



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

12 February 2016
File No. 34858-009

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. Former Steelfields Area IV Parcel (Site)
Brownfield Cleanup Program (BCP) Site #C915204
Site Management Periodic Review Report &
Institutional Controls/Engineering Controls Certification

Dear Mr. Szymanski:

On behalf of Hydro-Air Components Inc. (Hydro-Air), Haley & Aldrich of New York (Haley & Aldrich) hereby submits this Site Management Periodic Review Report and Annual Institutional & Engineering Controls Certification for 2015 (2015 PRR) which was prepared in accordance with the Department-approved Site Management Plan dated November 2007, as amended on 25 March 2014 to incorporate recommendations from the 2012 Corrective Measures Report (SMP).

The 2015 PRR is comprised of this cover letter and its five attachments. Each of the five attachments is a pre-printed form (developed by others) populated and compiled by Haley & Aldrich and Hydro-Air to document SMP activities implemented during the reporting period which commenced on 16 January 2015 and ended on 15 January 2016. The 2015 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.

Haley & Aldrich conducted the annual site engineering controls inspection for the abovereferenced Site in December 2015. Site monitoring activities were completed over the reporting period by Hydro-Air personnel and documentation of the monitoring activities is attached to and incorporated by reference in this 2015 PRR. Note that monthly monitoring activities were not conducted during September, October and November due to the unexpected retirement for health-related reasons of HydroAir's employee who had previously conducted the monitoring. Newly assigned HydroAir personnel have been trained to conduct the required monitoring and that monitoring resumed in December 2015.

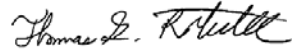
12 February 2016

Page 2

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

Sincerely yours,

HALEY & ALDRICH OF NEW YORK



Thomas Robitaille, CPESC
Staff Technician



Glenn M. White, CHMM
Senior Project Manager

Cc: Rob Daigler, Hydro-Air Components Inc.
Maurice Moore, NYSDEC
Zwelonke Ushe, NYSDOH
Thomas F. Walsh, Esq., Barclay Damon, 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

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**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 No.	Site Details	Box 1	
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: January 15, 2015 to January 15, 2016			
		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.	Site Management Plan Ground Water Use Restriction Landuse Restriction Soil 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, 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.

Description of Engineering Controls

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

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 Ritting Blvd, Buffalo, NY 14202
print name print business address

am certifying as V. President of Finance for (Owner or Remedial Party)
Hydro-Air Components, INC

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


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

2/12/2016
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, CHMM at Haley's Aldrich of New York, 200 Town Centre
print name print business address Rochester, NY 14623

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)

2/12/16
Date

Environmental Inspection Form
Operation, Monitoring, & Maintenance Work Plan



Environmental Inspection Form Operation, Monitoring, & Maintenance Work Plan

Property Name: Hydro-Air Components Inc.
Former Steelfields Area IV Parcel

Project No.: 34858-009

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: February 2016

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: 02/12/16

Signature: _____

Next Scheduled Inspection (date):

12/2016

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 December 2015. (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 2015.

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 2015 and has not observed any evidence of alkaline water surfacing in these areas.



December 2015 – View of gravel drive along northern side of building.



December 2015 – View looking northeast towards retention pond on northeastern corner of property.



December 2015 – View from the main plant roof looking north/west along gravel drive.



December 2015 – View from ground - retention pond (embayment in foreground)



December 2015 – View looking southwest (from the roof) toward the western grassy areas.



December 2015 – View looking west (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 2015. No Trespassing signs continue to deter trespassers and have prevented disturbance of the soil cover by off-road vehicles. Security cameras provide additional deterrence 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 Feb 5, 2015.
The most recent sampling event
took place during
June 2015 and report is
currently being prepared.

When is the next projected sampling event? Date: June 2016

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

As noted in the report cover letter, routine monitoring of pond and ASD system was not conducted between September and November of the year due to the unanticipated retirement for medical reasons of the employee who performed the monitoring. Routine monitoring was resumed in December 2015 and there were no indications (based on collected data in August and December) that engineering or institutional controls were inoperable or ineffective during missing months.

Please include the following Attachments:

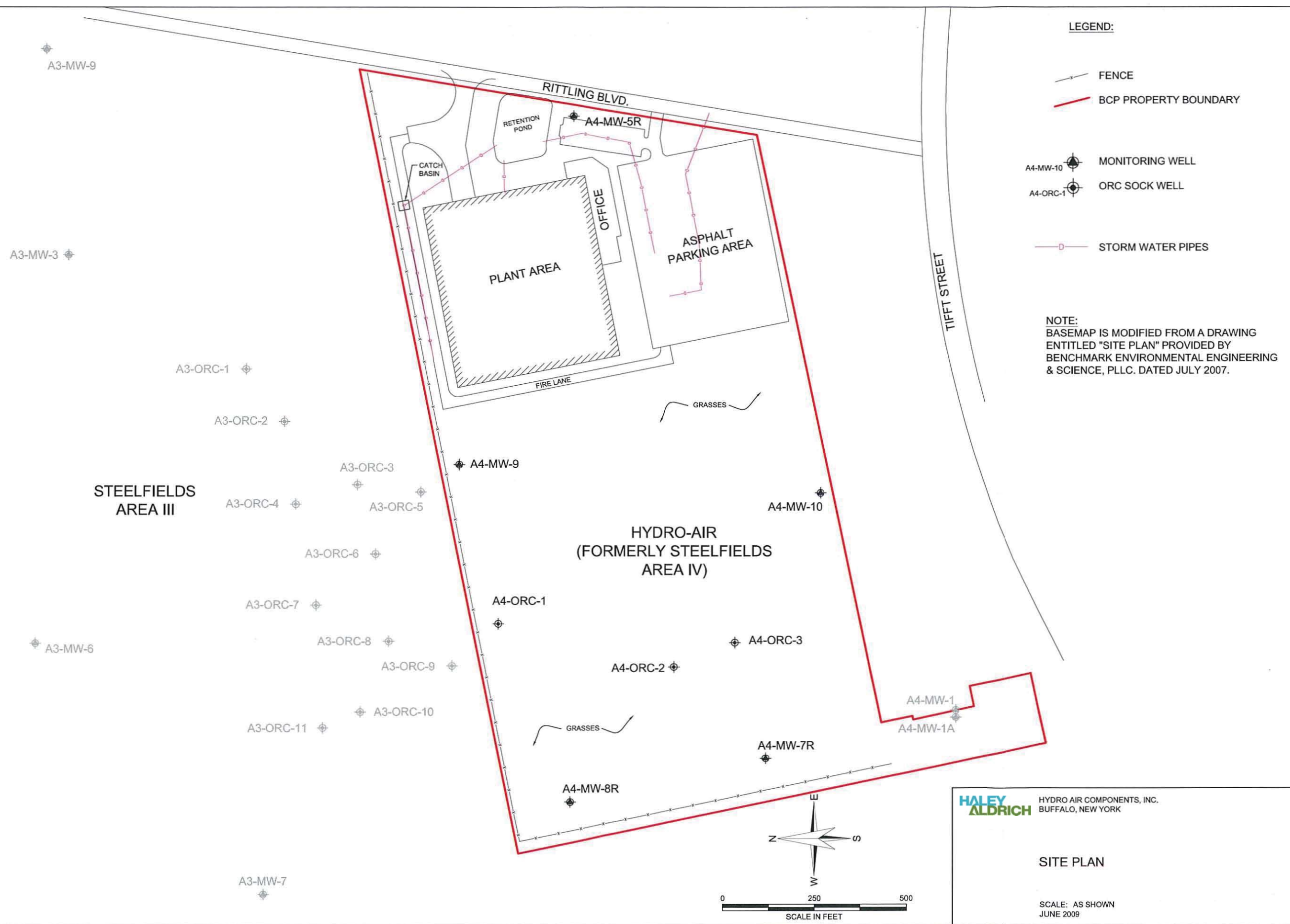
1. Site Sketch (Attached)
2. Photographs (Attached)

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 likely inhibit the effectiveness of the ORC. The ORC socks were most recently replaced in mid-January 2016 by TestAmerica. The next anticipated replacement of the ORC socks is mid-summer 2016.

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



Project Name: Former Steelfields Area IV Parcel **Project No.:** 34858-009

Client: Hydro-Air Components Inc.

Preparer's Name: Tom Schaus / Ryan Panfil Date/Time: February 2016

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 2014 through December 2015) are attached. Note that system inspections were not completed for months of September through November due to an unanticipated retirement of the employee who performed the monitoring for medical reasons. There is no evidence that sub-slab depressurization system experienced any downtime in these months as system was operating within normal parameters in December 2015 when monitoring resumed.

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:

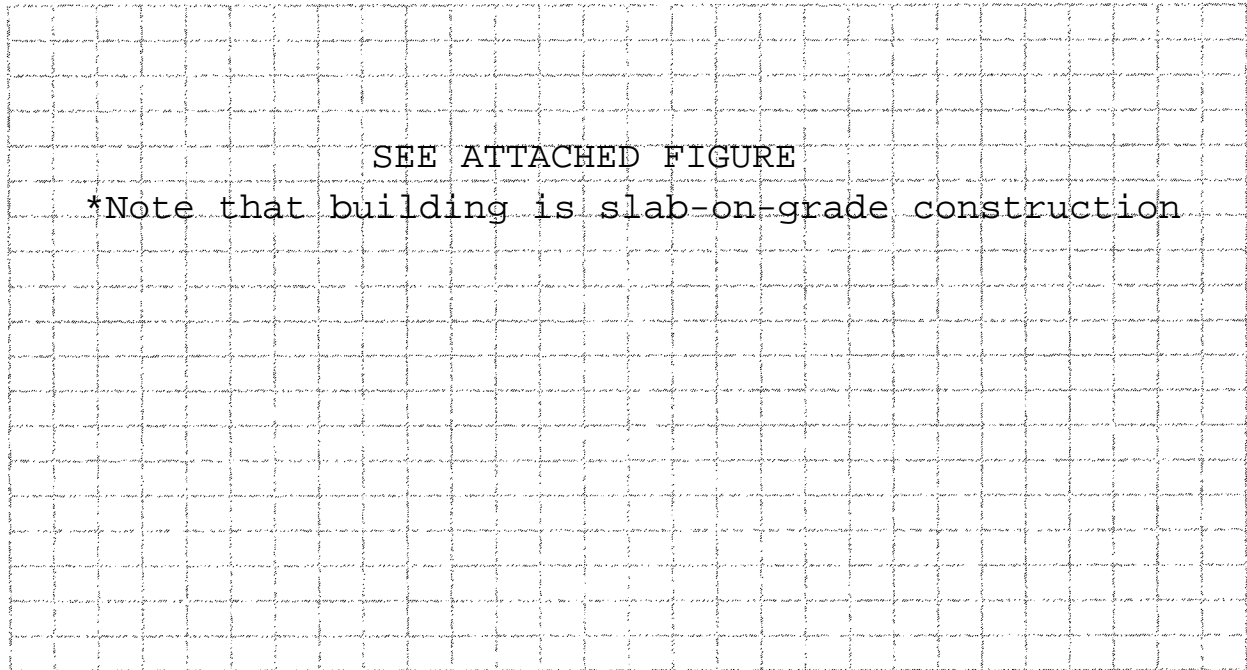
Have any modifications been made to the Sub-Slab Depressurization System? ☐ yes ☒ no

If so, please list with date:

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

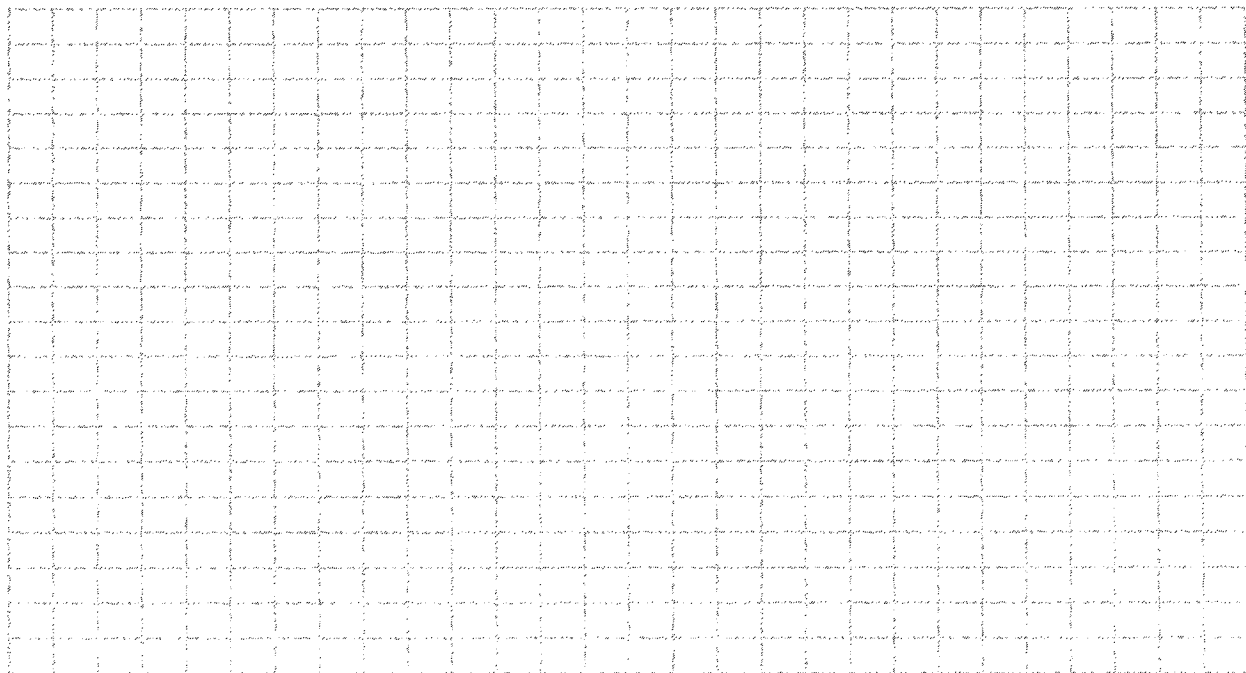
Floor Plan Sketch:

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.



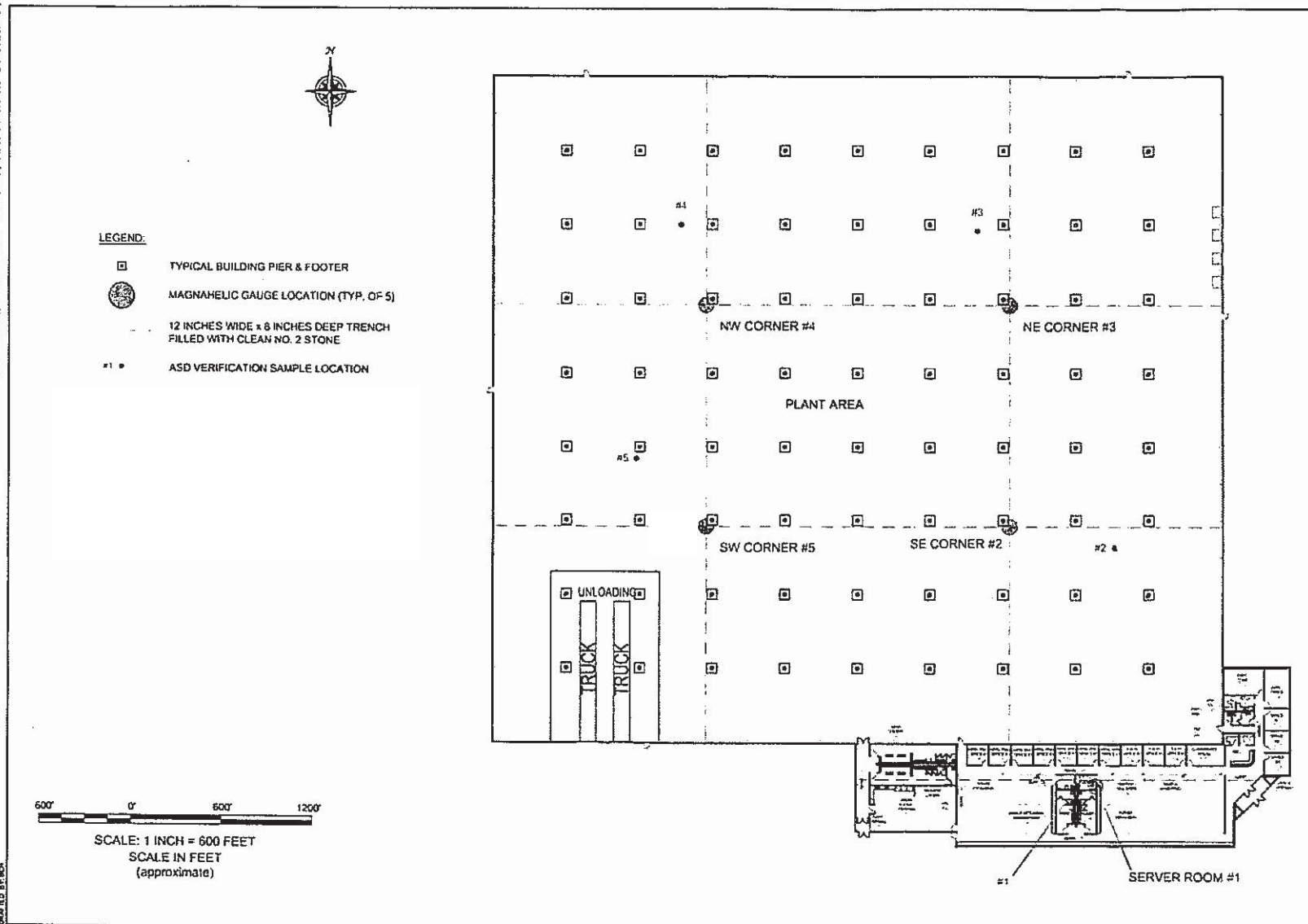
SEE ATTACHED FIGURE

*Note that building is slab-on-grade construction



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DATE: JULY 2007
DRAWN BY: BMD



<p>BENCHMARK ENGINEERING & SCIENCE, INC.</p> <p>750 EXCHANGE STREET SUITE 204 BUFFALO, NEW YORK 14210 (716) 800-0099</p>	<p>POST-INSTALLATION SAMPLE LOCATIONS</p> <p>HYDRO-AIR SITE BUFFALO, NEW YORK</p> <p>PREPARED FOR HYDRO-AIR COMPONENTS, INC.</p> <p>JOB NO.: 0107-002-300</p>
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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: 12/1/2014 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?

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

MANUFACTURING

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: 2/2/2015 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?

1.48

Visual Inspection:

Any piping disconnected? ☐ yes ☒ no

Any cracks visible in piping? ☐ yes ☒ no

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

Magnehelic guage reading 0? ☐ yes ☒ no

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



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space? MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

System Modifications:

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

☐ yes

☒ no

If so, please list with date:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name:

Project No.:

Project Location:

Client:

Preparer's Name:

Thomas B. Schaud

Date/Time:

3/2/2015 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?

1.42

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:

Date/Time:

4/1/2015 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?

1.45

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. Schaub Date/Time: 4/30/2015 9 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ noHas 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?

1.46

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

If yes, please explain:

Manufacturing

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: 6/1/2015 5 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?

1.48

Visual Inspection:

Any piping disconnected?

☐ yes☒ no

Any cracks visible in piping?

☐ yes☒ no

Any new cracks visible in slab floor?

☐ yes☒ no

Magnehelic guage reading 0?

☐ yes☒ no

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



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Change in Occupancy / Use of Space:

Please indicate general use of floor space?

MANUFACTURING

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

System Modifications:

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

☐ yes

☒ no

If so, please list with date:



Monthly Operation & Maintenance Log Active Sub-Slab Depressurization System

Project Name:

Project No.:

Project Location:

Client:

Preparer's Name: Thomas B. McNairDate/Time: 7/1/2015 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?

1.45

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 SCHAUW Date/Time: 7/31/2015 6 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ noHas 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 SCHNAUBDate/Time: 9/1/2015 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

Magnehellic 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:

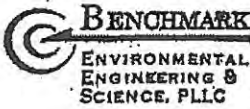
System Modifications:

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:

Ryan A. Parfili

Date/Time:

12/30/15 3PM

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?

1.50

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?

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

Manufacturing

System Modifications:

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

☐ yes

☒ no

If so, please list with date:

Magnehelic Readings

- #1 Server Room Office
- #2 S.E. Corner Cell 600/800
- #3 N.E. Corner Warehouse
- 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
2015					
1/15/2015	1.10	1.60	1.60	1.50	1.60
2/2/2015	1.10	1.60	1.60	1.50	1.60
2/17/2015	1.10	1.50	1.50	1.50	1.50
3/2/2015	1.10	1.50	1.50	1.50	1.50
3/26/2015	1.20	1.60	1.60	1.50	1.50
4/6/2015	1.30	1.60	1.50	1.50	1.50
4/30/2015	1.20	1.50	1.50	1.50	1.50
5/11/2015	1.30	1.60	1.60	1.50	1.50
5/31/2015	1.20	1.50	1.60	1.50	1.50
6/10/2015	1.10	1.60	1.50	1.50	1.50
6/30/2015	1.20	1.50	1.60	1.50	1.50
7/8/2015	1.10	1.50	1.50	1.50	1.50
7/31/2015	1.10	1.50	1.50	1.50	1.50
8/10/2015	1.10	1.50	1.50	1.50	1.50
8/31/2015	1.10	1.60	1.60	1.50	1.50
12/31/2015	1.15	1.40	1.75	1.50	1.70

Corrective Action Certification
Operation, Monitoring, & Maintenance Work Plan



Corrective Action Certification Operation, Monitoring, & Maintenance Work Plan

Hydro-Air Components Inc.

Property Name: Former Steelfield Area IV Parcel Project No.: 34858-009

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: February 2016

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

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 2015. Measurements of the pH in the stormwater pond have been collected by HydroAir on a monthly basis excepting monthly readings from September through November as is explained in report cover letter - see appended table for remainder of monitoring data). Hydro-Air 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.

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.

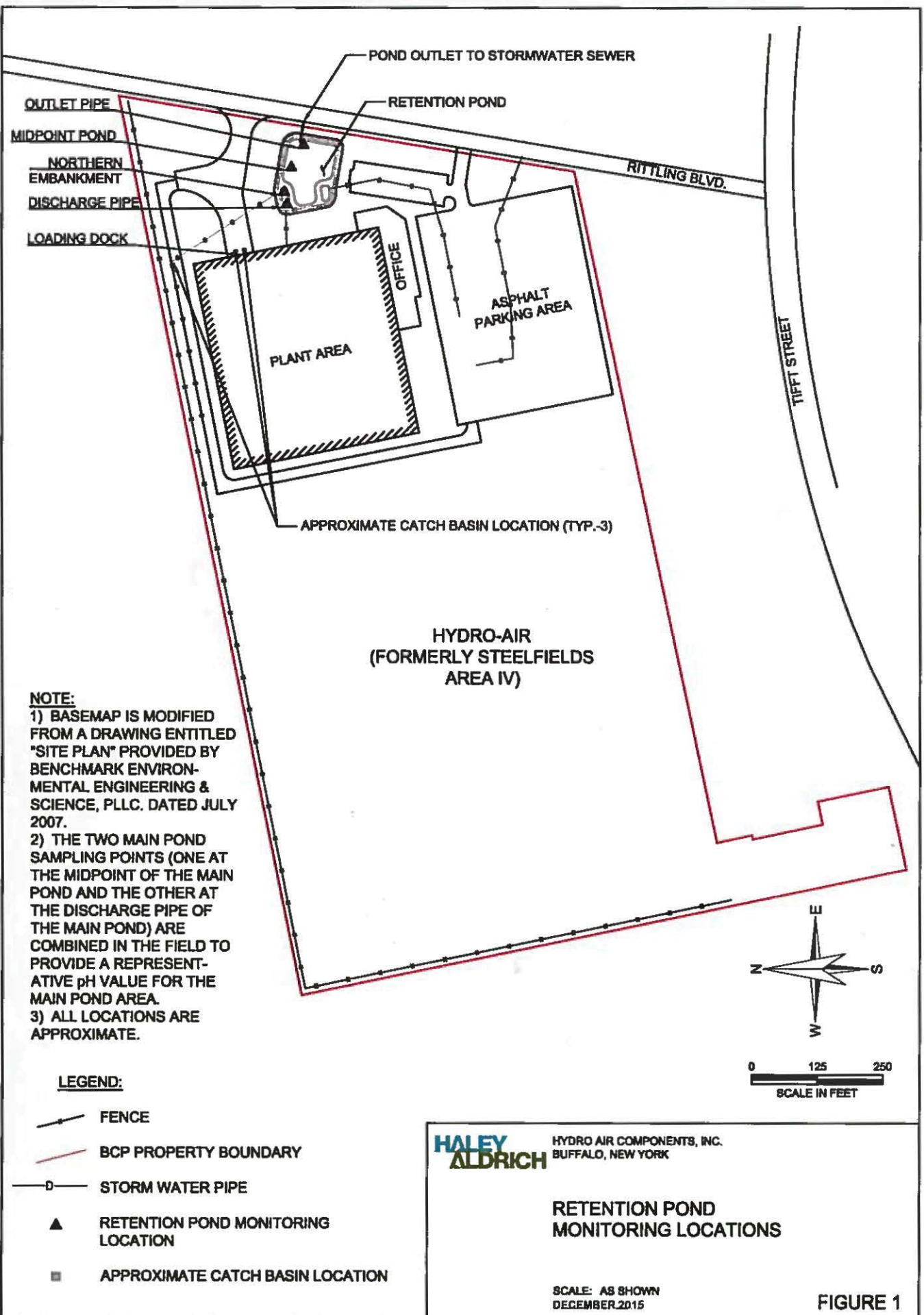
Preparer / Inspector:

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.



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:

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 (combined sample) will trigger enhancements as described in Section IV of the SMP.

3 Pond monitoring was not conducted from September through November due to a medical emergency and unexpected turnover in personnel at facility.

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: Tom Webster, Zack Robison Date/Time: 6-26-15

A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3
 sampling dates: 6-26-15 / 1135

Field groundwater quality measurements

Water Level	<u>4.04</u>	_____	_____	_____	_____
Bottom Depth	<u>14.30</u>	_____	_____	_____	_____
pH	<u>2.93</u>	_____	_____	_____	_____
Temperature	<u>18.6</u>	_____	_____	_____	_____
DO	<u>0.95</u>	_____	_____	_____	_____
ORP	<u>250</u>	_____	_____	_____	_____
Alkalinity	<u>N/A</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 ☒ ^{W 6-26-15} yes ☐ no
 If replaced on what date and why. ORC Socks changed 6-26-15 per the SMP

Are socks fully submerged in well screens. ☒ yes ☐ no
 If no explain why. Sock depth 10.71 ft

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

If no please state why. _____

Initial: TW

Date: 6-26-15

ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: Hydro Air Project No.: _____
 Project Location: Buffalo NY Client: _____
 Preparer's Name: Tom Webster, Zack Robison Date/Time: 6-26-15
 A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3
sampling dates: _____ 6-26-15 / 12.10 _____

Field groundwater quality measurements

Water Level	_____	_____	<u>2.50</u>	_____	_____	_____
Bottom Depth	_____	_____	<u>11.56</u>	_____	_____	_____
pH	_____	_____	<u>2.14</u>	_____	_____	_____
Temperature	_____	_____	<u>17.9</u>	_____	_____	_____
DO	_____	_____	<u>0.65</u>	_____	_____	_____
ORP	_____	_____	<u>355</u>	_____	_____	_____
Alkalinity	_____	_____	<u>N/A</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 type="checkbox"/> good	<input checked="" type="checkbox"/> poor	If poor please note well.	<u>lock to be placed ORC-2 well</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. ORC socks changed 6-26-15
per the SMP
 Are socks fully submerged in well screens. ☒ yes ☐ no
 If no explain why. Sock depth 11.43 ft

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

If no please state why. _____

Initial: TW

Date: 6-26-15

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

Project Name: Hydro Air Project No.: _____
 Project Location: Buffalo NY Client: _____
 Preparer's Name: Tom Webster, Zack Rebiten Date/Time: 6-26-15

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:			<u>6-26-15 1245</u>

Field groundwater quality measurements

Water Level			<u>4.95</u>
Bottom Depth			<u>10.46</u>
pH			<u>4.02</u>
Temperature			<u>17.5</u>
DO			<u>0.25</u>
ORP			<u>217</u>
Alkalinity			<u>N/A</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. ORC socks changed 6-26-15 per the SMP

Are socks fully submerged in well screens. ☒ yes ☐ no
 If no explain why. sock depth 10.09 ft

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

If no please state why. _____

Initial: TL

Date: 6-26-15

Addendum to ORC Forms

Addendum to ORC Forms

The seals of the ORC wells appear to be intact and only covered by soil. Haley & Aldrich has observed no other indications of disturbance in this area to indicate otherwise.