

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

12 February 2018 File No. 129356-003

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

Subject: Hydro-Air Components, Inc. Property (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 2017 (2017 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 2017 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 2017 and ended on 15 January 2018. The 2017 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 on 18 December 2017. 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 2017 PRR.

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

New York State Department of Environmental Conservation 12 February 2018 Page 2

Sincerely yours,

Thomas & Retutle

HALEY & ALDRICH OF NEW YORK

Thomas Robitaille

Glenn M. White, CHMM

(Ih Whi

Senior Scientist 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



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.	C915204	Site Details	Box 1						
Site Name Steelfields Area IV									
Site Address: 100 Rittling Blvd. Zip Code: 14220 City/Town: Buffalo County: Erie Site Acreage: 30.9									
Reporting Period	d: January 15, 2017	to January 15, 2018							
			YES	NO					
1. Is the inform	ation above correct	?	×						
If NO, includ	le handwritten abov	e or on a separate sheet.							
	r all of the site propendment during this	erty been sold, subdivided, merged, or undergone a Reporting Period?		×					
	een any change of t RR 375-1.11(d))?	use at the site during this Reporting Period		×					
	deral, state, and/or property during this	local permits (e.g., building, discharge) been issued 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.								
that docum		previously submitted with this certification form		ìΧ					
that docum	entation has been	previously submitted with this certification form	•	ìΧ					
that docum	entation has been	previously submitted with this certification form		ìΧ NO					
5. Is the site cu	entation has been	previously submitted with this certification form	Box 2						
5. Is the site cu  6. Is the curren Industrial	entation has been urrently undergoing at site use consisten	previously submitted with this certification form development?	Box 2 YES	NO					
5. Is the site curren Industrial 7. Are all ICs/E	entation has been irrently undergoing it site use consistent ics in place and function of the constant of the	previously submitted with this certification form development?  It with the use(s) listed below?  Inctioning as designed?  HER QUESTION 6 OR 7 IS NO, sign and date below as THE REST OF THIS FORM. Otherwise continue.	Box 2 YES	NO					
5. Is the site curren Industrial 7. Are all ICs/E	entation has been irrently undergoing it site use consistent ics in place and function of the constant of the	previously submitted with this certification form development?  It with the use(s) listed below?  Inctioning as designed?  HER QUESTION 6 OR 7 IS NO, sign and date below a	Box 2 YES	NO					

SITE NO. C915204 Box 3

### **Description of Institutional Controls**

Parcel Owner Institutional Control

**132.12-1-9.121** Hydro-Air Components, Inc.

Site Management Plan Ground Water Use Restriction Land Use 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.

Box 4

### **Description of Engineering Controls**

Parcel <u>Engineering Control</u>

132.12-1-9.121

Cover System Vapor Mitigation

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DUX	J

	Periodic Review Report (PRR) Certification Statements
1.	I certify by checking "YES" below that:
	<ul> <li>a) the Periodic Review report and all attachments were prepared under the direction of, and reviewed by, the party making the certification;</li> </ul>
	<ul> <li>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.</li> <li>YES NO</li> </ul>
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:
	<ul><li>(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;</li></ul>
	<ul><li>(b) nothing has occurred that would impair the ability of such Control, to protect public health and the environment;</li></ul>
	<ul> <li>(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;</li> </ul>
	(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. Hydro-Air Component's, Inc. | Robert W. Dargler, 32 at 100 Rithing Blod, BFCO, BY 14202 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

### **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.

Ι.	Glenn M. White, CHMM print name	at <u>Rochester, NY 146</u>	f New York, 200 Town Centre Driv 523, ness address
am certifying as a Qualified Environmental Professional for the _			Owner
			(Owner or Remedial Party)

Ch Whi

Signature of Qualified Environmental Professional, for the Owner or Remedial Party, Rendering Certification Stamp (Required for PE)

Date 2-12-2018

Environmental Inspection Form Operation, Monitoring, & Maintenance Work Plan



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

Pro	pperty Name: Hydro-Air Compone	ents (Steelf	ields Ar	ea IV) <b>P</b>	roject N	o.: <u>1</u>	L2935	6-003		
Cli	<b>ent</b> : Hydro-Air Compone	nts, Inc	•						_	
Pro	pperty Address: 100 Rittli	ing Blvd	•	С	ity, State	<b>e</b> : Buf	falo	NY Zip Cod	e:14220	
Pro	operty ID: 140200132120000	1009121	Section:	132.	12 <b>Blo</b>	ck: 1		Lot(s): 9.	121	
Pre	eparer's Name: Glenn Whi	te		D	ate/Tim	e: De	cembe	er 2017		
C	ERTIFICATION									
cor Co	e results of this inspection wer rective actions required have rrective Actions Form has bee ve been discussed with the ow	been identi n complete	fied and d. Prop	noted i er imple	n this re ementati	port, a	nd a su	upplemental	•	
Р	reparer Glenn	White, 1	Haley	& Ald	rich c	of NY	Date	<b>e:</b> 12/18/	17	
S	ignature:									
N	lext Scheduled Inspection (date	∍):	12/20	)18						
In a	inal Surface Cover / Vegetat accordance with the Soil/Fill M ncrete) surface coverage over a pre-condition of occupancy.	lanagemen the entire r	edevelo	ped par	cel is re	quired	by the	developer o		
1.	Final Cover is in Place and in	good cond	ition?	🛚 yes		□ n	10	□ N/A		
	Cover consists of (mainly):	Field g	rasses	s, bui	lding	, asp	halt	parking	lot and	
	<b></b>	asphalt	and c		drive			Attachmen	<u>it to P</u> a	ge
2.	Evidence of erosion?	1 of 3.		☐ yes		⊠ n	0	□ N/A		
3.	Cracks visible in pavement?			yes		X n	0	☐ N/A		
4.	Evidence of distressed vegeta	ation/turf?		☐ yes		X n	0	□ N/A		
5.	Evidence of unintended traffic	and/or rutt	ing?	□ yes		<b>∑</b> n	0	□ N/A		
6.	Evidence of uneven settlemer	nt and/or po	nding?	□ yes		X n	0	□ N/A		
7.	Damage to any surface covera	age?		☐ yes		X n	0	□ N/A		

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

Note - During the previous year, HydroAir observed after-hours (weekends/nights)

trespassing of ATVs entering the vegetated areas along the western edge of the site. These trespassers were approached by HydroAir security this year and following discussions with these individuals, no further of evidence of trespassing has been observed.

# **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 the summer of 2017. (See attached photos). Over the course of the prior year (2016), HydroAir had observed after-hours trespassing of ATVs into the western grass areas of the site (utilizing site to access the adjacent railroad right-of-way). A breach in the perimeter fence shared with the railroad corridor was also observed and subsequently repaired. Earlier this year, HydroAir noted further occurrences of individuals on ATVs accessing these areas of the site as well as breaking several locks on the perimeter fence in order to continue accessing the railroad corridor. In June 2017, HydroAir security confronted the trespassers and after discussions with these individuals no further trespassing has been observed. Rutting was not observed during the December 2017 site visit, and HydroAir remains committed to prevent trespassing and potential disturbances to the site vegetative cover and if any additional trespassing is observed, HydroAir will consider additional site controls and/or security measures, including placing cement blocks to prevent vehicle access to these areas.

### **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 by the Department), 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 enabled sufficient pumping to maintain dry conditions and has sufficiently prevented the surfacing of groundwater in the area. HydroAir has continued to monitor the efficacy of these controls regularly throughout 2017.

### **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 groundwater in the area. HydroAir has monitored the continual efficacy of the gravel cover area throughout 2017 and has not observed any evidence of groundwater surfacing in these areas.





July 2017-View from roof looking towards northeastern corner of site (loading dock areas)



July 2017 – View from roof looking east towards site retention pond.

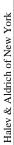




July 2017-View from roof looking southwest towards western areas of site with maintained site vegetative cover.



 $\textit{July 2017-View from roof looking west towards grass-covered areas along western \textit{side of site}.}$ 





 $December\ 2017-View\ from\ northeastern\ corner\ of\ site\ building\ looking\ west\ along\ site\ access\ road.$ 



July 2017-View from southwestern corner of plant looking south towards parking lot areas.



December 2017 – View of floor within server area of building. Photo of 2017 crack repair area.



December 2017 – View from access road on west side of building looking west towards area of prior trespassing. No rutting or damage to vegetative cover observed during December 2017 inspection.



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

site end of the

□ N/A

☐ no

Property Security & Access				
In accordance with the Soil/Fill Management Plan, fencin undeveloped areas and as necessary in redeveloped are undeveloped areas will be posted with "No Trespassing"	as. In addition,			
1. Is access controlled by perimeter fencing?	□ yes [	X no	□ N/A	
If not, please note: Site is partially fence	ed.			
2. Is fencing in need of repair?	□ yes [	ズ no	□ N/A	
3. Area access gates in working order?	yes	_ no	N/A N/A	
4. Sufficient signage posted (No Trespassing)?	💢 yes [	no no	□ N/A	
5. Has there been any noted or reported trespassing?	💢 yes [	_ no	□ N/A	
ontinued to access the site, breaking the locks ere approached by HydroAir security. Following vidence of trespassing has been noted.  Property Use Changes / Site Development			in 2017 unti ividuals, no	.l they ) further
Has the property usage changed, or site been redevelo	ped since the las	st inspection? 	□ N/A	
If so, please list with date: Property use has Hydro-Air first occupied the building.	not changed	<del></del>		
Active Sub-Slab Depressurization System (ASD)				
Is there an ASD present on-site?	<b>⊠</b>	П		
If you is it surrently energing?	⊠ yes	☐ no	□ N/A	
If yes, is it currently operating?	<b>I</b> ▼1	Π	□ N/A	
	🛛 yes	☐ no	□ N/A	

💢 yes

Is the ASD annual inspection checklist completed and enclosed?



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

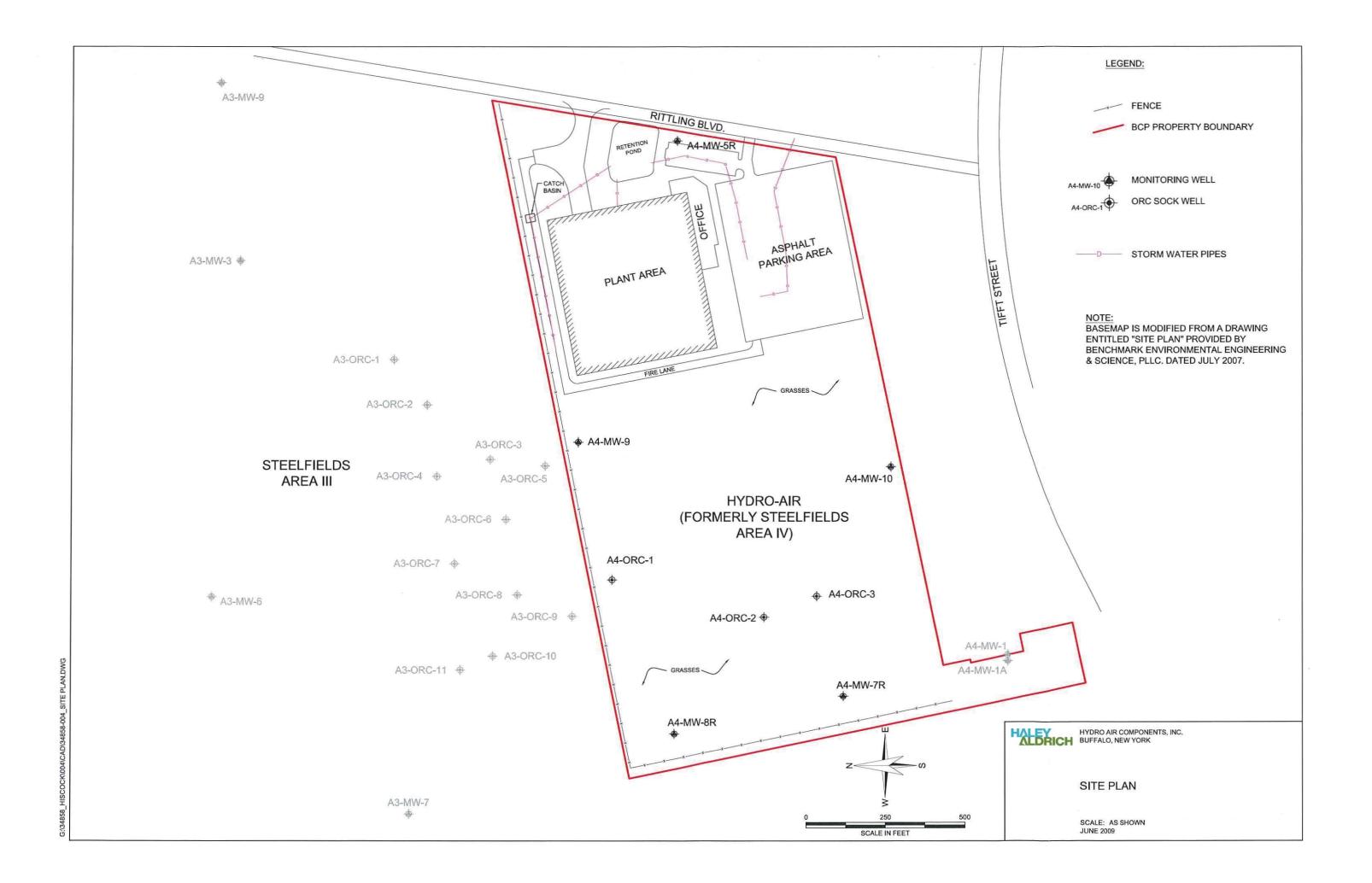
ORC Well Monitoring and Maintenance				
Le there ODC withouting present on cite?				
Is there ORC mitigation present on-site?	🛛 yes	□no	□ N/A	
Are the wells currently intact and operational?	Zi y03			
, to the new carrenay interest and operations.	🛛 yes	☐ no	□ N/A	
Has regular maintenance and monitoring been documented	and enclosed	or referenced	?	
	🗓 yes	no	□ N/A	
See attachment to page 3 of 3 for furthe	er explanat	ion.		
Long-Term Ground Water Monitoring				
Le there a plan in place and assessed to being fallowed?				
Is there a plan in place and currently being followed?	🛚 yes	□no	□ N/A	
Are the wells currently intact and operational?	₽ ,00	<b>o</b>		
,	yes     yes     √	□no	□ N/A	
When was the most recent sampling event report and subm	nittal? Date:	Report to	be submi	tted
When is the next projected sampling event? Date: Ju	ne 2018	February	2018. The	most
		recent sa		
New Information		place dur	ing June	2017.
Has any new information been brought to the owner/engine	er's attention r	egarding any	and/or all	
engineering and institutional controls and their operation an			and/or an	
	☐ yes	∑ no	□ N/A	
Comments:	_			
				:
This space for Notes and Comments				
				-
				-
				-
Please include the following Attachments:				•
1. Site Sketch (Attached)				
2. Photographs (Attached)				

took

# **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 June 2017 and the next scheduled change-out is January 2018.





Project Name: Hydro-Air Components, Inc	. Project No.: 129356-003
Project Location: Buffalo, NY	Client:
Preparer's Name: Ryan Panfil / Dale Bart	O Date/Time: December 2017
Notes:	
System Information	
•	
Has monthly system inspection been completed regu	larly? ⊠ yes □ no
Are last 11 inspection logs attached for the past 12 m	nonths? 🛛 yes 🗀 no
Inspection logs for the reporting period (to date - Jan 2	017 through Jan 2018 logs) are attached.
What is the current Vacuum reading? See Lo	ogs.
System Updates, Maintenance, Part Replacement	
Magnahelic gauge located in the NW corner of building	s was replaced in February 2017.
A downspout (not gauge location) requires replacement	
This pipe goes through the concrete floor and any distured replacement of the pipe. The pipe is scheduled to be rep	
HydroAir plans on sawcutting the floor around the brok	ten pipe in order to remove the broken sections and
replace the pipe. H&A will be on-site to monitor these	repairs when they occur.
In the server area of the building, a crack in the tile floor	
of 2017 when the crack resurfaced. HydroAir utilized h planning for a more permanent repair to be done as nee	
See photo log in Attachment 2.	

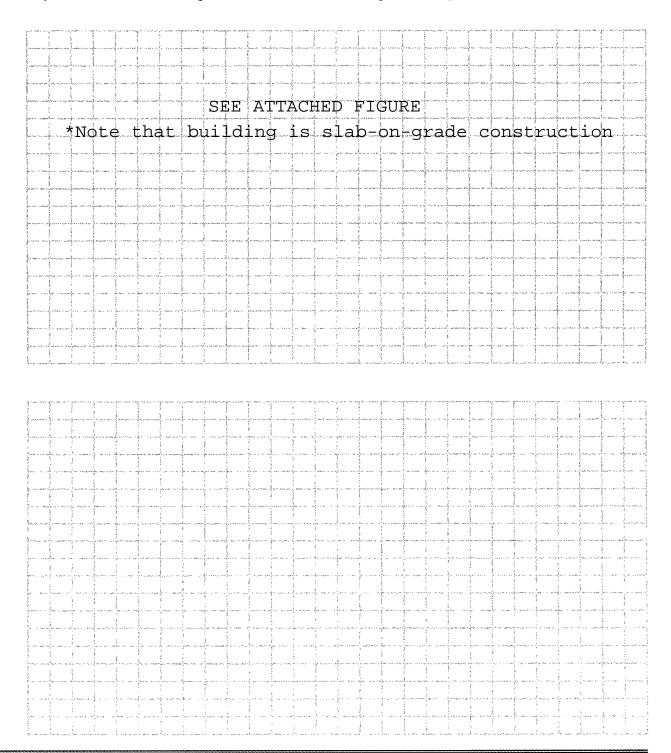


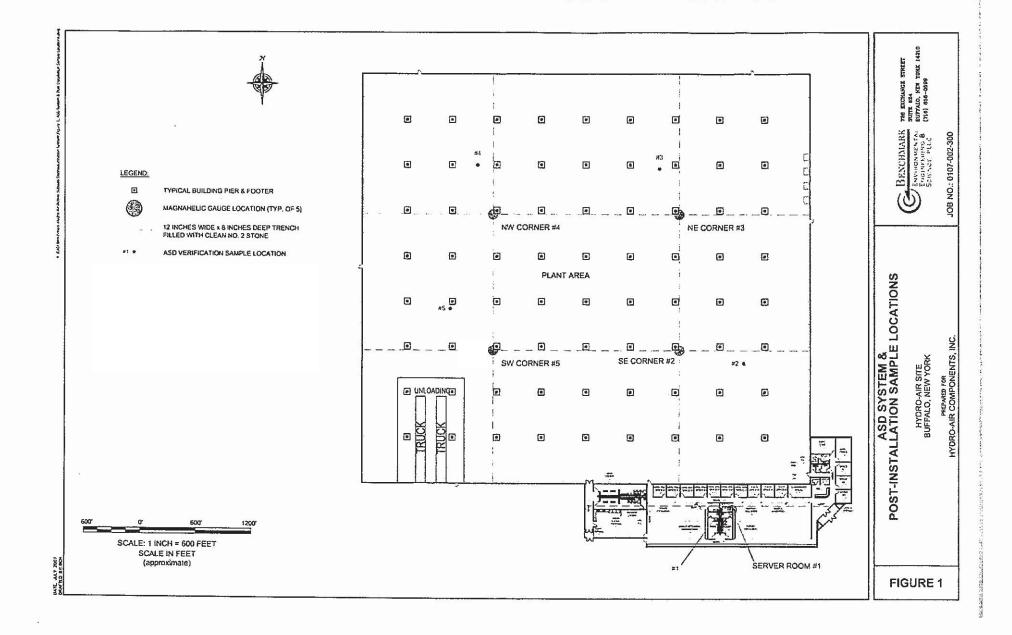
Change in Occupancy / Use of Space:		
5	Maran Eaghini	C. Chamana
Please indicate general use of floor space?	Manufacturing	
Has this general use changed in the past year?	☐ yes	∑ no
If yes, please explain:		
Building Renovations:		
Building Renovations.		
Have any building renovations taken place in th	e last month?	☐ yes
If yes, please provide more information below, a	and sketch any basem	nent floor plan
modifications on the floor plan sketch below.		
System Modifications:		
Have any modifications been made to the Sub-	Slab Depressurizatior	n System? 🖾 yes 🗀 no
If so, please list with date:		
A Magnahelic gauge located in	the NW corner	of building was
replaced.		



### 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.







Project Name:		Project No.: Client:			
Project Location:					
Preparer's Name: Dale A Be	arto	Date/Time:	1/31/17	6:45 A1	
Notes:					
Monthly Operating Status:					
System(s) currently running?	☑ yes	□ no			
Has the system been off-line in the	past month?	□ yes	1 no		
If yes, please list the dates and brie	of description why	(i.e. maintenand	e, part replacem	ent, etc.):	
		1)-			
What is the current Vacuum reading	9? /.3	6			
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?	V	yes [	no		
yes to any question above, please p	provide more infor	mation below			
1 - Broken on			e Factor	001	
1 STONED OF	TOTC NEE	015 10 0	- Teplaci	201	
				-	
		-			



Change in Occupancy / Use of Space:			
Please indicate general use of floor space?	Manyfac	turina	
Has this general use changed in the past month?	yes	no	
f yes, please explain:			
system Modifications: lave any modifications been made to the Sub-Sla	ah Danrassurizatio	on System?	yes no
so, please list with date:	ab Depressurizatio	on bystem?	yes 12 110
			· · · · · · · · · · · · · · · · · · ·
			-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			



Project Name:	Proje	ect No.:	
Project Location:	Clier	nt:	
Preparer's Name: Dale A Bar	) Date	/Time: 2/28//7	11:00 A
Notes:			
Monthly Operating Status:	10.5		
System(s) currently running?	es 🗆	l no /	
Has the system been off-line in the past m	nonth?	□no	
If yes, please list the dates and brief desc	ription why (i.e. main	tenance, part replacen	nent, etc.):
What is the current Vacuum reading?	1,39		
Visual Inspection:			
Any piping disconnected?	☐ yes	no	
Any cracks visible in piping?	☐ yes	□ no	
Any new cracks visible in slab floor?	☐ yes	19 no	
Magnehelic guage reading 0?	☐ yes	(P) no	
f yes to any question above, please provide	more information be	elow.	
18-d-4 (b-18-			
	**		



Change in Occupancy / Use of Space:				
Please indicate general use of floor space?  Has this general use changed in the past month?  f yes, please explain:	Manufa pes	Tho	ing	
System Modifications: lave any modifications been made to the Sub-Sla	b Depressurizatio	n System?	yes	□ no
so, please list with date:				



Client:  Date/Time:	3/29/17	9:30 AM
□ no	3/29/17	9:30 AM
☐ yes		
	□ no	
(i.e. maintenance	e, part replaceme	ent, etc.):
3	The solution who are	
	/	
yes 🗜	no	
yes [	no	
] yes	no	
] yes	no	
mation below.		
	i de	
-		
	yes yes	yes no no yes no



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:			
	-		
Vesters Medifications			
System Modifications: Have any modifications been made to the Sub-Sla	b Depressurization System?	☐ yes	no
so, please list with date:		- 411	
	****		



Project Name:	Proje	ct No.:		
Project Location:	Client			
Preparer's Name: Dale A Rasto	Date/	Time:	4/28/17	12:00
Notes:				
	anter-			
Monthly Operating Status:			Jang Spiller	
System(s) currently running?	s 🗆	no		
Has the system been off-line in the past m	nonth? 🗆 yes		□no	
If yes, please list the dates and brief descri	ription why (i.e. maint	enance,	part replacement	, etc.):
What is the current Vacuum reading?  Visual Inspection:	1.21			
		1		
Any piping disconnected?  Any cracks visible in piping?	☐ yes		no	
Any new cracks visible in slab floor?	□ yes			
Magnehelic guage reading 0?	□ yes			a property
f yes to any question above, please provide	more information be	low.		
	•			



Change in Occupancy / Use of Space:
Please indicate general use of floor space?  Mayufacturing  Has this general use changed in the past month?  yes
If yes, please explain:
System Modifications:
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no If so, please list with date:
Have any modifications been made to the Sub-Slab Depressurization System? ☐ yes ☐ no
Have any modifications been made to the Sub-Slab Depressurization System? ☐ yes ☐ no
Have any modifications been made to the Sub-Slab Depressurization System? ☐ yes ☐ no
Have any modifications been made to the Sub-Slab Depressurization System? ☐ yes ☐ no



Project Name:	Proje	ct No.:	
Project Location:	Clien	t:	
Preparer's Name: Dale A	Date	Time: 5/3///	9:301
Notes:			
Monthly Operating Status:			
System(s) currently running?	/es 🗆	no	
Has the system been off-line in the past	month? ☐ yes	□no	
If yes, please list the dates and brief des	cription why (i.e. main	tenance, part replaceme	nt, etc.):
What is the current Vacuum reading?  Visual Inspection:	1.1.13		
Any piping disconnected?	□ yes	no	
Any cracks visible in piping?	☐ yes	no no	
Any new cracks visible in slab floor?	☐ yes	no	
Magnehelic guage reading 0?	☐ yes	no	
f yes to any question above, please provid	le more information be	low.	
r you to any quodien, above, produce provide			
		**************************************	



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?



Project Name:	Project No.:	
Project Location:	Client:	
Preparer's Name: Dole A Kart	Date/Time: 6/30/17	9:30 A
Notes:		
	×	
Monthly Operating Status:		
System(s) currently running?	es 🗆 no	
Has the system been off-line in the past	month? ☐ yes ☑ no	
If yes, please list the dates and brief desc	cription why (i.e. maintenance, part replacement, e	tc.):
What is the current Vacuum reading?	1.17	
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 provid	e more information below.	
*	(F)	



Change in Occupancy / Use of Space:	
$\Lambda$	2016 C 1 11
Please indicate general use of floor space?	141VUTacturina
Has this general use changed in the past month?	☐ yes ☑ no →
If yes, please explain:	
	- k
System Modifications:	
Have any modifications been made to the Sub-Slab Depiler If so, please list with date:	ressurization System?
	+-



Project Name:	Proje	ct No.:		
Project Location:	Clien	t:		
Preparer's Name: Dale A Ba	inte Date	Time: 9,3	30 An	1 7/26/20
Notes:				
			Ä	
Monthly Operating Status:				
System(s) currently running?	es 🗆	no		
Has the system been off-line in the past i	month?	-	no	
If yes, please list the dates and brief desc	cription why (i.e. main	tenance, part	replacem	ent, etc.):
What is the current Vacuum reading?	1.65			
What is the current Vacuum reading?  Visual Inspection:	1.65			
Visual Inspection:	1.65	<u>r</u> no		
Visual Inspection:		回 no 回 no		
Visual Inspection:  Any piping disconnected?  Any cracks visible in piping?	☐ yes	/		
Visual Inspection:  Any piping disconnected?  Any cracks visible in piping?  Any new cracks visible in slab floor?	□ yes	□ no		
Visual Inspection:  Any piping disconnected?  Any cracks visible in piping?  Any new cracks visible in slab floor?  Magnehelic guage reading 0?	☐ yes ☐ yes ☐ yes ☐ yes	I no I no		
Visual Inspection:  Any piping disconnected?  Any cracks visible in piping?  Any new cracks visible in slab floor?  Magnehelic guage reading 0?	☐ yes ☐ yes ☐ yes ☐ yes	I no I no		
Visual Inspection:  Any piping disconnected?  Any cracks visible in piping?  Any new cracks visible in slab floor?  Magnehelic guage reading 0?	☐ yes ☐ yes ☐ yes ☐ yes	I no I no		
Visual Inspection:  Any piping disconnected?  Any cracks visible in piping?  Any new cracks visible in slab floor?  Magnehelic guage reading 0?	☐ yes ☐ yes ☐ yes ☐ yes	I no I no		
	☐ yes ☐ yes ☐ yes ☐ yes	I no I no		
Visual Inspection:  Any piping disconnected?  Any cracks visible in piping?  Any new cracks visible in slab floor?  Magnehelic guage reading 0?	☐ yes ☐ yes ☐ yes ☐ yes	I no I no		



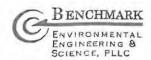
Change in Occupancy / Use of Space:
Please indicate general use of floor space? Navafacturing
Has this general use changed in the past month? ☐ yes ☐ no
If yes, please explain:
System Modifications:
Have any modifications been made to the Sub-Slab Depressurization System?
f so, please list with date:



Project Name:		Project No.:			
Project Location:		Client:			Sygnethic William
Preparer's Name: Dale A	arto	Date/	Time:	8/28/17	8:
Notes:					
				- 1	
				1	
Monthly Operating Status:				,	
System(s) currently running?	yes		no	/	-
Has the system been off-line in the p	ast month?	☐ yes		1 no	
If yes, please list the dates and brief	description w	hy (i.e. maint	enance, pa	rt replacement, etc	.):
What is the current Vacuum reading?	10	20			
Visual Inspection:					
Any piping disconnected?		☐ yes	no		٠
Any cracks visible in piping?		☐ yes	□ no		
any new cracks visible in slab floor?		☐ yes	□ no		
Magnehelic guage reading 0?		☐ yes	[] no		
yes to any question above, please pro	ovide more in	formation bel	low.		
The same of the sa				- Inner California - Inner California	
			7		
				- 13	



Change in Occupancy / Use of Space:				
Please indicate general use of floor space?	Manufa	ctur (	Ja	
Has this general use changed in the past month?	☐ yes	1 no	J	1700000
If yes, please explain:				
	of the second state of the second	t see the see that	1	and the second s
System Modifications:	*			
Have any modifications been made to the Sub-Slab I	Depressurizatio	n System?	☐ yes	□ no
f so, please list with date:				
	Alon Milatonia ( a alon	(ilposite ex	2 to 1 or received to separate	
	************		e north and	
15-10/				



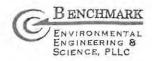
Project Name:		Project No.:					
Project Location:	ject Location:		Client:				
Preparer's Name: Dale A Ban	ito	Date/Time:	9:45	Am	9/2		
Notes:							
· · · · · · · · · · · · · · · · · · ·							
Monthly Operating Status:							
System(s) currently running?	9S	□ no		West Control			
Has the system been off-line in the past n	nonth?	yes	☑ no				
If yes, please list the dates and brief desc	inpuon why (i.e	. maintenance	, part replace	ement, etc	.):		
What is the current Vacuum reading?  Visual Inspection:	1.60			ye i say			
visual inspection.							
ny piping disconnected?	☐ ye	_	no		7		
ny cracks visible in piping?	☐ ye		no				
ny new cracks visible in slab floor?	☐ ye		no				
agnehelic guage reading 0?		es D	no				
yes to any question above, please provide	more informa	tion below.					
Arrange Manager Stranger Browning	mana manina						
			strr - will				
		Violent Violen	***************************************	* 31 Same			
(F							



Change in Occupancy / Use of Space:					
Please indicate general use of floor space?	Ma	anufac	farive	ā	
Has this general use changed in the past mo	onth?	☐ yes	No	J	
If yes, please explain:					
				1	the state of the s
				<del></del>	
System Modifications:					
lave any modifications been made to the Su	ıh-Slah Der	ressurizatio	n System?	☐ yes	[] no
so, please list with date:	io oldo bop	7 COOUTIZATO	n Cystom:	700	Liga 110
		yar e			
				- Colores Inc.	



Project Name:		Project N	Vo.:			
Project Location:		Client:				
Preparer's Name: Dale A R	barte	Date/Tim	ne: c	1:30	AM	10/30/
Notes:						
		- pro-			,	
Monthly Operating Status:						
System(s) currently running?	yes	□ no	)		/	
Has the system been off-line in the pa	ast month?	☐ yes		1 no		
If yes, please list the dates and brief of	lescription wh	y (i.e. maintena	ance, pa	rt repla	cement,	etc.):
What is the current Vacuum reading?  Visual Inspection:	1,4	4	T	witien		
			,			
ny piping disconnected?		yes	no			7
ny cracks visible in piping?		□ yes	no no			
ny new cracks visible in slab floor?		yes	D no			
agnehelic guage reading 0?	1	yes	[Y no			
yes to any question above, please pro	vide more infe	ormation below.				
	194					
						MANUSCO DE CANADO DE



Change in Occupancy / Use of Space:				
Please indicate general use of floor space?  Has this general use changed in the past month?	Manyfact	ruring Pro		
If yes, please explain:				
		santani, marto de la companya de la		- II-
System Modifications: -lave any modifications been made to the Sub-Slal f so, please list with date:	b Depressurizat	ion System?	☐ yes	□ no
	1000	7-12-11-11-11-11-11-11-11-11-11-11-11-11-		
	N-MAN -			



Project Name:	Project	NO.:	
Project Location:	Client:		William To The Control of the Contro
Preparer's Name: Jale A Barto	Date/Ti	ne: 11/29/17	10:
Notes:			
Monthly Operating Status:			
System(s) currently running?	□ n-		
Has the system been off-line in the past mont	th? 🗆 yes	no	
	1,27		
	1,27		
What is the current Vacuum reading?  Visual Inspection:  ny piping disconnected?	/,27 □ yes	<b>□</b> no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?	·	no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?  ny new cracks visible in slab floor?	yes yes yes	no no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?  ny new cracks visible in slab floor?	□ yes	no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?  ny new cracks visible in slab floor?  agnehelic guage reading 0?	yes yes yes yes	no no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?  ny new cracks visible in slab floor?  agnehelic guage reading 0?	yes yes yes yes	no no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?  ny new cracks visible in slab floor?  agnehelic guage reading 0?	yes yes yes yes	no no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?  ny new cracks visible in slab floor?  agnehelic guage reading 0?	yes yes yes yes	no no	
Visual Inspection:  ny piping disconnected?  ny cracks visible in piping?  ny new cracks visible in slab floor?  agnehelic guage reading 0?	yes yes yes yes	no no	
Visual Inspection:	yes yes yes yes	no no	



Change in Occupancy / Use of Space:				
Please indicate general use of floor space?	Manufact	uring		
Has this general use changed in the past month?	☐ yes	2 no		
If yes, please explain:				
		mark made		
			and the same of th	
		and the second s		
System Modifications:		0 1 0		57
Have any modifications been made to the Sub-Slab I If so, please list with date:	Depressurizatio	n System?	☐ yes	no
is 50, piease list with date.	***		-	
	- विवास			
	AVI II.	A STATE OF THE STA		
	CONTROL OF THE PROPERTY OF THE			



Project Name:	Project No.:
Project Location:	Client:
Preparer's Name: Dale A Box	Date/Time: /2/19/2017
Notes:	772017
	,
Monthly Operating Status:	
	es 🗆 no
Has the system been off-line in the past	
ıт yes, please list the dates and brief des	cription why (i.e. maintenance, part replacement, etc.):
What is the current Vacuum reading?	1.20
The same carries a codd in roughly :	1.30
Visual Inspection:	
Any piping disconnected?	□ yes ⊯ no
Any cracks visible in piping?	□ yes ☑ no
any new cracks visible in slab floor?	☐ yes ☑ no
lagnehelic guage reading 0?	☐ yes ☐ no
yes to any question above, please provide	more information below.
	,
ş-	



Change in Occupancy / Use of Space:
$\sim M$
Please indicate general use of floor space?
Please indicate general use of floor space?  Manufacturing  Has this general use changed in the past month?   yes   yes
If yes, please explain:
·
System Modifications:
System Modifications:
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no
System Modifications:
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes   no



Project Name:	Project No.:
Project Location:	Client:
Preparer's Name: Pale A	Barto Date/Time: 1/30/2018 9:
Notes:	175-10-010
*	
Monthly Operating Status:	
System(s) currently running?	☑ yes ☐ no
Has the system been off-line in the	
If yes, please list the dates and brie	ef description why (i.e. maintenance, part replacement, etc.):
What is the current Vacuum reading	g? 1.14
Visual Inspection:	
ny piping disconnected?	yes III no
ny cracks visible in piping?	□ yes □ no
ny new cracks visible in slab floor?	☐ yes ☐ po
agnehelic guage reading 0?	☐ yes ☐ no
yes to any question above, please p	provide more information below.
1*	



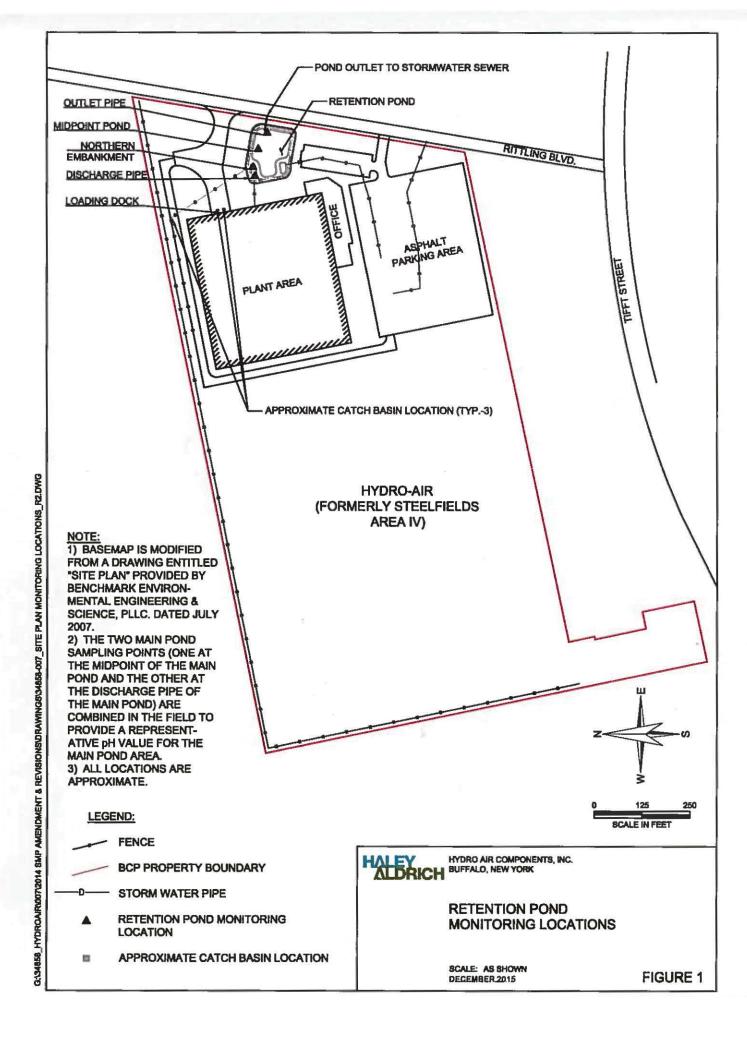
Change in Occupancy / Use of Space:
Please indicate general use of floor space?  Manufacturing
Has this general use changed in the past month? ☐ yes ☐ yes
If yes, please explain:
System Modifications:
System Modifications:
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no
System Modifications:
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no
System Modifications:  Have any modifications been made to the Sub-Slab Depressurization System?   yes  no

Corrective Action Certification Operation, Monitoring, & Maintenance Work Plan



# Corrective Action Certification Operation, Monitoring, & Maintenance Work Plan

Property Name: Hy	ydro-Air Comp	onents	Proje	ect No.:	12935	66-003
	Air Component					
Property Address:	L00 Rittling	Blvd.	City,	State:	Buffalo, NY	<b>Zip Code:</b> 14220
Property ID: 140200	1321200001009121	Section: 1	32.12	Block:	1	Lot(s): 9.121
Preparer's Name:	Glenn White		Date	/Time:	December	2017
Issue Addressed						
	Inspection of the abovoleted to document th					
•	ssue identified during entified during the rep			ction (incl	ude sketch & pho	tographs):
- MASS						
Corrective Action	ı Taken					
Date Completed:	N/A					
Describe Action Tal	(en (include sketch & pho	otographs):				
2017. Measurements of Generally, the pH of the from the northern pond gravel cover area and s	ocumented in the Corre f the pH in the stormwa e pond is dropping towa d embayment during Sp urfacing groundwater h the 2012 Corrective Me p motor failed.	iter pond have ords neutral. H ring 2018. Hyd as not been o	e been coll lydorAir pl droair cont bserved w	ected by ans on cl tinues to ithin the	HydroAir on a eaning out acc conduct Quart area. The pum	monthly basis. umulated sediments erly monitoring of the p at the loading dock
Certification of In	nplementation					
•	by certifies that the co all relevant requireme					
Preparer / Inspec	tor:				Date:	
Signature:						
Please verify incl	lucion of the followi	na Attachm	ente:			
1. Site Sketch	lusion of the followi See Attachment	_		aita	aketah an	d photographs
Site Sketch     Photographs	See attached r					



#### 2017 PRR - Stormwater Pond Monitoring Form HydroAir Components, Inc. BCP Site #C915204, Buffalo, New York

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

						Measurem	ent Location				
Data Collection Completed By:	Date of Measurment	Time of Measurement	Estimated Quantity of Water Discharged	Discha	rge Pipe	Northern I	Embayment		(Combined	Conditions at Pond (color, vegetation, odor, frozen, etc.)	General Comments (weather conditions, etc)
Completed By:	(DD/MM/YR)	Weasurement	(Gallons)	рН	Temp (F)	рН	Temp (F)	рН	Temp (F)		
Dale Barto	12/30/2016	10:00 AM	N/A (Starting Point)	9.57	45	9.16	41	7.83	35	Clear	Cloudy
Dale Barto	1/31/2017	12:00 AM	29,631							Frozen	Cloudy, Cold
Dale Barto	2/28/2017	11:30 AM	24,616	11.13	53	9.15	47	8.80	44	Clear	Sunny
Dale Barto	3/29/2017	9:30 AM	29,630	11.73	59	10.92	52	8.60	53	Clear	Sunny
Dale Barto	4/28/2017	12:00 AM	24,616	10.52	58	10.28	54	8.70	54	Clear	Sunny
Dale Barto	5/31/2017	8:00 AM	29,630	9.82	64	7.63	64	7.38	64	Clear	Sunny
Dale Barto	6/30/2017	9:30 AM	24,616	9.96	64	7.64	66	7.35	66	Clear	Sunny
Dale Barto	7/26/2017	12:00 AM	29,630	7.95	64	7.68	66	7.66	66	Clear	Sunny
Dale Barto	8/29/2017	12:00 AM	24,616	7.52	66	7.61	67	7.49	67	Clear	Sunny
Dale Barto	9/29/2017	12:00 AM	29,630	7.51	64	7.58	65	7.53	64	Clear	Sunny
Dale Barto	10/30/2017	9:30 AM	24,634	7.60	53	7.80	52	8.32	47	Clear	Cloudy
Dale Barto	11/29/2017	12:00 AM	29,612	9.56	47	8.33	51	7.93	43	Clear	Sunny
Dale Barto	12/19/2017	9:00 AM	24,634							Frozen	Cloudy, Cold
		Period Discharge:	325,495								

	All pH values will be ev	aluatea against the NYSDEC TOGS 1.1.1 ambient wi	ater quality gulaance value of pH 8.5 sele	ctea for protection of public nealth.	
	Exceedance of the guidance	value (8.5) for > 3 consecutive monitoring events (c	combined sample) will trigger enhanceme	nts as descirbed in Section IV of the SMP.	
Notes or Other	Observations:				
1 Combined sai	mple represents the combination of the	sample point at the midpoint of the mair	n pond and the sample point near	the discharge pipe	
of the main por	nd. These pond samples are combined	in the field to provide a representative pH	I value for the main pond area.		
2 pH measuren	nents were collected using a hand-held	probe.			
					Page <u>1</u> of <u>1</u>
Prepared By:	Dale Barto		Date:		
Checked By:	Haley & Aldrich		Date:		<b>HydroAir</b>
-					COMPONENTS



## 

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# ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: 4,4	to AIR		Project No.:	
Danie at L. C.	uffalo Ny		Client:	
Preparer's Name: 1			Date/Time: (4-23-17	
sampling dates:	6-23-17e	·	A4 - ORC - 2	A4 - ORC - 3
Field groundwater	quality measure	ments		
Water Level	3.82			
<b>Bottom Depth</b>	14.30			
На	2.83			
Temperature	17.1			
DO	0.81			
<u>ORP</u>	178			
<u>Alkalinity</u>	NA			
Refer to Figure 1				
Well integrity				
Cement seal	good	poor poor	If poor please note well.	Covered with gras
Pro - casing cond	ition 📝 good	poor poor	If poor please note any dam	age.
Lock condition	☑ good	poor	If poor please note well.	
Working J - plug	yes yes	no no	If no please note well.	
ORC Sock's  Have any Socks b  If replaced on wha	at date and why.	7- 1- 1 Ann 1C	s no 4-17 Som, March	Restace
Are socks fully sub If no explain why.	omerged in well sc		yes 🗌 no	
Are all ORC wells  yes   If no please state	no	d maintained	according to the site managem	ent plan
Initial: TW			Date: 6-2	3-17

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# ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: Hydro	Atr		Project	No.:	
Designation ()	lo NY		Client:		
Daniel Land	Webster		Date/Ti	me: 6-23-/	7
	A4 - ORG	C - 1		RC - 2	A4 - ORC - 3
sampling dates:			6-23-17	3 1046	
Fleid groundwater qual	Ity measure	ments			
Water Level			1:10		
Bottom Depth			11.40	1	
Η <u>α</u>			2.68	_	
Temperature			17.8		
DO			0.56		
ORP			210		
Alkalinity			NIA		
Refer to Figure 1 for we	Il locations		<u> </u>		
Well integrity					
Cement seal	good	poor	If poor pleas	se note well.	Coursed to the Man
Pro - casing condition	☑ good	poor	•	se note any dam	Cowerd wittigras
Lock condition	<b></b> good	poor	If poor pleas	se note well.	
Working J - plug	🗶 yes	no no	If no please		
ORC Sock's					
Have any Socks been re	placed	<b>⊠</b> yes	nc 🗌 nc	)	
If replaced on what date	and why.	1-417	SEM! AN	A Repor	
Char 7-6-	17 3	Tem? M	50 700	,	•
Are socks fully submerge	ed in well sci	reens.	<b>⊠</b> kyes	□ no	
If no explain why.				_	
Are all ORC wells begin	sampled and	d maintained	according to th	e site managem	ent plan
If no please state why.					
Initial:					
יייייייייייייייייייייייייייייייייייייי				Date: 6-	23-17

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ORC WELL ANNUAL INSPECTION FO	RI
Active ORC monitoring w	eli

Project Name: Itydow	AIR		Project No.:	
Declared Lauretten.	JO NY		Client:	
D	webster		Date/Time: 6-	23-17
sampling dates:  Fleid groundwater quali	A4 - ORC - 1	4-	A4 - ORC - 2	A4-ORG-3
rieid gi ouridwater quaii	<u>ty measurement</u>	<u>ts</u>		
Water Level				5.28
Bottom Depth				10.46
рH				5.38
Temperature				17.2
DO				0.49
ORP				110
Alkalinity				NIA
Refer to Figure 1 for we	II locations			- 1//4
Well integrity				
Cement seal	good 🔀	poor	If poor please note we	ell. Covered with opens
Pro - casing condition	<b>≥</b> good □	] poor	If poor please note an	y damage.
Lock condition	<b>⅓</b> good □	POOF	If poor please note we	
Working J - plug		] no	If no please note well.	
ORC Sock's				
Have any Socks been re	placed	yes	☐ no	
If replaced on what date	and why.	4 17	Sem Army L	
ON 7-6-17		MNUAL	7200724	
Ann and a fall, and				
Are socks fully submerg If no explain why.	ed in Well screens		yes 🗌 no	
Are all ORC wells begin  ☑ yes ☐ no	sampled and ma	intained a	ccording to the site ma	nagement plan
If no please state why.				
Initial:			Date:	6-23-17

#### JANUARY 2017 ORC CHANGEOUT INVOICE - HYDROAIR



Invoice/Credit No.	48289892	Invoice Date	December 29, 2016
Terms	See Below	Federal Tax ID	23-2919996
Remit to	TestAmerica Laboratories, Inc. PO BOX	204290, Dallas, TX 75320-	4290

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

P.O. Number	W.O.	W.O. Number		Contract Number		Work Ordered by		
Purchase Order not require	i				Robert Daigler	ſ		
Job Description	Site	Site Name		SDG Number		Contact		
See below					Robert Daigler			
Job No.	lob Description Method/Te	Received R	pt Date	Quantity	Unit Price	Amount		
	p-Air Componenets  16 - Replacement of C	ORC SOCKS	12/28/2016	1.00				
Project Number 48004458	Client No. 1426870	umber	Project M Melissa Deyo		Subtotal			
Latest Sample Receipt Da	te Latest Rep	ort Date	Phone Number		Total			
12/28/2016			(716) 504-9874	1:4				

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

TestAmerica Buffalo 10 Hazelwood Drive Amherst, NY 14228-2298

Prepared for:

Mr. Dale Barto Hydro-Air Components, Inc. 100 Rittling Boulevard Buffalo, NY 14220

dbarto@zehnder-rittling.com

Tel: (716) 827-6510

Prepared by

Massa, Anthony J

Date

7/10/2017

Expiration Date 10/8/2017

Est. Start Date

#### Project: Hydro-Air Componenets

#### Quote Number: 48016380 - 1

#### Water Samples

#### TAT: 10\_Days (Business Days)

Matrix	Method	Test Description	Quantity	Unit Price	Extended Price
Water	8260C	CP-51 STARS List Volatiles - to include Trip Blank	6	ALSE ON	18 5 5 5 5 6
Water	6010C	As, Cr & Pb	5	CONTRACTOR OF THE PARTY OF THE	2 10000
Water	9012B	Cyanide	5	R AT THE	\$ 100,00
Water	310.2	Alkalinity	5	S1800	
		Total Water Samples		-	

#### **Quote Other Charges**

Description	Quantity	Unit Price	Extended Price
Safe and Environmentally Responsible Waste Management (per sample)	5		, 1100
Field Services	1		
Replacement of ORC SOCKS	1	(MINO)	
Total Other Charge		===	

Total Other Charge

**Total Other Charges** Total Analysis Charges

Grand Total for Quote 48016380



<sup>\*\*</sup>Quoted charges do not include sales tax. Applicable sales tax will be added to invoices where required by law.

#### **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.