



INVENTUM ENGINEERING, PC

October 10, 2018

David Szymanski - Environmental Program Specialist 1
New York State Department of Environmental Conservation
Region 9 - Division of Environmental Remediation
270 Michigan Avenue
Buffalo, NY 14203
Email: David.Szymanski@dec.ny.gov

RE: Transmittal - Period Review Report
NFG – Buffalo Service Center
95 Fourth Street
Buffalo, New York

Dear Mr. Szymanski:

The Period Review Report for the operating environmental controls at Site V00362, OU-2A (School), OU-2B and OU-2C is enclosed. The only work being completed at the site is the annual inspection and maintenance of the sub-slab depressurization fan and the inspection of the concrete slab over the flowable fill that was placed in 2005.

The completed PRR is Enclosed as Attachment A, the Annual Inspection Form is enclosed as Attachment B, and Photographs taken during the inspection are enclosed as Attachment C.

Please feel free to call with any questions; +1.571.217.6761.

Respectfully submitted,

John P. Black, P.E.

Enclosures

481 Carlisle Drive
Suite 202
Herndon, Virginia 20170

Attachment A
Periodic Review Report





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: 95 Fourth Street Zip Code: 14202		
City/Town: Buffalo		
County: Erie		
Site Acreage: 0.0		
Reporting Period: July 22, 2017 to July 22, 2018		
		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? 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. V00362

Box 3

Description of Institutional Controls

Parcel

110.12-1-23.11

Owner

City of Buffalo

Institutional Control

Ground Water Use Restriction
Monitoring Plan
Site Management Plan

National Fuel Gas Buffalo Service Center Site: OU-2A (School), OU-2B, and OU-2C.

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

Box 4

Description of Engineering Controls

Parcel

110.12-1-23.11

Engineering Control

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

☒ ☐

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. Black at 481 Carisle Dr. #202 Herndon, VA
print name print business address 20170

am certifying as Remedial Party (Owner or Remedial Party)

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

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

10/9/2019
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.

John P. Black at 481 Carlisle Dr. #202, Herndon, VA 20170
print name print business address

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

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



10/9/2018
Date

Attachment B

Inspection Log



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

Date: 9.27.18 @ 10:00 AM.
Inspector Name: Matt Reardon (O.S.C.)

Venting System

Fan

Operating?



Yes



No

Monometer Indicating Vacuum?



see picture

Stack Clear and Rain Cap in Place?



Remarks:

INSPECTION OF Fan and outside of discharge point
All was in operation and in good condition

Concrete Pad

Evaluation

(Take photographs of any noted conditions)

Significant

Cracking?

(hairline cracks are allowable and expected)

Spalling? N/A

Standing Water? Upon arrival, there was standing water on most of basement floor, sump pump was not running. Waterfront custom reset pump and was operational

Observations (provide description and take photographs)

As per photo's there were cracks with seepage.

Attachment C

Photographs





Photograph 1

Concrete Slab at Entrance to School





Photograph 2

Vent for Sub-slab Depressurization System





Photograph 3

Standing Water in Basement





Photograph 4

Moisture along Concrete Joint





Photograph 5

Monometer Showing Vacuum on System





Photograph 6

Monometer Location

