



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

13 February 2017
File No. 129356-002

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 2016 (2016 PRR) which was prepared in accordance with the New York State Department of Environmental Conservation (Department) approved Site Management Plan dated November 2007, as amended on 25 March 2014 to incorporate recommendations from the 2012 Corrective Measures Report (SMP).

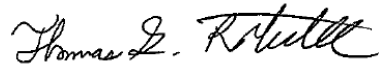
The 2016 PRR is comprised of this cover letter and its five attachments. Each of the five attachments is a pre-printed form (developed by others) populated and compiled by Haley & Aldrich and Hydro-Air to document SMP activities implemented during the reporting period which commenced on 16 January 2016 and ended on 15 January 2017. The 2016 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 above referenced Site in December 2016. 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 2016 PRR.

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

Sincerely yours,

HALEY & ALDRICH OF NEW YORK



Thomas Robitaille, CPESC
Staff Scientist



Glenn M. White, CHMM
Associate | 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 Details

Box 1

Site No. C915204

Site Name Steelfields Area IV

Site Address: 100 Rittling Blvd. Zip Code: 14220

City/Town: Buffalo

County: Erie

Site Acreage: 30.9

Reporting Period: January 16, 2016 to January 15, 2017

YES NO

1. Is the information above correct?

☒ ☐

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?

☐ ☒

3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?

☐ ☒

4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?

☐ ☒

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?

☐ ☒

Box 2

YES NO

6. Is the current site use consistent with the use(s) listed below?
Industrial

☒ ☐

7. Are all ICs/ECs in place and functioning as designed?

☒ ☐

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 ControlsParcelOwnerInstitutional Control

132.12-1-9.121

Hydro-Air Components, Inc.

Ground Water Use Restriction
 Landuse Restriction
 Site Management Plan
 Soil Management Plan

Description of Engineering ControlsParcelEngineering Control

132.12-1-9.121

Cover System
 Vapor Mitigation

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

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

Periodic Review Report (PRR) Certification Statements

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

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

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

YES NO

☒ ☐

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

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

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

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

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

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

YES 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

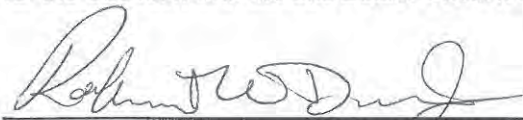
SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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 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

2/8/2017
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 & 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)

2-8-2017
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.: 129356-002
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 2017

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: 02/08/17

Signature: 

Next Scheduled Inspection (date): 12/2017

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.

Hydro Air has recently observed after-hours (weekends/nights) trespassing of ATVs entering the vegetated areas along the western edge of the site. Hydro Air is committed to making a reasonable effort to prevent ATV access and disturbance of the vegetative cover system in these areas of the site. Hydro Air has repaired a breach in the perimeter fence shared with the railroad and will be installing an additional fence or barricade along 850 feet at the back of the facility running towards Tifft street.

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 continues to grow in the western interior of the site as evidenced in photographs taken in December 2016. (See attached photos). HydroAir recently observed trespassing of ATVs onto the western grass areas of the site (utilizing site as access to railroad). A breach in the perimeter fence shared with the railroad has also been observed and documented. Rutting was not observed during the December 2016 site visit, however, HydroAir is committed to stop the trespassing and any potential disturbance to the site vegetative cover and has repaired the breach in the fence. In addition, HydroAir will be installing an additional fence or solid barricade along the 850 feet at the back of its facility running towards Tiffit street to prevent further trespassing.

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 2016.

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 2016 and has not observed any evidence of alkaline water surfacing in these areas.



December 2016 – View of gravel drive along northern side of building.



December 2016 – View from northern side of retention pond looking southeast across pond.



December 2016 – View from northeastern corner of pond looking southwest towards main plant.



December 2016 – View from northwestern corner of main plant looking west towards grass-covered areas along western side of site.



December 2016 – View from central-western side of plant looking west towards vegetative cover areas.



December 2016 – View from southwestern corner of plant looking southwest towards vegetative cover areas.



January 2017 – View of Breach observed in perimeter fence shared with railroad. HydroAir has since repaired this breach (see below) and will be installing additional fence or barricade along rear of its facility to prevent further site trespassing.



February 2017 – View of perimeter fencing where former breach was repaired.



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, breach in fence observed (since repaired).</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 checked="" type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> N/A |

Please note any irregularities/ changes in site access and security: While no trespassing signs and security cameras have deterred trespassers in the past, HydroAir has noted recent trespassing outside of business hours by ATVs onto the vegetated areas of the western side of the site and as a result they have repaired an observed breach in the perimeter fence and will be installing an additional fence or solid barricade at the rear of facility along approx 850 feet of the property.

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 28, 2016.

When is the next projected sampling event? Date: June 2017 The most recent sampling event took place during June 2016 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

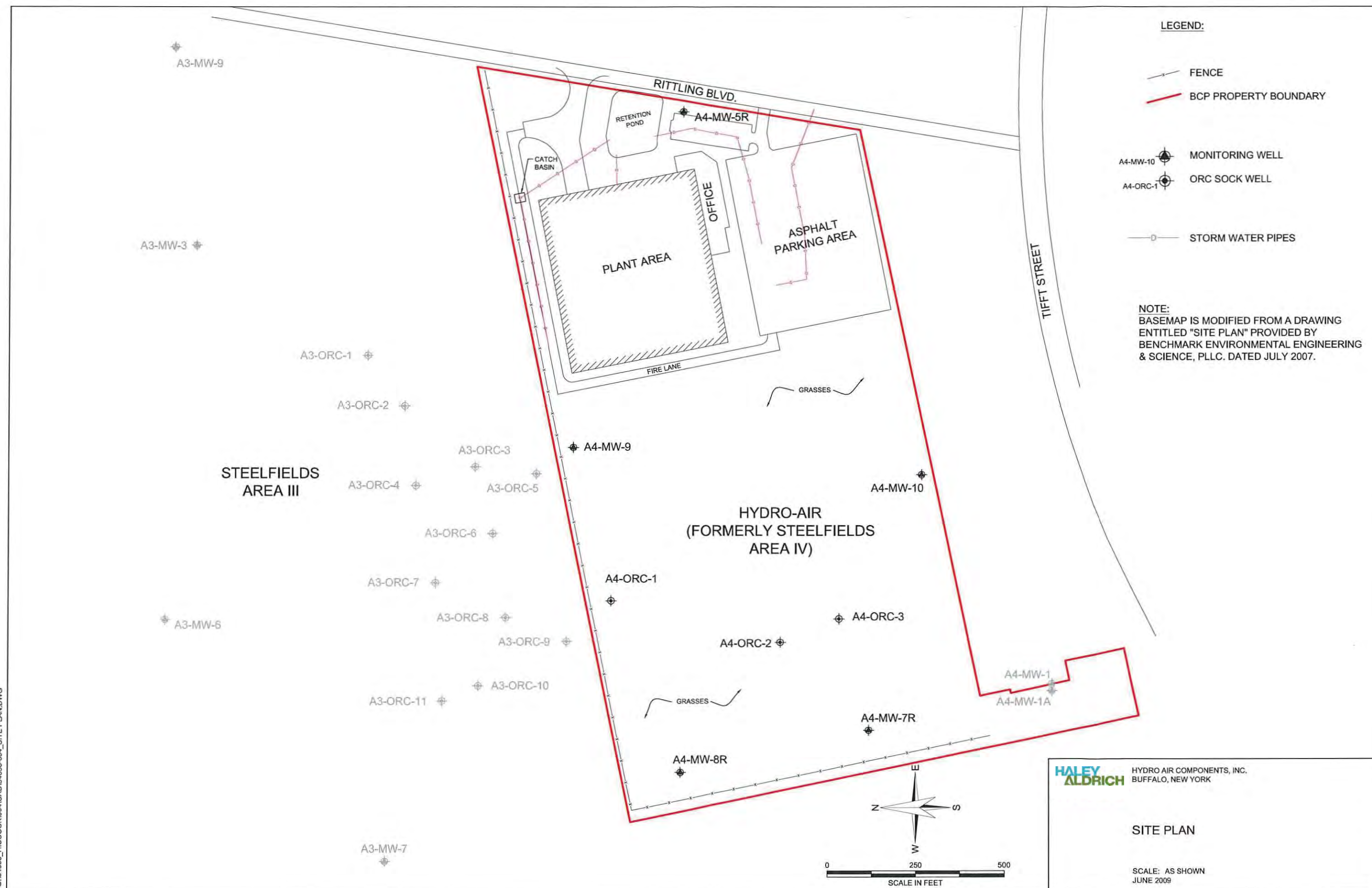
Please include the following Attachments:

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 likely inhibit the effectiveness of the ORC. The ORC socks were most recently replaced in January 2017 and the next scheduled change-out is mid-summer 2017.



**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.: 129356-002

Project Location: Buffalo, NY

Client:

Preparer's Name: Ryan Panfil / Dale Barto Date/Time: February 2017

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 2015 through December 2016) 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:

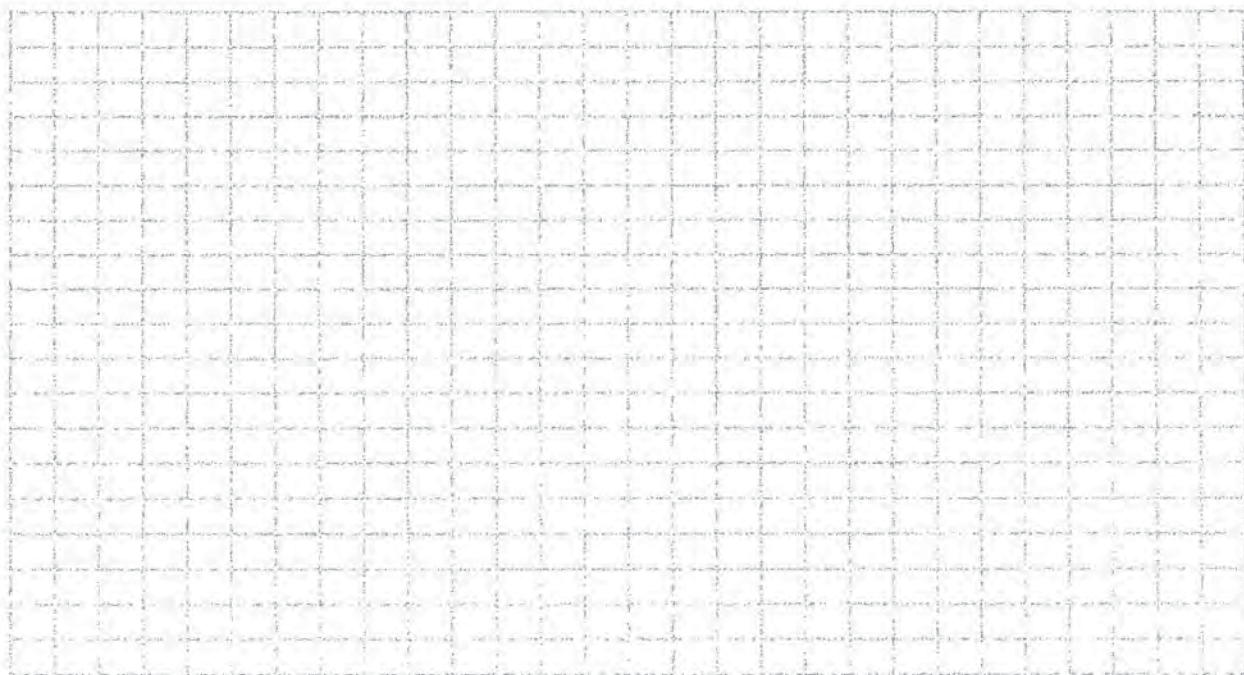
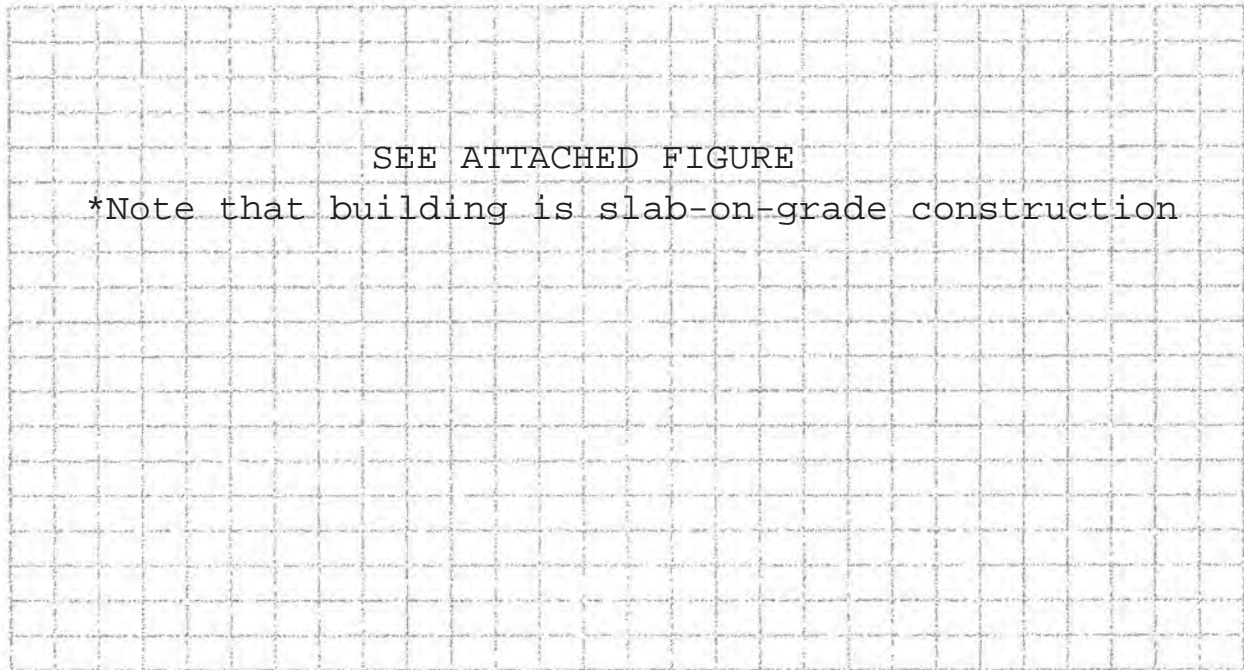
Have any modifications been made to the Sub-Slab Depressurization System? ☐ yes ☒ no

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.



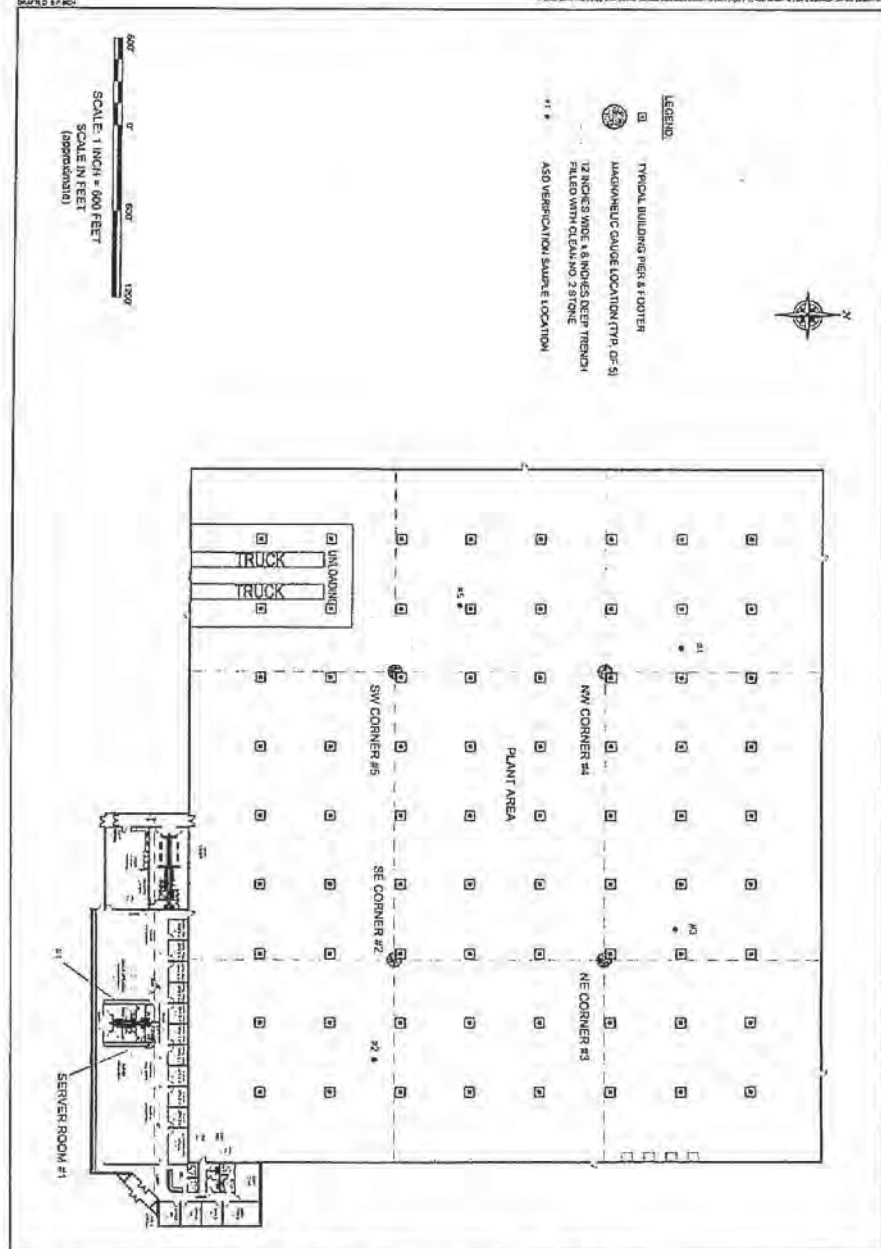


FIGURE 1

ASD SYSTEM & POST-INSTALLATION SAMPLE LOCATIONS

HYDRO-AIR SITE
 BUFFALO, NEW YORK

PREPARED FOR
 HYDRO-AIR COMPONENTS, INC.



750 EXCHANGE STREET
 SUITE 204
 BUFFALO, NEW YORK 14203
 (716) 858-0500

JOB NO.: 0107-002-300

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:

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 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

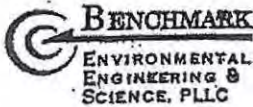
System Modifications:

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:

Ryan A. Paffel

Date/Time:

2/1/16 3:26 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?

1.46

Visual Inspection:

Any piping disconnected?

☐ yes

☒ no

Any cracks visible in piping?

☐ yes

☒ no

Any new cracks visible in slab floor?

☐ yes

☒ no

Magnehelic 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:

Date/Time:

Dale A. Korte *2/29/16 2:00 PM*

Notes:

Monthly Operating Status:

System(s) currently running?

☒ yes

☐ no

Has the system been off-line in the past month?

☐ yes

☒ no

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

What is the current Vacuum reading?

1.49

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: Dale A Barte Date/Time: 12:02 3/29/16

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?	<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: Dale A Banto Date/Time: 4/26/2016 11:30

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?	<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: Dale A Barto Date/Time: 5/27/16 5:00 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

What is the current Vacuum reading? 1.50

Visual Inspection:

Any piping disconnected? ☐ yes ☒ no

Any cracks visible in piping? ☐ yes ☒ no

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

Magnehelic 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: Dale A Barto Date/Time: 6/28/16

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?

1.97

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: Dale A Berde Date/Time: 7/27/16

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?

145

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: Dale A. Barto Date/Time: 8/26/16 3:57 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:

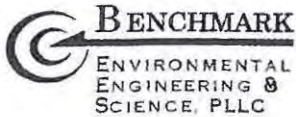
System Modifications:

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: Dale A Barto Date/Time: 9/30/16 10:20

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: Dale A Barbo Date/Time: 10/31/16 11:00 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

What is the current Vacuum reading?

1.47

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: Dale A Barto Date/Time: 11/30/2016 - 12:00 AM

Notes:

Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

What is the current Vacuum reading? 1.48

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: Dale A Barto

Date/Time: 12/30/2016 10:00AM

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:

Date	#1 Server Room	#2 S.E. Corner	#3 N.E. Corner	#4 N.W. Corner	#5 S.W. Corner	Average	Date
1/15/2015	1.10	1.60	1.60	1.50	1.60	1.48	1/16/2015
2/2/2015	1.10	1.60	1.60	1.50	1.60	1.48	2/3/2015
2/17/2015	1.10	1.50	1.50	1.50	1.50	1.42	2/18/2015
3/2/2015	1.10	1.50	1.50	1.50	1.50	1.42	3/3/2015
3/26/2015	1.20	1.60	1.60	1.50	1.50	1.48	3/27/2015
4/6/2015	1.30	1.60	1.50	1.50	1.50	1.48	4/7/2015
4/30/2015	1.20	1.50	1.50	1.50	1.50	1.44	5/1/2015
5/11/2015	1.30	1.60	1.60	1.50	1.50	1.50	5/12/2015
5/31/2015	1.20	1.50	1.60	1.50	1.50	1.46	6/1/2015
6/10/2015	1.10	1.60	1.50	1.50	1.50	1.44	6/11/2015
6/30/2015	1.20	1.50	1.60	1.50	1.50	1.46	7/1/2015
7/8/2015	1.10	1.50	1.50	1.50	1.50	1.42	7/9/2015
7/31/2015	1.10	1.50	1.50	1.50	1.50	1.42	8/1/2015
8/10/2015	1.10	1.50	1.50	1.50	1.50	1.42	8/11/2015
8/31/2015	1.10	1.60	1.60	1.50	1.50	1.46	9/1/2015
12/31/2015	1.15	1.40	1.75	1.50	1.70	1.50	1/1/2016
1/29/2016	1.05	1.40	1.70	1.45	1.70	1.46	1/30/2016
2/26/2016	1.10	1.45	1.70	1.45	1.70	1.48	2/27/2016
3/29/2016	1.05	1.40	1.75	1.45	1.70	1.47	3/30/2016
4/26/2016	1.10	1.45	1.75	1.45	1.70	1.49	4/27/2016
5/26/2016	1.10	1.45	1.75	1.50	1.70	1.50	5/27/2016
6/28/2016	1.10	1.45	1.75	1.35	1.70	1.47	6/29/2016
7/27/2016	1.05	1.50	1.75	1.50	1.75	1.51	7/28/2016
8/26/2016	1.10	1.50	1.80	1.40	1.75	1.51	8/27/2016
9/30/2016	1.05	1.45	1.75	1.40	1.75	1.48	10/1/2016
10/31/2016	1.05	1.40	1.75	1.45	1.75	1.48	11/1/2016
11/30/2016	1.10	1.45	1.75	1.40	1.70	1.48	12/1/2016
12/30/2016	1.05	1.45	1.75	1.40	1.70	1.47	

Corrective Action Certification
Operation, Monitoring, & Maintenance Work Plan



Corrective Action Certification Operation, Monitoring, & Maintenance Work Plan

Property Name: Hydro-Air Components Project No.: 129356-002
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: February 2017

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 2016. Measurements of the pH in the stormwater pond have been collected by HydroAir on a monthly basis. 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. The pump was replaced on September 29th, 2016 after the previous pump motor failed.

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:

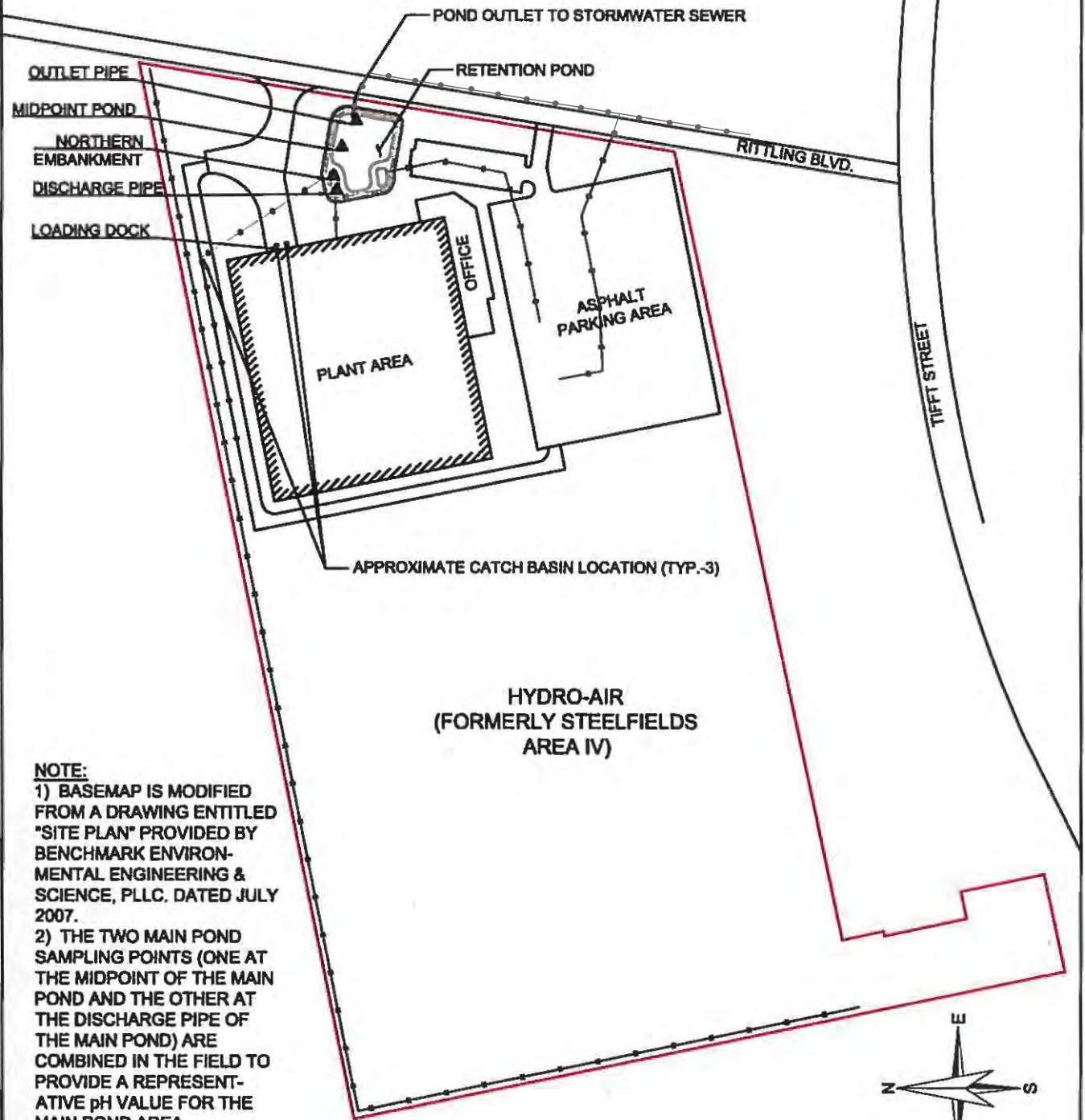
Date:

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_HYDRO-AIR\0072014 SMP AMENDMENT & REVISIONS\DRAWINGS\34858-007_SITE PLAN MONITORING LOCATIONS_R2.DWG

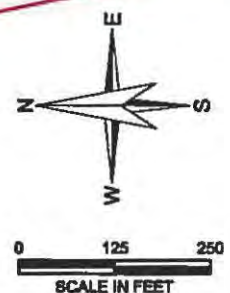


NOTE:

- 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



HALEY ALDRICH

HYDRO AIR COMPONENTS, INC.
BUFFALO, NEW YORK

**RETENTION POND
MONITORING LOCATIONS**

SCALE: AS SHOWN
DECEMBER 2015

FIGURE 1

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.

1 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.
2 pH measurements were collected using a hand-held digital probe.
3 New flow through meter installed at discharge pipe to stormwater pond following potential failure in previous analog flow-through device. Subsequent flow readings calculated with the digital flow-through meter. The flow-through measurement for the two months previous is suspect.



ORC Well Annual Inspection Form

ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: Hydro Air

Project No.:

Project Location: BUFFALO NY

Client:

Preparer's Name: Paul Little

Date/Time: 6-23-16 945

A4 - ORC - 1

A4 - ORC - 2

A4 - ORC - 3

sampling dates: 6-23-16 @ 945

Field groundwater quality measurements

Water Level 4.91

Bottom Depth 14.30

pH 3.66

Temperature 16.0

DO 0.78

ORP 227

Alkalinity NA

Refer to Figure 1 for well locations

Well integrity

Cement seal ☐ good ☒ poor

If poor please note well. covered in GAPS

Pro - casing condition ☒ good ☐ poor

If poor please note any damage.

Lock condition ☒ good ☐ poor

If poor please note well.

Working J - plug ☒ yes ☐ no

If no please note well.

ORC Sock's

Have any Socks been replaced ☒ yes ☐ no

If replaced on what date and why. 6-23-16 Semi Annual Change

Are socks fully submerged in well screens. ☒ yes ☐ no

If no explain why. sock depth 13.31

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

☒ yes ☐ no

If no please state why.

Initial: PJL

Date: 4-23-16

ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: HYDRO AIA Project No.: _____
 Project Location: Bethalto NY Client: _____
 Preparer's Name: P.J. Little Date/Time: 6-23-16

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
sampling dates:	<u>6-23-16 @ 1045</u>	<u>6-23-16 @ 1045</u>	

Field groundwater quality measurements

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
Water Level		<u>2.39</u>	
Bottom Depth		<u>11.55</u>	
pH		<u>3.09</u>	
Temperature		<u>16.6</u>	
DO		<u>0.56</u>	
ORP		<u>288</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>covered w sand</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. 6-23-16 Semi-ANNUAL CHANGED

Are socks fully submerged in well screens. ☒ yes ☐ no
 If no explain why. SOCK DEPTH - 10.61

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

If no please state why. _____

Initial: PJL Date: 6-23-16

ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: Hydro Air Project No.: _____
Project Location: Buffalo NY Client: _____
Preparer's Name: Paul Little Date/Time: 6-23-16

A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3
sampling dates: _____ 6-23-16 @ 1130

Field groundwater quality measurements

Water Level	_____	_____	_____	_____	_____	5.77
Bottom Depth	_____	_____	_____	_____	_____	10.46
pH	_____	_____	_____	_____	_____	4.07
Temperature	_____	_____	_____	_____	_____	16.0
DO	_____	_____	_____	_____	_____	0.20
ORP	_____	_____	_____	_____	_____	127
Alkalinity	_____	_____	_____	_____	_____	NA

Refer to Figure 1 for well locations

Well integrity

Cement seal ☐ good ☒ poor If poor please note well. Conc w/ GARD
Pro - casing condition ☒ good ☐ poor If poor please note any damage. _____
Lock condition ☒ good ☐ poor If poor please note well. _____
Working J - plug ☒ yes ☐ no If no please note well. _____

ORC Sock's

Have any Socks been replaced ☒ yes ☐ no
If replaced on what date and why. 6-23-16 Semi Annual CHANGE CHANGE

Are socks fully submerged in well screens. ☒ yes ☐ no
If no explain why. Sock Depth 9.44

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

☒ yes ☐ no

If no please state why. _____

Initial: PJL

Date: 6-23-16



Bill to:
Hydro-Air Components, Inc. Attn: Accounts Payable 100 Rittling Boulevard Buffalo, NY 14220

Ship to:
Hydro-Air Components, Inc. 100 Rittling Boulevard Buffalo, NY 14220

Job No.	Job Description	Receipt Date	Quantity	Unit Price	Amount
	Method/Test Description				
J111617-1	Hydro-Air Componenets 12/29/16 - Replacement of ORC SOCKS	12/28/2016	1.00		

For proper credit, please include invoice number on all remittance.

Page 1 of 1

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.