

February 3, 2021

Stephanie Fitzgerald  
New York State Department of Environmental Conservation  
615 Erie Boulevard West  
Syracuse, New York 13204-2400

Re: ARAMARK Uniform Services (VCP Site #V00665-7)  
Periodic Review Report and Certification of Institutional Controls  
Reporting Period: January 01, 2016 to January 01, 2021

File: 1656.002.004

Dear Ms. Fitzgerald:

In accordance with the Site Management Plan (SMP), Barton & Loguidice, D.P.C. (B&L) has prepared the following Periodic Review Report and Certification of Institutional Controls for operation of the Sub-Slab Depressurization System (SSDS) at the ARAMARK Uniform Services property (Site) located at 3009 and 3117 Milton Avenue in Solway, New York. The PRR covers the period of January 1, 2016 through January 1, 2021. The Site was remediated in accordance with the Voluntary Cleanup Agreement (VCA) Index #B7-0643-03-09, Site # V00665-7. The following activities were conducted with summaries provided below:

- Sub-slab vapor monitoring;
- Site-wide and SSDS inspections;
- Periodic Review Reporting; and
- Certification of Institutional Controls.

#### **Sub-Slab Vapor Sampling Summary**

B&L requested decommissioning of the SSDS in 2018. Based on the Department's comments, the SSDS was shut down to monitor for rebound conditions. The original sub-slab vapor monitoring points (VP-A and B) and two temporary sub-slab vapor monitoring points (VP 01 and 02) were sampled on March 29, 2019 (refer to Figure 1). The results of the 2019 sampling event, and historical monitoring summary, are provided in Attachment A. Based on the 2019 data, the SSDS was restarted on April 1, 2019 and has been running continuously since. B&L and the Department have been in communication regarding additional vapor monitoring and sub-slab pressure testing. B&L is planning on conducting this additional work during the 2021 heating season.

#### **SSD System Inspection Summary**

B&L conducts annual SSDS inspections with ARAMARK personnel performing weekly maintenance checks on the system. The system is operating in accordance with the Remedial Action Work Plan and routine maintenance recommendations have been provided to the facility.

#### **Certification of Engineering and Institutional Controls**

The system is operating in accordance with the SMP as certified in Attachment B.



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### Summary and Conclusion

Monitoring and operation of the SSDS has been conducted in accordance with the SMP. We continue to coordinate additional vapor monitoring and pressure testing with the Department. Additional information regarding proposed 2021 vapor monitoring will be provided to the Department under separate cover.

Please contact me if you have any questions regarding the January 1, 2016 to January 1, 2021 Periodic Review Report.

Sincerely,

BARTON & LOGUIDICE, D.P.C.

A handwritten signature in blue ink, appearing to read 'D.R. Hanny', is written over a circular blue ink stamp. The signature is fluid and cursive.

David R. Hanny, CPEBC, CPSWO, LEED AP  
Senior Associate

DRH  
Attachments

Figure 1

Site Management Plan  
Monitoring Locations



## Attachment A

### Sub-Slab Vapor Data Summary Tables

**Table 1**  
**ARAMARK Uniform Services**  
**Voluntary Cleanup Project**  
**Solvay, NY**

**Post Construction Vapor Sampling Summary**

Compounds	Sub-Slab Vapor Summary Table (mcg/m3)			
	Trichloroethene	Carbon	Tetrachloroethene	1,1,1-
	(mcg/m3)	Tetrachloride (mcg/m3)	(mcg/m3)	Trichloroethane (mcg/m3)
NYSDOH Sub-Slab Threshold Requiring Monitoring (mcg/m3)	5	5	100	100
<b>Permanent Vapor Points</b>				
<b>VP-A</b>				
03-Aug-11	19	ND	360	8.3
22-Dec-11	6.7	1.7	130	1.6
04-Oct-12	6.2	ND	140	0.9
08-Aug-13	12	3.1	220	1.7
24-Oct-14	3	ND	62	ND
21-Dec-15	2.2	0.39	78	ND
29-Dec-16	1.4	ND	5.3	ND
29-Mar-19	2.5	0.69	47	ND
<b>VP-B</b>				
03-Aug-11	78	ND	2900	10
22-Dec-11	12	1.9	530	2.5
04-Oct-12	3.6	ND	190	ND
08-Aug-13	54	0.62	65	0.11
24-Oct-14	ND	ND	140	ND
21-Dec-15	ND	0.45	78	ND
29-Dec-16	2.3	ND	6.9	ND
31-May-18	ND	ND	23	ND
29-Mar-19	ND	0.69	150	ND
<b>Temporary Vapor Points</b>				
<b>TSSVP-01</b>				
29-Mar-19	ND	ND	140	2.0
<b>TSSVP-02</b>				
29-Mar-19	ND	0.63	10	ND

Notes:

= Exceeds NYSDOH Minimum Sub-Slab Concentration Requiring Monitoring  
 ND = Not Detected at laboratory minimum detection limit

## Attachment B

### Certification of Engineering and Institutional Controls



Enclosure 2  
**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Site Management Periodic Review Report Notice**  
**Institutional and Engineering Controls Certification Form**



**Site Details**

**Box 1**

**Site No.**            **V00665**

**Site Name**   **Aramark Uniform Services**

Site Address: 3009 & 3117 Milton Ave      Zip Code: 13209-  
City/Town: Solvay (V)  
County: Onondaga  
Site Acreage: 0.964

Reporting Period: January 01, 2016 to January 01, 2021

YES    NO

1. Is the information above correct?

☒    ☐

If NO, include handwritten above or on a separate sheet.

2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment during this Reporting Period?

☐    ☒

3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?

☐    ☒

4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?

☐    ☒

**If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.**

5. Is the site currently undergoing development?

☐    ☒

**Box 2**

YES    NO

6. Is the current site use consistent with the use(s) listed below?  
Commercial and Industrial

☒    ☐

7. Are all ICs in place and functioning as designed?

☒    ☐

**IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and  
DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.**

**A Corrective Measures Work Plan must be submitted along with this form to address these issues.**

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date



**Description of Institutional Controls**ParcelOwnerInstitutional Control**3-4-(1-6&13)**

ARAMARK UNIFORM SERVICES

Ground Water Use Restriction  
Site Management Plan  
O&M Plan  
IC/EC Plan

Institutional controls to restrict use to commercial/industrial; prohibit groundwater use as potable water; require any future construction or excavation to be managed in accordance with the SMP; operation of the sub-slab depressurization system.

**Description of Engineering Controls**ParcelEngineering Control**3-4-(1-6&13)**

Vapor Mitigation

**Periodic Review Report (PRR) Certification Statements**

1. I certify by checking "YES" below that:

a) the Periodic Review report and all attachments were prepared under the direction of, and reviewed by, the party making the Engineering Control certification;

b) to the best of my knowledge and belief, the work and conclusions described in this certification are in accordance with the requirements of the site remedial program, and generally accepted engineering practices; and the information presented is accurate and complete.

YES NO

☒

☐

2. For each Engineering control listed in Box 4, I certify by checking "YES" below that all of the following statements are true:

(a) The Engineering Control(s) employed at this site is unchanged since the date that the Control was put in-place, or was last approved by the Department;

(b) nothing has occurred that would impair the ability of such Control, to protect public health and the environment;

(c) access to the site will continue to be provided to the Department, to evaluate the remedy, including access to evaluate the continued maintenance of this Control;

(d) nothing has occurred that would constitute a violation or failure to comply with the Site Management Plan for this Control; and

(e) if a financial assurance mechanism is required by the oversight document for the site, the mechanism remains valid and sufficient for its intended purpose established in the document.

YES NO

☒

☐

**IF THE ANSWER TO QUESTION 2 IS NO, sign and date below and  
DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.**

**A Corrective Measures Work Plan must be submitted along with this form to address these issues.**

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date

IC CERTIFICATIONS  
SITE NO. V00665

Box 6

**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

I certify that all information and statements in Boxes 1,2, and 3 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I Rebecca Armbruster at 8130 S. Meridian St, Suite 1, Indianapolis, IN 46217,  
print name print business address

am certifying as Owner (representative, Aramark Dir.Env. Compliance) (Owner or Remedial Party)

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

Rebecca Armbruster 2/2/21  
Signature of Owner, Remedial Party, or Designated Representative Date  
Rendering Certification

## EC CERTIFICATIONS

Box 7

### Qualified Environmental Professional Signature

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

I Scott D. Nostrand, P.E. at Barton & Loguidice, DPC  
print name 443 Electronics Parkway  
Liverpool, NY 13088  
print business address

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



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



Stamp  
(Required for PE)

February 2, 2021  
Date