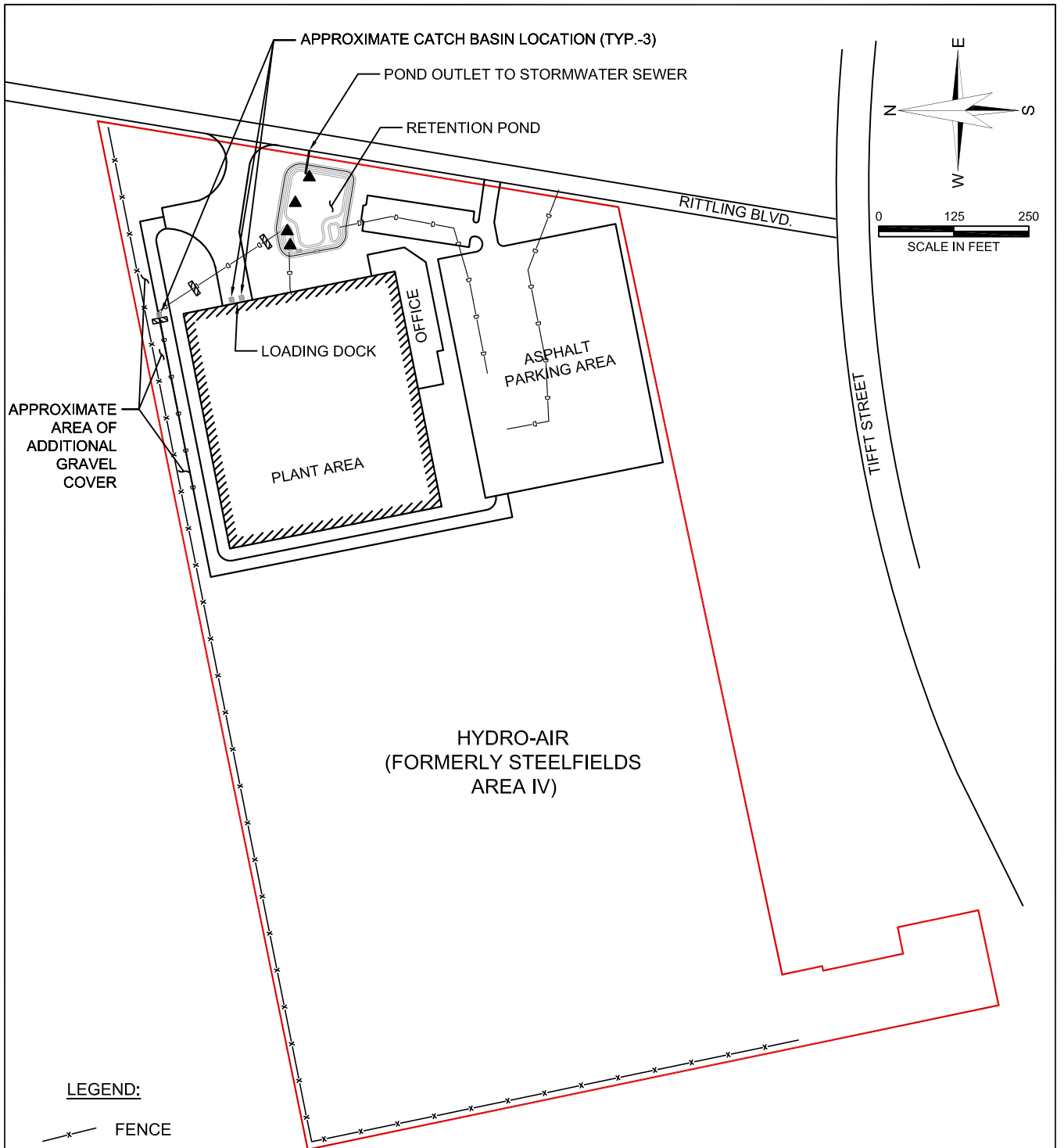
Table 1. Loading Dock Discharge Monitoring Data

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REFERENCES

1. Voluntary Cleanup Program & Brownfields Cleanup Program, Final Engineering Report For Area IV (Former Donner-Hanna Coke Yard Parcel), TurnKey Environmental Restoration, LLC., September 2007.
2. Sewer Use Regulations, Buffalo Sewer Authority, December 2007.
3. Site Management Annual Review Report & Institutional Controls & Engineering Controls (IC/EC) Certification, HydroAir Components, Inc. Property (Formerly Steelfields Area IV), Brownfield Cleanup Program (BCP) Site #C915204, Haley & Aldrich of New York, 1 July 2009.
4. Work Plan for the Installation of Soil-Bentonite-Cement Collars, Hydro-Air Components, Inc. Site (Formerly Steelfields Area IV), Brownfield Cleanup Program (BCP) Site #C915204, Buffalo, New York, Haley & Aldrich of New York, 21 August 2009.
5. Work Plan for the Installation of Soil-Bentonite-Cement Collars (approval letter), Hydro-Air Components, Inc. Site (Formerly Steelfields Area IV), Brownfield Cleanup Program (BCP) Site #C915204, Buffalo, New York, New York State Department of Environmental Conservation, September 2, 2009.
6. Letter to the Department re: Stormwater Pond – Alkalinity, HydroAir Components, Inc. Property (formerly Steelfields Area IV), Brownfield Cleanup Program (BCP) Site #C915204, Buffalo, New York, Haley & Aldrich of New York, 30 August 2010.
7. Site Management Annual Review Report & Institutional Controls & Engineering Controls (IC/EC) Certification, HydroAir Components, Inc. Property (Formerly Steelfields Area IV), Brownfield Cleanup Program (BCP) Site #C915204, Haley & Aldrich of New York, 1 September 2010.
8. Site Management Annual Review Report & Institutional Controls & Engineering Controls (IC/EC) Certification, HydroAir Components, Inc. Property (Formerly Steelfields Area IV), Brownfield Cleanup Program (BCP) Site #C915204, Haley & Aldrich of New York, 4 August 2011.
9. Corrective Measures Work Plan, 17 November 2011, Haley & Aldrich of New York
10. Corrective Measures Work Plan (approval letter), Steelfields Area IV, Buffalo, Erie County, Site No.: C915204, New York State Department of Environmental Conservation, 29 December 2011.

\\ROC\COMMON\34858_HYDROAIR\007\2012 CORRECTIVE MEASURES REPORT\DRAWINGS\34858-002_SITE PLAN TRENCH COLLAR LOCATIONS.DWG



LEGEND:

- FENCE
- BCP PROPERTY BOUNDARY
- APPROXIMATE TRENCH COLLAR INSTALLATION LOCATION
- STORM WATER PIPE
- PROPOSED RETENTION POND MONITORING LOCATION
- APPROXIMATE CATCH BASIN LOCATION

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



HYDRO AIR COMPONENTS, INC.
 BUFFALO, NEW YORK

**PROPOSED RETENTION POND
 MONITORING LOCATIONS**

SCALE: AS SHOWN
 DECEMBER 2012

FIGURE 1

Table 1.
Loading Dock Discharge Monitoring Data
Hydro-Air Components, Inc.
BCP Site #C915204, Buffalo, New York

Data Collection Completed By:	Date/Time of Measurement	pH	Est. Quantity of Water	Date/Time of Discharge	Comments (e.g., weather conditions, method of measurement, etc)
TBS	1/6/12 9:00	11	400	1/6/12 9:00	dry, sunny
TBS	1/10/12 10:00	10.5	315	1/10/12 10:00	dry, sunny
TBS	1/11/12 6:00	11.5	210	1/11/12 6:00	dry, sunny
TBS	1/12/12 8:00	9	1,290	1/12/12 8:00	rain
TBS	1/12/12 15:00	9	690	1/12/12 15:00	rain
TBS	1/13/12 5:00	9	1,590	1/13/12 5:00	snow
TBS	1/16/12 5:00	9.5	330	1/16/12 5:00	top frozen, light snow
TBS	1/17/12 5:00	9.5	1,140	1/17/12 5:00	light rain
TBS	1/17/12 11:00	9.5	720	1/17/12 11:00	light rain
TBS	1/18/12 5:00	9.5	1,560	1/18/12 5:00	light snow
TBS	1/19/12 7:00	12.01	690	1/19/12 7:00	top frozen, Extech digital Meter
TBS	1/19/12 14:00	11.53	540	1/19/12 15:00	top frozen
TBS	1/23/12 5:00	9.96	2,190	1/23/12 6:00	rain, melting snow
TBS	1/23/12 14:00	10.01	1,290	1/23/12 15:00	rain, melting snow
TBS	1/24/12 5:00	9.93	2,040	1/24/12 6:00	light rain
TBS	1/25/12 5:00	10.78	930	1/25/12 6:00	cloudy, dry
TBS	1/26/12 5:00	10.82	960	1/26/12 7:00	melting snow
TBS	1/27/12 5:00	10.01	1,644	1/27/12 7:00	rain
TBS	1/30/12 6:00	10.56	680	1/30/12 8:00	light snow
TBS	1/31/12 5:00	11.07	990	1/31/12 9:00	melting snow
TBS	1/31/12 14:00	10.92	1,020	1/31/12 15:00	melting snow
TBS	2/1/12 5:00	9.16	3,100	2/1/12 7:00	heavy rain
TBS	2/2/12 5:00	10.02	350	2/2/12 8:00	cold, dry
TBS	2/3/12 5:00	11.03	370	2/3/12 6:00	cold, dry
TBS	2/6/12 5:00	11.07	1,470	2/6/12 8:00	cold, dry
TBS	2/7/12 5:00	11.54	360	2/7/12 7:00	cold, dry
TBS	2/7/12 14:00	11.439	270	2/7/12 15:00	cold, dry
TBS	2/8/12 5:00	12.03	360	2/8/12 7:00	cold, dry
TBS	2/13/12 6:00	12.01	410	2/13/12 8:00	light snow
TBS	2/14/12 5:00	12.28	600	2/14/12 7:00	melting snow
TBS	2/15/12 5:00	11.96	960	2/15/12 6:00	light rain
TBS	2/16/12 4:00	11.77	1,410	2/16/12 6:00	light rain
TBS	2/17/12 13:00	12.11	960	2/17/12 15:00	light rain
EG	2/20/12 14:00	11.87	900	2/20/12 15:00	cool, dry
EG	2/21/12 13:00	12.01	300	2/21/12 14:00	cool, dry
EG	2/22/12 7:00	10.61	600	2/22/12 9:00	light rain
EG	2/23/12 9:00	11.92	1,350	2/23/12 11:00	melting snow
EG	2/24/12 8:00	9.83	1,530	2/24/12 10:00	light rain
TBS	2/27/12 4:00	10.51	1,890	2/27/12 6:00	rain
TBS	2/28/12 4:00	10.55	630	2/28/12 6:00	mild, dry
TBS	2/29/12 5:00	10.23	480	2/29/12 7:00	mild, dry
TBS	3/1/12 5:00	10.64	288	3/1/12 7:00	rain, cold
EG	3/2/12 9:00	11.04	90	3/2/12 11:00	dry
EG	3/5/12 13:00	11.86	210	3/5/12 15:00	cold
EG	3/6/12 12:00	11.38	180	3/6/12 14:00	cool, dry
EG	3/7/12 8:00	11.57	90	3/7/12 10:00	mild, dry
EG	3/8/12 8:00	11.79	120	3/8/12 10:00	mild, dry
EG	3/9/12 8:00	9.53	210	3/9/12 10:00	cool, overnight rain
EG	3/12/12 9:00	12.01	180	3/12/12 11:00	mild, dry
EG	3/13/12 8:00	11.35	270	3/13/12 10:00	mild, rain

Table 1.
Loading Dock Discharge Monitoring Data
Hydro-Air Components, Inc.
BCP Site #C915204, Buffalo, New York

Data Collection Completed By:	Date/Time of Measurement	pH	Est. Quantity of Water	Date/Time of Discharge	Comments (e.g., weather conditions, method of measurement, etc)
EG	3/14/12 8:00	11.9	90	3/14/12 10:00	mild, dry
MK	3/15/12 8:00	11.88	90	3/15/12 10:00	mild, dry
MK	3/16/12 8:00	11.63	90	3/16/12 10:00	cool, rain
MK	3/19/12 8:00	11.43	120	3/19/12 10:00	mild, dry
EG	3/20/12 8:00	9.04	60	3/20/12 10:00	mild, dry
EG	3/21/12 8:00	11.16	60	3/21/12 10:00	mild, dry
EG	3/22/12 8:00	12.01	60	3/22/12 10:00	mild, dry
EG	3/23/12 8:00	12.04	30	3/23/12 10:00	mild, dry
EG	3/26/12 8:00	11.19	240	3/26/12 10:00	rain over weekend
EG	3/27/12 12:00	11.97	60	3/27/12 14:00	cool, dry
EG	3/28/12 8:00	11.98	60	3/28/12 10:00	mild, dry
EG	3/29/12 8:00	11.47	120	3/29/12 10:00	cool, dry
EG	3/30/12 8:00	11.93	60	3/30/12 10:00	cool, dry
EG	4/2/12 8:00	10.99	1,200	4/2/12 10:00	cool, rain over weekend
EG	4/3/12 8:00	11.81	450	4/3/12 10:00	light rain
EG	4/4/12 8:00	11.95	150	4/4/12 10:00	warmer, dry
EG	4/5/12 8:00	12.04	300	4/5/12 10:00	cool, dry
EG	4/9/12 8:00	11.92	300	4/9/12 10:00	cool, dry
EG	4/10/12 8:00	11.84	150	4/10/12 10:00	cool, dry
EG	4/11/12 8:00	12.01	300	4/11/12 10:00	cool, dry
EG	4/12/12 8:00	11.94	300	4/12/12 10:00	cool, dry
EG	4/13/12 8:00	12.11	160	4/13/12 10:00	cool, dry
EG	4/16/12 8:00	11.3	300	4/16/12 10:00	light rain, warm
EG	4/17/12 8:00	12.02	150	4/17/12 10:00	cool, dry
EG	4/18/12 8:00	11.99	150	4/18/12 11:00	warmer, dry
EG	4/19/12 8:00	11.91	300	4/19/12 10:00	warmer, dry
EG	4/20/12 8:00	12.02	150	4/20/12 10:00	warmer, dry
EG	4/24/12 8:00	9.22	1,350	4/24/12 10:00	cold, snow, rain
EG	4/25/12 8:00	11.24	600	4/25/12 10:00	cool, dry
EG	4/26/12 8:00	11.14	300	4/26/12 10:00	cool, dry
EG	4/27/12 8:00	11.22	300	4/27/12 10:00	cool, dry
EG	4/30/12 8:00	11.42	600	4/30/12 10:00	cool, dry
EG	5/1/12 8:00	8.86	1,050	5/1/12 10:00	mild, rain
EG	5/2/12 8:00	11.22	900	5/2/12 10:00	mild, rain
EG	5/3/12 8:00	10.4	600	5/3/12 10:00	mild, dry
EG	5/7/12 8:00	11.39	600	5/7/12 10:00	mild, dry
EG	5/8/12 12:00	11.74	1,800	5/8/12 14:00	mild, rain
EG	5/9/12 8:00	10.71	450	5/9/12 10:00	mild, dry
EG	5/10/12 8:00	11.27	300	5/10/12 10:00	mild, dry
EG	5/11/12 8:00	11.67	300	5/11/12 10:00	warm, dry
EG	5/14/12 8:00	11.72	450	5/14/12 10:00	warm, dry
EG	5/15/12 8:00	12	450	5/15/12 10:00	warm, dry
EG	5/16/12 8:00	12.03	300	5/16/12 10:00	warm, dry
EG	5/17/12 8:00	12.13	150	5/17/12 10:00	cool, dry
EG	5/18/12 8:00	12	150	5/18/12 10:00	cool, dry
EG	5/21/12 8:00	11.88	300	5/21/12 10:00	warm, dry
EG	5/22/12 8:00	11.96	300	5/22/12 10:00	warm, dry
EG	5/23/12 10:00	11.71	800	5/23/12 12:00	warm, dry
EG	5/25/12 7:00	11.82	150	5/25/12 9:00	warm, dry
EG	5/29/12 7:00	11.81	900	2/29/12 9:00	warm, dry

Table 1.
 Loading Dock Discharge Monitoring Data
 Hydro-Air Components, Inc.
 BCP Site #C915204, Buffalo, New York

Data Collection Completed By:	Date/Time of Measurement	pH	Est. Quantity of Water	Date/Time of Discharge	Comments (e.g., weather conditions, method of measurement, etc)
EG	5/30/12 8:00	11.77	600	5/30/12 10:00	warm, dry
EG	6/1/12 8:00	11.85	600	6/1/12 10:00	cool, dry
TBS	6/4/12 5:00	8.89	1,650	6/4/12 6:00	heavy rain
EG	6/5/12 8:00	11.02	150	6/5/12 10:00	cool, dry
TBS	6/6/12 5:00	11.79	300	6/6/12 7:00	cool, dry
EG	6/8/12 8:00	11.71	150	6/8/12 10:00	mild, dry
EG	6/11/12 8:00	8.87	150	6/11/12 10:00	mild, dry / weekend rain
TBS	6/12/12 5:00	8.68	840	6/12/12 6:00	overnight light rain
EG	6/13/12 8:00	9.88	450	6/13/12 10:00	cool, overnight light rain
TBS	6/18/12 5:00	9.93	510	6/18/12 7:00	light rain
TBS	6/19/12 5:00	9.14	660	6/19/12 7:00	warm, dry
TBS	7/1/12 0:00	-	0	7/1/12 0:00	No discharge for July
TBS	7/31/12 0:00	-	0	7/31/12 0:00	No discharge for July
TBS	8/6/12 8:00	8.76	900	8/6/12 10:00	rain over weekend
TBS	9/5/12 5:00	8.66	900	9/5/12 6:00	light rain
TBS	9/10/12 5:00	8.54	1,440	9/10/12 6:00	light rain
TBS	9/17/12 5:00	8.62	1,050	9/17/12 7:00	weekend rain
TBS	9/24/12 4:00	9.01	720	9/24/12 5:00	weekend rain
TBS	10/2/12 4:00	8.73	1,170	10/2/12 5:00	rain
TBS	10/3/12 5:00	8.82	630	10/3/12 6:00	clear
TBS	10/8/12 4:00	9.02	1,470	10/8/12 6:00	rain
TBS	10/15/12 8:00	8.63	600	10/15/12 10:00	rain
TBS	10/19/12 5:00	8.01	780	10/19/12 6:00	light rain
TBS	10/23/12 6:00	8.56	1,170	10/23/12 8:00	light rain
TBS	10/25/12 7:00	8.43	630	10/25/12 9:00	light rain
TBS	10/28/12 10:00	8.51	1,440	10/28/12 11:00	rain
TBS	10/29/12 5:00	8.56	2,100	10/29/12 6:00	rain
TBS	10/30/12 4:00	8.42	1,650	10/30/12 5:00	light rain
TBS	10/31/12 4:00	8.56	1,470	10/31/12 0:00	light rain

Notes:

All water was pumped to the retention pond. pH measurements were collected using a hand held probe.

TBS = Thomas B. Shaus

EG = Ed Gary

MK = Mark Kozlowski

ORC Well Annual Inspection Form

ORC WELL ANNUAL INSPECTION FORM

Active ORC monitoring wells

Project Name: Hydro Air Project No.: _____
 Project Location: Bethel NY Client: _____
 Preparer's Name: PAUL L... Date/Time: 6-29-11 / 1045

A4 - ORC - 1

A4 - ORC - 2

A4 - ORC - 3

sampling dates: _____

Field groundwater quality measurements

<u>Water Level</u>	<u>2.68</u>			
<u>Bottom Depth</u>	<u>14.30</u>			
<u>pH</u>	<u>3.60</u>			
<u>Temperature</u>	<u>17.8</u>			
<u>DO</u>	<u>0.54</u>			
<u>ORP</u>	<u>58</u>			
<u>Alkalinity</u>	<u>40</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>Burred</u>
Pro - casing condition	<input 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. _____

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. 16.02 TO sock

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

If no please state why. _____

Initial: PL

Date: 6-29-11

ORC WELL ANNUAL INSPECTION FORM

Active ORC monitoring wells

Project Name: 154000 Air Project No.: _____
 Project Location: Buffalo NY Client: _____
 Preparer's Name: Paul Little Date/Time: 6-29-11 1125

A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3

sampling dates: _____

Field groundwater quality measurements

<u>Water Level</u>		<u>.98</u>	
<u>Bottom Depth</u>		<u>11.56</u>	
<u>pH</u>		<u>2.30</u>	
<u>Temperature</u>		<u>16.0</u>	
<u>DO</u>		<u>0.34</u>	
<u>ORP</u>		<u>352</u>	
<u>Alkalinity</u>	<u>INDETERMINANT AOC TO SAMPLE CHARACTERISTICS</u>		

Refer to Figure 1 for well locations

Well integrity

Cement seal	<input type="checkbox"/> good	<input checked="" type="checkbox"/> poor	If poor please note well. <u>Buried</u>
Pro - casing condition	<input type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note any damage. _____
Lock condition	<input type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well. <u>NO Lock</u>
Working J - plug	<input 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. DEPTH TO SOCK 9.55

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

If no please state why. _____

Initial: PL

Date: 6-29-11

ORC WELL ANNUAL INSPECTION FORM

Active ORC monitoring wells

Project Name: HyPro Air Project No.: _____
 Project Location: Buffalo NY Client: _____
 Preparer's Name: PAUL LITTE Date/Time: 6-29-11 / 1153

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:	_____	_____	<u>6-29-11</u>

Field groundwater quality measurements

Water Level			<u>3.54</u>
Bottom Depth			<u>10.48</u>
pH			<u>5.75</u>
Temperature			<u>15.3</u>
DO			<u>1.95</u>
ORP			<u>174</u>
Alkalinity			<u>240</u>

Refer to Figure 1 for well locations

Well integrity

Cement seal good poor If poor please note well. Buried
 Pro - casing condition good poor If poor please note any damage. _____
 Lock condition good poor If poor please note well. _____
 Working J - plug yes 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. Depth to sock 10.15

Are all ORC wells being sampled and maintained according to the site management plan
 yes no

If no please state why. _____

Initial: PL

Date: 6-29-11

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: 7-6-12 1030

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:	<u>7-6-12</u> <u>1030</u>	_____	_____

Field groundwater quality measurements

Water Level	<u>4.73</u>	_____	_____	_____
Bottom Depth	<u>14.30</u>	_____	_____	_____
pH	<u>2.90</u>	_____	_____	_____
Temperature	<u>19.9</u>	_____	_____	_____
DO	<u>0.49</u>	_____	_____	_____
ORP	<u>190</u>	_____	_____	_____
Alkalinity	<u>68</u>	_____	_____	_____

Refer to Figure 1 for well locations

Well integrity

Cement seal	<input type="checkbox"/> good	<input checked="" type="checkbox"/> poor	If poor please note well. <u>Failed</u>
Pro - casing condition	<input 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. _____

ORC Sock's

Have any Socks been replaced yes no
 If replaced on what date and why. ORC socks were most recently replaced in March 2012 per SMP requirements.

Are socks fully submerged in well screens. yes no
 If no explain why. 10.03 TO sock

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

If no please state why. _____

Initial: PL Date: 7-6-12

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: 7-6-12 1120

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:		<u>7-6-12</u> <u>1120</u>	

Field groundwater quality measurements

Water Level		<u>2.12</u>	
Bottom Depth		<u>11.55</u>	
pH		<u>140</u>	
Temperature		<u>20.1</u>	
DO		<u>0.53</u>	
ORP		<u>388</u>	
Alkalinity	<u>INDETERMINATE DUE TO SAMPLE CHARACTERISTICS</u>		

Refer to Figure 1 for well locations

Well integrity

Cement seal good poor If poor please note well. Burred
 Pro - casing condition good poor If poor please note any damage. _____
 Lock condition good poor If poor please note well. no lock
 Working J - plug yes no If no please note well. _____

Note: Per Hydro-Air on 1/11/13, the missing lock has been replaced.

ORC Sock's

Have any Socks been replaced yes no
 If replaced on what date and why. ORC socks were most recently replaced in March 2012 per SMP requirements.

Are socks fully submerged in well screens. yes no
 If no explain why. DEPTH TO SOCK 9.47

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

If no please state why. _____

Initial: PJL

Date: 7-6-12

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: 7-6-12

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:	_____	_____	<u>7-6-12</u> <u>1200</u>

Field groundwater quality measurements

Water Level			<u>6.11</u>
Bottom Depth			<u>10.46</u>
pH			<u>3.89</u>
Temperature			<u>18.5</u>
DO			<u>1.38</u>
ORP			<u>296</u>
Alkalinity			<u>255</u>

Refer to Figure 1 for well locations

Well integrity

Cement seal	<input type="checkbox"/> good	<input checked="" type="checkbox"/> poor	If poor please note well. <u>Bad</u>
Pro - casing condition	<input 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. _____

ORC Sock's

Have any Socks been replaced yes no
 If replaced on what date and why. ORC socks were most recently replaced in March 2012 per SMP requirements.

Are socks fully submerged in well screens. yes no
 If no explain why. Depth to sock 10.70

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

If no please state why. _____

Initial: PL

Date: 7-6-12

Addendum to ORC Forms

Addendum to ORC Forms

It is assumed that the seals of the ORC wells are intact and only covered by soil. Haley & Aldrich has observed no other indications of disturbance in this area to indicate otherwise.