

Construction Closeout Report

2137 Seneca Street Site

March 2012

0226-003-100



Prepared For:

2137 Seneca, LLC

Prepared By:



2558 Hamburg Turnpike, Suite 300, Buffalo, New York 14218 | phone: (716) 856-0635 | fax: (716) 856-0583

CONSTRUCTION CLOSEOUT REPORT
for

2137 SENECA STREET SITE
(SITE NO. V-00370)

BUFFALO, NEW YORK

March 2012

0226-003-100

Prepared for:

2137 Seneca, LLC

Prepared By:



TurnKey Environmental Restoration, LLC
2558 Hamburg Turnpike, Suite 300
Buffalo, NY 14218
(716)856-0599

CONSTRUCTION CLOSEOUT REPORT

2137 Seneca Street Site

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CONSTRUCTION CLOSEOUT REPORT

2137 Seneca Street Site

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1.0 INTRODUCTION

TurnKey Environmental Restoration, LLC (TurnKey), has prepared this Construction Closeout Report (CCR), on behalf of 2137 Seneca, LLC, to summarize the post-remedial redevelopment activities at the New York State Department of Environmental Conservation (NYSDEC) Voluntary Cleanup Program (VCP) Former Pizza Hut Site (V-00370).

This Construction Closeout Report (CCR) has been prepared in accordance with the NYSDEC DER-10 (May 2010) and the approved Site Management Plan (SMP), dated May 2011.

1.1 Site Background

The Site is located in the City of Buffalo, Erie County, New York and is identified as 2137 Seneca Street (SBL# 133.26-7-1.1) on the Erie County Tax Map. The site is an approximately 0.68-acre parcel located at the corner of Seneca Street and Kingston Place (see Figure 1). The site was used by Pizza Hut restaurants from approximately 1985 until 2000.

The completed environmental remediation of the Site was undertaken by GE Capital Franchise Finance Corporation (GEFF) and subsequently redeveloped under the NYSDEC Voluntary Cleanup Program. This document and the requirements of the SMP are related to activities which were completed on the 2137 Seneca Street parcel.

Prior to the initiation of redevelopment activities, a Notification Addendum to the Excavation Work Plan was submitted to the NYSDEC in October of 2011 outlining the details of the redevelopment activities in accordance with Excavation Work Plan (Appendix A of the approved SMP).

1.2 Site Remedial History

Environmental remediation of the Site was undertaken by GEFF as a non-responsible party under the NYSDEC's VCP. Environmental investigations found that the Site had been contaminated by chlorinated volatile organic compounds (cVOCs); cleanup efforts were completed at the Site between 2003 and 2009. After review and approval of

the Final Engineering Report (FER) and implementation of the SMP, the NYSDEC issued a closure letter to GEF, which allows for redevelopment of the Site.

The following is a summary of the post-remedial activities performed at the site:

- Demolition of former restaurant building, with off-site disposal and or recycling of waste streams;
- Decommissioning of former monitoring wells and piezometers, in accordance with NYSDEC CP-43 guidelines;
- Installation of a passive subslab vapor depressurization system;
- Placement and compaction of clean backfill material; and,
- Construction of a new commercial building, parking area and landscape.

2.0 REDEVELOPMENT ACTIVITIES

2137 Seneca, LLC completed the redevelopment of the Site with the construction of an approximate 9,100-sq-ft commercial-retail store and associated parking areas. Redevelopment activities including demolition of the former building, decommissioning of the former monitoring wells and piezometers, and excavation related to building footers, utility corridors, and stormwater catch basins. Redevelopment activities were completed in February 2012. A TurnKey qualified environmental professional (QEP) provided oversight during intrusive activities. A photolog of the redevelopment activities is included in Appendix A.

2.1 Notification Addendum to the Excavation Work Plan

Prior to the initiation of redevelopment activities, 2137 Seneca, LLC prepared a Notification Addendum (dated October 2011), in accordance with the approved SMP, and submitted to the NYSDEC. The notification addendum outlined the excavation activities and areas where intrusive activities could potentially encounter remaining contamination on-site, the planned disposal facilities, and planned backfill material sources.

2.2 Site Preparation

2.2.1 Utility Clearance

Dig Safely New York (Call 811) was contacted by the site contractor(s) in advance of the work and informed of the intent to perform excavation work at the Site. Utility mark-outs were evident along Seneca Street and Kingston Place prior to intrusive activities.

2.2.2 City of Buffalo Permits

The site redevelopment contractors acquired the necessary City of Buffalo demolition, building and utility permits prior to initiation of the associated phase of the redevelopment. Copies of the permits are included within Appendix B.

2.2.3 Waste Characterization

Prior to intrusive activities, waste disposal facility characterization samples were collected and sampled for Toxicity Characteristic Leaching Procedure (TCLP) volatile organic compounds (VOCs), TCLP semi-volatile organic compounds (SVOCs), TCLP metals, ignitability, corrosivity, and reactivity to allow for disposal application approval by the landfill. Waste characterization analytical results are included in the disposal application, included in Appendix C.

2.3 Construction Activities

2.3.1 Building Demolition

Prior to intrusive redevelopment activities, the former Pizza Hut building was demolished by Empire Building Diagnostics, Inc. (EBD). Demolition debris was disposed at Niagara Falls Landfill (Allied Waste - Republic), located in Niagara Falls, NY; brick and concrete were recycled by EBD at Southport Rail and Transfer, located in Blasdell, NY. Disposal documents are included in Appendix C.

2.3.2 Building and Utility Excavations

As detailed in the architectural drawings (previously provide as part of the Notification Addendum), building foundation excavations were completed to depths of approximately 48” below post redevelopment surface grade. Excess material which was not reused due to geotechnical concerns was transported off-site for disposal at Waste Management, Chafee Landfill, located in Chafee NY; and, Modern Landfill, Model City, NY. Disposal documents are included in Appendix C.

2.3.3 Site Grading

As detailed in the Grading Plan (previously provided as part of the Notification Addendum), overburden surface soil/fill was removed across the site to allow for placement and compaction of sub-base material prior to planned final grade. Any overburden material not suitable for on-Site reuse due to geotechnical concerns was transported off-site for disposal at WM’s Chafee Landfill or Modern Landfill.

2.3.4 Disposal

Approximately 627-tons of excess subgrade soil/fill was excavated and disposed off-site at Waste Management's Chafee Landfill, located in Chafee, New York.

Approximately 99- tons of subgrade excess soil/fill was excavated and disposed off-site at Modern Landfill, located in Model City, New York.

Disposal documents are included in Appendix C.

2.3.5 Backfill Material

Approximately 877.51-tons of approved 2" run-of-crush (ROC), from the Buffalo Crushed Stone (BCS) Wehrle Plant, were placed across the Site for building foundation, and subgrade backfill.

Approximately 88-tons of 2" recycled concrete, from Buffalo Recycled Aggregate, LLC (Battaglia), were used as subgrade material for potable water service, sanitary sewer and storm water sewer line pipe bedding material

Both the 2" ROC and 2" recycled backfill material were appropriate for use without chemical testing, in accordance with NYSDEC DER-10 backfill requirements. Backfill sieves analyses and tonnage reports are provided electronically in Appendix D.

2.4 Monitoring Well Decommissioning

Based on redevelopment plans and in accordance with the SMP, on-Site monitoring wells and piezometers were decommissioned in accordance with the NYSDEC CP-43: Groundwater Monitoring Well Decommissioning Policy. Well decommissioning was performed on October 20th 2011 by Applus RTD QISI (QIS) with TurnKey providing oversight. Monitoring wells and piezometers were grouted in place, with the upper 3-5 feet of riser being removed during redevelopment activities.

A total of 36 monitoring wells and piezometers (included within 24 road boxes) identified as MW-1, MW-3, MW-5, MW-6, MW-13A, and the treatment infiltration gallery including IW-1 S/D, IW-2D, IW-3 S/D, IW-4 S/D, IW-5 S/D, IW-6 S/D, IW-7 S/D, IW-8 S/D, IW-9 S/D, IW-10, IW-11, IW-12, IW-13, IW-14, 2" Riser, IW-15 S/D, IW-16 S/D, IW-17 S/D, IW-18 S/D were all decommissioned via grout in-place method (CP-43). Monitoring well decommissioning logs are provided in Appendix E.

2.5 Community Air Monitoring Program

Real-time community air monitoring was performed during intrusive activities at the Site utilizing a hand-held photoionization detector (PID) for evaluation of volatile organics. No elevated volatile readings were noted with the PID. Dust monitoring was not completed due to weather conditions (i.e. precipitation). It should also be noted that the City of Buffalo was conducting roadway upgrading and resurfacing of Seneca Street during the redevelopment, thereby ambient PID readings were ranging from 0.0 ppm to over 5 ppm.

2.6 Passive Subslab Vapor Extraction System

As a requirement of the SMP, and as agreed by the NYSDOH, a passive subslab vapor depressurization system was installed under the new building slab. Perforated pipe was installed below the new building slab, which extended vertically along the interior western wall, penetrating the roof structure and terminating via two (2) passive exterior fans. Details of the system are presented in Appendix F.

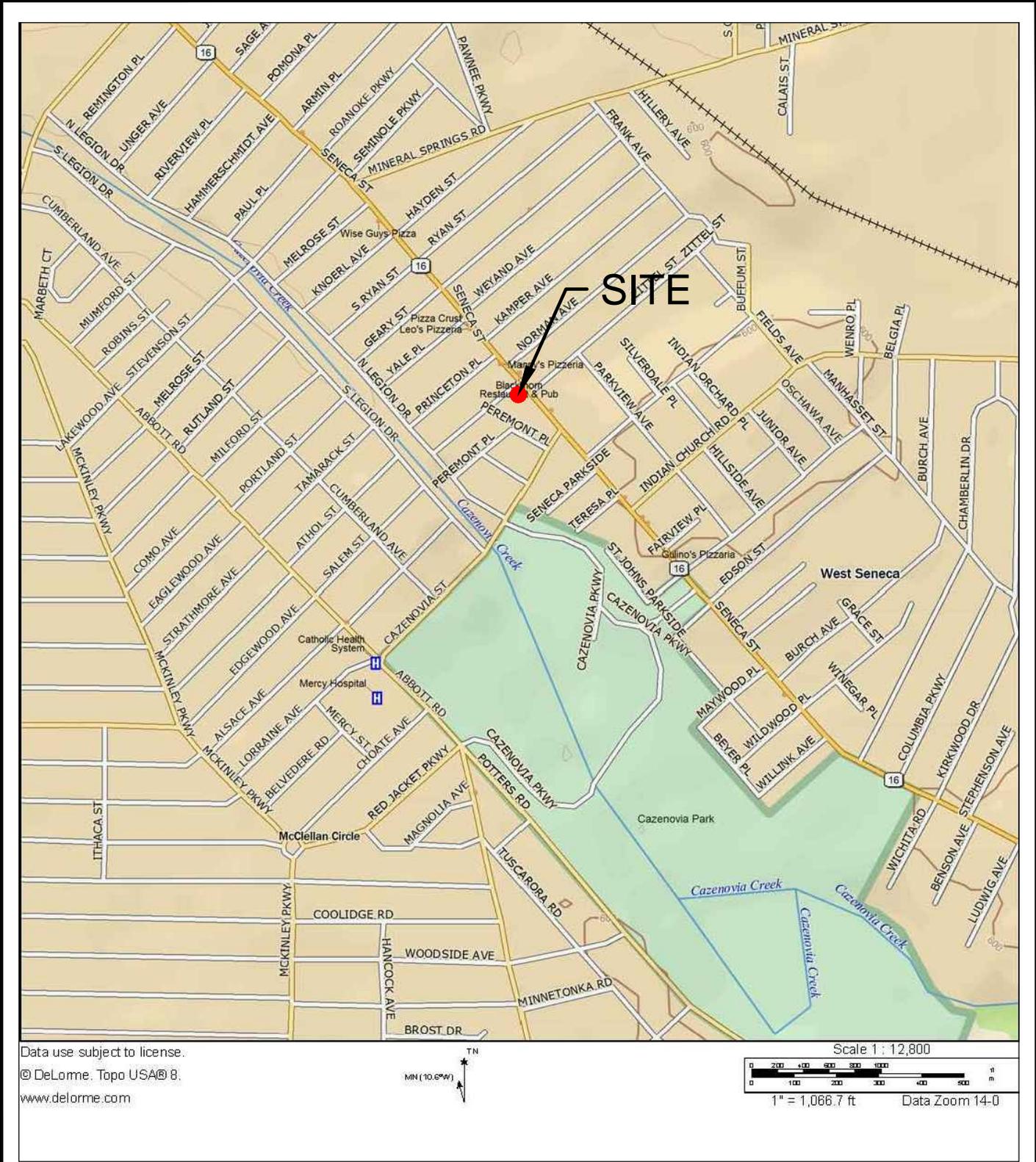
3.0 SUMMARY AND CONCLUSIONS

Based on the information presented above, we offer following summary and conclusions:

- Redevelopment activities were completed in accordance with the approved Excavation Work Plan (Appendix A of the SMP) between October and December 2011. No Corrective Measures were required during redevelopment activities;
- Decommissioning of 36 on-Site monitoring wells and piezometers in accordance with NYSDEC CP-43: Groundwater Monitoring Well Decommissioning Policy;
- Approximately 726-tons of excess overburden soil/fill was excavated and transported off-site for disposal, including 627-tons at WM – Chafee Landfill in Chafee, New York and 99-tons at Modern Landfill in Model City, New York
- Approximately 965.5-tons of approved backfill material was placed on-Site including, approximately 877.5 tons of 2” ROC from Buffalo Crushed Stone Wehrle, and approximately 88-tons of 2” recycled material from Buffalo Recycled Aggregate, LLC; and,
- Installation of a passive subslab vapor extraction system within the new building.

FIGURES

FIGURE 1



2558 HAMBURG TURNPIKE
 SUITE 300
 BUFFALO, NY 14218
 (716) 856-0635

SITE LOCATION AND VICINITY MAP

CONSTRUCTION CLOSEOUT REPORT

2137 SENECA STREET SITE

BUFFALO, NEW YORK

PREPARED FOR

2137 SENECA, LLC

PROJECT NO.: 0226-003-100

DATE: FEBRUARY 2012

DRAFTED BY: JGT



BASE IMAGE PER GOOGLE

— SITE BOUNDARY (APPROXIMATE)

NOT TO SCALE



2558 HAMBURG TURNPIKE
 SUITE 300
 BUFFALO, NY 14218
 (716) 856-0635

SITE PLAN (PRE-REDEVELOPMENT)

CONSTRUCTION CLOSEOUT REPORT
 2137 SENECA STREET SITE

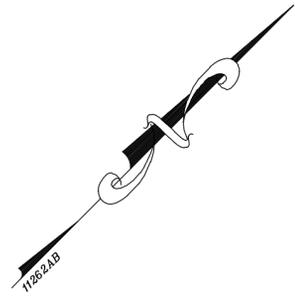
BUFFALO, NEW YORK
 PREPARED FOR
 2137 SENECA, LLC

FIGURE 2

PROJECT NO.: 0226-001-300

DATE: FEBRUARY 2012

DRAFTED BY: JGT

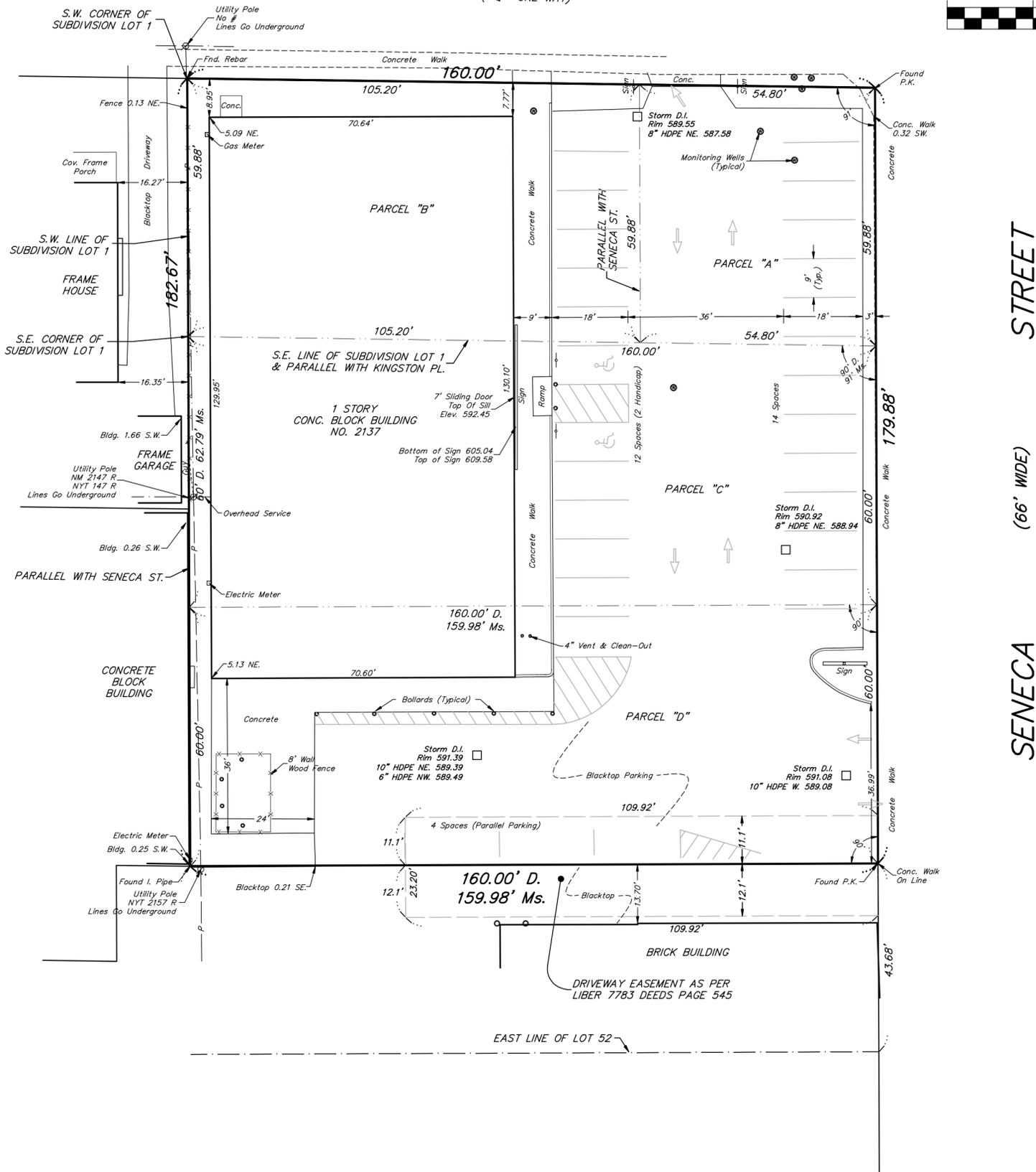


KINGSTON PLACE
(40' WIDE)
(ALSO KNOWN AS KINGSTON STREET)
(← ONE WAY)

GRAPHIC SCALE



(IN FEET)
1 inch = 20 ft.



LEGEND

- | | |
|--------------------------------------|---------------------|
| ⊗ UTILITY / SERVICE POLE | R.O.W. RIGHT OF WAY |
| ⊗ WATER LINE VALVE | CONC. CONCRETE |
| ⊗ FIRE HYDRANT | INV. INVERT |
| ⊗ D.I. (DROP INLET - STORM) | M.H. MANHOLE |
| ⊗ MANHOLE (STORM) | —G— GAS LINE |
| ⊗ MANHOLE (ELECTRIC) | —W— WATER LINE |
| ⊗ MANHOLE (TRAFFIC) | —T— TELEPHONE LINE |
| ⊗ MANHOLE (SANITARY) | —E— ELECTRIC LINE |
| ⊗ LDR (LIGHT DUTY RECEIVER - STORM) | —P— UTILITY LINES |
| ⊗ BYD (BACKYARD DRAIN INLET - STORM) | —C— CABLE LINES |
| ⊗ GAS LINE VALVE | D. DEED |
| ⊗ LIGHT STANDARD | M. MEASURED |
| ⊗ SIGN | L. LIBER |
| H.C. HANDICAP | P. PAGE |

NOTE:
BUILDING OFFSETS & SETBACKS
MEASURED TO FOUNDATIONS

INSTRUMENT(S) UTILIZED IN DETERMINING LOCATION OF BOUNDARY LINES: LIBER 9439 PAGE 654
THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT ABSTRACT OF TITLE AND IS SUBJECT TO ANY STATE OF FACTS THAT MAY BE REVEALED IN SAID ABSTRACT.
NOTE: PROPERTY CORNER MONUMENTS WERE NOT PLACED AS PART OF THIS SURVEY.

<p>THIS SURVEY MAP WAS PREPARED IN ACCORDANCE WITH THE CURRENT STANDARDS FOR LAND SURVEYS ADOPTED BY THE BAR ASSOCIATION OF ERIE COUNTY AT THE REQUEST OF Creative Structures Services</p> <p><i>Francis C. Delles</i> FRANCIS C. DELLES NYSPLS No. 080477</p>	<p>©COPYRIGHT 2012 BY: Millard, MacKay & Delles LAND SURVEYORS, LLP 150 AERO DRIVE BUFFALO, NEW YORK 14225 PHONE (716) 631-5140 ~ FAX 631-3811</p>	<p>AMEND: SURVEY DATE: 3-14-12 DRAWING DATE: 3-16-12 SCALE: 1" = 20' "ALL RIGHTS RESERVED"</p>
	<p>THIS MAP VOID UNLESS EMBOSSED WITH NEW YORK STATE LICENSED LAND SURVEYOR'S SEAL. ALTERING ANY ITEM ON THIS MAP IS A VIOLATION OF THE LAW EXCEPT AS PROVIDED IN SECTION 7209, PART 2, OF THE NEW YORK STATE EDUCATION LAW.</p>	
<p align="center">FINAL AS-BUILT SURVEY</p> <p>PART OF LOT <u>52</u> SECTION <u> </u> TOWNSHIP <u>10</u> RANGE <u>7</u> OF THE: <u>Buffalo Creek Reservation</u> SURVEY - <u>Erie</u> COUNTY, N.Y.</p> <p>SURVEY OF: <u>2137 Seneca Street, City of Buffalo</u></p>		
<p>SBL No. 133.26-7-1.1</p>		

APPENDIX A

SITE PHOTOLOG

SITE PHOTOGRAPHS

Photo 1:



Photo 2:



Photo 3:



Photo 4:



Photo 1: Pre-redevelopment – Waste characterization (looking east)

Photo 2: Pre-development – Waste characterization (looking south)

Photo 3: Demolition activities (looking north)

Photo 4: Demolition activities (looking east)

2137 Seneca Street Site
Site No. V-00370
Buffalo, New York



SITE PHOTOGRAPHS

Photo 5:



Photo 6:



Photo 7:



Photo 8:



Photo 5: Well decommissioning – grout application (MW-6)

Photo 6: Well decommissioning – (MW-3)

Photo 7: Well decommissioning – (IW-14)

Photo 8: Well decommissioning – (IW-8 S/D)

2137 Seneca Street Site
Site No. V-00370
Buffalo, New York



SITE PHOTOGRAPHS

Photo 9:



Photo 10:



Photo 11:



Photo 12:



Photo 9: Well decommissioning – (IW-16 S/D)

Photo 10: Well decommissioning – (IW-11)

Photo 11: New Building footer/foundation excavation (looking south)

Photo 12: Redevelopment activity – form work (looking north)

2137 Seneca Street Site
Site No. V-00370
Buffalo, New York



SITE PHOTOGRAPHS

Photo 13:



Photo 14:



Photo 15:



Photo 16:



Photo 13: Stockpiled soils prior to off-site disposal

Photo 14: Redevelopment activity -- Foundation framing (looking west)

Photo 15: Redevelopment activity -- Foundation framing (looking southwest)

Photo 16: Redevelopment activity -- Storm drain installation (along Kingston place)

2137 Seneca Street Site
Site No. V-00370
Buffalo, New York



SITE PHOTOGRAPHS

Photo 17:



Photo 18:



Photo 19:



Photo 20:

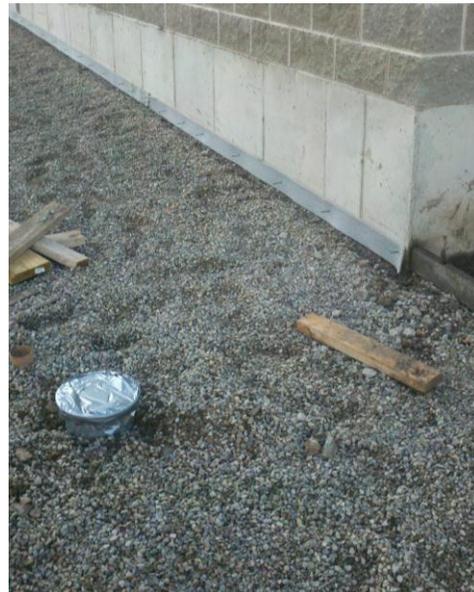


Photo 17: City of Buffalo – Seneca Street resurfacing project

Photo 18: City of Buffalo – Seneca Street resurfacing project

Photo 19: Redevelopment – sub-base prep for asphalt parking lot (MW-2)

Photo 20: Redevelopment – sub-base prep for concrete sidewalk (MW-13)

2137 Seneca Street Site
Site No. V-00370
Buffalo, New York



SITE PHOTOGRAPHS

Photo 21:



Photo 22:



Photo 23:



Photo 24:



Photo 21: Sub slab depressurization system – Drain pipe layout

Photo 22: Sub slab depressurization system – Perforated drain pipe

Photo 23: Sub slab depressurization system – Junction of pipe layout

Photo 24: Sub slab depressurization system – Pipe leading to corner extraction point

2137 Seneca Street Site
Site No. V-00370
Buffalo, New York



SITE PHOTOGRAPHS

Photo 25:

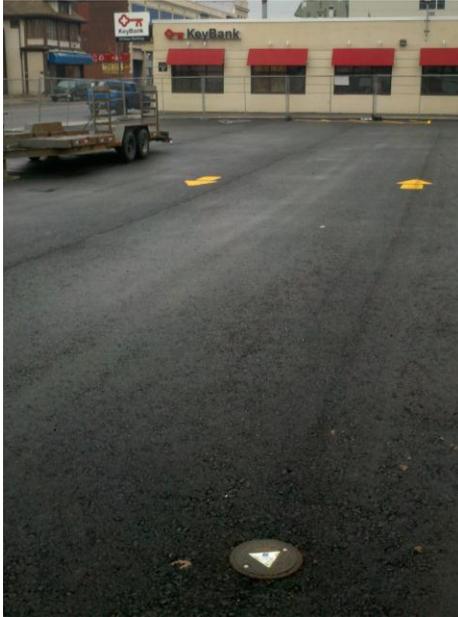


Photo 26:



Photo 27:



Photo 25: Site condition – Well road box in parking lot (MW-2)

Photo 26: Site condition – Building and sidewalk

Photo 27: Site condition – Well road boxes (MW-4 and MW-4A)

2137 Seneca Street Site
Site No. V-00370
Buffalo, New York



APPENDIX B

CITY OF BUFFALO – BUILDING PERMITS



Byron W. Brown, Mayor

BUILDING PERMIT

Application Type: GC

Department of Permit & Inspection Services

... Building a Better Buffalo

Please contact the Inspector at (716)851-4905 or at the number listed below prior to starting any work.

Application/Permit No.: **168139**

Issue Date: 9/13/2011

Location: **2137 SENECA**

Issued By: KRUGD

Owner: INSURED INCOME PROPERTIES
8377 E HARTFORD DR STE 200
SCOTTSDALE, AZ 85255

Fee(s): \$ 1,053.00

License No.: 552755

Contractor: CREATIVE STRUCTURE SERVICES INC

License Type: HIM

SBL No.: 1332600007001100

Value: \$800,000.00

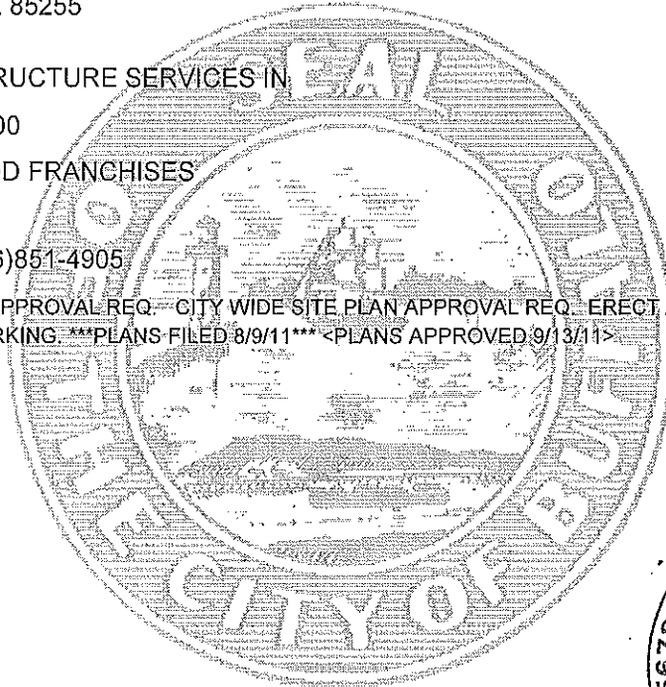
Land Use: 426 - FAST FOOD FRANCHISES

Plans: Yes

Census Track: 10.00

Inspector: Dave Zafuto (716)851-4905

Description of Work: Z.B.A. APPROVAL REQ. CITY WIDE SITE PLAN APPROVAL REQ. ERECT A 1 STY. MASONRY STORE ("DOLLAR GENERAL") WITH PARKING. ***PLANS FILED 8/9/11*** <PLANS APPROVED 9/13/11>



James Comerford Jr.

Commissioner, Dept of Economic Development

Thank you for investing in the City of Buffalo

AND AS SHOWN ON APPLICATION NUMBERED ABOVE. WHICH APPLICATION IS MADE PART OF THIS PERMIT.

*** ALL GENERAL CONTRACTORS AND SUB-CONTRACTORS MUST CARRY A CITY LICENSE ***

THIS PERMIT IS VOID IF FOUND TO BE ISSUED IN VIOLATION OF ANY LAW OR ORDINANCE AND CONDITIONS STATED ABOVE.

THIS PERMIT MUST BE DISPLAYED WHERE IT IS VISIBLE FROM THE STREET

Signature of Contact/Contractor _____

Date: 9/13/2011

Apply for your next Building Permit Online at
<http://www.city-buffalo.com>

APPENDIX C

DISPOSAL DOCUMENTS

12099138

NIAGARA FALLS LANDFILL
 56th Street & Niagara Falls Blvd
 Niagara Falls, NY 14304 (716)582-6381

202853
 EMPIRE BUILDING DIAGNOSTIC INC
 P O BOX 412
 DEFEW, NY 14043
 Contract: EMPIRE BUILD

SITE 5B	TICKET 452896	GRID
WEIGHMASTER		
FJSD0000 PAM 5		
DATE IN 20 October 2011		TIME IN 10:06 am
DATE OUT 20 October 2011		TIME OUT 10:50 am
VEHICLE D0NE-D2		ROLL OFF
REFERENCE 3857	ORIGIN Inbound -NY-ERIE	

00 Gross Weight 95,600.00 lb
 Tare Weight 43,020.00 lb
 Net Weight 50,580.00 lb

SENECA & KINGSTON - 8FLO
 EMPIRE BUILDING DIAGNOSTIC

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
25.29	TN	C&D				
1.00	LD	ENVIRONMENTAL FEE				
1.00	LD	FUEL RECOVERY FEE				

HAVE A NICE DAY



REV 11/09

SIGNATURE

[Handwritten Signature]

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

RS-F04

DONE RITE SWEEPING, INC.

No 3859

dba, DRT Trucking, CR Weber Trucking

1414 Folsomdale Road
Cowlesville, New York 14037

716-983-1445

NON-HAZARDOUS SOLID WASTE SERVICE CONTRACT

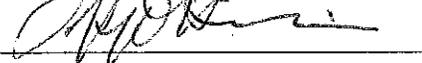
Generator responsible for any damage - past, present or future after DRT equipment crosses curb to leave highway

TRANSPORTER <i>Done Rite</i>	DATE <i>10/20/11</i>	TIME IN: <i>8:25 AM</i>
		TIME OUT: <i>9:25 AM</i>
		DIFFERENCE: _____
		ALLOWED: _____
		WAITING TIME: <i>0</i>
TRUCK # <i>D-2</i>	TRAILER # <i>49</i>	

DESTINATION <i>Allied Waste 56th + Pine Niagara Falls NY</i>	GENERATOR <i>Empire Building Diagnostics Seneca + Kingston Buffalo NY</i>
--	--

NO. PIECES	ARTICLES OR DESCRIPTION	WEIGHT
<i>1 T/L</i>	<i>C+D debris</i>	WEIGHT IN
		WEIGHT OUT
		BILLED WEIGHT

SIGNATURE BELOW ACCEPTS ALL TERMS AND CONDITIONS ON THIS CONTRACT

CUSTOMER SIGNATURE 	PRINT NAME <i>Jason Peters</i>
DRIVER SIGNATURE 	PRINT NAME <i>RJ Dickinson</i>

X _____

FOR APPROVAL DESTINATION PRINT NAME _____	
DESTINATION SIGN HERE _____ (NO INITIALS)	
RECEIVED ABOVE MATERIAL IN GOOD CONDITION	FIRM _____ DATE _____
	BY _____
	TIME _____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____

Solid waste being interpreted to mean only solid waste or waste containing animal and vegetable matter, rubbish, trash, debris, ashes and metal non-toxic sludge and other waste material which is not a radioactive, volatile, highly flammable, explosive, toxic or hazardous nature as listed.

In the event legal action is necessary to enforce this contract, customer will pay all attorneys fees and court costs.

Finance charges will be added at 1.5% for any invoices over due date.

Customer is responsible for all damages to DRT Trucking equipment and downtime caused by these damages.

WHITE ORIGINAL - DRT

YELLOW COPY - Driver

PINK COPY - Land Fill

GOLD COPY - Generator

Customer Summary Report

Criteria: 11/01/2011 12:00 AM to 02/27/2012 11:59 PM

Business Unit Name: Chaffee Landfill - S05186 (USA)

User: dporter3

Date: Feb 27 2012, 9:21:31 AM - Central Standard Time

Operation Type: All

Customer Name: BENCHMARKEES-108290NY (BENCHMARK ENVIRONMENTAL ENGINEERING)

Ticket Type: All

Customer Type: All

PMT Category: All

Profile:

Ticket Date	Ticket ID	Generator	Manifest	Profile	Truck	Material	Origin	Tons
11/23/2011	341921	190-2137SENECALLC	WMNH9573	108290NY	55	Cont Soil RCG-Tons	ERI	26.51
11/23/2011	341930	190-2137SENECALLC	WMNH9574	108290NY	60	Cont Soil RCG-Tons	ERI	22.08
11/23/2011	341956	190-2137SENECALLC	WMNH9577	108290NY	55	Cont Soil RCG-Tons	ERI	17.05
11/11/2011	342362	190-2137SENECALLC	WMNH1110002	108290NY	55	Cont Soil RCG-Tons	ERI	26.51
11/11/2011	342364	190-2137SENECALLC	WMNH1110003	108290NY	60	Cont Soil RCG-Tons	ERI	24.61
11/11/2011	342365	190-2137SENECALLC	WMNH1110010	108290NY	7	Cont Soil RCG-Tons	ERI	24.82
11/11/2011	342367	190-2137SENECALLC	WMNH111004	108290NY	5	Cont Soil RCG-Tons	ERI	24.69
11/11/2011	342368	190-2137SENECALLC	WMNH111005	108290NY	63	Cont Soil RCG-Tons	ERI	21.43
11/11/2011	342369	190-2137SENECALLC	WMNH111006	108290NY	60	Cont Soil RCG-Tons	ERI	22.06
11/11/2011	342370	190-2137SENECALLC	WMNH111007	108290NY	7	Cont Soil RCG-Tons	ERI	20.98
11/11/2011	342372	190-2137SENECALLC	WMNH111008	108290NY	5	Cont Soil RCG-Tons	ERI	17.01
11/11/2011	342376	190-2137SENECALLC	WMNH111009	108290NY	63	Cont Soil RCG-Tons	ERI	18.26
11/11/2011	342377	190-2137SENECALLC	WMNH9559	108290NY	60	Cont Soil RCG-Tons	ERI	17.98
11/11/2011	342378	190-2137SENECALLC	WMNH9560	108290NY	7	Cont Soil RCG-Tons	ERI	22.22
11/11/2011	342379	190-2137SENECALLC	WMNH9566	108290NY	5	Cont Soil RCG-Tons	ERI	25.96
11/11/2011	342380	190-2137SENECALLC	WMNH9567	108290NY	63	Cont Soil RCG-Tons	ERI	23.56
11/11/2011	342383	190-2137SENECALLC	WMNH9565	108290NY	60	Cont Soil RCG-Tons	ERI	20.39
11/11/2011	342385	190-2137SENECALLC	WMNH9564	108290NY	7	Cont Soil RCG-Tons	ERI	21.84
11/11/2011	342387	190-2137SENECALLC	WMNH9563	108290NY	5	Cont Soil RCG-Tons	ERI	24.61
11/14/2011	342389	190-2137SENECALLC	WMNH9561	108290NY	60-	Cont Soil RCG-Tons	ERI	22.67
11/14/2011	342393	190-2137SENECALLC	WMNH9562	108290NY	63-	Cont Soil RCG-Tons	ERI	22.9
11/14/2011	342395	190-2137SENECALLC	WMNH9568	108290NY	7	Cont Soil RCG-Tons	ERI	21.84
11/14/2011	342396	190-2137SENECALLC	WMNH9569	108290NY	5	Cont Soil RCG-Tons	ERI	22.23
11/14/2011	342399	190-2137SENECALLC	WMNH9570	108290NY	60	Cont Soil RCG-Tons	ERI	22.94
11/14/2011	342401	190-2137SENECALLC	WMNH9571	108290NY	63	Cont Soil RCG-Tons	ERI	21.83
11/14/2011	342402	190-2137SENECALLC	WMNH9575	108290NY	60	Cont Soil RCG-Tons	ERI	23.73
11/14/2011	342406	190-2137SENECALLC	WMNH9572	108290NY	7	Cont Soil RCG-Tons	ERI	24.33
11/14/2011	342407	190-2137SENECALLC	WMNH9576	108290NY	5	Cont Soil RCG-Tons	ERI	21.97
Material Total	28							627.01
1/5/2012	345394				PW	WAI		0
Material Total	1							0
Customer Total	29							627.01
Ticket Totals	29							627.01
Internal Customer	Loads							
External Customer	Loads							
BENCHMARK ENVIRONMENTAL ENGINEERING	29							

Disposal Daily Detail by Service Area and Material



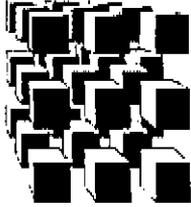
Parameter (End Date=3/7/2012; Start Date=7/5/2011) Filter (AND Site ID Equals 0257010003)

Erie County Central-NY

Date	Scale Ticket	Route	Workorder	Destination	Material	Weight (est)
3700-0100						
11/29/11	1002098123	LCA	0000337252	ML	3700-0100	22.05
11/29/11	1002098205	LCA	0000337251	ML	3700-0100	22.05
11/29/11	1002098314	LCA	0000337250	ML	3700-0100	25.88
11/29/11	1002098344	LCA	0000337248	ML	3700-0100	29.27
3700-0100 Total						99.25
Erie County Central-NY Total						99.25
Report Total						99.25

APPENDIX D

BACKFILL DOCUMENTS



CME
Associates, Inc.

LABORATORY TEST REPORT

Client: Buffalo Crushed Stone, Williamsville, NY
Page: 1 of 2
Date: 02/08/11
Project: Various Projects
Report No.: 16314S-01-0111

On January 28, 2011 our representative Mr. Ken Koleff, picked up a sample taken from a stockpile.

Sample Identification as follows:

Sample No.: BL 2338
Location: On-Site Stockpile – Buffalo Crushed Stone, Wehrle Pit

MECHANICAL ANALYSIS (ASTM C-136, C-117)

Sieve Size	Percent Passing by Weight	
	Sample BL 2338	
2"	100	
1"	92	
½"	58	
¼"	40	
No. 4	33	
No. 10	20	
No. 40	9	
No. 200 (wash)	5	

BURMISTER CLASSIFICATION & UNIFIED DESIGNATION

Classification: Grey 2" Minus Run-of-Crush Limestone

LABORATORY MOISTURE-DENSITY RELATIONSHIP ASTM D-1557

100% Maximum Dry Density	=	135.7	pcf
Optimum Moisture Content	=	7.7	%

The Laboratory Moisture Density Curve is attached.

Feel free to contact this office should you have any questions.

Respectfully Submitted,

Reviewed By:

CME ASSOCIATES, INC.

CME ASSOCIATES, INC.

Ernest W. Kihl
Laboratory Supervisor

Norman Jurek, EIT
Staff Engineer

GRANULAR MATERIAL DOCUMENTATION FORM

ORIGINATOR
 J, R. ZIEZIULA, REG. 5, GEOTECH, ENGR
 NON-PROJECT SPECIFIC

SOURCE IDENTIFICATION & LOCATION 10392
 SOURCE IDENTIFICATION
 STANDARD SLINGER SERVICES, LLC
 U.S.G.S. QUAD LOCATION N-5-U-19
 TOWNSHIP BUFFALO
 COUNTY ERIE

SAMPLED BY DANIEL WILD DATE 9/17/10

STOCKPILED MATERIAL ITEM NO. 304.15M PILE NO. 10-02 EST. QTY. C.M. 4.682
 TIER NO. I II III
 CASE FOR SUBSEQUENT STOCKPILE CASE A CASE B CASE C
 NON-STOCKPILED MATERIAL

TEST RESULTS (OPTIONAL)

GRADATION		NORTH	SOUTH	EAST	WEST	
REG. SAMPLE DESIGN		513E2216M 2A	513E2216M 2B	513E2216M 2C	513E2216M 2D	
SIEVE SIZES	100.0 mm	% PASSING BY WEIGHT				
	75.0 mm					
	50.0 mm		100	100	100	100
	37.5 mm					
	25.0 mm					
	19.0 mm					
	12.5 mm					
	6.3 mm		42	49	40	42
	2.00 mm					
	0.850 mm					
	0.425 mm		15	13	12	15
0.150 mm						
0.075 mm	8	6	4	8		
QUALITY	Mean					
Mg So. Soundness % Loss by Wt	6	6	7	3	6	
Plasticity Index	NP	NP	NP	NP	NP	

ACCEPTED:

NON-STOCKPILED MATERIAL
 FOR THE YEAR OF 2010 MATERIAL FROM THIS SOURCE MEETS THE QUALITY REQUIREMENTS FOR ITEMS:

THIS EVALUATION IS SUBJECT TO THE FOLLOWING CONDITIONS:

STOCKPILED MATERIAL

SUBBASE ITEM 304.15M TYPE OPTIONAL
 UNDERDRAIN FILTER ITEM TYPE
 OTHER ITEM(S)

NAME Joseph R. Zieziula TITLE Reg. Geotech. Engr. DATE 10-9-10

REJECTED:

MATERIAL MEETING THE SPECIFICATION REQUIREMENTS CANNOT BE OBTAINED FROM THIS

- SOURCE
- STOCKPILE

FOR ITEM(S)

NAME TITLE DATE

Buffalo Recycled Aggregate LLC

PO Box 942
Orchard Park, NY 14127

Invoice

Date	Invoice #
12/23/2011	8

Bill To
L. Visone Plumbing LLC 4470 Darcy Ln Williamsville, NY 14221

P.O. No.	Terms
	Due on receipt

Item	Serviced	Description	Quantity	Rate	Ticket No	Amount
2" Recycled...	12/21/2011	2" Recycled Material	22	6.75	0502	148.50T
2" Recycled...	12/21/2011	2" Recycled Material	22	6.75	0503	148.50T
2" Recycled...	12/21/2011	2" Recycled Material	22	6.75	0504	148.50T
2" Recycled...	12/21/2011	2" Recycled Material	22	6.75	0524	148.50T
		Sales Tax		8.75%		51.98

TE Dollar Gen.

594⁰⁰

Thank you for your business.	Total	\$645.98
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BUFFALO CRUSHED STONE

Subsidiary of New Enterprise Stone & Lime Co., Inc.
 2544 Clinton St. • P.O. Box 710 • Buffalo, NY 14224
 (716) 826-7310 • FAX (716) 826-1342

/ BUFFALO REDI-MIX CO.

-- INVOICE --

Terms: Invoices are due and payable on the 15th of the month following the date of the invoice.

L VISIONE PLUMBING LLC
 4470 DARCY LANE
 WILLIAMSVILLE, NY 14221

AFTER 30 DAYS FROM DUE DATE OF INVOICE, SERVICE OF FINANCE CHARGES WILL BE COMPUTED AND CHARGED TO THE ACCOUNT BY APPLYING 1 1/2 % PER MONTH ON THE UNPAID BALANCE, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% PER YEAR.

DOLLAR GENERAL

FED. ID# 23-1374051

INVOICE NUMBER 207171

INVOICE DATE 11/08/11	CUST. ACCT. NO. 033796 56	CUST. JOB NO.	CUST. P.O. NO.	ZONE WEHRIE QUARRY
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DATE SHIPPED	TICKET NO.	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	TRANSPORTATION		TAX	TOTAL
						RATE	AMOUNT		
10/24/11	108211	-2"C/R ST	20.31	8.05	163.50			14.31	177.81
10/24/11	108311	-2"C/R ST	20.20	8.05	162.61			14.23	176.84
			40.51	**					
10/24/11	108179	#1 STONE	16.28	11.50	187.22			16.38	203.60
			16.28	**					
10/25/11	044155	-2"C/R ST	19.66	8.05	158.26			13.85	172.11
10/25/11	108368	-2"C/R ST	30.54	8.05	245.85			21.51	267.36
			50.20	**					
10/25/11	044099	#1 STONE	18.88	11.50	217.12			19.00	236.12
			18.88	**					
10/25/11	108426	-2"C/R ST	20.85	8.05	167.84			14.69	182.53
10/25/11	108521	-2"C/R ST	19.32	11.85	228.94			20.03	248.97
			40.17	**					
10/26/11	108644	#1 STONE	17.96	17.65	316.99			27.74	344.73
			17.96	**					
10/31/11	108954	-2"C/R ST	18.01	8.05	144.98			12.69	157.67
10/31/11	108998	-2"C/R ST	18.63	8.05	149.97			13.12	163.09
			36.64	**					

<input type="checkbox"/> TAX EXEMPT	TOTAL TONS 220.64	TOTAL SALE 2,143.28	TRUCK CHARGES	SALES TAX 187.55
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TOTAL 2,330.83

SELLER REPRESENTS THAT THE GOODS OR SERVICES COVERED BY THIS INVOICE HAVE BEEN PRODUCED OR RENDERED IN FULL COMPLIANCE WITH THE REQUIREMENTS OF THE FAIR LABOR ACT OF 1938, AS AMENDED INCLUDING SECTION 12(A).
 SELLER WARRANTS THAT ALL GOODS OR SERVICES FURNISHED OR SUPPLIED UNDER THIS ORDER WERE PRODUCED IN FULL COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964.
 EXECUTIVE ORDER 11246, AND REGULATIONS AS THE SAME MAY HAVE BEEN AMENDED.



BUFFALO CRUSHED STONE

Subsidiary of New Enterprise Stone & Lime Co., Inc.
2544 Clinton St. • P.O. Box 710 • Buffalo, NY 14224
(716) 826-7310 • FAX (716) 826-1342

/ BUFFALO REDI-MIX CO.

-- INVOICE --

Terms: Invoices are due and payable on the 15th of the month following the date of the invoice.

STONEWALL PROPERTIES LLC
10151 MAIN STREET
CLARENCE, NY 14031

AFTER 30 DAYS FROM DUE DATE OF INVOICE, SERVICE OF FINANCE CHARGES WILL BE COMPUTED AND CHARGED TO THE ACCOUNT BY APPLYING 1 1/2% PER MONTH ON THE UNPAID BALANCE, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% PER YEAR.

DOLLAR GENERAL

FED. ID# 23-1374051

INVOICE NUMBER **207072**

INVOICE DATE 11/08/11	CUST. ACCT. NO. 028352 54	CUST. JOB NO.	CUST. P.O. NO.	ZONE WEHRLI QUARRY
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DATE SHIPPED	TICKET NO.	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	TRANSPORTATION		TAX	TOTAL
						RATE	AMOUNT		
10/17/11	107403	-2" C/R ST	19.56	8.05	157.46			13.78	171.24
10/18/11	107588	-2" C/R ST	20.77	8.05	167.20			14.63	181.83
10/18/11	043502	-2" C/R ST	18.24	8.05	146.83			12.85	159.68
			58.57	**					

<input type="checkbox"/> TAX EXEMPT	TOTAL TONS 58.57	TOTAL SALE 471.49	TRUCK CHARGES	SALES TAX 41.26
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SELLER REPRESENTS THAT THE GOODS OR SERVICES COVERED BY THIS INVOICE HAVE BEEN PRODUCED OR RENDERED IN FULL COMPLIANCE WITH THE REQUIREMENTS OF THE FAIR LABOR ACT OF 1938, AS AMENDED INCLUDING SECTION 12(A). SELLER WARRANTS THAT ALL GOODS OR SERVICES FURNISHED OR SUPPLIED UNDER THIS ORDER WERE PRODUCED IN FULL COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964. EXECUTIVE ORDER 11246, AND REGULATIONS AS THE SAME MAY HAVE BEEN AMENDED.

TOTAL 512.75



BUFFALO CRUSHED STONE

Subsidiary of New Enterprise Stone & Lime Co., Inc.
 2544 Clinton St. • P.O. Box 710 • Buffalo, NY 14224
 (716) 826-7310 • FAX (716) 826-1342

/ BUFFALO REDI-MIX CO.

-- INVOICE --

Terms: Invoices are due and payable on the 15th of the month following the date of the invoice.

L VISIONE PLUMBING LLC
 4470 DARCY LANE
 WILLIAMSVILLE, NY 14221

AFTER 30 DAYS FROM DUE DATE OF INVOICE, SERVICE OF FINANCE CHARGES WILL BE COMPUTED AND CHARGED TO THE ACCOUNT BY APPLYING 1 1/2% PER MONTH ON THE UNPAID BALANCE, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% PER YEAR.

FED. ID# 23-1374051

INVOICE NUMBER **208070**

DOLLAR GENERAL

INVOICE DATE 11/21/11	CUST. ACCT. NO. 033796 54	CUST. JOB NO.	CUST. P.O. NO.	ZONE WEHLE QUARRY
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DATE SHIPPED	TICKET NO.	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	TRANSPORTATION		TAX	TOTAL
						RATE	AMOUNT		
11/01/11	044501	-1 CRUSHE	20.74	9.75	202.22				202.22
11/01/11	044523	-1 CRUSHE	21.23	9.75	206.99				206.99
11/02/11	044591	-1 CRUSHE	12.40	9.75	120.90				120.90
11/02/11	044652	-1 CRUSHE	18.88	9.75	184.08				184.08
			73.25	**					
11/02/11	109288	-2"C/R ST	17.62	8.05	141.84				141.84
11/03/11	109479	-2"C/R ST	19.06	11.85	225.86			19.76	245.62
			36.68	**					

<input type="checkbox"/> TAX EXEMPT	TOTAL TONS 109.93	TOTAL SALE 1,081.89	TRUCK CHARGES	SALES TAX 19.76
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TOTAL 1,101.65

SELLER REPRESENTS THAT THE GOODS OR SERVICES COVERED BY THIS INVOICE HAVE BEEN PRODUCED OR RENDERED IN FULL COMPLIANCE WITH THE REQUIREMENTS OF THE FAIR LABOR ACT OF 1938, AS AMENDED INCLUDING SECTION 12(A).
 SELLER WARRANTS THAT ALL GOODS OR SERVICES FURNISHED OR SUPPLIED UNDER THIS ORDER WERE PRODUCED IN FULL COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964.
 EXECUTIVE ORDER 11246, AND REGULATIONS AS THE SAME MAY HAVE BEEN AMENDED.



BUFFALO CRUSHED STONE, INC.

Subsidiary of New Enterprise Stone & Lime Co., Inc.
2544 Clinton St. • P.O. Box 710 • Buffalo, NY 14224
(716) 826-7310 • FAX (716) 826-1342

/ BUFFALO REDI-MIX CO.

-- INVOICE --

Terms: Invoices are due and payable on the 15th of the month following the date of the invoice.

L VISIONE PLUMBING LLC
4470 DARCY LANE
WILLIAMSVILLE, NY 14221

AFTER 30 DAYS FROM DUE DATE OF INVOICE, SERVICE OF FINANCE CHARGES WILL BE COMPUTED AND CHARGED TO THE ACCOUNT BY APPLYING 1 1/2% PER MONTH ON THE UNPAID BALANCE, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% PER YEAR.

FED. ID# 23-1374051

INVOICE NUMBER **208705**

DOLLAR GENERAL

INVOICE DATE 12/05/11	CUST. ACCT. NO. 033796 54	CUST. JOB NO.	CUST. P.O. NO.	ZONE WEHRLE QUARRY
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DATE SHIPPED	TICKET NO.	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	TRANSPORTATION		TAX	TOTAL
						RATE	AMOUNT		
11/21/11	111643	-2" C/R ST	14.71	8.05	118.42				118.42
11/22/11	111809	-2" C/R ST	20.87	8.05	168.00				168.00
11/22/11	111815	-2" C/R ST	21.21	8.05	170.74				170.74
11/28/11	111996	-2" C/R ST	14.22	8.05	114.47				114.47
11/29/11	112194	-2" C/R ST	18.92	8.05	152.31				152.31
11/29/11	112209	-2" C/R ST	18.32	8.05	147.48				147.48
11/29/11	112230	-2" C/R ST	20.37	8.05	163.98				163.98
11/29/11	112257	-2" C/R ST	19.89	8.05	160.11				160.11
11/29/11	112267	-2" C/R ST	20.52	8.05	165.19				165.19
11/29/11	112274	-2" C/R ST	20.10	8.05	161.81				161.81
11/29/11	112291	-2" C/R ST	21.15	8.05	170.26				170.26
11/29/11	112294	-2" C/R ST	21.80	8.05	175.49				175.49
11/29/11	112296	-2" C/R ST	19.47	8.05	156.73				156.73
11/29/11	112306	-2" C/R ST	21.48	8.05	172.91				172.91
11/29/11	112310	-2" C/R ST	20.25	8.05	163.01				163.01
11/29/11	112312	-2" C/R ST	19.07	8.05	153.51				153.51
			312.35	**					
11/30/11	112498	-1 CRUSHE	20.74	9.75	202.22				202.22
11/30/11	112346	-2" C/R ST	20.67	8.05	166.39				166.39
			41.41	**					
11/30/11	112314	-2" C/R ST	19.80	8.05	159.39				159.39
11/30/11	112316	-2" C/R ST	16.38	8.05	131.86				131.86
11/30/11	112325	-2" C/R ST	20.45	8.05	164.62				164.62
11/30/11	112338	-2" C/R ST	19.30	8.05	155.37				155.37
11/30/11	112366	-2" C/R ST	19.55	8.05	157.38				157.38
11/30/11	112372	-2" C/R ST	18.56	8.05	149.41				149.41
11/30/11	112408	-2" C/R ST	20.57	8.05	165.59				165.59
			134.61	**					

<input checked="" type="checkbox"/> TAX EXEMPT	TOTAL TONS 488.37	TOTAL SALE 3,966.65	TRUCK CHARGES	SALES TAX
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SELLER REPRESENTS THAT THE GOODS OR SERVICES COVERED BY THIS INVOICE HAVE BEEN PRODUCED OR RENDERED IN FULL COMPLIANCE WITH THE REQUIREMENTS OF THE FAIR LABOR ACT OF 1938, AS AMENDED INCLUDING SECTION 12(A).
SELLER WARRANTS THAT ALL GOODS OR SERVICES FURNISHED OR SUPPLIED UNDER THIS ORDER WERE PRODUCED IN FULL COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964.
EXECUTIVE ORDER 11246, AND REGULATIONS AS THE SAME MAY HAVE BEEN AMENDED.

TOTAL
3,966.65

APPENDIX E

MONITORING WELL DECOMMISSIONING DOCUMENTATION



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>MW-1</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Ap Plus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Acker</u>
Prepared by: <u>SGT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below) _____
 Well I.D. visible? _____
 Well location matches site map? (If not, sketch actual location on back) _____

YES	NO
X	
	X
X	

Well I.D. as it appears on protective casing or well: _____

Surface seal present? _____
 Surface seal competent? (If cracked, heaved, etc., describe below) _____
 Protective casing in good condition? (If damaged, describe below) _____

X	
X	
	X

Headspace reading (ppm) and instrument used: _____

Type of protective casing and height of stickup in feet (if applicable): _____

Protective casing material type: _____

Measure protective casing inside diameter (inches): _____

real box
steel
6"

Lock present? _____
 Lock functional? _____
 Did you replace the lock? _____
 Is there evidence that the well is double cased? (If yes, describe below) _____
 Well measuring point visible? _____

	X
	X
	X
	X

Measure depth to water from measuring point (feet): _____

Measure well depth from measuring point (feet): _____

Measure well diameter (inches): _____

Well casing material: _____

Physical condition of visible well casing: _____

Attach I.D. marker (if well I.D. is confirmed) and identify marker type: _____

Proximity to underground or overhead utilities: _____

Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.

Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.

Near southern west corner of site on ~~pavement~~ east ramp

Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)

Remarks: Casing was bent during ~~remediation~~ remedial work



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>M61-6</u>
Client:	Stick-up (feet): <u> </u>
Project Job Number:	Screen Interval (fbgs): <u> </u>
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Alex</u>
Prepared by: <u>SET</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well: _____		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used: _____		
Type of protective casing and height of stickup in feet (if applicable):		<u>vacuum</u>
Protective casing material type:		<u>steel</u>
Measure protective casing inside diameter (inches): _____		
Lock present?		<input checked="" type="checkbox"/>
Lock functional?		<input checked="" type="checkbox"/>
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?		<input checked="" type="checkbox"/>
Measure depth to water from measuring point (feet): _____		
Measure well depth from measuring point (feet): _____		
Measure well diameter (inches): _____		
Well casing material: _____		
Physical condition of visible well casing: _____		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type: _____		
Proximity to underground or overhead utilities: _____		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
<u>well adjacent to demolition work on site. Along South east wall of former structure</u>		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		

Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		

Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <i>2137 Seneca</i>	WELL I.D.: <i>MW-105</i>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbs):
Date: <i>10-20-11</i>	Drilling Company: <i>Ap Plus</i>
Weather: <i>cloudy</i>	Drill Rig Type: <i>Acker</i>
Prepared by: <i>SGT</i>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?		<input checked="" type="checkbox"/>
Surface seal competent? (If cracked, heaved, etc., describe below)		<input checked="" type="checkbox"/>
Protective casing in good condition? (If damaged, describe below)		<input checked="" type="checkbox"/>
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):		
Protective casing material type:		
Measure protective casing inside diameter (inches):		
Lock present?		<input checked="" type="checkbox"/>
Lock functional?		<input checked="" type="checkbox"/>
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary. <i>along south western corner limit of the site</i>		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks: <i>Well had been damaged during other site activities Still able to locate to surface of well</i>		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <i>2137 Seneca</i>	WELL I.D.: <i>MW-3</i>
Client:	Stick-up (feet): <i>←</i>
Project Job Number:	Screen Interval (fbgs):
Date: <i>10-20-11</i>	Drilling Company: <i>Apple</i>
Weather: <i>Cloudy</i>	Drill Rig Type: <i>ArKey</i>
Prepared by: <i>SGT</i>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):		
Protective casing material type:		
Measure protective casing inside diameter (inches): <i>round box</i> <i>6"</i>		
Lock present?		<input checked="" type="checkbox"/>
Lock functional?		<input checked="" type="checkbox"/>
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required. <i>Along North border of site</i>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.) <i>Along North border of site</i>		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-185D</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbs):
Date: <u>10-20-11</u>	Drilling Company: <u>Ag Plus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>McKer</u>
Prepared by: <u>SG</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>road box</u>	
Protective casing material type:	<u>S/cal</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>located on the north edge of property</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <i>2137 Seneca</i>	WELL I.D.: <i>FW-45/D</i>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <i>10-20-11</i>	Drilling Company: <i>Applus</i>
Weather: <i>Cloudy</i>	Drill Rig Type: <i>Ac-Kel</i>
Prepared by: <i>SGT</i>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<i>Lead box</i>	
Protective casing material type:	<i>Steel</i>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<i>along north edge of property</i>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-55/D</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Ap plus</u>
Weather: <u>Cloudy</u>	Drill Rig Type: <u>Akko</u>
Prepared by: <u>SET</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below) _____
 Well I.D. visible? _____
 Well location matches site map? (If not, sketch actual location on back) _____

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Well I.D. as it appears on protective casing or well: _____

Surface seal present? _____
 Surface seal competent? (If cracked, heaved, etc., describe below) _____
 Protective casing in good condition? (If damaged, describe below) _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Headspace reading (ppm) and instrument used: _____

Type of protective casing and height of stickup in feet (if applicable): _____

Protective casing material type: _____

Measure protective casing inside diameter (inches): _____

road bro
slat

Lock present? _____
 Lock functional? _____
 Did you replace the lock? _____
 Is there evidence that the well is double cased? (If yes, describe below) _____
 Well measuring point visible? _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Measure depth to water from measuring point (feet): _____

Measure well depth from measuring point (feet): _____

Measure well diameter (inches): _____

Well casing material: _____

Physical condition of visible well casing: _____

Attach I.D. marker (if well I.D. is confirmed) and identify marker type: _____

Proximity to underground or overhead utilities: _____

Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.

Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.

North end of property (injection Area)

Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)

Remarks:



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-85D</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date:	Drilling Company: <u>Applus</u>
Weather:	Drill Rig Type: <u>ACKO</u>
Prepared by:	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>road box</u>	
Protective casing material type:	<u>Steel</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>North end of property (Injection Area)</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <i>2137 Seneca</i>	WELL I.D.: <i>IW-7SD</i>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <i>10-20-11</i>	Drilling Company: <i>Applus</i>
Weather: <i>Cloudy</i>	Drill Rig Type: <i>Acker</i>
Prepared by: <i>SGT</i>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below) Well I.D. visible? Well location matches site map? (If not, sketch actual location on back)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
YES	NO										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Well I.D. as it appears on protective casing or well: _____											
Surface seal present? Surface seal competent? (If cracked, heaved, etc., describe below) Protective casing in good condition? (If damaged, describe below)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Headspace reading (ppm) and instrument used: _____ Type of protective casing and height of stickup in feet (if applicable): <i>road box</i> Protective casing material type: <i>Steel</i> Measure protective casing inside diameter (inches): _____											
Lock present? Lock functional? Did you replace the lock? Is there evidence that the well is double cased? (If yes, describe below) Well measuring point visible?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Measure depth to water from measuring point (feet): _____ Measure well depth from measuring point (feet): _____ Measure well diameter (inches): _____ Well casing material: _____ Physical condition of visible well casing: _____ Attach I.D. marker (if well I.D. is confirmed) and identify marker type: _____ Proximity to underground or overhead utilities: _____											
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary. _____ _____											
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required. <i>(Injection Area)</i> _____											
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.) _____ _____											
Remarks: _____ _____											



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <i>2137 Seneca</i>	WELL I.D.: <i>I W - 11</i>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <i>10-20-11</i>	Drilling Company: <i>Applus</i>
Weather: <i>cloudy</i>	Drill Rig Type: <i>Miller</i>
Prepared by: <i>[Signature]</i>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below)
 Well I.D. visible?
 Well location matches site map? (If not, sketch actual location on back)

YES	NO
<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	

Well I.D. as it appears on protective casing or well:

Surface seal present?
 Surface seal competent? (If cracked, heaved, etc., describe below)
 Protective casing in good condition? (If damaged, describe below)

<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

Headspace reading (ppm) and instrument used:
 Type of protective casing and height of stickup in feet (if applicable):
 Protective casing material type:
 Measure protective casing inside diameter (inches):

road box
Steel

Lock present?
 Lock functional?
 Did you replace the lock?
 Is there evidence that the well is double cased? (If yes, describe below)
 Well measuring point visible?

<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Measure depth to water from measuring point (feet):
 Measure well depth from measuring point (feet):
 Measure well diameter (inches):
 Well casing material:
 Physical condition of visible well casing:
 Attach I.D. marker (if well I.D. is confirmed) and identify marker type:
 Proximity to underground or overhead utilities:

Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.

Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.

Along Seneca St (Injection Area)

Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)

Remarks:



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>I W-10</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Ac-Kev</u>
Prepared by: <u>JBT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>Load box</u>	
Protective casing material type:	<u>Steel</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>Injection Area</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>MW-1750</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Ac Ker</u>
Prepared by: <u>SGT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below) Well I.D. visible? Well location matches site map? (If not, sketch actual location on back)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO								
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Well I.D. as it appears on protective casing or well:									
Surface seal present? Surface seal competent? (If cracked, heaved, etc., describe below) Protective casing in good condition? (If damaged, describe below)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Headspace reading (ppm) and instrument used: Type of protective casing and height of stickup in feet (if applicable): <u>road box</u> Protective casing material type: <u>5" gal.</u> Measure protective casing inside diameter (inches):									
Lock present? Lock functional? Did you replace the lock? Is there evidence that the well is double cased? (If yes, describe below) Well measuring point visible?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Measure depth to water from measuring point (feet): Measure well depth from measuring point (feet): Measure well diameter (inches): Well casing material: Physical condition of visible well casing: Attach I.D. marker (if well I.D. is confirmed) and identify marker type: Proximity to underground or overhead utilities:									
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.									
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required. <u>Injection Area</u>									
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)									
Remarks:									



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>1W-16 1W-16 S/D</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Walker</u>
Prepared by: <u>SGT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below)

YES	NO
X	

 Well I.D. visible?

	X
--	---

 Well location matches site map? (If not, sketch actual location on back)

X	
---	--

Well I.D. as it appears on protective casing or well: _____

Surface seal present?

X	
---	--

 Surface seal competent? (If cracked, heaved, etc., describe below)

X	
---	--

 Protective casing in good condition? (If damaged, describe below)

X	
---	--

Headspace reading (ppm) and instrument used: _____
 Type of protective casing and height of stickup in feet (if applicable): Road box
 Protective casing material type: steel
 Measure protective casing inside diameter (inches): _____

Lock present?

X	
---	--

 Lock functional?

X	
---	--

 Did you replace the lock?

	X
--	---

 Is there evidence that the well is double cased? (If yes, describe below)

	X
--	---

 Well measuring point visible?

X	
---	--

Measure depth to water from measuring point (feet): _____
 Measure well depth from measuring point (feet): _____
 Measure well diameter (inches): _____
 Well casing material: _____
 Physical condition of visible well casing: _____
 Attach I.D. marker (if well I.D. is confirmed) and identify marker type: _____
 Proximity to underground or overhead utilities: _____

Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.

Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.
Injection Area

Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)
~~_____~~

Remarks:



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-2D</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Ac Kern</u>
Prepared by: <u>JGT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>road box</u>	
Protective casing material type:	<u>Steel</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>Along North edge of property (Injection Area)</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks: <u>Was overgrown by grass & buried</u>		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-3510</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbs):
Date: <u>10-20-11</u>	Drilling Company: <u>Apples</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Acker</u>
Prepared by: <u>JBT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>Road box</u>	
Protective casing material type:	<u>Steel</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>Along north edge of property</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <i>2137 Seneca</i>	WELL I.D.: <i>I W - 65/10</i>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <i>10-20-11</i>	Drilling Company: <i>Apples</i>
Weather: <i>cloudy</i>	Drill Rig Type: <i>Acker</i>
Prepared by: <i>JGT</i>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below) Well I.D. visible? Well location matches site map? (If not, sketch actual location on back)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
YES	NO										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Well I.D. as it appears on protective casing or well: Surface seal present? Surface seal competent? (If cracked, heaved, etc., describe below) Protective casing in good condition? (If damaged, describe below)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Headspace reading (ppm) and instrument used: Type of protective casing and height of stickup in feet (if applicable): Protective casing material type: Measure protective casing inside diameter (inches):	 <i>wood box</i> <i>sl. coat</i>										
Lock present? Lock functional? Did you replace the lock? Is there evidence that the well is double cased? (If yes, describe below) Well measuring point visible?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Measure depth to water from measuring point (feet): Measure well depth from measuring point (feet): Measure well diameter (inches): Well casing material: Physical condition of visible well casing: Attach I.D. marker (if well I.D. is confirmed) and identify marker type: Proximity to underground or overhead utilities:											
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.											
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required. <i>Along Seneca Street (Injection Area)</i>											
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)											
Remarks:											



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-9510</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbs):
Date: <u>10-20-11</u>	Drilling Company: <u>Apples</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Walker</u>
Prepared by: <u>JGT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	X	
Well I.D. visible?		X
Well location matches site map? (If not, sketch actual location on back)	X	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	X	
Surface seal competent? (If cracked, heaved, etc., describe below)	X	
Protective casing in good condition? (If damaged, describe below)	X	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>wood box</u>	
Protective casing material type:	<u>steel</u>	
Measure protective casing inside diameter (inches):		
Lock present?	X	
Lock functional?	X	
Did you replace the lock?		X
Is there evidence that the well is double cased? (If yes, describe below)		X
Well measuring point visible?	X	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>Along Seneca St</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW/ 15 S/D</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applas</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Ac Ker</u>
Prepared by: <u>SBT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below) _____
 Well I.D. visible? _____
 Well location matches site map? (If not, sketch actual location on back) _____

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Well I.D. as it appears on protective casing or well: _____

Surface seal present? _____
 Surface seal competent? (If cracked, heaved, etc., describe below) _____
 Protective casing in good condition? (If damaged, describe below) _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Headspace reading (ppm) and instrument used: _____

Type of protective casing and height of stickup in feet (if applicable): _____

Protective casing material type: _____

Measure protective casing inside diameter (inches): _____

wood box
18" dia

Lock present? _____
 Lock functional? _____
 Did you replace the lock? _____
 Is there evidence that the well is double cased? (If yes, describe below) _____
 Well measuring point visible? _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Measure depth to water from measuring point (feet): _____

Measure well depth from measuring point (feet): _____

Measure well diameter (inches): _____

Well casing material: _____

Physical condition of visible well casing: _____

Attach I.D. marker (if well I.D. is confirmed) and identify marker type: _____

Proximity to underground or overhead utilities: _____

Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.

Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.

Injection Area

Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)

Remarks:



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-13</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>AcRw</u>
Prepared by: <u>SGT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>wood box</u>	
Protective casing material type:	<u>st. ca.</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>Parking lot injection area</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>JW-12</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applac</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Ac-Kool</u>
Prepared by: <u>SBY</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>Wood box</u>	
Protective casing material type:	<u>Steel</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>Parking lot injection area</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks: <u>Well was under water</u>		



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>IW-114</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>cloudy</u>	Drill Rig Type: <u>Walker</u>
Prepared by: <u>SGT</u>	Drilling Company Personnel:

DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

Well visible? (If not, provide directions below) _____
 Well I.D. visible? _____
 Well location matches site map? (If not, sketch actual location on back) _____

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Well I.D. as it appears on protective casing or well: _____

Surface seal present? _____
 Surface seal competent? (If cracked, heaved, etc., describe below) _____
 Protective casing in good condition? (If damaged, describe below) _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Headspace reading (ppm) and instrument used: _____
 Type of protective casing and height of stickup in feet (if applicable): _____
 Protective casing material type: _____
 Measure protective casing inside diameter (inches): _____

wood box
steel

Lock present? _____
 Lock functional? _____
 Did you replace the lock? _____
 Is there evidence that the well is double cased? (If yes, describe below) _____
 Well measuring point visible? _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Measure depth to water from measuring point (feet): _____
 Measure well depth from measuring point (feet): _____
 Measure well diameter (inches): _____
 Well casing material: _____
 Physical condition of visible well casing: _____
 Attach I.D. marker (if well I.D. is confirmed) and identify marker type: _____
 Proximity to underground or overhead utilities: _____

Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.

Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.
Along Seneca St

Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)

Remarks:



WELL ABANDONMENT/ DECOMMISSIONING LOG

PROJECT INFORMATION	WELL INFORMATION
PROJECT/SITE NAME: <u>2137 Seneca</u>	WELL I.D.: <u>RW 125/D</u>
Client:	Stick-up (feet):
Project Job Number:	Screen Interval (fbgs):
Date: <u>10-20-11</u>	Drilling Company: <u>Applus</u>
Weather: <u>Cloudy</u>	Drill Rig Type: <u>Ac-Kur</u>
Prepared by: <u>JGT</u>	Drilling Company Personnel:

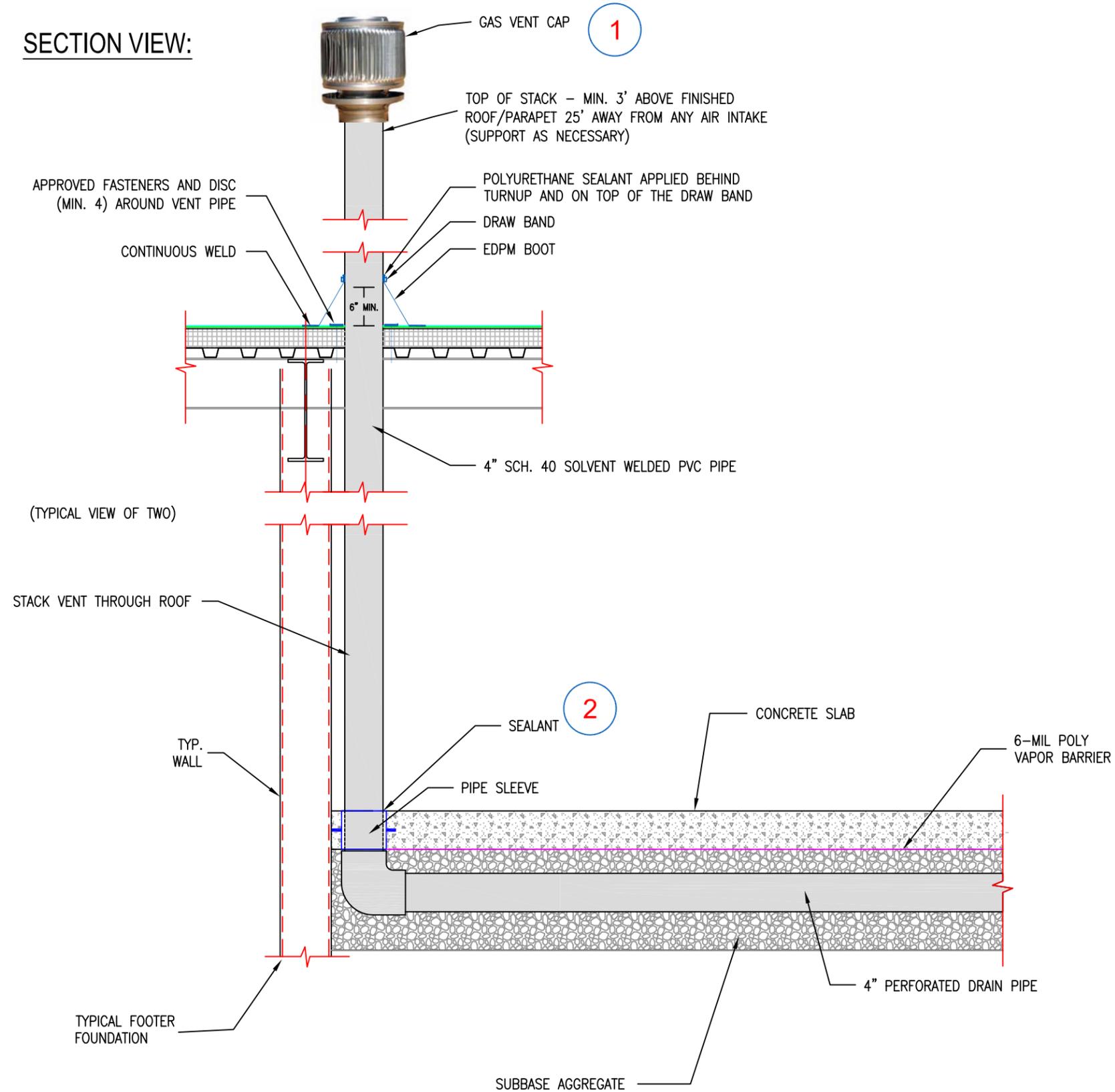
DECOMMISSIONING PROCEDURES (per NYSDEC DER-10)

	YES	NO
Well visible? (If not, provide directions below)	<input checked="" type="checkbox"/>	
Well I.D. visible?		<input checked="" type="checkbox"/>
Well location matches site map? (If not, sketch actual location on back)	<input checked="" type="checkbox"/>	
Well I.D. as it appears on protective casing or well:		
Surface seal present?	<input checked="" type="checkbox"/>	
Surface seal competent? (If cracked, heaved, etc., describe below)	<input checked="" type="checkbox"/>	
Protective casing in good condition? (If damaged, describe below)	<input checked="" type="checkbox"/>	
Headspace reading (ppm) and instrument used:		
Type of protective casing and height of stickup in feet (if applicable):	<u>Road box</u>	
Protective casing material type:	<u>Steel</u>	
Measure protective casing inside diameter (inches):		
Lock present?	<input checked="" type="checkbox"/>	
Lock functional?	<input checked="" type="checkbox"/>	
Did you replace the lock?		<input checked="" type="checkbox"/>
Is there evidence that the well is double cased? (If yes, describe below)		<input checked="" type="checkbox"/>
Well measuring point visible?	<input checked="" type="checkbox"/>	
Measure depth to water from measuring point (feet):		
Measure well depth from measuring point (feet):		
Measure well diameter (inches):		
Well casing material:		
Physical condition of visible well casing:		
Attach I.D. marker (if well I.D. is confirmed) and identify marker type:		
Proximity to underground or overhead utilities:		
Describe access to well: (Include accessibility to truck mounted rig, natural obstructions, overhead utilities, proximity to permanent structures, etc.); Add sketch of location on back, if necessary.		
Describe well setting (for example, located in a field, in a playground, on pavement, in a garden, etc.) and assess the type of restoration required.		
<u>Along Northwest corner of site</u>		
Identify any nearby potential sources of contamination, if present (e.g., gas station, salt pile, etc.)		
Remarks:		

APPENDIX F

PASSIVE SUBSLAB VAPOR SYSTEM

SECTION VIEW:



NOTES:

- 1 AURA TYPE-B GAS VENT CAP MODEL AGVC-4, OR EQUIVALENT IF APPROVED BY ENGINEER
- 2 POLYURETHANE SEALANT APPLIED IN ACCORDANCE WITH MANUFACTURERS INSTRUCTIONS TO SEAL ALL GAPS. USE OF SILICONE SEALANTS IS NOT PERMITTED.

DATE: DECEMBER, 2011
DRAFTED BY: BCH/ACT/JCT

2558 HAMBURG TURNPIKE
SUITE 300
BUFFALO, NEW YORK 14218
(716) 856-0599

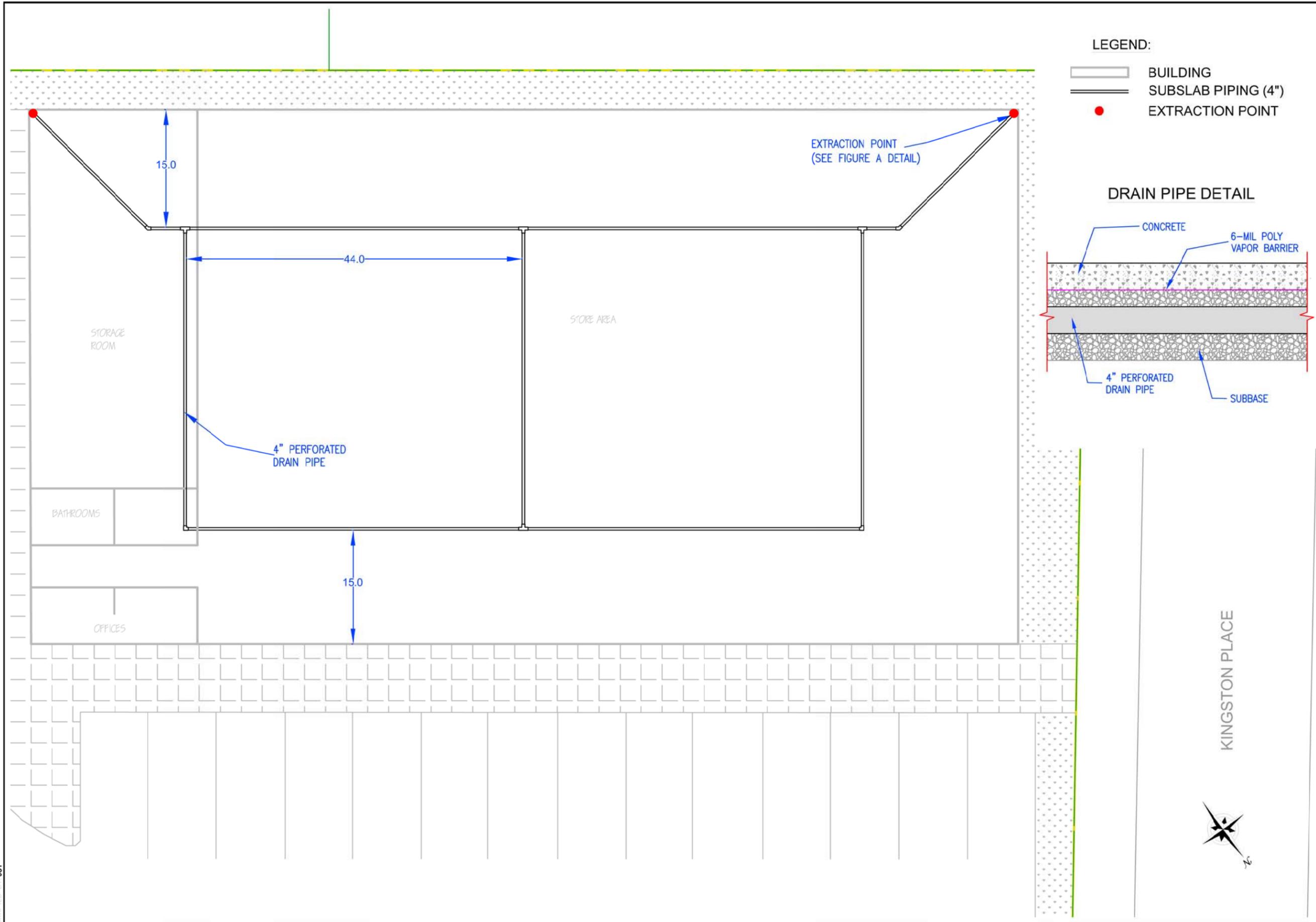


JOB NO.: 0226-003-100

PASSIVE SUBSLAB DEPRESSURIZATION SYSTEM

FORMER PARCEL-2 SENECA STREET SITE
BUFFALO, NEW YORK
PREPARED FOR
2137 SENECA, LLC

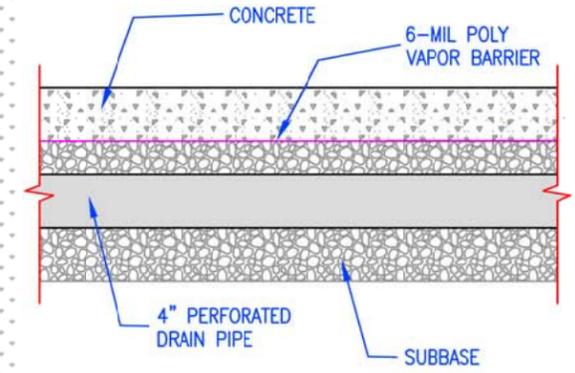
FIGURE A



LEGEND:

- BUILDING
- SUBSLAB PIPING (4")
- EXTRACTION POINT

DRAIN PIPE DETAIL



KINGSTON PLACE



PASSIVE SUBSLAB DEPRESSURIZATION SYSTEM
PIPE LAYOUT

FORMER PARCEL 2 SENECA STREET SITE
BUFFALO, NEW YORK
PREPARED FOR
2137 SENECA, LLC



2558 HAMBURG TURNPIKE
SUITE 300
BUFFALO, NY 14218
(716) 856-0695

JOB NO.: 0226-003-100

FIGURE B