



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.                                                                                                                                                    | V00362 |                                                              |
| Site Name NFG - Buffalo Service Center                                                                                                                      |        |                                                              |
| Site Address: <del>249 West Genesee Street</del> Zip Code: 14202<br>City/Town: Buffalo<br>County: Erie<br>Site Acreage: 0.0                                 |        |                                                              |
| 95 Fourth Street                                                                                                                                            |        |                                                              |
| Reporting Period: April 22, 2016 to July 22, 2017                                                                                                           |        |                                                              |
|                                                                                                                                                             |        | YES NO                                                       |
| 1. Is the information above correct?                                                                                                                        |        | <input type="checkbox"/> <input checked="" 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?<br>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"/> |
| <b>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.</b> |  |                                                              |
| 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. V00362

Box 3

**Description of Institutional Controls**

Parcel

Owner

Institutional Control

~~110-60-2-3~~

City of Buffalo

110.12-1-23.11

Ground Water Use Restriction

Monitoring Plan

Site Management Plan

For OU2A (School), OU2B & OU2C

Groundwater is being monitored under the Site Management Plan for C915194 and C915195, dated October 2, 2006.

Box 4

**Description of Engineering Controls**

Parcel

Engineering Control

~~110-60-2-3~~

110.12-1-23.11

Vapor Mitigation

1) Inspection of the sub-slab depressurization/ vapor extraction system installed in the crawl space of Waterfront School.

2) Inspection of concrete slab in the Waterfront School crawl space.

3) Annual inspection of the vapor extraction system and concrete slab.

### 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

☒ ☐

THE PRR CONSISTS OF THE  
ATTACHED INSPECTION REPORT.

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. V00362

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.

John P. Blum at 481 CARLISLE DRIVE, Herndon, Va  
print name print business address 20170

am certifying as Remedial Party Rep. (Owner or Remedial Party)

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

John P. Blum  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

6/30/2017  
Date



# IC/EC CERTIFICATIONS

Box 7

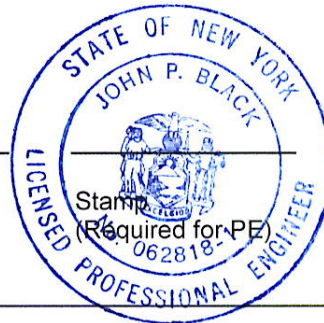
## Qualified Environmental Professional Signature

I certify that all information in Boxes 4 and 5 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I John P. Black at 101 Carlisle Dr. Herndon VA  
print name print business address 20170

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

John P. Black  
Signature of Qualified Environmental Professional, for  
the Owner or Remedial Party, Rendering Certification



6/30/2017  
Date

## Real Property Parcel Search

### Real Property Information

|                          |                    |                        |                     |                |        |
|--------------------------|--------------------|------------------------|---------------------|----------------|--------|
| <b>Parcel Status</b>     | ACTIVE             | <b>City/Town</b>       | Buffalo             | <b>Village</b> |        |
| <b>S-B-L</b>             | 110.12-1-23.11     | <b>Owner</b>           | CITY OF BUFFALO     | <b>SWIS</b>    | 140200 |
| <b>Property Location</b> | 95 FOURTH          | <b>Mailing Address</b> |                     |                |        |
| <b>Property Class</b>    | 612 SCHOOL         | <b>Line 2</b>          |                     |                |        |
| <b>Assessment</b>        | 4932190            | <b>Line 3</b>          |                     |                |        |
| <b>Taxable</b>           | 0                  | <b>Street</b>          | 920 CITY HALL       |                |        |
| <b>Desc</b>              | SOUTH COR CAROLINA | <b>City/State</b>      | BUFFALO NY          |                |        |
| <b>Desc</b>              |                    | <b>Zip</b>             | 14202               |                |        |
| <b>Deed Book</b>         |                    | <b>Deed Page</b>       |                     |                |        |
| <b>Frontage</b>          | 1514               | <b>Depth</b>           | 288                 | <b>Acres</b>   | 15.42  |
| <b>Year Built</b>        |                    | <b>Square Ft</b>       |                     |                |        |
| <b>Beds</b>              |                    | <b>Baths</b>           |                     |                |        |
| <b>FirePlace</b>         |                    | <b>School</b>          | BUFFALO SCHOOL DIST |                |        |

[Owner History](#) [Tax Payment History](#)



[Click Here](#)

Owner Name

{Last Name First} or

November 1, 2016

**Memorandum:**

To: Jaspal Walia  
David Syzmanski

From: John Black

Subject: Annual Inspection – Waterfront School, Buffalo, New York

CC: Project File

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On Tuesday October 25, 2016 the annual inspection of the vapor mitigation fan and concrete floor was conducted at the Waterfront School in Buffalo, New York. The Inspection form completed during the inspection are attached.

The fan was operating normally and maintaining a low pressure environment below the floor. The floor condition was good with no noticeable cracking or displacement. There was some standing water on the floor, but that does not pose a concern for proper operation of the system.

**Annual Inspection Form  
Waterfront School Venting System/Concrete Condition  
Buffalo, New York**

**Date:** 10/25/2016  
**Inspector Name:** Dan Flanigan

**Venting System**

Fan

☒ yes

**Operating**

☐ no

**Remarks**

The switch and alarm within the 1st floor classroom were inspected at approximately 14:30. The fan was audibly running. Air was exhausting through the rain cap / screen. The basement level was inspected. Inspector crawled over / under existing pipe until beneath the room and the sloped sides indicated on page 2 were intact. The vacuum within the existing pipe was audible by movement. The inspector noted that the system is fully operational. I provided John Black's Phone Number to the head Custodian in the event the alarm should ever go off.

**Concrete Pad**

Significant Cracking

(hairline cracks are allowable and expected)

**Evaluation**

☐ yes

☒ no

**Observations (provide description)**

There is standing water throughout the entire basement. This does not appear to be related to the venting system. The portion of the slab with sloping side was in good condition with minor spalling. The mortar around the 4-inch schedule 80 pvc pipe where it entered the slab was in good condition with no apparent cracks. Pipe hangers were intact.

**Contact Information**

Please Contact John Black at 571.217.6761 if maintenance is required.