



July 29, 2019

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, including Photographs taken during the inspection. Please note, that while we had planned to seal cracks outside the limits of our system, standing water in those portions of the basement prevented us from completing that additional effort. We will be prepared to complete that task next year if conditions allow but in either event, these cracks are not in locations that would affect the performance of the system.

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

Respectfully submitted,

A handwritten signature in blue ink that reads "John P. Black". The signature is written in a cursive style and is placed on a light yellow rectangular background.

John P. Black, P.E.

Enclosures

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: 0.040		
Reporting Period: July 22, 2018 to July 22, 2019		
		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

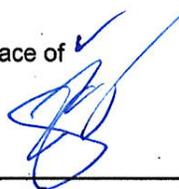
Description of Engineering Controls

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 Carnegie Dr. # 202 Harrison
print name print business address N.J. 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

7/29/2019
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 John T. Black at 431 Carlisle Dr. # 202 Herndon,
print name print business address VA 20170

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

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



7/29/2019
Date

Attachment B

Inspection Log



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

Date: _____ Thursday, July 25, 2019 _____

Inspector Name: _____ Daniel Flanigan _____

Venting System

Fan

Yes

No

Operating?

Monometer Indicating Vacuum?

Yes

No

Stack Clear and Rain Cap in Place?

Yes

No

Remarks:

Fan appears to be working fine, from the 1st floor level in room 110, you can hear the fan running. I did not have a ladder to access the roof for inspection but the first photograph below is of the rain vent cap, in place and stack is clear. The second photo is in the basement showing the monometer indicating vacuum, the third photo is of the extraction point, slab is free of cracks. The rest of the basement however is flooded with a couple inches of standing water in places. Without pumping that down, I'm not able to thoroughly inspect for cracks. I did have caulk with me based on last years report but I think reference to cracks was for the greater basement area, not necessarily the area of influence from this vapor extraction point.

Concrete Pad

Evaluation

(Take photographs of any noted conditions)

Significant Cracking? _____ Refer to statement above
(hairline cracks are allowable and expected)

Spalling? _____ Refer to statement above

Standing Water? _____ Refer to statement above

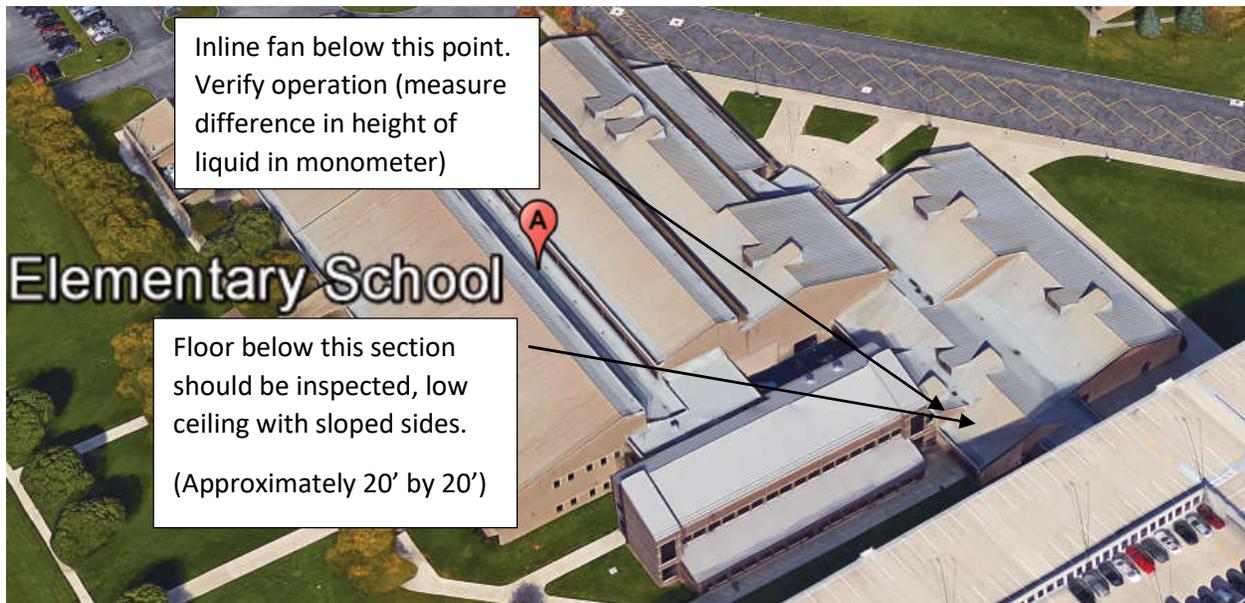
Observations (provide description and take photographs)

Photographs are attached below, last page.

Contact Information

Please Contact John Black at 571.217.6761 if maintenance is required.

Inspection Location



Contact for appointment to enter:

Custodian

Waterfront Elementary School (BPS #95)

95 4th Street, Buffalo, NY 14201 ·

Phone: (716) 816-3900

Access:

Check in at office at time of appointment with custodian. Basement access through floor opening to vertical ladder near maintenance garage.

Photographs





RADON REDUCTION SYSTEM

This device measures system vacuum pressure levels. Vacuum pressure provides an indication of system operation. Do not tamper with the device.

INSTALLER: _____
LIC./CERT # _____
WEBSITE: _____
PHONE: _____

DATE OF INSTALLATION: _____
INITIAL VACUUM PRESSURE: _____
ESTIMATED ANNUAL FAN ELECTRICAL COST: _____

← Call for service if both color bands are present or if vacuum pressure changes.

Notice: Building should be tested every 2 years or as required by state or federal agencies.

Additional radon resources:
www.epa.gov/radon
1-800-SOS-RADON (767-7236)

1" WC/DIV



RadonAway

EASY READ
RADON SYSTEM
MONITOR

