



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

13 February 2019  
File No. 129356-004

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:

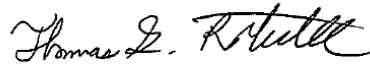
On behalf of Hydro-Air Components, Inc. (Hydro-Air), Haley & Aldrich of New York (Haley & Aldrich) hereby submits this Site Management Periodic Review Report and Annual Institutional & Engineering Controls Certification for 2018 (2018 PRR) which was prepared in accordance with the New York State Department 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 2018 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 2018 and ended on 15 January 2019. The 2018 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 11 December 2018. 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 2018 PRR.

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

Sincerely yours,  
HALEY & ALDRICH OF NEW YORK



Thomas G. Robitaille  
Senior 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

G:\129356 - HydroAir (2017--)\004\_2018-2019\PRR and Annual Cert 2018\2019-0213-Annual Review and Cert Cover ltr\_F.docx

**New York State Department of Environmental Conservation  
Site Management Periodic Review Report Notice  
Institutional and Engineering Control Certification Form**



Enclosure 2  
**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Site Management Periodic Review Report Notice**  
**Institutional and Engineering Controls Certification Form**



**Site Details**

**Box 1**

**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, 2018 to January 15, 2019

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 Controls**

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

**Description of Engineering Controls**

<u>Parcel</u>	<u>Engineering Control</u>
132.12-1-9.121	Cover System Vapor Mitigation Gasketed Stormwater Conveyance Piping ORC In-situ Treatment Groundwater Monitoring

**Periodic Review Report (PRR) Certification Statements**

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

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

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

YES NO

☒ ☐

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

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

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

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

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

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

YES NO

☒ ☐

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

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

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

\_\_\_\_\_  
Date

IC CERTIFICATIONS  
SITE NO. C915204

Box 6

**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

I certify that all information and statements in Boxes 1,2, and 3 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I Robert Dangler at Hydro-Air Components, Inc  
print name print business address

am certifying as V.P. FINANCE (Owner or Remedial Party)

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

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

2/12/2019

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 Drive  
Rochester, NY 14623,  
print name print business address

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



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

Stamp  
(Required for PE)

Date 2-13-2019



**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.: 129356-004  
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 2019

### 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: 2/5/19

Signature:

Next Scheduled Inspection (date): 12/2019

### 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.

During the 2018 northern pond embayment cleanout activities conducted in December 2018 (see attachment to page 1 of 3), some minor rutting was caused by heavy equipment in the vegetated (grass) areas surrounding the pond. It was agreed upon that restoration of these areas would be conducted in the Spring of 2019, at the start of the growing season. The rutting was temporarily graded off. The site cover/fill was not compromised and the rutting was limited only to the top few inches of the cover.

## **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 2018. (See attached photos). Over the prior few years (2016-2017), 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. In June 2017, HydroAir security confronted the trespassers and after discussions with these individuals no further trespassing has been observed. No evidence of trespassing and/or rutting was observed during the December 2018 site visit, and HydroAir remains committed to prevent trespassing and potential disturbances to the site vegetative cover. If additional trespassing is observed, HydroAir will consider modifications to site controls and/or security measures, (for example, 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 2018.

#### **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 2018 and has not observed any evidence of groundwater surfacing in these areas.

#### **Stormwater Retention Pond – Northern Embayment**

A contractor was mobilized to the site between 10-11 December 2018 to clean out an accumulation of high pH material that had precipitated into the northern embayment of the stormwater retention pond. As required, the week prior to this work the NYSDEC was notified of the cleanout activities. Vegetative growth (phragmites) was removed with heavy equipment and staged on plastic sheeting adjacent to the pond to drain excess water back into the pond. The drained vegetation was then placed into a roll off container and prepped for removal to a NYSDEC-permitted landfill. The following day, the contractor pumped excess water from the northern embayment back into the main pond. After the water was sufficiently drawn down, a vacuum truck was mobilized to the site to clear the accumulated material from the base of the embayment. The precipitated material was estimated to be approximately 1 to 1 ½ feet deep. Approximately 4 tons were removed from the embayment and this material was also then transported to a NYSDEC-permitted landfill.



*September 2018 – View from eastern side of building roof, looking southeast.*



*October 2018 – View from northeastern corner of the site looking southwest towards stormwater retention pond.*



*September 2018 – View from eastern side of building roof, looking at stormwater retention pond.*



*October 2018 – View from access road west of plant building looking west towards western vegetated portions of the site.*





*December 2018 – View from northwestern corner of site building looking south along snow covered site access road.*



*September 2018 – View from southern side of plant roof looking southeast towards parking lot areas.*



*December 2018 – View looking east towards stormwater pond northern embayment. (Embayment being cleaned out).*



*December 2018 – View looking south towards northern embayment following cleanout activities.*





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

### Property Security & Access

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

- |   |   |  |   |
|---|---|--|---|
| 1. Is access controlled by perimeter fencing?         | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A            |
| If not, please note: <u>Site is partially fenced.</u> |   |  |   |
| 2. Is fencing in need of repair?                      | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A            |
| 3. Area access gates in working order?                | <input type="checkbox"/> yes            | <input type="checkbox"/> no            | <input checked="" type="checkbox"/> N/A |
| 4. Sufficient signage posted (No Trespassing)?        | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no            | <input type="checkbox"/> N/A            |
| 5. Has there been any noted or reported trespassing?  | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> N/A            |

Please note any irregularities/ changes in site access and security: \_\_\_\_\_

### 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 February 13, 2018

When is the next projected sampling event? Date: June 2019 (for 2017 sampling event). The most recent sampling event took place during June 2018 and the 2018 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: \_\_\_\_\_

---

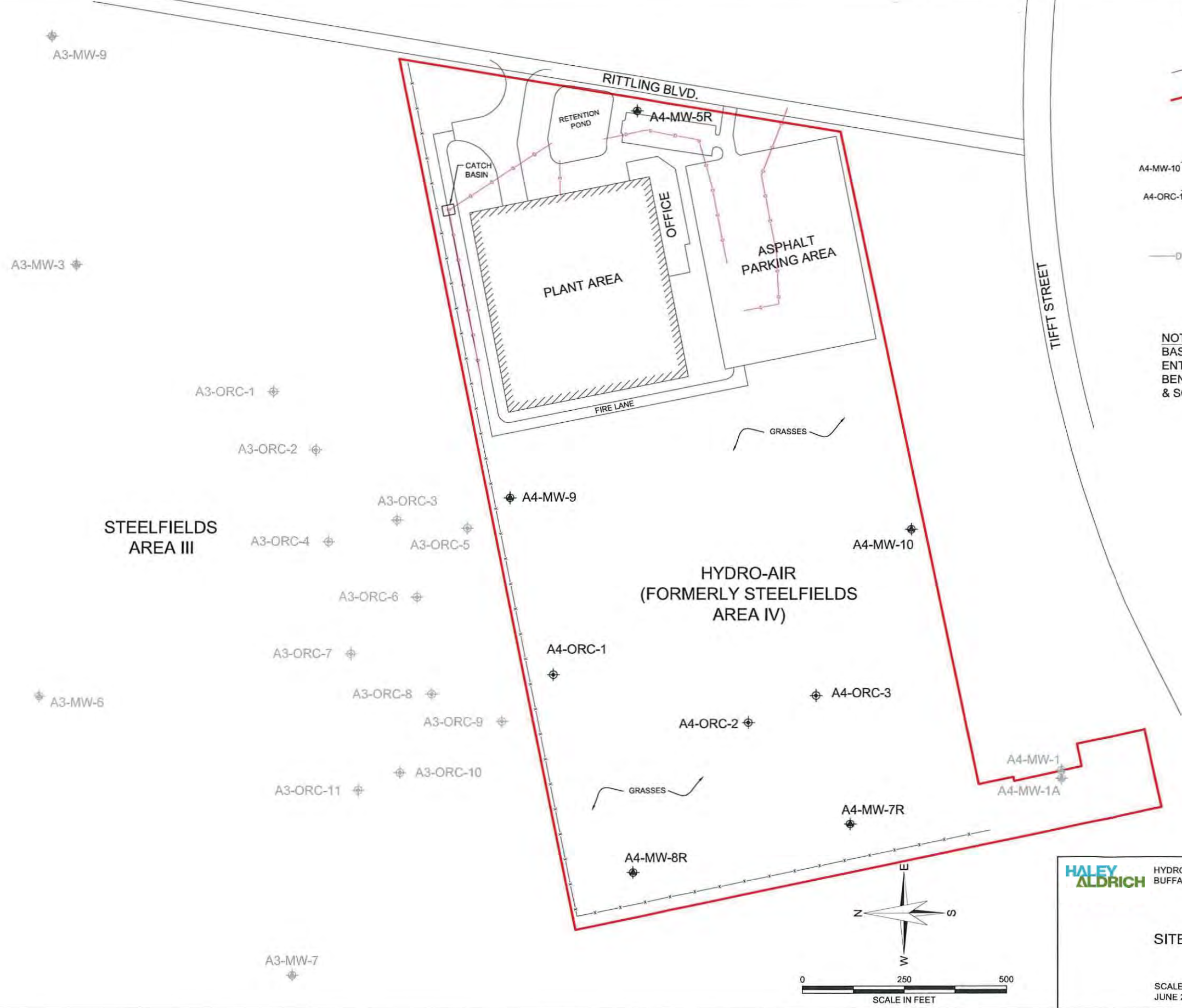
### This space for Notes and Comments

---

### Please include the following Attachments:

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

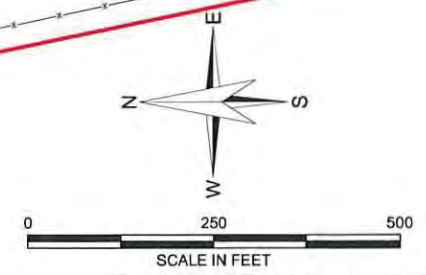
G:\34858\_HISCOCK\004\CAD\34858-004\_SITE PLAN.DWG



- LEGEND:**
- FENCE
  - BCP PROPERTY BOUNDARY

- A4-MW-10 MONITORING WELL
- A4-ORC-1 ORC SOCK WELL
- STORM WATER PIPES

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



HALEY  
ALDRICH

HYDRO AIR COMPONENTS, INC.  
BUFFALO, NEW YORK

**SITE PLAN**

SCALE: AS SHOWN  
JUNE 2009

**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 2018. ORC socks had been scheduled to be replaced in June 2018, but replacement socks were not available during the field representatives (TestAmerica) visit to the site. Subsequently, the individual whom had been servicing the socks retired and, inadvertently, the regular replacement of the socks did not occur. TestAmerica was contacted in January 2019 and a new individual completed this maintenance activity on 28 January 2019. Going forward the six-month changeout schedule will be resumed.

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

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

Project Name: Hydro-Air Components, Inc. Project No.: 129356-004

Project Location: Buffalo, NY

Client:

Preparer's Name: Dale Barto

Date/Time: January 2019

**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 (to date - Jan 2018 through Dec 2018 logs) are attached.

What is the current Vacuum reading?

See Logs.

---

---

**System Updates, Maintenance, Part Replacement**

Air tubing connected to the magnahelic gauge located in the NE corner of building was replaced in March 2018 after it was discovered the previously installed tubing had a leak, leading to lower readings.

## 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:

Air tubing at the Magnahelic gauge located in the NE corner of  
building was replaced in March.

---

---

---

---

---

---

---

---

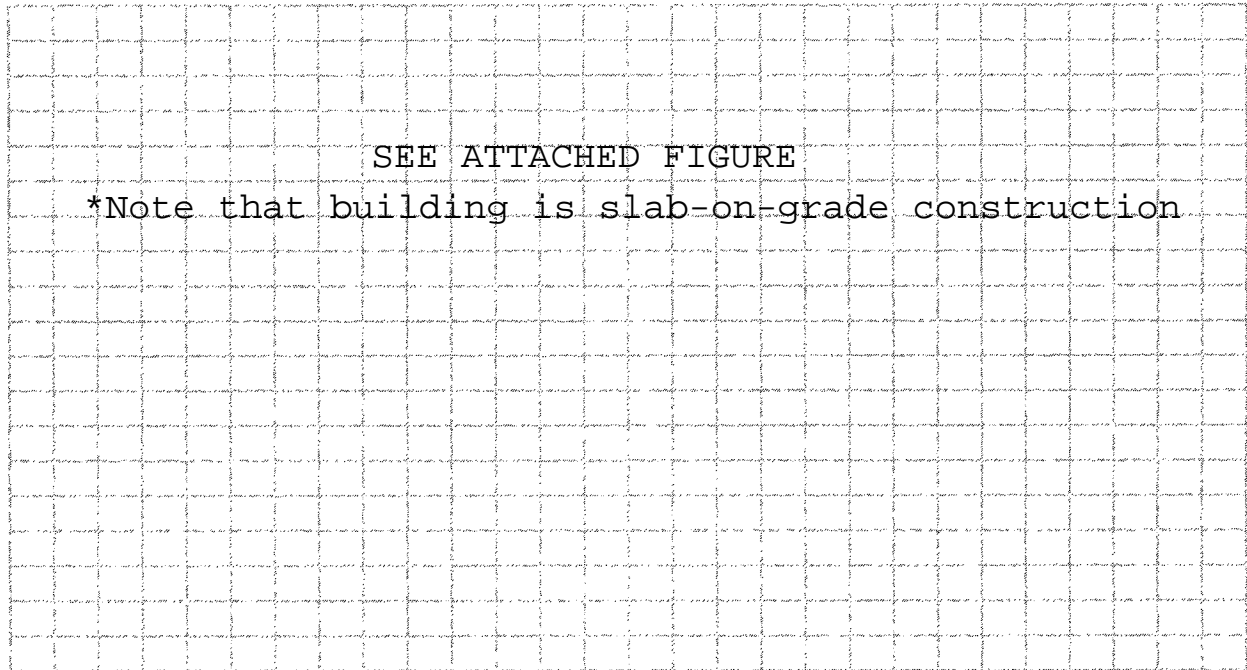


## Annual Operation & Maintenance Active Sub-Slab Depressurization System Certification Checklist

---

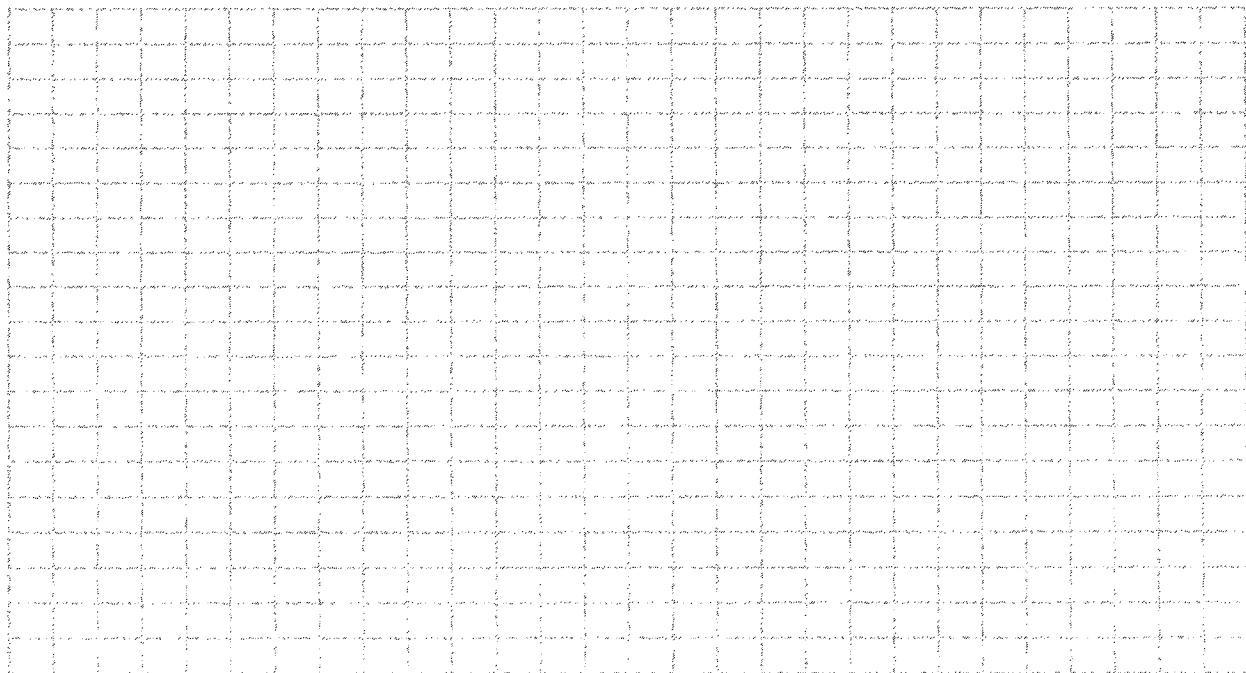
### Floor Plan Sketch:

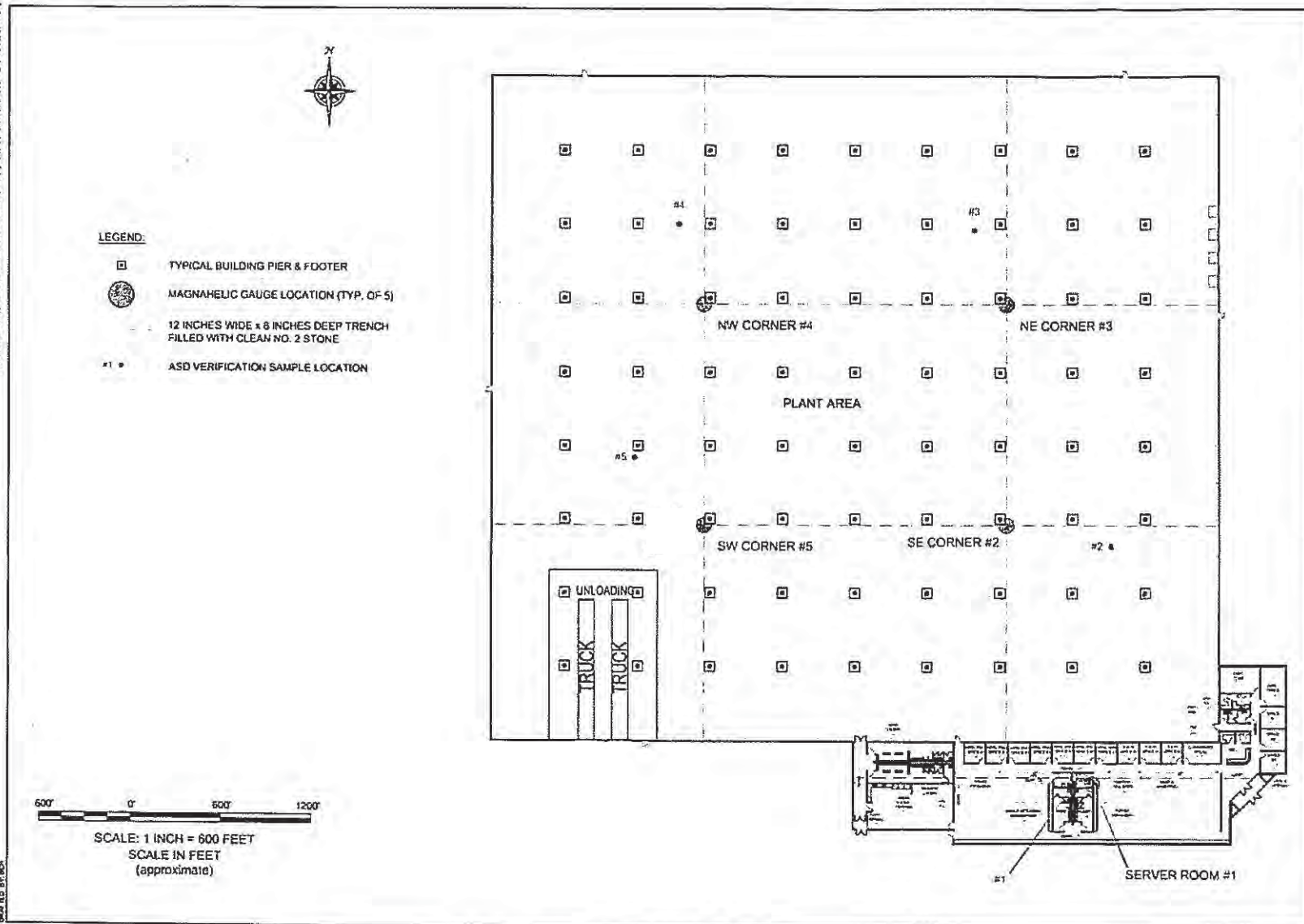
Draw a plan view sketch of the basement of the building. Indicate Sub-Slab Depressurization system location. Please also note and include, any alterations to the system, locations of visible cracks and/or repairs needed, and changes or alterations to the usage of this space.



SEE ATTACHED FIGURE

\*Note that building is slab-on-grade construction





# ASD SYSTEM & POST-INSTALLATION SAMPLE LOCATIONS

HYDRO-AIR SITE  
BUFFALO, NEW YORK

PREPARED FOR  
HYDRO-AIR COMPONENTS, INC.

**BENCHMARK**  
ENVIRONMENTAL  
ENGINEERING &  
SCIENCE, INC.  
728 EXCHANGE STREET  
SUITE #24  
BUFFALO, NEW YORK 14210  
(716) 808-9999

JOB NO.: 0107-002-300

FIGURE 1

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



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

Project Name:

Project No.:

Project Location:

Client:

Preparer's Name: Dale A Barte

Date/Time: 1/30/2018 9:30 AM

Notes:

### Monthly Operating Status:

System(s) currently running?

☒ yes

☐ no

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

☐ yes

☒ no

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

What is the current Vacuum reading?

1.14

### 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: Dale A. Banto Date/Time: 2/28/2018 8:35 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? 1.14

### 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?

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: Dale A. Barto Date/Time: 3/26/18 9:00 AM  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

What is the current Vacuum reading? 1.09

### 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 Bando Date/Time: 4/3/18 9:00 AM  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

What is the current Vacuum reading?

1.43

### Visual Inspection:

Any piping disconnected?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any cracks visible in piping?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any new cracks visible in slab floor?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Magnehelic 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? \_\_\_\_\_

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: Dale A. Rando

Date/Time: 5/30/18 9:30 AM

Notes:

### Monthly Operating Status:

System(s) currently running?

☒ yes

☒ no

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

☐ yes

☐ no

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

What is the current Vacuum reading?

1.46

### Visual Inspection:

Any piping disconnected?

☐ yes

☒ no

Any cracks visible in piping?

☐ yes

☒ no

Any new cracks visible in slab floor?

☐ yes

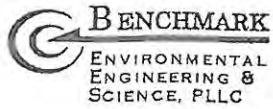
☒ no

Magnehelic guage reading 0?

☐ yes

☒ no

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



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

### Change in Occupancy / Use of Space:

Please indicate general use of floor space?

*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: Dale A Barto

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

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

Client: \_\_\_\_\_

Preparer's Name: Dale A Barto

Date/Time: 7/5/18 9:00 AM

Notes:

### Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

What is the current Vacuum reading?

1.46

### Visual Inspection:

Any piping disconnected? ☐ yes ☒ no

Any cracks visible in piping? ☐ yes ☒ no

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

Magnehelic guage reading 0? ☐ yes ☒ no

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





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

### Change in Occupancy / Use of Space:

Please indicate general use of floor space?

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: 7/31/18 9:30 AM

Notes:

### Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

What is the current Vacuum reading?

1.49

### 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?

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: Dale A Barlo Date/Time: 8/29/2018 9:15 Am  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no  
Has the system been off-line in the past month? ☐ yes ☒ no  
If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the current Vacuum reading?

1.49

### Visual Inspection:

Any piping disconnected?	<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:

9/28/2018 9:15

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?

1.54

### Visual Inspection:

Any piping disconnected?

☐ yes

☒ no

Any cracks visible in piping?

☐ yes

☒ no

Any new cracks visible in slab floor?

☐ yes

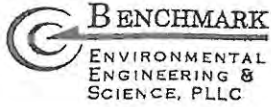
☒ no

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 Barlow Date/Time: 10/31/18 10:45  
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?	<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 Barbo Date/Time: 11/30/2018 9:00 AM

Notes:

---

---

---

---

---

---

### Monthly Operating Status:

System(s) currently running? ☒ yes ☐ no

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

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

---

---

---

---

---

---

What is the current Vacuum reading? 1.45

### Visual Inspection:

Any piping disconnected? ☐ yes ☒ no

Any cracks visible in piping? ☐ yes ☒ no

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

Magnehelic guage reading 0? ☐ yes ☒ no

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

---

---

---

---

---

---

---

---



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

### Change in Occupancy / Use of Space:

Please indicate general use of floor space?

Manufacturing

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

---

---

---

---

---

---

---

---

### System Modifications:

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

☐ yes

☒ no

If so, please list with date:

---

---

---

---

---

---

---

---

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

Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_  
Project Location: \_\_\_\_\_ Client: \_\_\_\_\_  
Preparer's Name: Dale A. Barto Date/Time: 12-28-2018 10:45  
Notes: \_\_\_\_\_

### Monthly Operating Status:

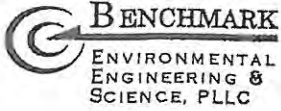
System(s) currently running? ☒ yes ☐ no  
Has the system been off-line in the past month? ☐ yes ☒ no  
If yes, please list the dates and brief description why (i.e. maintenance, part replacement, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the current Vacuum reading? 1.44

### Visual Inspection:

Any piping disconnected?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any cracks visible in piping?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Any new cracks visible in slab floor?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Magnehelic guage reading 0?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

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



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

### Change in Occupancy / Use of Space:

Please indicate general use of floor space?

Manufacturing

Has this general use changed in the past month?

☐ yes

☒ no

If yes, please explain:

---

---

---

---

---

---

---

---

### System Modifications:

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

☐ yes

☒ no

If so, please list with date:

---

---

---

---

---

---

---

---

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



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

Property Name: Hydro-Air Components Project No.: 129356-004  
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 2019

### 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):

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

### Corrective Action Taken

Date Completed: \_\_\_\_\_

Describe Action Taken (include sketch & photographs): \_\_\_\_\_

Corrective actions, as documented in the Corrective Measures Report, dated 14 December 2012, were continued in 2018. Measurements of the pH in the stormwater pond have been collected by HydroAir on a monthly basis. In December HydroAir hired a contractor to clear accumulated high pH precipitated material from the northern embayment of the stormwater retention pond. (See further details in attachment to page 1 of 3 - Operation, Monitoring, Maintenance). HydroAir continues to conduct Quarterly monitoring of the gravel cover area and surfacing groundwater has not been observed within the area. The pump at the loading dock has been operated per the 2012 Corrective Measures Report.

### Certification of Implementation

The signatory hereby certifies that the corrective action as described in this form has been completed in accordance with all relevant requirements of the Soil/Fill Management Plan and other applicable documents.

Preparer / Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

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

### Please verify inclusion of the following Attachments:

1. Site Sketch See attached pH monitoring table and site location figure.
2. Photographs

2018 PRR - Stormwater Pond Monitoring Form  
HydroAir Components, Inc.  
BCP Site #C915204, Buffalo, New York

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

[illegible]

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.

## Notes or Other Observations:

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.

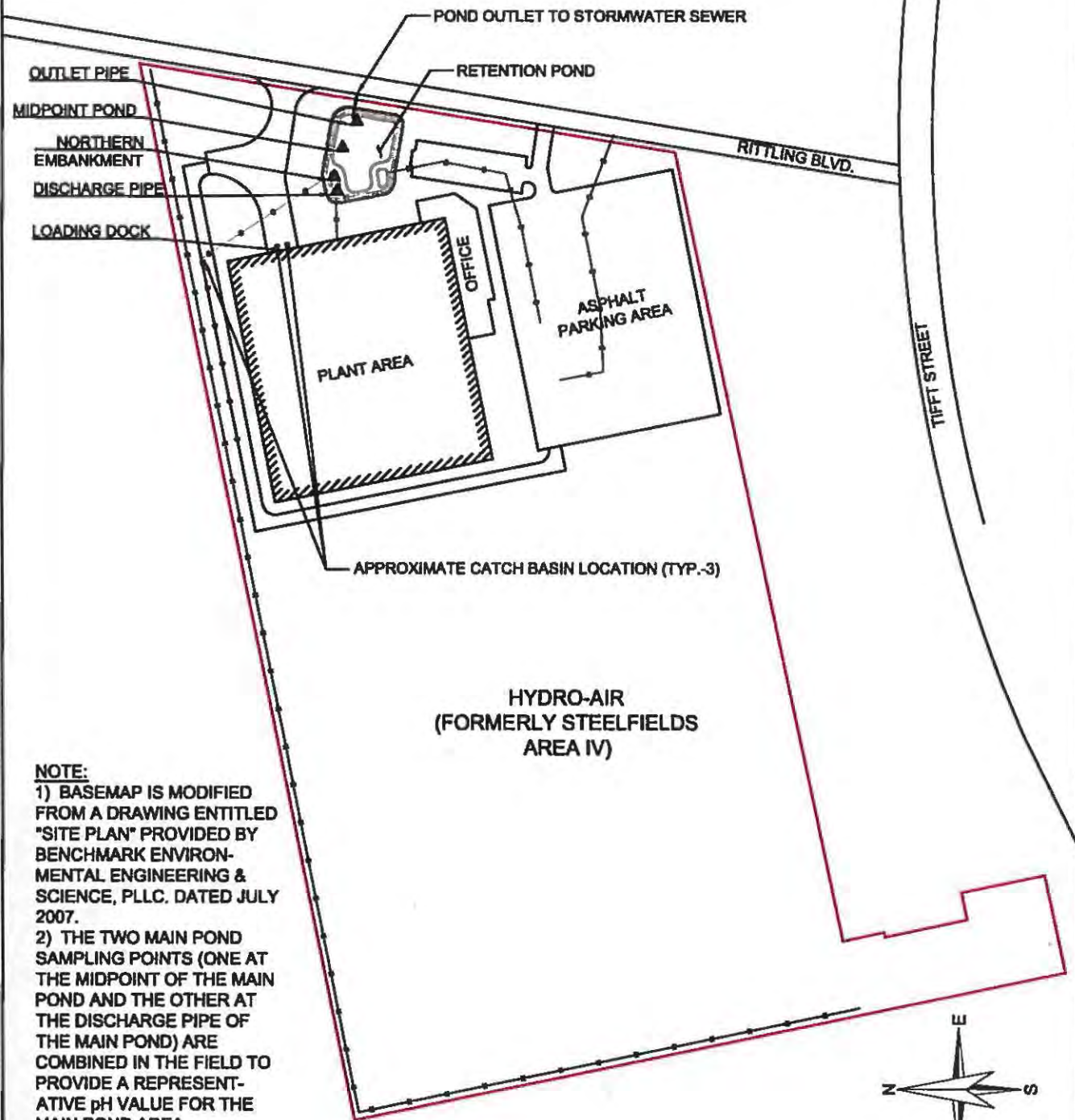
2 pH measurements were collected using a hand-held probe.

Date:

Date:





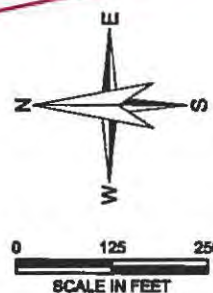


**NOTE:**

- 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**

**ORC Well Annual Inspection Form**

# ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: HYDRO AZR Project No.: \_\_\_\_\_  
 Project Location: BUFFALO, NY Client: \_\_\_\_\_  
 Preparer's Name: PAUL L. LUKK Date/Time: 6-26-18 1145  
 A4 - ORC - 1 A4 - ORC - 2 A4 - ORC - 3

sampling dates: 6-26-18 @ 1145

## Field groundwater quality measurements

Water Level	<u>5.30</u>				
Bottom Depth	<u>14.30</u>				
pH	<u>5.70</u>				
Temperature	<u>16.9</u>				
DO	<u>0.70</u>				
ORP	<u>39</u>				
Alkalinity	<u>N/A</u>				

Refer to Figure 1 for well locations

## Well Integrity

Cement seal	<input type="checkbox"/> good	<input checked="" type="checkbox"/> poor	If poor please note well.
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.

GOOD COVER

## ORC Sock's

Have any Socks been replaced ☐ yes ☒ no  
 If replaced on what date and why. NO SOCKS ON ORDER WILL REPAIR WHEN COME IN

Are socks fully submerged in well screens. ☒ yes ☐ no  
 If no explain why. SOCK DIRT 1330

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

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

Initial: PSL Date: \_\_\_\_\_

# ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: HYDRO AZR

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

Project Location: BUFFALO, NY

Client: \_\_\_\_\_

Preparer's Name: PSL 1.11.12

Date/Time: 6-26-13

A4 - ORC - 1

A4 - ORC - 2

A4 - ORC - 3

sampling dates:

6-26-13

1235

## Field groundwater quality measurements

Water Level

1.35

Bottom Depth

11.55

pH

3.91

Temperature

16.9

DO

0.46

ORP

318

Alkalinity

N/A

Refer to Figure 1 for well locations

## Well Integrity

Cement seal

☐ good

☒ poor

If poor please note well.

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.

ON ORDER OR DEN

Are socks fully submerged in well screens.

☒ yes

☐ no

If no explain why.

socks @ 10.61

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

☒ yes

☐ no

If no please state why.

Initial: PSL

Date: \_\_\_\_\_

# ORC WELL ANNUAL INSPECTION FORM Active ORC monitoring wells

Project Name: HYDRO AER Project No.: \_\_\_\_\_  
 Project Location: BUFFALO, NY Client: \_\_\_\_\_  
 Preparer's Name: \_\_\_\_\_ Date/Time: 6-26-18 1320

**A4 - ORC - 1                      A4 - ORC - 2                      A4 - ORC - 3**  
sampling dates: \_\_\_\_\_ 6-26-18 @ 1320

## Field groundwater quality measurements

	A4 - ORC - 1	A4 - ORC - 2	A4 - ORC - 3
<u>Water Level</u>			
<u>Bottom Depth</u>			<u>3.95</u>
<u>pH</u>			<u>10.46</u>
<u>Temperature</u>			<u>3.21</u>
<u>DO</u>			<u>17.8</u>
<u>ORP</u>			<u>0.13</u>
<u>Alkalinity</u>			<u>239</u>
			<u>N/A</u>

Refer to Figure 1 for well locations

## **Well integrity**

Cement seal	<input type="checkbox"/> good	<input checked="" type="checkbox"/> poor	If poor please note well.	<u>Buried under casing</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. ON ORDER

Are socks fully submerged in well screens. ☒ yes ☐ no  
 If no explain why. @ 9.45

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

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

Initial: PSL

Date: \_\_\_\_\_

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

Project Name: Hydro Air

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

Project Location: Buffalo, NY

Client: \_\_\_\_\_

Preparer's Name: Timothy Bly

Date/Time: 1-28-19 / 430 1205

A4 - ORC - 1

A4 - ORC - 2

A4 - ORC - 3

sample dates: 1-28-19 @ 1205

Field groundwater quality measurements

Water Level 3.70

Bottom Depth 14.30

pH 7.32

Temperature 3.81

DQ 3.55

ORP 327

Alkalinity N/A

Refer to Figure 1 for well locations

Well Integrity

Cement seal ☐ good ☒ poor

If poor please note well. grass covered

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. 1-28-19 - Plan

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

If no explain why. Sock Depth 13.55

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

☒ yes ☐ no

If no please state why.

Initial: TB

Date: 1-28-19



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

Project Name: Hydro Air

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

Project Location: Buffalo, NY

Client: \_\_\_\_\_

Preparer's Name: Timothy Bly

Date/Time: \_\_\_\_\_

sample dates: 1-28-19 @ 1250

1-28-19 @ 1250

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

**Field groundwater quality measurements**

Water Level

X

5.73

Bottom Depth

11.55

pH

7.32

Temperature

1.68

DO

6.06

ORP

429

Alkalinity

N/A

Refer to Figure 1 for well locations

**Well Integrity**

Cement seal

☐ good

☒ poor

If poor please note well.

Pro - casing condition

☒ good

☐ poor

If poor please note any damage.

Covered in good

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. 1-28-19 - Plan

Are socks fully submerged in well screens.

☒ yes

☐ no

If no explain why. socks @ 10.65

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

☒ yes

☐ no

If no please state why.

Initial:

TB

Date:

1-28-19

ORC WELL ANNUAL INSPECTION FORM  
Active ORC monitoring wells

Project Name: Hydro Air

Project No.:

Project Location: Buffalo, NY

Client:

Preparer's Name: Timothy Bly

Date/Time: 1-28-19

A4 - ORC - 1

A4 - ORC - 2

A4 - ORC - 3

sampling dates:

1-28-19 @ 1335

Field groundwater quality measurements

Water Level

4.27

Bottom Depth

10.46

pH

7.37

Temperature

0.84

DO

3.09

ORP

361

Alkalinity

N/A

Refer to Figure 1 for well locations

Well Integrity

Cement seal

☐ good

☒ poor

If poor please note well.

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.

1-28-19 - Plan

Are socks fully submerged in well screens.

☒ yes

☐ no

If no explain why.

@ 9.48

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

☒ yes

☐ no

If no please state why.

Initial:

TB

Date:

1-28-19

## **Addendum to ORC Forms**

### **Addendum to ORC Forms**

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

The ORC socks were most recently replaced on 28 January 2019. ORC socks had been scheduled to be replaced in June 2018, but replacement socks were not available during the field representatives (TestAmerica) visit to the site. Subsequently, the individual whom had been servicing the socks retired and the regular replacement of the socks inadvertently did not occur. TestAmerica was contacted in January 2019 and a new individual has been assigned to this maintenance activity and completed the change out on 28 January 2019. Going forward the six-month change-out schedule will be resumed.