



C&S Companies
499 Col. Eileen Collins Blvd.
Syracuse, NY 13212
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www.cscos.com

April 17, 2009

Ms. Karen Cahill
New York State Department of
Environmental Conservation, Region 7
615 Erie Blvd West
Syracuse, New York 13204

Re: First Annual Site Management Report
Midler City Industrial Park Site
Syracuse, New York
Brownfield Site C734103

File: C81.006.001

Dear Ms. Cahill:

C&S Engineers, Inc., on behalf of our client Pioneer Midler Avenue, LLC submits this First Annual Site Management Report for the above-referenced site. This report has been prepared consistent with the December 2007 Site Management Plan. Attachments to this report are as follows:

- Attachment A: NYSDEC Site Management Periodic Review Report Notice Institutional and Engineering Controls Certification Form
- Attachment B: Transfer of Parcel R-2 to Lowe's Home Center's Inc.
- Attachment C: Semi-Annual Site Inspection Forms
- Attachment D: Subslab Depressurization System Monthly Inspection Forms

Site Information Correction and Transfer of Parcel R-2

The Site Address has been changed from 621 S. Midler Ave. (aka 701 Nichols Ave.) to: 101 – 131 Simon Drive.

On February 5, 2009 Parcel R-2 was transferred from Pioneer Midler Avenue, LLC to Lowe's Home Center, Inc. Documentation of that transfer is presented in Attachment B.

NYSDEC Site Management Periodic Review Report Notice Institutional and Engineering Controls Certification Form

Review of items on this form relevant to activities during 2008 at the Midler City Industrial Park Site, in our opinion did not reveal noteworthy changes at the site.

Ms. Karen Cahill
February 27, 2009
Page 2

Semi-Annual Site Inspection Forms

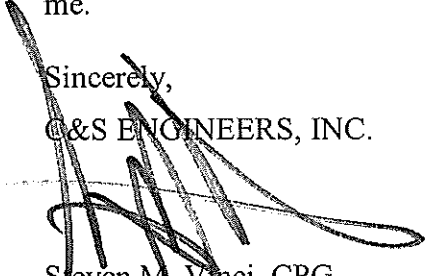
Information documented on the forms shown in Attachment C did not reveal evidence of surficial failures or areas where repairs were required.

Subslab Depressurization System Monthly Inspection Forms

Information documented on the forms shown in Attachment C indicates that monthly inspections were made by Pioneer Midler Avenue LLC and during those monthly inspections, no failures of SSDS components were noted. Additionally, on February 5, 2009, the undersigned performed a site visit to view the SSDS components in both the Lowe's and SEFCU buildings. That site visit revealed the SSDS in each building was operating consistent with the readings recorded on the monthly forms shown in Attachment D.

Should you have any questions concerning this letter and attachments, please feel free to contact me.

Sincerely,
C&S ENGINEERS, INC.



Steven M. Vinci, CPG
Managing Geologist

/smv

cc: Jed Schneider, Pioneer Midler Avenue, LLC

ATTACHMENT A

**NYSDEC Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form**



Enclosure 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form



Site No. C734103 Site Details Box 1

Site Name Midler City Industrial Park

Site Address: 621 S. Midler Ave. (aka 701 Nichols Ave.) Zip Code: 13206

City/Town: Syracuse

County: Onondaga

Allowable Use(s) (if applicable, does not address local zoning): Commercial and Industrial

Site Acreage: 21.7

Box 2

Verification of Site Details

	YES	NO
1. Are the Site Details above, correct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input checked="" type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input checked="" type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation (or evidence that documentation has been previously submitted) included with this certification?	<input type="checkbox"/>	
4. If use of the site is restricted, is the current use of the site consistent with those restrictions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, is an explanation included with this certification?	<input type="checkbox"/>	
5. For non-significant-threat Brownfield Cleanup Program Sites subject to ECL 27-1415.7(c), has any new information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this Certification?	<input type="checkbox"/>	
6. For non-significant-threat Brownfield Cleanup Program Sites subject to ECL 27-1415.7(c), are the assumptions in the Qualitative Exposure Assessment still valid (must be certified every five years) ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SITE NO. C734103

Description of Institutional Controls

Parcel

Institutional Control

S_B_L Image: 33.01-1-02

Ground Water Use Restriction
Soil Management Plan

S_B_L Image: 33.01-1-20

Ground Water Use Restriction
Soil Management Plan

Description of Engineering Controls

Parcel

Institutional Control

S_B_L Image: 33.01-1-02

Cover System
Vapor Mitigation

S_B_L Image: 33.01-1-20

Cover System
Vapor Mitigation

Attach documentation if IC/ECs cannot be certified or why IC/ECs are no longer applicable.
(See instructions)

Control Description for Site No. C734103

Parcel: 33.01-1-02

The Controlled Property may be used for commercial use as long as the following long-term engineering controls are employed:

- (i) compliance with the Department-approved Site Management Plan ("SMP") for the implemented remedy until the remedial goals for the Controlled Property are attained or deemed complete by the Department;
- (ii) maintenance at a minimum of a one foot cover system or a six inch pavement system or buildings over the Site and any disturbance of or excavation from the Site cover system at depths greater than the one foot shall be done in accordance of the requirements of the SMP;
- (iii) the groundwater beneath the Controlled Property cannot be used as a potable water source or for any other use without prior written permission of the Department and the pumping and discharge of groundwater to the waters of the State shall not be allowed without appropriate treatment and approval of the governing State, County or Municipal authority;
- (iv) continued groundwater monitoring in accordance with the SMP until the Department determines that such monitoring is unnecessary;
- (v) installation and maintenance in accordance with the standards and procedures specified in the SMP of subslab depressurization ("SSD") systems for all buildings and building additions to be constructed on the Site and the continued operation and maintenance in accordance with the SMP of those SSD systems already installed on the Site;

Parcel: 33.01-1-20

The Controlled Property may be used for commercial use as long as the following long-term engineering controls are employed:

- (i) compliance with the Department-approved Site Management Plan ("SMP") for the Implemented remedy until the remedial goals for the Controlled Property are attained or deemed complete by the Department;
- (ii) maintenance at a minimum of a one foot cover system or a six inch pavement system or buildings over the Site and any disturbance of or excavation from the Site cover system at depths greater than the one foot shall be done in accordance of the requirements of the SMP;
- (iii) the groundwater beneath the Controlled Property cannot be used as a potable water source or for any other use without prior written permission of the Department and the pumping and discharge of groundwater to the waters of the State shall not be allowed without appropriate treatment and approval of the governing State, County or Municipal authority;
- (iv) continued groundwater monitoring in accordance with the SMP until the Department determines that such monitoring is unnecessary;
- (v) installation and maintenance in accordance with the standards and procedures specified in the SMP of subslab depressurization ("SSD") systems for all buildings and building additions to be constructed on the Site and the continued operation and maintenance in accordance with the SMP of those SSD systems already installed on the Site;

Periodic Review Report (PRR) Certification Statements

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

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

b) to the best of my knowledge and belief, the work and conclusions described in this certification are in accordance with the requirements of the site remedial program, and generally accepted

YES NO



2. If this site has an IC/EC Plan (or equivalent as required in the Decision Document), for each Institutional or Engineering control listed in Boxes 3 and/or 4, I certify by checking "YES" below that all of the following statements are true:

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

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

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

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

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

YES NO



3. If this site has an Operation and Maintenance (O&M) Plan (or equivalent as required in the Decision Document);

I certify by checking "YES" below that the O&M Plan Requirements (or equivalent as required in the Decision Document) are being met.

YES NO



4. If this site has a Monitoring Plan (or equivalent as required in the remedy selection document);

I certify by checking "YES" below that the requirements of the Monitoring Plan (or equivalent as required in the Decision Document) is being met.

YES NO



IC CERTIFICATIONS
SITE NO. C734103

Box 6

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in Boxes 2 and/or 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.

ED S. SCHNEIDER at 250 SOUTH CLINTON SYRACUSE NY
print name print business address

am certifying as AUTHORIZED AGENT (Owner or Remedial Party)

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

[Signature]
Signature of Owner or Remedial Party Rendering Certification

2/27/09
Date

IC/EC CERTIFICATIONS

Box 7

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) 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.

Steven M. Vinci, CPG at 499 Col. Eileen Collins Blvd
print name print business address

am certifying as a Qualified Environmental Professional for the Syracuse NY 13212
Midler City Industrial Park
Site # C734103

(Owner or Remedial Party) for the Site named in the Site Details Section of this form.

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

Stamp (if Required)

27 Feb 2009
Date

Enclosure 2

Certification Instructions

I. Verification of Site Details (Box 1 and Box 2):

Answer the six questions in the Verification of Site Details Section. Questions 5 and 6 only refer to sites in the Brownfield Cleanup Program. The Owner and/or Qualified Environmental Professional (QEP) may include handwritten changes and/or other supporting documentation, as necessary.

II. Certification of Institutional / Engineering Controls (Boxes 3, 4, and 5)

Review the listed IC/ECs, confirming that all existing controls are listed, and that all existing controls are still applicable. If there is a control that is no longer applicable the Owner / Remedial Party is to petition the Department requesting approval to remove the control.

2. In Box 5, complete certifications for all Plan components, as applicable, by checking the corresponding checkbox.
3. If you cannot certify "YES" for each Control and/or certify the other SM Plan components that are applicable, continue to complete the remainder of this **Certification** form. Attach supporting documentation that explains why the **Certification** cannot be rendered, as well as a statement of proposed corrective measures, and an associated schedule for completing the corrective measures. Note that this **Certification** form must be submitted even if an IC or EC cannot be certified; however, the certification process will not be considered complete until corrective action is completed.

If the Department concurs with the explanation, the proposed corrective measures, and the proposed schedule, a letter authorizing the implementation of those corrective measures will be issued by the Department's Project Manager. Once the corrective measures are complete, a new Periodic Review Report (with IC/EC Certification) is to be submitted within 45 days to the Department. If the Department has any questions or concerns regarding the PRR and/or completion of the IC/EC Certification, the Project Manager will contact you.

III. IC/EC Certification by Signature (Box 6 and Box 7):

If you certified "YES" for each Control, please complete and sign the IC/EC Certifications page. Where the only control is an Institutional Control on the use of the property the certification statement in Box 6 shall be completed and may be made by the property owner. Where the site has Institutional and Engineering Controls, the certification statement in Box 7 must be completed by a Professional Engineer or Qualified Environmental Professional (see table below).

Table 1. Signature Requirements for Control Certification Page

Type of Control	Example of IC/EC	Required Signatures
EC which does not include a treatment system or engineered caps.	Fence, Clean Soil Cover, Individual House Water Treatment System, Vapor Mitigation System	A site or property owner or remedial party, and a QEP. (P.E. license not required)
EC that includes treatment system or an engineered cap.	Pump & Treat System providing hydraulic control of a plume, Part 360 Cap.	A site or property owner or remedial party, and a QEP with a P.E. license.

WHERE to mail the signed Certification Form by Monday, March 2, 2009:

New York State Department of Environmental Conservation

**615 Erie Blvd W
Syracuse, NY 13204**

Attn: Karen Cahill, Project Manager

Please note that extra postage may be required.

ATTACHMENT B

Transfer of Parcel R-2 to Lowe's Home Center's Inc.

FOR COUNTY USE ONLY

C1. SWIS Code

C2. Date Deed Recorded

C3. Book

C4. Page

REAL PROPERTY TRANSFER REPORT

STATE OF NEW YORK
STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217

RP-5217 Rev 3/97



PROPERTY INFORMATION

1. Property Location: 131 Simon Drive
Syracuse
CITY OR TOWN VILLAGE ZIP CODE

2. Buyer Name: Lowe's Home Centers, Inc.
LAST NAME / COMPANY FIRST NAME
LAST NAME / COMPANY FIRST NAME

3. Tax Billing Address: Indicate where future Tax Bills are to be sent if other than buyer address (at bottom of form)
LAST NAME / COMPANY FIRST NAME
STREET NUMBER AND STREET NAME CITY OR TOWN STATE ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed: 1 # of Parcels OR Part of a Parcel (Only if Part of a Parcel) Check as they apply:
4A. Planning Board with Subdivision Authority Exists ☐
4B. Subdivision Approval was Required for Transfer ☐
4C. Parcel Approved for Subdivision with Map Provided ☐

5. Deed Property Size: 1 x 1 On 1.1 7.1
FRONT FEET DEPTH ACRES

6. Seller Name: Pioneer Midler Avenue, LLC
LAST NAME / COMPANY FIRST NAME
LAST NAME / COMPANY FIRST NAME

7. Check the box below which most accurately describes the use of the property at the time of sale:
A ☐ One Family Residential B ☐ Agricultural I ☐ Community Service
C ☐ 2 or 3 Family Residential F ☒ Commercial J ☐ Industrial
D ☐ Residential Vacant Land G ☐ Apartment K ☐ Public Service
E ☐ Non-Residential Vacant Land H ☐ Entertainment / Amusement L ☐ Forest

Check the boxes below as they apply:
8. Ownership Type is Condominium ☐
9. New Construction on Vacant Land ☐
10A. Property Located within an Agricultural District ☐
10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District ☐

SALE INFORMATION

11. Sale Contract Date: 10 / 16 / 08
Month Day Year

12. Date of Sale / Transfer: 2 / 5 / 09
Month Day Year

13. Full Sale Price: [REDACTED]
(Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations. Please round to the nearest whole dollar amount.)

14. Indicate the value of personal property included in the sale: 0.0

15. Check one or more of these conditions as applicable to transfer:
A ☐ Sale Between Relatives or Former Relatives
B ☐ Sale Between Related Companies or Partners in Business
C ☐ One of the Buyers is also a Seller
D ☐ Buyer or Seller is Government Agency or Lending Institution
E ☐ Deed Type not Warranty or Bargain and Sale (Specify Below)
F ☐ Sale of Fractional or Less than Fee Interest (Specify Below)
G ☐ Significant Change in Property Between Taxable Status and Sale Date
H ☐ Sale of Business is Included in Sale Price
I ☐ Other Unusual Factors Affecting Sale Price (Specify Below)
J ☒ None

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. Year of Assessment Roll from which information taken: 0.8
17. Total Assessed Value (of all parcels in transfer): 1.1 9.7.3.7.0.0

18. Property Class: 4.5.3-1
19. School District Name: Syracuse Central School District

20. Tax Map Identifier(s) / Roll Identifier(s) (If more than four, attach sheet with additional identifier(s))
33.01-01-02.4

CERTIFICATION

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the general law relative to the making and filing of false instruments.

BUYER

LOWE'S HOME CENTERS, INC.

By:

BUYER SIGNATURE

DATE

STREET NUMBER

STREET NAME (AFTER SALE)

CITY OR TOWN

STATE

ZIP CODE

SELLER

PIONEER MIDLER AVENUE, LLC

By:

SELLER SIGNATURE

DATE

DAVID W. MURPHY, MEMBER

BUYER'S ATTORNEY

LAST NAME

FIRST NAME

AREA CODE

TELEPHONE NUMBER

NEW YORK STATE
COPY

PLEASE TYPE OR PRESS FIRMLY WHEN WRITING ON FORM
INSTRUCTIONS: [http:// www.orpa.state.ny.us](http://www.orpa.state.ny.us) or PHONE (516) 473-7222

FOR COUNTY USE ONLY

01. STYS Code _____
02. Date Deed Recorded _____
03. Book _____ 04. Page _____



REAL PROPERTY TRANSFER REPORT

STATE OF NEW YORK
STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217

RP-5217 Rev 5/96

PROPERTY INFORMATION

1. Property Location 131 Simon Drive
Syracuse
CITY/TOWN _____
COUNTY _____
2. Buyer Name Love's Home Centers, Inc.
CITY/TOWN _____
COUNTY _____
3. Tax Situs (Indicate where Sales Tax will be paid
if other than buyer address (at bottom of form))
Address Syracuse, NY
CITY/TOWN _____
COUNTY _____
4. Indicate the number of Acres and
Full parcels transferred on the deed _____
5. Deed Property Size 1.21 Acres
6. Seller Name Pioneer Midler Avenue, LLC
CITY/TOWN _____
COUNTY _____

7. Check the box below which most accurately describes the use of the property at the time of sale.
A ☐ One Family Residential B ☐ Agricultural C ☐ Commercial D ☐ Industrial E ☐ Public Service F ☐ Forest
8. Check the boxes below as they apply:
a. Ownership Type is Condominium ☐
b. New Construction on Vacant Land ☐
c. Property Located within an Agricultural District ☐
d. Buyer received a disclosure notice indicating that the property is in an Agricultural District ☐

SALE INFORMATION

11. Date Contract Date 10 / 16 / 08
12. Date of Sale / Transfer 2 / 15 / 2009
13. Full Sale Price 8.2
14. Indicate the value of personal property included in the sale _____
15. Year of Assessment Roll from which information taken 08
16. Total Assessed Value (of all parcels in transfer) 1,973,700
17. Property Class A.3.3.1
18. School District Name Syracuse Central School District
19. Tax Map (Municipal / Roll Number) (If more than four, attach sheet with additional identification)
33.01-01-02.4

ASSIGNMENT INFORMATION - Date should reflect the latest Final Assessment Roll and Tax Bill

20. Year of Assessment Roll from which information taken 08
21. Total Assessed Value (of all parcels in transfer) 1,973,700
22. Property Class A.3.3.1
23. School District Name Syracuse Central School District
24. Tax Map (Municipal / Roll Number) (If more than four, attach sheet with additional identification)
33.01-01-02.4

CERTIFICATION

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

SIGNER
LOVE'S HOME CENTERS, INC.
BY: [Signature]
1000 Love's Blvd. Dept. NB570
Street Address
City/Town Mooreville State NC Zip Code 28117
SELLER
PIONEER MIDLER AVENUE, LLC

BUYER ATTORNEY
Karp [Signature] Haxton [Signature]
Last Name First Name
212 801-6824
Area Code Telephone Number

NEW YORK STATE
COPY

ATTACHMENT C
Semi-Annual Site Inspection Forms

SHOPPING CENTER PROPERTY INSPECTION

PROPERTY NAME MIDLER CROSSING Inspected By L. BYRNESPROPERTY NO. 650Date 4/14/08

Approved _____

I. Exterior: Site & Building LOT CONDITION ONLY

* A. Parking Lot Asphalt (holes, fractures, low spots, liability hazards, oil & stone, shim).

LOT IN VERY GOOD SHAPE -
NO CRACK, HOLES ETC.

B. Storm Water Drainage (catch basins, swails, ditches, culverts: clean & operating, pumps operating and PM program in force, ~~have meters working~~; clean out catch basins).

CATCH BASIN CLEANED EACH WEEK

C. Fire Hydrants (protected, painted, visibility, access, shown on drawing).

O.K.

D. Fire Lanes and Handicapped Parking (properly marked & signed).

O.K.

* E. Snow removal (stock pile areas established, delineator posts needed, drainage problems, damaged areas).

N/A

* F. Parking Lot Lighting (operation, test to verify operation, lens/lamp replacement, paint, photocell, timeclocks, manual override switch, anchor bolts & base secure, base cover secure).

N/A

G. Water/Gas Shutoffs, Sewer Cleanouts (properly covered, locations known and shown on drawing, test shutoffs).

N/A

* H. Buffer Areas (properly cut, debris removed).

O.K.

* I. Sidewalks & Curbs (maintenance, drainage, handicap ramps, re-caulk, refuse containers, tripping hazards).

O.K.

J. Striping (condition of paint, areas to be relined, skip next year).

NEW

* K. Traffic Control Devices (traffic signal operation, speed limit/vehicle signage - faded/additions needed).

NEW

L. Paint (exterior walls, trim, service doors, trash areas, compactors, canopies).

N/A

M. Caulking (type of failures & extent).

N/A

* N. Landscaping (cleanliness, maintenance program, drainage, add plantings, weed killer at curbs, cracks, etc.).

N/A

* O. Pylon & other signs (paint, rusting, fading, lighting, time clock control, reader board letter inventory).

N/A

* P. Other items (compactor locked off, propane tank safety, water silcocks, loading areas; Put tenant info on tenant sheets).

N/A

SHOPPING CENTER PROPERTY INSPECTION

PROPERTY NAME MIDLER AVE

Inspected By

L. G. BYRNESPROPERTY NO. 650

Date

10/20/08

Approved _____

I. Exterior: ~~Site & Building~~ LOT CONDITION ONLY

- * A. Parking Lot Asphalt (holes, fractures, low spots, liability hazards, oil & stone, shim).

OK - No Problems

- B. Storm Water Drainage (catch basins, swales, ditches, culverts: clean & operating, pumps operating and PM program in force, ~~hour meters working~~, clean out catch basins).

OK→ WEEKLY

- C. Fire Hydrants (protected, painted, visibility, access, shown on drawing).

OK

- D. Fire Lanes and Handicapped Parking (properly marked & signed).

OK

- * E. Snow removal (stock pile areas established, delineator posts needed, drainage problems, damaged areas).

N/A

- * F. Parking Lot Lighting (operation, test to verify operation, lens/lamp replacement, paint, photocell, timeclocks, manual override switch, anchor bolts & base secure, base cover secure).

N/A

- G. Water/Gas Shutoffs, Sewer Cleanouts (properly covered, locations known and shown on drawing, test shutoffs).

N/A

*Monthly Inspection

SC-1

- * H. Buffer Areas (properly cut, debris removed).
N/A
- * I. Sidewalks & Curbs (maintenance, drainage, handicap ramps, re-caulk, refuse containers, tripping hazards).
N/A
- J. Striping (condition of paint, areas to be relined, skip next year).
Good
- K. Traffic Control Devices (traffic signal operation, speed limit/vehicle signage - faded/additions needed).
OK
- L. Paint (exterior walls, trim, service doors, trash areas, compactors, canopies).
N/A
- M. Caulking (type of failures & extent).
N/A
- * N. Landscaping (cleanliness, maintenance program, drainage, add plantings, weed killer at curbs, cracks, etc.).
N/A
- * O. Pylon & other signs (paint, rusting, fading, lighting, time clock control, reader board letter inventory).
N/A
- * P. Other Items (compactor locked off, propane tank safety, water silcocks, loading areas, Put tenant info on tenant sheets).
N/A

ATTACHMENT D

Subslab Depressurization System Monthly Inspection Forms

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 1/18/08

EXHAUST FAN #

LOWE'S

SEFCU

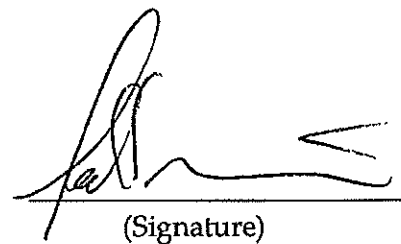
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3	<u>-1</u>
4	<u>-1</u>
5	<u>-1</u>
6	<u>-1</u>
7	<u>-1</u>
8	<u>-1</u>
9	<u>-1</u>
10	<u>-1</u>

1 -1

COMMENTS:

INSPECTED BY:

Jer Schwab
(Print Name)


(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 2/7/08

EXHAUST FAN #

LOWE'S

SEFCU

2	<u>- /</u>
3	<u>- /</u>
4	<u>- /</u>
5	<u>- /</u>
6	<u>- /</u>
7	<u>- /</u>
8	<u>- /</u>
9	<u>- /</u>
10	<u>- /</u>

1 - /

COMMENTS:

INSPECTED BY:

Jed Schneider
(Print Name)

[Signature]
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 3/12/08

EXHAUST FAN #

LOWE'S

SEFCU

2	-1
3	-1
4	-1
5	-1
6	-1
7	-1
8	-1
9	-1
10	-1

1

-1

COMMENTS:

INSPECTED BY:

Joe Schmeider
(Print Name)

[Signature]
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 4/13/08

EXHAUST FAN #

LOWE'S

SEFCU

2

-1

1

-1

3

-1

4

-1

5

-1

6

-1

7

-1

8

-1

9

-1

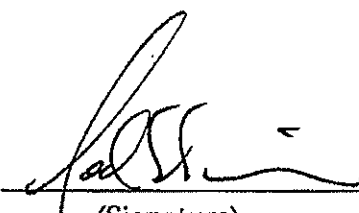
10

-1

COMMENTS:

INSPECTED BY:

Jed Schneider
(Print Name)


(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 5/30/08

<u>EXHAUST FAN #</u>	<u>LOWE'S</u>	<u>SEFCU</u>
2	<u>- /</u>	1 <u>- /</u>
3	<u>- /</u>	
4	<u>- /</u>	
5	<u>- /</u>	
6	<u>- /</u>	
7	<u>- /</u>	
8	<u>- /</u>	
9	<u>- /</u>	
10	<u>- /</u>	

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

Def w Ch
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 6/27/08

EXHAUST FAN #

LOWE'S

SEFCU

2	<u>- /</u>
3	<u>- /</u>
4	<u>- /</u>
5	<u>- /</u>
6	<u>- /</u>
7	<u>- /</u>
8	<u>- /</u>
9	<u>- /</u>
10	<u>- /</u>

1

- /

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

D. W. L.
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 7/31/08

EXHAUST FAN #

LOWE'S

SEFCU

2	<u>- /</u>
3	<u>- /</u>
4	<u>- /</u>
5	<u>- /</u>
6	<u>- /</u>
7	<u>- /</u>
8	<u>- /</u>
9	<u>- /</u>
10	<u>- /</u>

1 - /

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

Daryl W. Close
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 8/22/08

EXHAUST FAN #

LOWE'S

SEFCU

2	<u>- /</u>
3	<u>- /</u>
4	<u>- /</u>
5	<u>- /</u>
6	<u>- /</u>
7	<u>- /</u>
8	<u>- /</u>
9	<u>- /</u>
10	<u>- /</u>

1 - /

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

Daryl Close
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 9/5/08

EXHAUST FAN #

LOWE'S

SEFCU

2
3
4
5
6
7
8
9
10

- /
- /
- /
- /
✓ /
- /
- /
- /
- /

1

- /

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

Daryl W. Close
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 10-6-08

EXHAUST FAN #

LOWE'S

SEFCU

2	<u>-/</u>	1	<u>-/</u>
3	<u>-/</u>		
4	<u>-/</u>		
5	<u>-/</u>		
6	<u>-/</u>		
7	<u>-/</u>		
8	<u>-/</u>		
9	<u>-/</u>		
10	<u>-/</u>		

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

Daryl Close
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 11/28/08

EXHAUST FAN #

LOWE'S

SEFCU

2	<u>- /</u>
3	<u>- /</u>
4	<u>- /</u>
5	<u>- /</u>
6	<u>- /</u>
7	<u>- /</u>
8	<u>- /</u>
9	<u>- /</u>
10	<u>- /</u>

1

- /

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

Daryl Close
(Signature)

SUBSLAB DEPRESSURIZATION SYSTEMS
MIDLER CROSSING
SYRACUSE, NY

DATE: 12/26/08

EXHAUST FAN #

LOWE'S

SEFCU

2	<u>- /</u>
3	<u>- /</u>
4	<u>- /</u>
5	<u>- /</u>
6	<u>- /</u>
7	<u>- /</u>
8	<u>- /</u>
9	<u>- /</u>
10	<u>- /</u>

1 - /

COMMENTS:

INSPECTED BY:

Daryl Close
(Print Name)

Daryl Close
(Signature)