



Haley & Aldrich of New York  
200 Town Centre Drive  
Suite 2  
Rochester, NY 14623  
585.359.9000

4 February 2015  
File No. 34858-008

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 for 2014 (2014 PRR) in accordance with the New York State Department of Environmental Conservation (Department)-approved Site Management Plan dated November 2007 (SMP).

The 2014 PRR is comprised of this cover letter and the 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 January 2015

The 2014 PRR also provides documentation of ongoing monitoring activities as they are related to the Department-approved Corrective Measures Program which was implemented in 2012 to address the site cover engineering control. The favorable results of that corrective measures work are documented more fully in the Corrective Measures Report, dated 14 December 2012. The SMP was amended on 25 March 2014 to incorporate recommendations from the 2012 Corrective Measures Report.

Haley & Aldrich conducted the annual site engineering controls inspection for the site in December 2014. Site monitoring activities were completed over the reporting period by Hydro-Air personnel and documentation of the monitoring activities is incorporated in this 2014 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, CHMM  
Senior Scientist

Cc: Rob Daigler, 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<br>Site Management Periodic Review Report Notice<br>Institutional and Engineering Control Certification |
| Attachment 2 | Environmental Inspection Form<br>Operation, Monitoring, & Maintenance Work Plan   |
| Attachment 3 | Annual Operation & Maintenance<br>Active Sub-Slab Depressurization System<br>Certification Checklist  |
| Attachment 4 | Corrective Action Certification<br>Operation, Monitoring, & Maintenance Work Plan   |
| Attachment 5 | ORC Well Annual Inspection Form   |

\\ROC\common\34858\_HydroAir\008\PRR and Annual Cert 2014\2015-0105-Annual Review and Cert Cover Itr\_F.docx

**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	
<b>Site No.</b>	<b>C915204</b>		
<b>Site Name Steelfields Area IV</b>			
Site Address: 100 Rittling Blvd.      Zip Code: 14220			
City/Town: Buffalo			
County: Erie			
Site Acreage: 30.9			
Reporting Period: January 15, 2014 to January 15, 2015			
		YES	NO
1.	Is the information above correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If NO, include handwritten above or on a separate sheet.		
2.	Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment during this Reporting Period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.</b>		
5.	Is the site currently undergoing development?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		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"/>
<b>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.</b>			
<b>A Corrective Measures Work Plan must be submitted along with this form to address these issues.</b>			
_____ 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.	Site Management Plan Groundwater Use Restriction Land Use Restriction Soil/Fill Management Plan

- 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, as specified in the SMP, stormwater injection (drywells) will be prohibited and stormwater conveyance pipes will be required to have gasketed joints for water tightness to prevent the infiltration of impacted groundwater into the collection system.

**Description of Engineering Controls**

<u>Parcel</u>	<u>Engineering Control</u>
132.12-1-9.121	Cover System Vapor Mitigation Gasketed Joints for Stormwater Conveyance Pipes ORC Injections Grounwater Monitoring

**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 NO

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

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

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

\_\_\_\_\_  
Date

IC CERTIFICATIONS  
SITE NO. C915204

Box 6

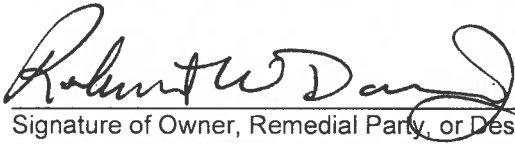
**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

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 Robert W Daigler JR at 100 Rittling Blvd, Buffalo, NY 14220  
print name print business address

am certifying as Vice President of Finance (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

2-5-2015  
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 WHITE at HALEY & ALDRICH OF NEW YORK  
print name print business address 200 TOWN CENTRE DR. ROCHESTER, NY  
am certifying as a Qualified Environmental Professional for the OWNER  
(Owner or Remedial Party)

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

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

2-5-2015  
Date



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



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

Property Name: Hydro-Air Components (Steelfields Area IV) Project No.: 34858-008  
 Client: Hydro-Air Components, Inc.  
 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: January 2015

## 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: 01/06/14

Signature: \_\_\_\_\_

Next Scheduled Inspection (date): 11/2015

## Final Surface Cover / Vegetation

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

1. Final Cover is in Place and in good condition?  yes  no  N/A  
 Cover consists of (mainly): Field grasses, building, asphalt parking lot and asphalt and gravel drives. See Attachment to Page
2. Evidence of erosion? 1 of 3.  yes  no  N/A
3. Cracks visible in pavement?  yes  no  N/A
4. Evidence of distressed vegetation/turf?  yes  no  N/A
5. Evidence of unintended traffic and/or rutting?  yes  no  N/A
6. Evidence of uneven settlement and/or ponding?  yes  no  N/A
7. Damage to any surface coverage?  yes  no  N/A

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Attachment to Page 1 of 3**

**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 appear to have improved conditions. Ponding water was not observed during the annual inspection nor was it reported by HydroAir throughout the year. Some wetland vegetation is apparent in photographs which were taken in July 2014. (See attached photos)

**Northern Loading Dock**

Subsequent to corrective measures that were put into place on 1 December 2012 (per the Corrective Measures Work Plan, approved 29 December 2011), water has not accumulated in the northeastern loading dock area. The reconfiguration of the loading dock pump system (setting to automatic pumping and raising the float set-point to enable sufficient pumping to maintain dry conditions whilst reducing excess pumping appears to have sufficiently prevented the surfacing of groundwater in the area. HydroAir has continued to monitor the efficacy of these controls regularly throughout 2014.

**Gravel Cover Areas**

Prior to 2012, evidence of surfacing groundwater in the gravel cover areas on the northern end of the site was evident. This site cover system engineering control was enhanced in 2012; additional gravel (9 to 11 inches) was added to the northern portion of the access road to inhibit the surfacing of alkaline groundwater in the area. HydroAir has monitored the continual efficacy of the gravel cover area throughout 2014 and has not observed any evidence of alkaline water surfacing in these areas.



*July 2014 – View of gravel drive along northern side of building.*



*July 2014 – View looking northeast towards retention pond on northeastern corner of property.*





*July 2014 – View from the main plant roof looking north/east along gravel drive.*

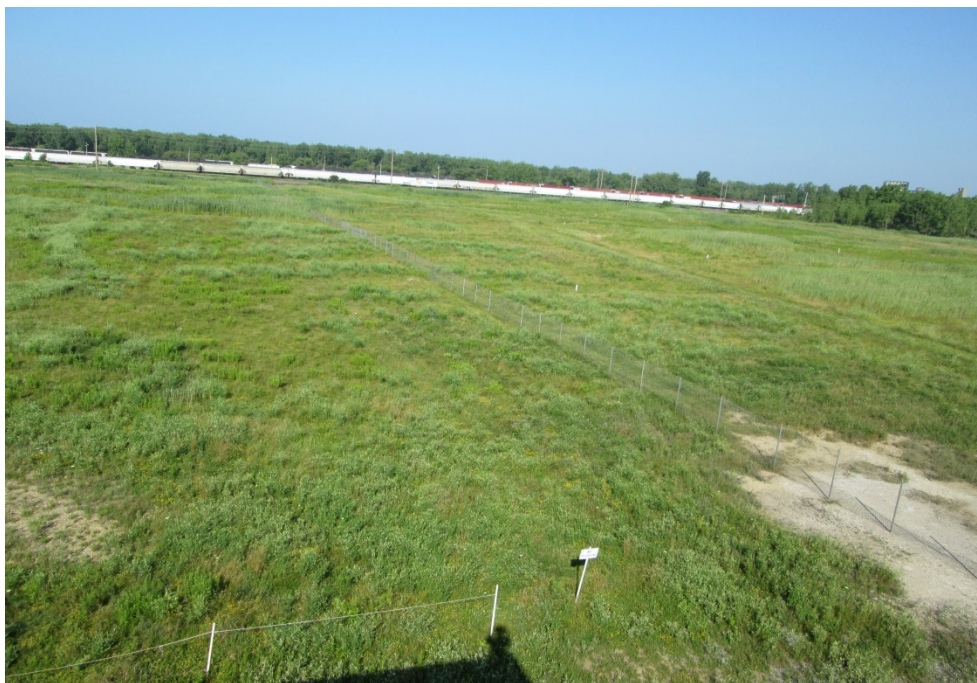


*July 2014 – View from roof - retention pond (embayment in foreground)*





*July 2014 – View looking southwest (from the roof) toward the western grassy areas.*



*July 2014 – View looking southeast (from the roof) toward western grassy areas.*



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

## Property Security & Access

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

- |   |   |  |   |
|---|---|--|---|
| 1. Is access controlled by perimeter fencing?         | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A            |
| If not, please note: <u>Site is partially fenced.</u> |   |  |   |
| 2. Is fencing in need of repair?                      | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A            |
| 3. Area access gates in working order?                | <input type="checkbox"/> yes            | <input type="checkbox"/> no            | <input checked="" type="checkbox"/> N/A |
| 4. Sufficient signage posted (No Trespassing)?        | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no            | <input type="checkbox"/> N/A            |
| 5. Has there been any noted or reported trespassing?  | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> 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 February 2014. No Trespassing signs continue to deter trespassers and have prevented disturbance of the soil cover by off-road vehicles. Security cameras provide additional deterrents for trespassing.

## Property Use Changes / Site Development

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

yes       no       N/A

If so, please list with date: 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 March 26, 2014.

When is the next projected sampling event?    Date: June 2015    The most recent sampling event took place during

June 2014 and report is currently being prepared.

## 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:

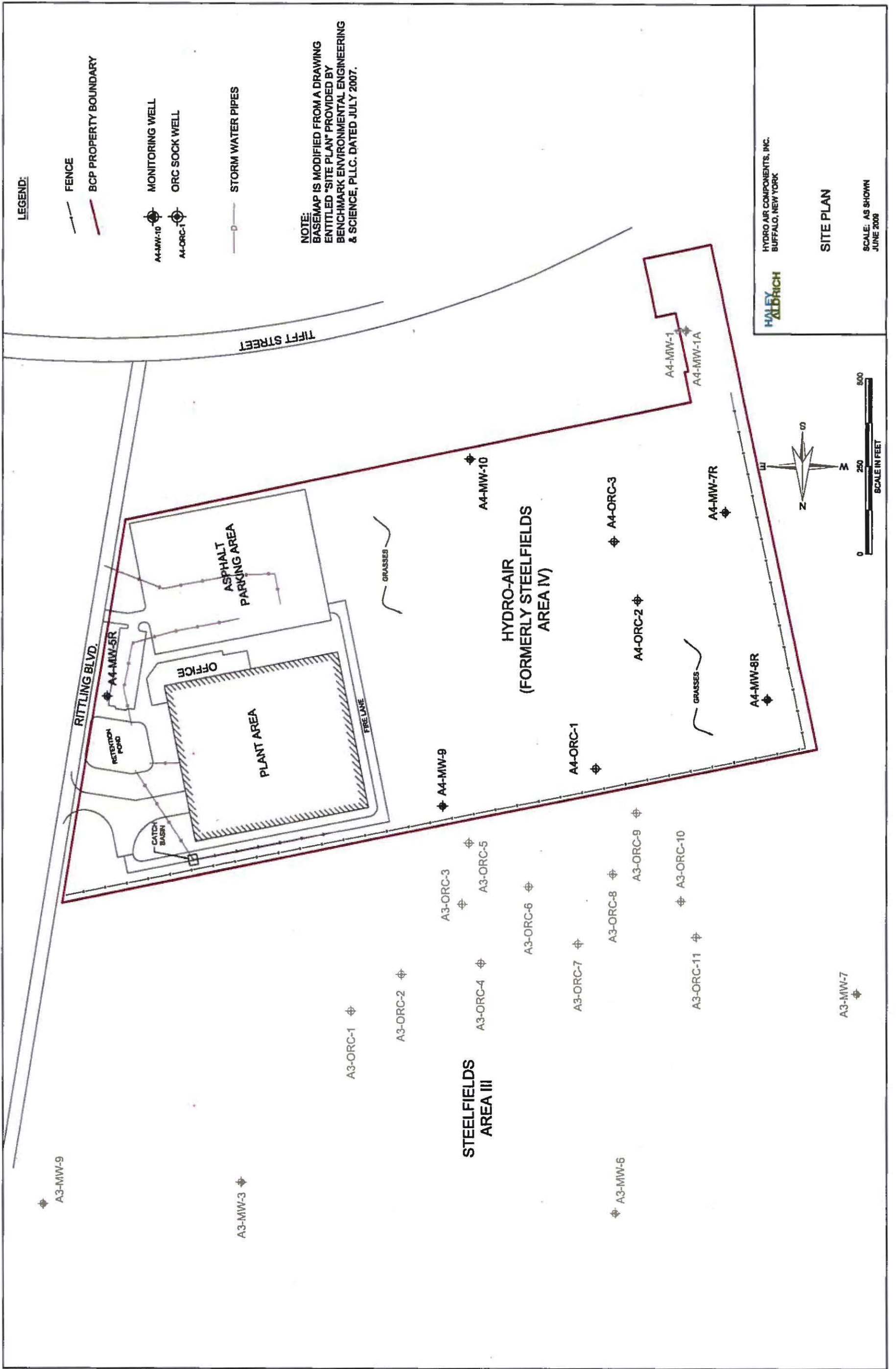
1. Site Sketch (Attached)
2. Photographs (Attached)



**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 September 2014 by TestAmerica. Hydro-Air has scheduled the next ORC sock replacement for the March 2015.



**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 2008



**STEELFIELDS  
AREA III**

**HYDRO-AIR  
(FORMERLY STEELFIELDS  
AREA IV)**

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



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

Project Name: HydroAir Components      Project No.:  
Project Location: Buffalo, NY      Client:  
Preparer's Name: Tom Schaus      Date/Time: January 2015

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**System Information**

Has monthly system inspection been completed regularly?       yes       no  
Are last 11 inspection logs attached for the past 12 months?       yes       no

Inspection logs for the reporting period (December 2013 through January 2015) are attached.

What is the current Vacuum reading?      See Logs.

**System Updates, Maintenance, Part Replacement**

N/A

# 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:

---

---

---

---

---

---

---

---

---

---

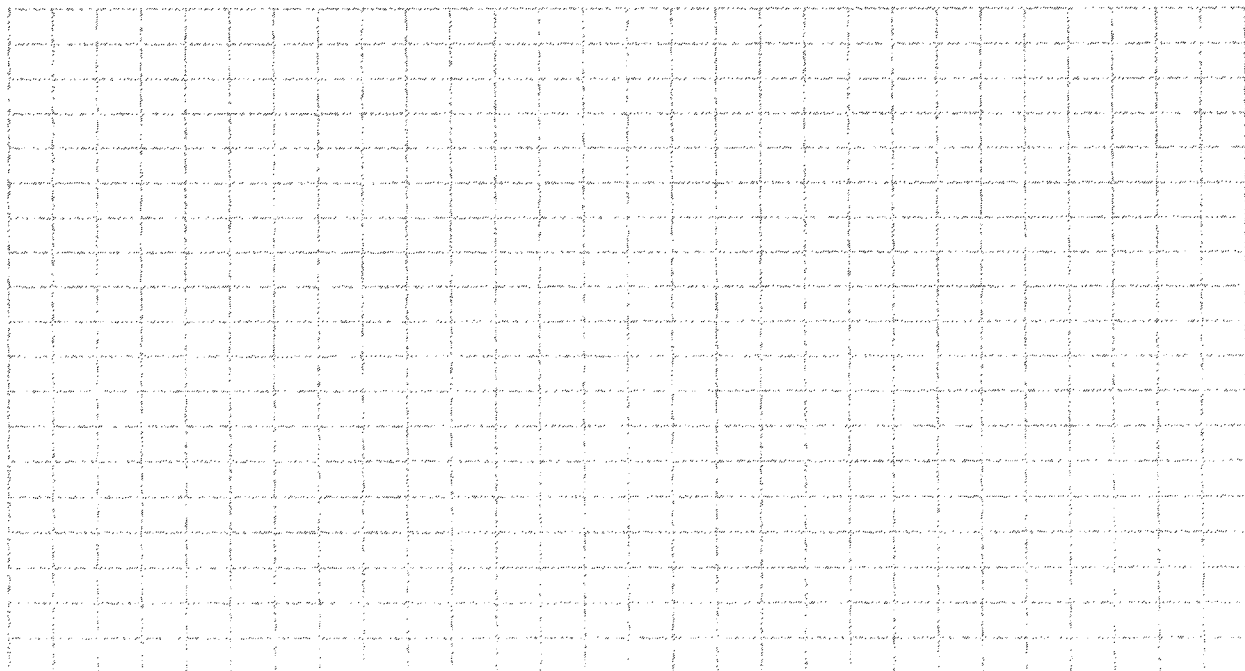
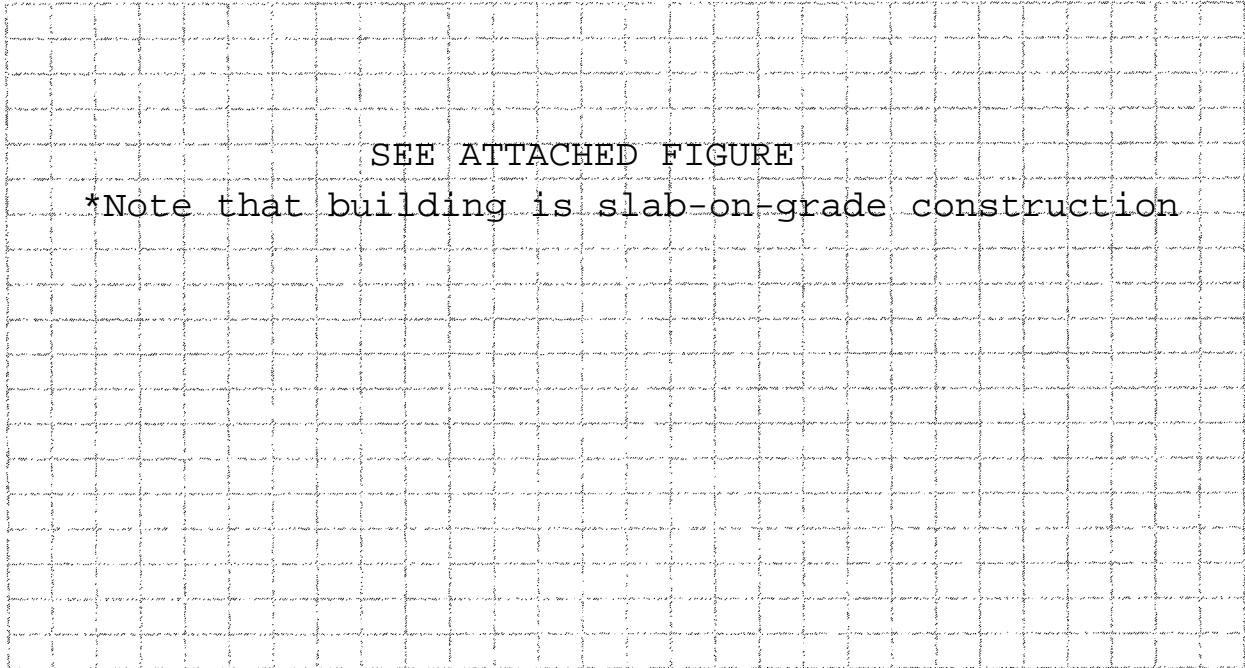
# Annual Operation & Maintenance Active Sub-Slab Depressurization System Certification Checklist

---

---

## 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.







© 2007 Benchmark Environmental Science, Inc. All Rights Reserved. Benchmark Environmental Science, Inc. is a registered service mark of Benchmark Environmental Science, Inc.

DATE: JULY 2007  
DRAWN BY: BSR

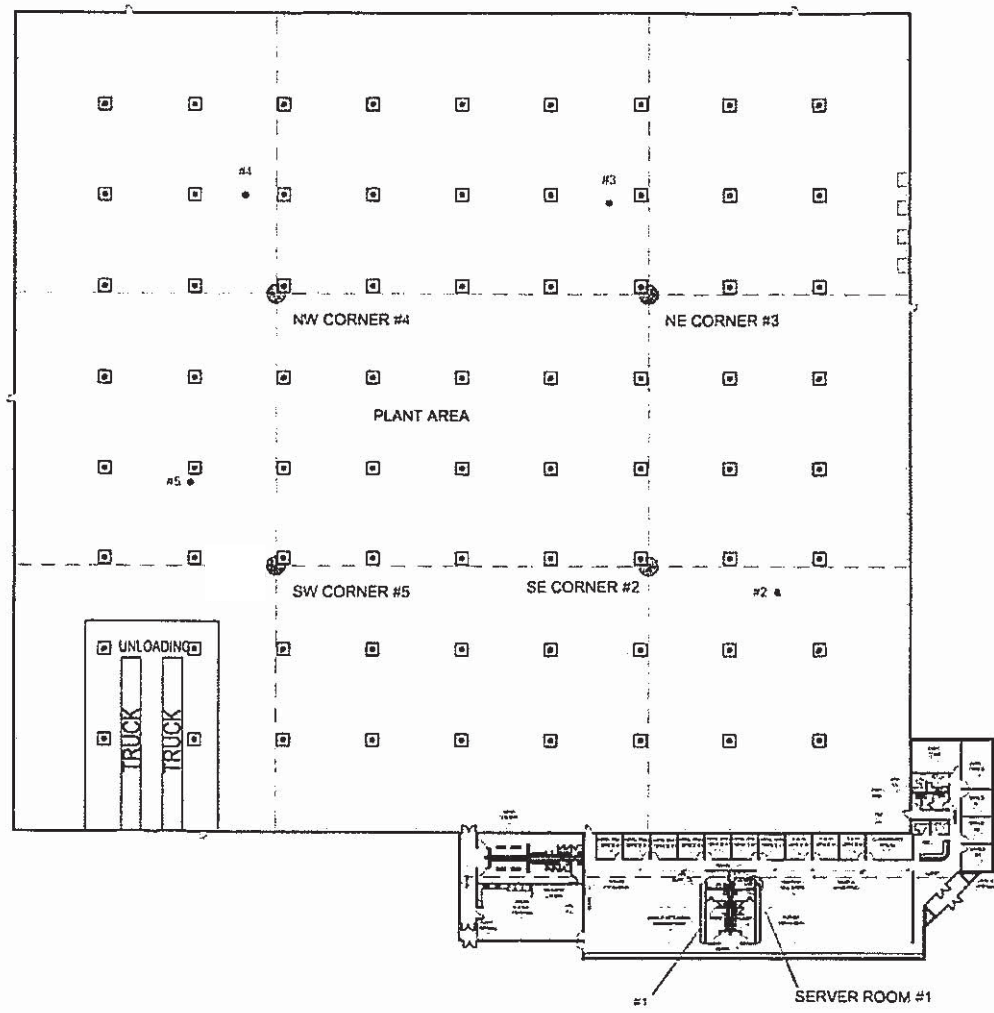


**LEGEND:**

-  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, INC.  
 758 EXCHANGE STREET  
 SUITE 224  
 BUFFALO, NEW YORK 14210  
 (716) 800-0999

JOB NO.: 0107-002-300

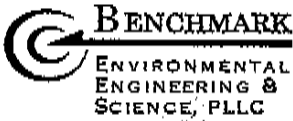
**POST-INSTALLATION SAMPLE LOCATIONS**

HYDRO-AIR SITE  
 BUFFALO, NEW YORK  
 PREPARED FOR  
 HYDRO-AIR COMPONENTS, INC.

**FIGURE 1**

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





### Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_

Project Location: \_\_\_\_\_ Client: \_\_\_\_\_

Preparer's Name: Thomas B. Schaub Date/Time: 12/31/2013 9:12 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? 1.43

**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 SCHAUSS Date/Time: 2/1/2014 7AM

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. SCHAUSS Date/Time: 2/28/2014 7 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_  
Project Location: \_\_\_\_\_ Client: \_\_\_\_\_  
Preparer's Name: Thomas B Senawski Date/Time: 3/31/2014 7 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?	<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?

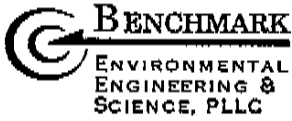
yes

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 SCHAUW Date/Time: 4/30/2014 9:30 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? 1.51

**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 Senalls Date/Time: 5/31/2014 8 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.

---

---

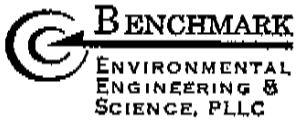
---

---

---

---

---



# 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 SCHAUER Date/Time: 6-30-2014 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? 1.45

**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:

---

---

---

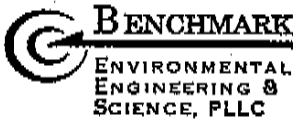
---

---

---

---

---



### Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name:

Project No.:

Project Location:

Client:

Preparer's Name: THOMAS B SCHAUZ

Date/Time: 8/1/2014 2 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? 1.49

#### 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. SENALLS Date/Time: 9/2/2014 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? 1.44

**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 SCHNAUB Date/Time: 10/2/2014 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? 1.45

**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 SCNAUS Date/Time: 11/1/2014 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? 1.44

**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 Schawls Date/Time: 12/1/2014 7AM

**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:

---

---

---

---

---

---

---

---

---

---



#1 Sever 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
<b>2014</b>					
1/8/2014	1.10	1.50	1.50	1.50	1.50
1/31/2014	1.10	1.50	1.50	1.50	1.50
2/5/2014	1.10	1.50	1.50	1.50	1.50
2/28/2014	1.10	1.50	1.50	1.50	1.50
3/6/2014	1.10	1.50	1.50	1.50	1.50
3/31/2014	1.10	1.50	1.50	1.50	1.50
4/9/2014	1.20	1.60	1.60	1.50	1.60
4/30/2014	1.10	1.70	1.70	1.60	1.50
5/7/2014	1.10	1.60	1.60	1.60	1.50
5/30/2014	1.10	1.50	1.70	1.50	1.50
6/10/2014	1.20	1.60	1.50	1.50	1.60
6/30/2014	1.10	1.50	1.50	1.50	1.50
7/8/2014	1.10	1.60	1.70	1.60	1.60
7/31/2014	1.10	1.50	1.60	1.60	1.50
8/8/2014	1.10	1.50	1.50	1.50	1.50
8/31/2014	1.10	1.60	1.60	1.50	1.50
9/11/2014	1.10	1.50	1.50	1.60	1.50
9/30/2014	1.10	1.60	1.60	1.50	1.50
10/7/2014	1.10	1.50	1.50	1.50	1.50
10/22/2014	1.10	1.50	1.50	1.50	1.50
11/1/2014	1.10	1.60	1.50	1.50	1.50
11/10/2014	1.10	1.50	1.60	1.60	1.50
11/17/2014	1.10	1.50	1.50	1.50	1.50
12/1/2014	1.10	1.60	1.60	1.50	1.60

} 1.45  
 : 1.0  
 1.45

**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: January 2015

### Issue Addressed

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

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

No corrective issues were identified or noted during the reporting period. This Corrective Action Certification is being completed with respect to the Corrective Measures Report, dated 14 Dec 2012.

### Corrective Action Taken

Date Completed: N/A

Describe Action Taken (include sketch & photographs): Corrective actions, as documented in the Corrective Measures Report, dated 14 December 2012, were continued in 2014. Measurements of the pH in the stormwater pond have been collected by HydroAir on a monthly basis (see appended table). HydroAir has also conducted Quarterly monitoring of the gravel cover area and surfacing groundwater has not been observed within the area. The pump at the loading dock has been operated per the 2012 Corrective Measures Report. Amendments to the SMP, as requested by NYSDEC in letter dated 1/3/2014, were submitted on 3/25/2014 under a separate cover.

### 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:

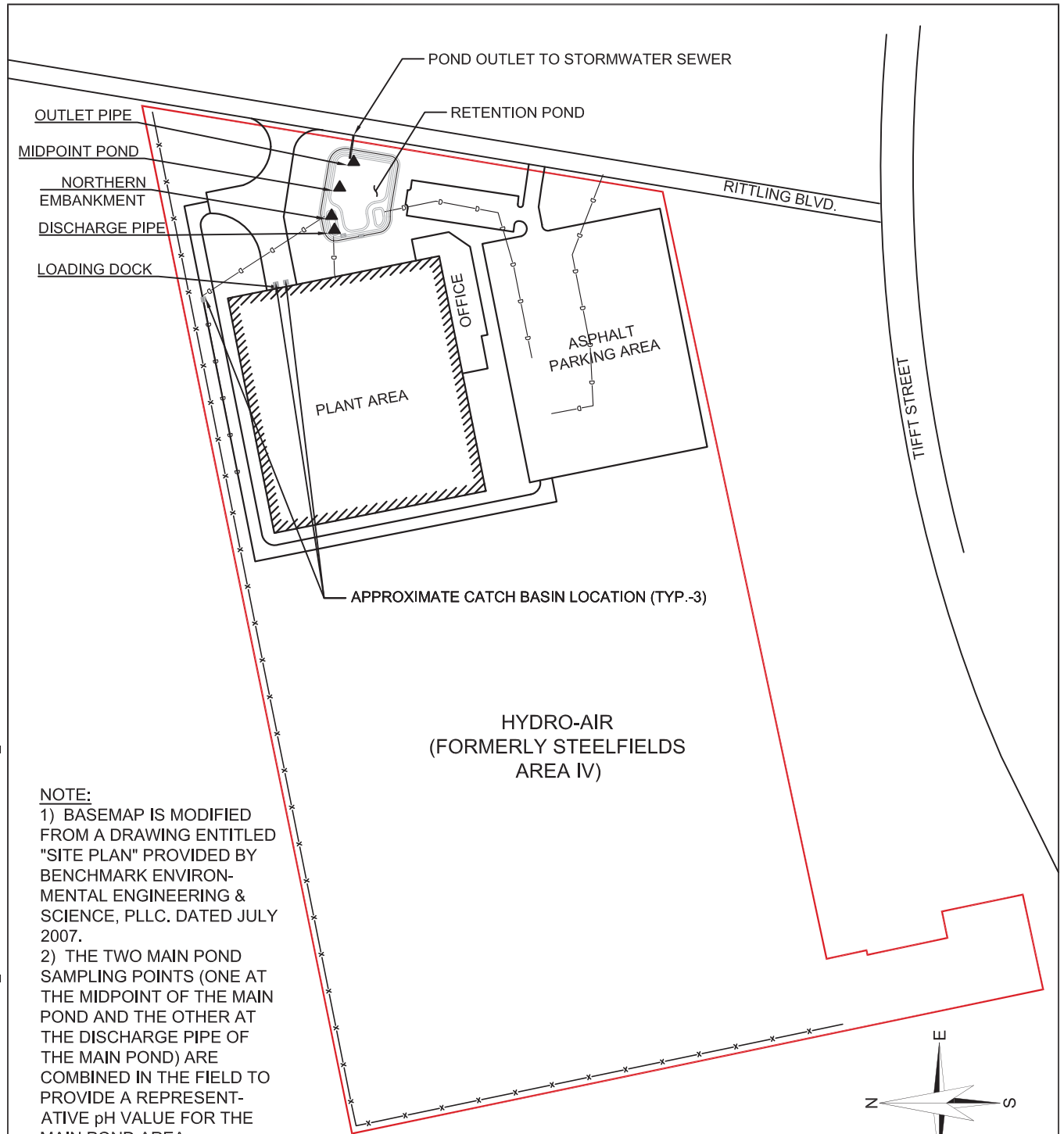
Date:

Signature:

### Please verify inclusion of the following Attachments:

1. Site Sketch See Attachment 2 for related site sketch and photographs.
2. Photographs See attached monitoring table and location figure.

G:\34858\_HYDROAIR\007\2014 SMP AMENDMENT & REVISIONS\DRAWINGS\34858-007\_SITE PLAN MONITORING LOCATIONS\_R2.DWG

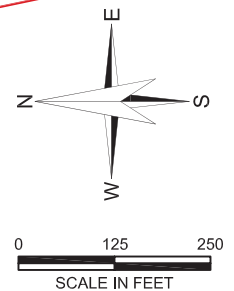


**NOTE:**

- 1) BASEMAP IS MODIFIED FROM A DRAWING ENTITLED "SITE PLAN" PROVIDED BY BENCHMARK ENVIRONMENTAL ENGINEERING & SCIENCE, PLLC. DATED JULY 2007.
- 2) THE TWO MAIN POND SAMPLING POINTS (ONE AT THE MIDPOINT OF THE MAIN POND AND THE OTHER AT THE DISCHARGE PIPE OF THE MAIN POND) ARE COMBINED IN THE FIELD TO PROVIDE A REPRESENTATIVE pH VALUE FOR THE MAIN POND AREA.
- 3) ALL LOCATIONS ARE APPROXIMATE.

**LEGEND:**

- FENCE
- BCP PROPERTY BOUNDARY
- STORM WATER PIPE
- RETENTION POND MONITORING LOCATION
- APPROXIMATE CATCH BASIN LOCATION



HYDRO AIR COMPONENTS, INC.  
BUFFALO, NEW YORK

**RETENTION POND  
MONITORING LOCATIONS**

SCALE: AS SHOWN  
FEBRUARY 2014

**FIGURE 1**

**2014 PRR - Stormwater Pond Monitoring Form**  
**HydroAir Components, Inc.**  
**BCP Site #C915204, Buffalo, New York**

*In accordance with the Corrective Measures Report (dated 14 December 2012 ) and the Revised Site Management Plan (dated 25 March 2014) the following pond parameters have been monitored:*

Data Collection Completed By:	Date / Time of Measurement	Estimated Quantity of Water Discharged (Gallons)	Measurement Location						Visual Condition of Pond (color, vegetation, odor, frozen, etc.)	Comments (e.g., weather conditions, etc.)	
			Discharge Pipe		Northern Embayment		Main Pond (Combined Sample) <sup>1</sup>				
			pH	Temp (F)	pH	Temp (F)	pH	Temp (F)			
Tom Schaus	12/24/13 6:00 AM	N/A (Starting Point)								Frozen	Frozen
Tom Schaus	1/14/14 7:00 AM	19,440								Frozen	Frozen
Tom Schaus	2/20/14 6:00 AM	32,400								Frozen	Frozen
Tom Schaus	3/25/14 7:00 AM	66,960								Frozen	Frozen
Tom Schaus	4/14/14 7:00 AM	92,880	8.67	69	8.41	69	7.86	69		Clear	Mild, Sunny
Tom Schaus	5/15/14 7:00 AM	129,600	9.03	69	8.9	69	8.51	69		Clear	Heavy Rain
Tom Schaus	6/11/14 9:00 AM	168,480	9.40	70	9.33	70	9.11	70		Clear	Light Rain
Tom Schaus	7/17/14 6:00 AM	194,400	9.32	73	9.07	73	8.11	73		Clear	Sunny, Warm
Tom Schaus	8/13/14 7:00 AM	207,360	9.2	68	9.11	68	7.9	68		Clear	Heavy Rain
Tom Schaus	9/22/14 9:00 AM	220,320	8.93	70	8.77	70	8.14	70		Clear	Cloudy, Cool
Tom Schaus	10/17/14 7:00 AM	233,280	9.56	70	9.02	70	8.69	70		Clear	Sunny, Warm
Tom Schaus	11/10/14 6:00 AM	248,400	9.49	70	9.01	70	8.62	70		Clear	Cloudy, Cold
Tom Schaus	12/15/14 7:00 AM	285,120	9.88	70	9.52	70	8.49	70		Clear	Cloudy, Cold
<b>Total Reporting Period Discharge:</b>		285,120									

*All pH values will be evaluated against the NYSDEC TOGS 1.1.1 ambient water quality guidance value of pH 8.5 selected for protection of public health. Exceedance of the guidance value (8.5) for > 3 consecutive monitoring events will trigger enhancements as described in Section IV of the SMP.*

**Notes or Other Observations:**

<sup>1</sup> Combined sample represents the combination of the sample point at the midpoint of the main pond and the sample point near the discharge pipe of the main pond. These pond samples are combined in the field to provide a representative pH value for the main pond area.

<sup>2</sup> pH measurements were collected using a hand-held probe.

Prepared By: Tom Schaus Date: Dec-14  
 Checked By: Haley & Aldrich Date: Jan-15



**ORC Well Annual Inspection Form**

# ORC WELL ANNUAL INSPECTION FORM

## Active ORC monitoring wells

Project Name: Hydro AIR Project No.: \_\_\_\_\_  
 Project Location: Buffalo NY Client: \_\_\_\_\_  
 Preparer's Name: Pete Nyznyk, Tom Webster Date/Time: 6-3-14 / 1035

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

sampling dates:    6-3-14 / 1035                      \_\_\_\_\_                      \_\_\_\_\_

**Field groundwater quality measurements**

<u>Water Level</u>	<u>4.89</u>			
<u>Bottom Depth</u>	<u>14.30</u>			
<u>pH</u>	<u>6.13</u>			
<u>Temperature</u>	<u>17.1</u>			
<u>DO</u>	<u>0.84</u>			
<u>ORP</u>	<u>-41</u>			
<u>Alkalinity</u>	<u>NA</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>covered w/ grass</u>
Pro - casing condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note any damage. _____
Lock condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well. _____
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. sock depth 10.71

Are all ORC wells begin sampled and maintained according to the site management plan

yes                       no

If no please state why. \_\_\_\_\_

Initial: PN                      Date: 6-3-14

# ORC WELL ANNUAL INSPECTION FORM

## Active ORC monitoring wells

Project Name: Hydro-Air Project No.: \_\_\_\_\_  
 Project Location: Buffalo NY Client: \_\_\_\_\_  
 Preparer's Name: Pete Nyzynk, Tom Webster Date/Time: \_\_\_\_\_

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:		<u>6-3-14</u> <u>1115</u>	

**Field groundwater quality measurements**

Water Level		<u>2.46</u>	
Bottom Depth		<u>11.55</u>	
pH		<u>2.37</u>	
Temperature		<u>16.0</u>	
DO		<u>0.50</u>	
ORP		<u>398</u>	
Alkalinity		<u>NA</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 checked="" type="checkbox"/> good	<input checked="" type="checkbox"/> poor	If poor please note well. <u>MISSING</u>
Working J - plug	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	If no please note well. _____

**ORC Sock's**

Have any Socks been replaced  yes  no  
 If replaced on what date and why. \_\_\_\_\_

Are socks fully submerged in well screens.  yes  no  
 If no explain why. sock depth 11.42

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

If no please state why. \_\_\_\_\_

Initial: PN Date: 6-3-14



# ORC WELL ANNUAL INSPECTION FORM

## Active ORC monitoring wells

Project Name: Hydro A112 Project No.: \_\_\_\_\_  
 Project Location: Buffalo NY Client: \_\_\_\_\_  
 Preparer's Name: Dele Nymyh Tom Webster Date/Time: 6-3-14 1155

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:	_____	_____	<u>6-3-14 1155</u>

**Field groundwater quality measurements**

Water Level	_____	_____	_____	<u>3.92</u>	_____
Bottom Depth	_____	_____	_____	<u>10.46</u>	_____
pH	_____	_____	_____	<u>3.40</u>	_____
Temperature	_____	_____	_____	<u>17.2</u>	_____
DO	_____	_____	_____	<u>0.23</u>	_____
ORP	_____	_____	_____	<u>241</u>	_____
Alkalinity	_____	_____	_____	<u>NA</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 checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note any damage. _____
Lock condition	<input checked="" type="checkbox"/> good	<input type="checkbox"/> poor	If poor please note well. _____
Working J - plug	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	If no please note well. _____

**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. sock depth 10.12

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

If no please state why. \_\_\_\_\_  
 \_\_\_\_\_

Initial: PN Date: 6-3-14

## **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.