



# Property Solutions INC.

Environmental & Engineering Consulting

## Key Site Manager Questionnaire

Please provide the following information, if available, before the property visit by Property Solutions. The key site manager should be a person with good knowledge of the uses and physical characteristics of the property, such as a property manager, building manager, the chief physical plant supervisor, or maintenance supervisor.

**Complete pages 1 through 3.** If applicable, provide information described in subsequent pages. If additional pages for response are necessary, please attach them to this form.

Please sign your name and print your name and the date below. By signing you state that the information you provided herein is accurate to the best of your knowledge.

Signature N. Galati Date Sept 8/17 Print Name NICK GALATI

Property Information					
Property Name			Property Identification (e.g. Block & Lot or Parcel ID #)		
			<u>PART OF LOTS 36+44 TWP 8 RANGE 8</u>		
Property Street Address County, State & Zip					
<u>8800 S. MAIN STREET AKA 8800 GOWAND STATE ROAD</u>					
Property City		Property County		Property State & Zip	
<u>EDEN</u>		<u>ERIE</u>		<u>NEW YORK 14057</u>	
Property Size (acres)	# Buildings	# Units	# Stories	Square footage (total)	
<u>42 AC.</u>	<u>ON</u>	<u>1-3</u>	<u>ONE + MEZZ.</u>	<u>125,000</u>	
Foundation		Property Use			
<input checked="" type="checkbox"/> Slab-on-grade <input type="checkbox"/> Basement		<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Other (specify) <u>WAREHOUSE</u>			
Describe renovations & provide dates: <u>NO MAJOR RENOVATIONS EXCEPT ROOF + DECK WAS REPLACED IN 2006.</u>					
Key Site Manager Contact Information					
Key Site Manager Name & Title			Company		
<u>N/A</u>			<u>N/A</u>		
Address		City		State & Zip	
<u>N/A</u>		<u>N/A</u>			
Phone			Fax		
Cell phone			Email		
Current Property Owner					
Owner Name & Title			Company		
<u>NICK GALATI, VICE PRESIDENT</u>			<u>MARINO GAL-COR INC.</u>		
Address		City		State & Zip	
<u>33 PEARSON AVE</u>		<u>RICHMOND HILL</u>		<u>ONTARIO CAN L4C-6T2</u>	
Date of Acquisition					
<u>JUNE 1990.</u>					



1. UTILITIES			
Utility	Provider	Utility	Provider
Electricity	NATIONAL GRID	Fuel Oil	NO N/A
Natural Gas	NATIONAL GRID	Steam	NO N/A
Sanitary Sewerage	ERIE COUNTY	Solid Waste Removal (include medical waste)	NO N/A
Potable Water	ERIE COUNTY		

If a potable water well and/or septic system is located at property, please complete Sections 5.1.6 and/or 5.1.8.

## 2.1 CURRENT OPERATIONS

Is the property currently used for any of the following operations? (Check all that apply.) NONE N/A

- ☐ Manufacturing operations    ☐ Gasoline service station    ☐ Automobile repair    ☐ Printing facility    ☐ Dry cleaning\*  
☐ Photodevelopment    ☐ Junkyard or landfill    ☐ Waste treatment, transfer, storage, disposal, processing, or recycling

\*If dry cleaning operations currently occur or have occurred at property, please complete Section 5.1.9.

Describe current operations:

CURRENTLY VACANT

## 2.2 PAST OPERATIONS & OWNERS

Has the property ever been used for any of the following operations? (Check all that apply.)

- ☒ Manufacturing operations    ☐ Gasoline service station    ☐ Automobile repair    ☐ Printing facility    ☒ Dry cleaning\*  
☐ Photodevelopment    ☐ Junkyard or landfill    ☐ Waste treatment, transfer, storage, disposal, processing, or recycling

\*If dry cleaning operations currently occur or have occurred at property, please complete Section 5.1.9.

Describe property use/operations prior to the construction of buildings currently at the property:

DON'T KNOW

Provide previous property owners, occupants, and/or operators. Attach pages as necessary.

Company	Owner/ Occupant/ Operator	Dates of occupancy	Operations	Contact name & number
MASS INDUSTRIES	O/O	1980's	RECYCLING CLOTHS/DRY CLEAN	SALIM SACHED A
CONTINENTAL CON.	O/O	1970's	CANNING GREEN BEANS	DON'T KNOW
EDEM RECYCLING	OPER.	1990's	RECYCLING CLOTHES/DRY CLEAN	MAX WISEMAN
CRESCENT MKT+MEG	OPER.	1991-2002	PRODUCED AUTO ADDITIVE	WAXES RICH FRAZER
MULTI INDUSTRIES	OPER.	2006-2010	WAREHOUSE + DIST. OF FLR.	MATS DEREK EDELBERG
ASCION/REVERAIE	OPER	2013-2017	ASSEMBLED BEDS-	GORDON SMITH CEO

## 2.3 NEIGHBORING OPERATIONS

Check any operations which occur, or have occurred in the past, at adjoining properties.

- ☒ Manufacturing operations    ☐ Gasoline service station    ☐ Automobile repair    ☐ Printing facility    ☒ Dry cleaning\*  
☐ Photodevelopment    ☐ Junkyard or landfill    ☐ Waste treatment, transfer, storage, disposal, processing, or recycling

### 3. EXISTING DOCUMENTATION

Does the following documentation exist? If yes, please provide copies.

Yes	No		Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ESA Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Community Right-to-know plan
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Env. Compliance Audit Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safety Plans
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Permits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPCC Plans
<input type="checkbox"/>	<input checked="" type="checkbox"/>	UST/AST registrations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency preparedness & prevention plans
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground injection permits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hydrogeologic reports
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MSDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Government correspondence & violations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous waste generator notices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recorded AULs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Geotechnical studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Liens
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Risk Assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other

#### 4. KNOWN ENVIRONMENTAL CONCERNS



Are you aware of any pending, threatened, or past litigation relevant to hazardous substances or petroleum products in, on, or from the property?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are you aware of any pending, threatened, or past administrative proceedings relevant to hazardous substances or petroleum products in, on, or from the property?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are you aware of any notices from governmental agencies regarding possible violation of environmental laws or possible liability relating to hazardous substances or petroleum products?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are you aware of any remediation activities that have occurred at the property or adjacent properties in response to contaminated soil, groundwater, and/or surface water?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any proposed remediations at the property?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

If yes to any of the above, describe. Attach pages as necessary. see my written notes

Are you aware of any of the following currently or previously located at the subject property? (Check all that apply. If you answer yes to any of the items, provide the additional information described on the following pages.)			
	Yes – currently	Yes – previously	No – never
Underground storage tanks:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Aboveground storage tanks:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical transformers or capacitors:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* Hydraulic equipment, including elevators, dock levelers, lifts, compactors, & balers:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical storage (greater than 5 gallons):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous wastes, including used oil:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wells, including potable water wells, monitoring wells, test wells:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sumps:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SEWAGE PIT PUMPS waste uphill p. 132. TO COUNTY SEWERS Pits:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor drains:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surface water bodies, stormwater discharge, and/or wetlands:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREAM ON PROP. Lagoons:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Septic systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* NO LONGER USED FILLED 2002. Oil water separators:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOVED IN 2006 Dry cleaners:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asbestos:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radon studies/mitigation systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lead:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air emissions, including emergency generators, fume hoods, & spray paint booths:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mold growth and/or water intrusion:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered No to all of the above, you are finished with the Questionnaire.

\* Current mktg had two or three above ground tanks contained but



## 5. ADDITIONAL INFORMATION

### Underground Storage Tanks (USTs) *NO - N/A*

If USTs are/were located at the property (including closed or removed USTs), complete the following tables:

UST No.	Capacity (gallons)	Contents	Material of Construction	Install Date	LD? (Y/N)	CP? (Y/N)	S/O? (Y/N)	DLIT
1								
2								
3								
4								
5								

LD: Leak detection, CP: Corrosion Protection, S/O: Spill/Overflow Protection, DLIT: Date of last integrity test

UST No.	Location/Former Location	Use/Former Use	Registered? (Y/N)	Permit No.	Status
1					
2					
3					
4					
5					

Status: ACT – Active, NIU - Not in use, REM – Removed, CIP – Closed in place

Do any underground pipelines traverse the property? Include easements.

Yes ☐

No ☒

Please attach additional UST information and documentation, including tightness test reports, closure reports, registration forms, permits, correspondence (e.g. No Further Action letters), and approvals.

### Aboveground Storage Tanks (ASTs)

If ASTs (include & indicate **silos**) are/were located at the property, please describe:

Capacity (gallons)	Contents	Material of Construction	Location	Install Date	Secondary Containment? (Y/N)	Permit # &/or Facility #	Status	Registered? (Y/N)
<i>DON'T KNOW</i>	<i>CHEMICAL PRODUCT</i>		<i>REAR OF BLDG.</i>	<i>MID 90's</i>	<i>YES</i>	<i>DON'T KNOW</i>	<i>REMOVED BY TENANT</i>	<i>2? 1993?</i>
	<i>CRESCENT MFG.</i>							
	<i>TENANT OPERATED TANKS USED TO PRODUCE</i>							
	<i>AUTO ADDITIVES (DURA LUBE) AND DURA SHINE WAX PRODUCTS.</i>							
	<i>RICH FRAZER WAS BUSINESS OWNER AND OPERATOR</i>							

Status: ACT – Active, NIU - Not in use, REM – Removed

*NOT SURE*

Please attach any additional AST documentation.

*CRESCENT MKTG. + MFG. from 1992 - 2002 operated and produced auto products. such as waxes and additives for auto engines.*



## Electrical & Hydraulic Equipment

Are the transformers labeled "Non-PCB" or has the owner verified they are Non-PCB?

NOT SURE

Yes ☐

No ☒

Have any releases of dielectric fluid occurred?

Yes ☐

No ☒

Are dry-type transformers located at the property? NOT SURE

NOT SURE THERE ARE ELECTRIC TRANSFORMERS AT REAR OF THE PROPERTY

Yes ☐

No ☐

Do any high-tension electric transmission lines traverse the property? Include easements.

Yes ☐

No ☒

Number of hydraulic elevators at the property: NIL Number of cable-drawn elevators at property:           

If applicable, who services the hydraulic elevators?

N/A

Describe any other hydraulic equipment at the property (including trash compactors, lifts, & dock levelers):

If hydraulic elevators are located at property, have any hydraulic fluid releases occurred? N/A

Yes ☐

No ☒

## Chemical Storage

Chemical	Use	Amount Stored	Type of Container	MSDS present? (Y/N)	Leaks from container?
THERE HAVE NOT BEEN CHEMICALS STORED SINCE 2002 WHEN CRESCENT MFG. TENANT MOVED OUT.					

Has a significant release of chemicals (greater than 5 gallons) occurred at the property?

SEE MY NOTE ATTACHED

Yes ☐

No ☒

Are you aware of any parts cleaners or degreasers located at the property?

Yes ☐

No ☒

Please attach additional chemical storage information/documentation, including information concerning any releases, if applicable.

## Waste Generation N/A

Waste type/description	Location stored on property	Quantity generated per month	Waste manifest? (Y/N)	Waste handler

Please attach additional waste information, including copies of waste manifests for each above types of waste.



## Wells, Sumps, Pits, & Floor Drains

**Wells:** Describe wells present at the property, include quantity, type (monitoring, test, potable water supply, etc.), active/inactive, depths of wells, and locations.

NONE N/A

If water quality tests have been performed on water provided by wells, please attach copy of analytical results.

NONE N/A

**Sumps:** Describe location, whether they are equipped with pumps, and if so, to where the pumps discharge.

NONE N/A

**Pits:** Describe pits' construction and whether equipped with sump. Include hydraulic elevator pits and quantity, and to where sump discharges or if it retains all it collects.

THE MUNIC SAN SEWERS FROM THE WASTE WATER + SEWAGE EMPTIES INTO A CONCRETE LINED PIT WITH A PUMP THAT PUMPS WASTE TO THE MUNICIPAL SEWERS LOCATED ON THE ROAD. THE MUNIC. SEWER IS HIGER ELEV. THAN THE BUILDING.

**Floor drains:** Indicate locations and to where they discharge.

FLOOR DRAINS ARE LOCATED IN THE LARGER FRONT SECTION OF THE BLDG. AND DISCHARGE INTO SAN. PIT DESCRIBED ABOVE TO MUNICIPAL SEWER ON THE ROAD

Is/are grease trap(s) located at the property? If yes, please provide following information.

Yes ☐ No ☒

Locations:

Construction:

Who services them?

How often cleaned out?

## Surface Water Bodies & Stormwater Discharge

Are stormwater retention or detention basins located at the property?

Yes ☐ No ☒

If yes, are there outflow or overflow structures?

Yes ☐ No ☒

Are there streams and/or ponds at the property?

POND AT REAR + STREAM TO THE SOUTH OF BLDG.

Yes ☒ No ☐

Are wetlands located at the property?

JUST OLD POND AREA

Yes ☒ No ☒

If yes, where?

AT REAR POND AREA

To where do roof drains/leaders discharge?

Does the property have a NPDES permit?

NOT SURE WHAT THAT IS?

Yes ☐ No ☒

## Lagoons, Septic Systems, & Separators

N/A Lagoons: Describe purpose, years of existence, and location:

N/A Septic system: If currently or previously located at property, provide following: ☐ Active ☐ Inactive ☐ Closed  
Type: ☐ Tank ☐ Leach field ☐ Spray field ☐ Cesspool ☐ Other (specify) \_\_\_\_\_  
Describe location: \_\_\_\_\_

N/A Separator: If an oil/water separator is located at the property, provide following:

Location: \_\_\_\_\_

Discharges to: \_\_\_\_\_

Tank capacity: \_\_\_\_\_



Construction: \_\_\_\_\_ Permit required? \_\_\_\_\_ Used oil removed by: \_\_\_\_\_  
\_\_\_\_\_

BLANK.

7

?



## Drycleaners

Establishment Name	
Establishment Address	
Years of Operation	
Unit Manufacturer	
Unit Model	
Model Year	
Model Type	
Installation Date	
Original or Replacement Unit	
Air Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condensate Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condensate Receptor	<input type="checkbox"/> Floor drain <input type="checkbox"/> Collection bucket <input type="checkbox"/> Other _____
Solvent Storage	(location and/or internal reservoir)
Solvent Supplier	
Method of Filling Solvent	<input type="checkbox"/> Via pump truck directly <input type="checkbox"/> Poured by hand
Solvent Type	
Spent Solvent Removal	
Secondary Containment	<input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No
Solvent-resistant floor coating	<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Drains or Sumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slab or basement	
Cracks or Staining	
Filters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condensate Atomizer/Mister	<input type="checkbox"/> Yes <input type="checkbox"/> No
RCRA Identification Number	

## Material & Waste Handling

Material	Location	Container Type/ Capacity	Disposal Method	Disposal Company	Manifests/ MSDS	Secondary Containment
Lint						
Filters						
Condensate						
Spent Solvent						
Off-spec chemicals						
Fresh solvent			N/A	N/A		
Other Chemicals			N/A	N/A		

Dry cleaning continued on next page.



### 5.1.9 Drycleaning - continued

Have secondary containment structures been installed around or beneath each machine or item of equipment in which dry cleaning solvents are used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, then indicate when the containment structure(s) was installed:	
Have secondary containment structures been installed around or beneath each area where dry cleaning solvents and / or waste which contains dry cleaning solvents are stored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate date when the containment structure(s) was installed:	
Have the floor surfaces of the dry cleaning facility been sealed or otherwise rendered impervious in all areas in which solvents may leak, spill, or otherwise be released?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate when the floors were sealed:	
Has new equipment with closed-loop technology been installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has old equipment been retrofitted with closed-loop technology?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have floor drains ever been present at the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the facility ever been connected to a septic system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe any spilling, leaking, seeping, pouring, emitting, emptying, dumping, or mis-application of dry cleaning solvents that has occurred at any time during the operation of the facility prior to this application (attach additional pages if necessary). If none, so state.	
Describe how wastes are disposed of (attach additional pages if necessary).	

### Historical Dry Cleaning Operations

Dry Cleaner Name	Address	RCRA ID Number	Years of Operation
Eden Recycling/ MAX-TEX	Now or last I know moved to MEDINA N.Y.		
	— UNDER NEW OWNER		

Around 1994 Eden Recycling had a shipment delivered of dry cleaning compound and the Schneider truck developed a leak from the valve at the bottom of the tanker. We were immediately notified by the tenant. Eden Recycling and they also notified the D.E.C. Took proper action and



### 5.2.1 Asbestos-containing materials

N/A NONE

Describe asbestos-containing materials (ACMs) at the property, amount, location, & type.

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Has an asbestos survey been conducted at the property?

Yes ☐

No ☒

Has an asbestos abatement been conducted at the property?

Yes ☐

No ☒

Is an ACM Operations & Maintenance Plan in place at the property?

Yes ☐

No ☒

If yes to the above questions, please attach reports/documentation.

### 5.2.2 Radon N/A

Has a radon study been conducted at the property? If yes, please provide.

Yes ☐

No ☒

Describe radon mitigation systems at the property, including type (active/passive) and locations.

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### 5.2.3 Lead N/A

Are there sources of lead (aside from lead-based paint – discussed below) at the property, such as water or soil contamination?

Yes ☐

No ☒

Are lead-based paints located at the property? If yes, describe locations.

Yes ☐

No ☒

If the property is residential, does HUD own the property or does the owner receive mortgage insurance under a program administered by HUD?

Yes ☐

No ☒

If the property is residential, does the property (or any of its tenants) receive project-based rental assistance under a HUD program (including Section 8 housing)?

Yes ☐

No ☐

If yes to the above, is the amount more than \$5,000 per year per unit?

Yes ☐

No ☒

Has a lead-based paint survey and/or abatement been conducted at the property?

Yes ☐

No ☒

If yes to the above question, please attach lead-based paint survey and/or abatement documentation.



### 5.2.4 Air Emissions N/A

Have federal, state, county, or local permits been applied for and/or received for operations conducted at the property for air emissions? If yes, please describe – include permit number, issuing authority, purpose of permit, date of approval or denial, and expiration date.

Yes ☐

No ☒

N/A If an emergency generator is located at property, please provide the following information:

Make/model: \_\_\_\_\_

Kilowatts: \_\_\_\_\_

Fuel: \_\_\_\_\_

How often does it run? \_\_\_\_\_

Owner: \_\_\_\_\_

Tank size: \_\_\_\_\_

Permits required? \_\_\_\_\_

Location: \_\_\_\_\_

Permit No. &  
Exp. Date: \_\_\_\_\_

Is/are there spray paint booth(s) located at the property? If yes, indicate frequency air filters are changed, disposal method, and whether air emissions permits are required.

Yes ☐

No ☒

### 5.2.5 Water Intrusion

Are you aware of any current water leaks?

Yes ☐

No ☒

Are you aware of any past water leaks?

Yes ☐

No ☒

Is/are the building(s) air conditioned?

Yes ☐

No ☒

Is mold visible in the building(s)?

Yes ☐

No ☒

Is there a pool or other water features (such as a fountain) in the building(s)?

Yes ☐

No ☒

Are the bathrooms and dryers (if applicable) vented to the exterior?

Yes ☐

No ☒

Have there been reports of illness due to air quality, or any indoor air quality or ventilation problems at the property?

Yes ☐

No ☒

Does property management have a mold response plan?

Yes ☐

No ☒

Please attach water intrusion documentation, including a mold response plan, mold handling plan, or laboratory results from mold samples collected at the property.