

September 22, 2017

Mr. Michael McLean, P.E.
Project Manager
New York State Department of Environmental Conservation
1115 State Route 86
P.O. Box 296
Ray Brook, New York 12977-0296

Re: Periodic Review Report
36 Elm Street
Glens Falls, NY 12801
NYSDEC Site Number E557019

File: 1032.008.002

Dear Mr. McLean:

Enclosed is the Periodic Review Report (PRR) prepared by Barton & Loguidice, D.P.C. (B&L) for the 36 Elm Street site located in the City of Glens Falls, Warren County, New York. This is the second PRR that has been prepared by B&L for this Environmental Restoration Program (ERP) site which is owned by the Greater Glens Falls Local Development Corporation (GGFLDC). Therefore, the reader is referred to the initial PRR prepared by B&L dated October 11, 2016 for additional information regarding the subject property.

Annual Site Inspection

As stipulated in the ROD, the current owner of the property must prepare and submit a PRR to the NYSDEC on an annual basis. Therefore, at the request of the GGFLDC, Mr. Stephen Le Fevre of B&L conducted a site inspection of the 36 Elm Street site on August 20, 2017, and subsequently prepared this PRR. In addition, B&L completed the enclosed Institutional and Engineering Controls Certification Form provided by the NYSDEC.

The site inspection included a visual inspection of the property exterior, surrounding property exteriors, and the basement of the property building. In particular, Mr. Le Fevre inspected the condition of the concrete slab that had been previously installed in the basement area to prevent the occurrence of standing water. Mr. Le Fevre determined that the concrete slab was serving its intended purpose, as the concrete slab was observed to be dry. However, Mr. Le Fevre did observe isolated areas of the basement floor that were wet, while other portions of the basement floor were dry. Based upon the site inspection, it was not possible to determine the source of the wetness. In addition to the above, two piles of sediment located adjacent to the west wall of the building that Mr. Le Fevre had previously observed during the last site inspection on September 1, 2016 were still present. As noted in the prior PRR prepared by B&L for this site dated October 11, 2016, the





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sediment apparently originated outside of the 36 Elm Street building structure and migrated into the basement area via two small cracks/fissures that were observed to exist in the basement wall immediately adjacent to the sediment piles. According to information provided by the City of Glens Falls, the water line supplying the sprinkler system in the adjacent building had frozen at some point, ruptured, and flooded the basement of the adjacent building. The flooding apparently rose to a level that caused the water to leak from the basement of the adjacent building and enter the basement of the 36 Elm Street building structure under a pressurized condition. B&L theorizes that the water entering the building was sediment laden, thereby resulting in the creation of the two observed piles.

Site Management Periodic Review Report Notice

The Institutional and Engineering Controls Certification Form for the 36 Elm Street site has been completed by B&L and is included as an attachment herein.

Conclusions

The site inspection of the 36 Elm Street site institutional controls is complete. There were no deficiencies in regard to the institutional controls identified during the inspection. In addition, no activities occurred during the past year requiring the implementation of additional institutional or engineering controls.

Very truly yours,

BARTON & LOGUIDICE, D.P.C.

A handwritten signature in blue ink, reading 'Stephen B. Le Fevre', is positioned above the typed name.

Stephen B. Le Fevre, P.G. C.P.G.
Senior Managing Hydrogeologist

SBL/akg
Attachments

**Periodic Review Report
Institutional and Engineering Controls
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.	E557019	Site Details		Box 1
Site Name	36 Elm Street			
Site Address:	36 Elm Street	Zip Code:	12801	
City/Town:	Giens Falls			
County:	Warren			
Site Acreage:	0.1			
 Reporting Period: July 02, 2016 to July 02, 2017				
				YES NO
1. Is the information above correct?				<input checked="" type="checkbox"/> <input type="checkbox"/>
If NO, include handwritten above or on a separate sheet.				
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment during this Reporting Period?				<input type="checkbox"/> <input checked="" type="checkbox"/>
3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?				<input type="checkbox"/> <input checked="" type="checkbox"/>
4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?				<input type="checkbox"/> <input checked="" type="checkbox"/>
If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.				
5. Is the site currently undergoing development?				<input type="checkbox"/> <input checked="" type="checkbox"/>

				Box 2
				YES NO
6. Is the current site use consistent with the use(s) listed below? Restricted-Residential, Commercial, and Industrial				<input checked="" type="checkbox"/> <input type="checkbox"/>
7. Are all ICs/ECs in place and functioning as designed?				<input checked="" type="checkbox"/> <input type="checkbox"/>
IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.				
A Corrective Measures Work Plan must be submitted along with this form to address these issues.				
Signature of Owner, Remedial Party or Designated Representative			Date	

SITE NO. E557019

Box 3

Description of Institutional Controls

Parcel

309.28-1-13

Owner

City of Glens Falls

Institutional Control

**Ground Water Use Restriction
Landuse Restriction
Building Use Restriction
Site Management Plan
IC/EC Plan**

Box 4

Description of Engineering Controls

None Required

Not Applicable/No EC's

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. E557019

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.

1. EDWARD BARTHOLOMEW CITY OF GREAT BRITAIN
print name print business address

am certifying as OWNER (Owner or Remedial Party)

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

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

5/21/17
Date

IC/EC CERTIFICATIONS

Box 7

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 Scott D. Nostrand at 443 Electronics Parkway, Liverpool, NY 13088
print name print business address

I am certifying as a Owner for the _____
(Owner or Remedial Party)



Signature of, for the Owner or Remedial Party,
Rendering Certification

Stamp
(Required for PE)

Date
9/22/17