

BROWNFIELDS CLEANUP COOPERATIVE AGREEMENT

MOUNTAIN ROAD TARGET PIT 1

FINAL PROGRESS REPORT

Cooperative Agreement Number: BF 96164501

Reporting Period: October 1, 2013 – September 30, 2013

Report Number: FINAL

Date Submitted: December 3, 2013

Prepared by:

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Submitted to:

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1. PROJECT PROGRESS

1.1 Status of Activities During the Reporting Period

Task 1 – Cooperative Agreement Oversight:

- The project manager for the City of Holyoke conducted several tasks as part of grant implementation. These included: management of grant activities, communication with state and federal partners, coordination of internal budget activities, procurement of contractors and public outreach. The project manager completed quarterly reports describing activities for the reporting period. Regular correspondence was held with the Qualified Environmental Professional (QEP), hired to oversee the regulatory process and remedial action (RA) contractor activities. The QEP is also known as the licensed site professional (LSP) in the State of Massachusetts.

Task 2 – Regulatory Compliance Fees:

- State regulatory compliance fees for cleanup projects, referred to as Tier 1A Permit Fees, were paid twice over the course of the project on 11/7/2012 and 9/15/2013

Task 3 – Site Cleanup:

- City procurement procedure was followed to select and contract with the LSP (AECOM) and the RA contractor (W.L. French).
- A site visit was conducted with the EPA, DEP, the RA contractor, the City, and LSP on 11/19/12 prior to commencement of work.
- Completed RAM Plan Modification submitted by AECOM to MassDEP on 11/28/12. Documents available in repository and on line at eDEP.
- RAM Status Report was completed and submitted via eDEP on 11/28/12.
- Oversight was conducted in the field by a QEP to ensure that all removal was done in compliance with permits and approvals.
- Payroll sheets were collected for work completed during the time period.
- Removal of approximately 500 cubic yards of soil into stock piles was completed during the week of 12/10/12.
- The excavated soils were treated and samples collected to verify treatment effectiveness. Data and information were sent to the disposal facility for disposal approval during the week of 12/17/12. This included the development of the bill-of-lading (BOL) by the LSP.
- AECOM performed field oversight of the RA contractor, including site boundary mark out, site preparation with ConCom and daily review of activities
- AECOM marked out and collected excavation samples and laboratory analyses.
- The RA contractor conducted mobilization & demobilization, site preparation including clearing, placement of silt fence and hay bales, placement of straw waddles, excavation & backfill, soil treatment, and began efforts to T&D treated soil to out-of-state landfill.
- The City prepared a \$42,500 change order required for the contractor to remove the remaining soil from the excavation. The City planned final removal efforts for soil.

- Remaining excavated soil was removed from site and transported for final disposal at the designated landfill.
- The state-required Release Abatement Measure (RAM) completion report was prepared and submitted to the Massachusetts Department of Environmental Protection (MassDEP).

Task 4 – Community Involvement & Planning –

- Given the size of the change order required to complete the soil removal and apply for the RAM completion report, no community involvement was conducted over the course of this project. Funds allotted for Task 4 were moved to pay for Task 3; however, since the initial implementation of site cleanup in 2008 there have been several opportunities for public comment and input collected through extensive community outreach.

1.1.1 Green Remediation Efforts (if any)

The general approach of soil excavation and disposal is not considered a green remediation effort. However, there were steps taken that reduced the overall impact the project will have on the environment. These are:

- The mass of soil requiring removal was reduced by applying a site-specific risk characterization based on future reuse planned for the site.
- The soil was treated on-site to reduce the toxicity of the soil. This effort save costs and also shortened the trucking distances otherwise needed to bring the soil to a hazardous waste landfill located further then the ultimate destination.
- Upon final restoration activities, the site will provide a better habitat for the native species of plants and animals. A larger area will be provided for the habitat of endangered species found in the area and some invasive species of plants have been removed and will be replaced with native species.

1.2 Modifications to the Workplan

1.2.1 No modifications to the workplan were necessary.

1.2.2 Although the project is ahead of schedule overall, there was a delay in the transportation and disposal of a portion of the excavated soil. A larger amount of soil than was anticipated was removed from the site. The City approved a change order in the amount of \$42,500 to be paid from an outside source on 6/20/2013. This change order delayed complete by several months, but the work was still completed within one year of the cooperative agreement.

1.2.3 The revised schedule below.

1.3 Resources Leveraged

No work on leveraging of funds has been completed during this period.

1.4 Progress in Meeting the Cost Share

A cost share waiver was granted for this project.

Required cost share amount (20% of total grant)	Cost share information for <u>this quarter</u>			Total Cost Share Amount Met
	Cost share date	Cost share source	Cost share amount	
\$ 0			\$0	\$0

2. PROJECT FUNDS

Table 1: Costs incurred by task and object class for the quarter. Note there are no cost-related information to be reported as this is the final report.

	Project Tasks				
Budget Categories	<u>Task 1</u> Community Involvement	<u>Task 2</u> Regulatory Compliance Fees	<u>Task 3</u> Site Cleanup	<u>Task 4</u> Community Involvement & Planning	Total
Contractual	\$0	\$0	\$0	\$0	\$0
Total spent to date	\$0	\$0	\$0	\$0	\$0
Total Approved Budget	\$5,000	\$15,000	\$177,000	\$3,000	\$200,000

Table 2: Summary of costs incurred for project (reflects funding drawdown from grant).

Object Class	Current Approved Budget	Costs Incurred This Quarter	Total Costs Incurred to Date	Total Remaining Funds
Contractual	\$200,000	\$0	\$200,000	\$0
Cost Share	\$0	\$0	\$0	\$0
Total	\$200,000	\$	\$200,000	\$0

3. BUDGET AND OVERALL PROJECT STATUS

The project was \$42,000 over budget with overages paid by the City. Unspent funds from Tasks 1 & 4 were diverted to Task 3 to defray the added costs. The budget was supplemented by City funds made available for this project.

4. PROPERTY-SPECIFIC INFORMATION

	MountainRoad FiringRange
Hazardous Substance Amount	\$200,000
Pre-removal site visit	11/19/2012
RAM Plan Modification Submitted	11/28/2012
RAM Status Report Submitted	11/28/2012
Cleanup Start Date	12/10/2012
Detonation of unexploded ordnances	12/14/2012
Soils treated and stockpiled	12/17/2012
Cleanup Completion Date*	8/31/2013

**The planned soil excavation was completed and the remediation efforts were documented in a RAM Completion Report, submitted to the MassDEP. Regulatory closure for the site is not yet complete and additional efforts are needed to finalize site-wide cleanup objectives and requirements.*

PROJECT SCHEDULE

Task	Milestone	Date
Project Coordination	Selection of Contractor	October 2012
	Kick-off Meeting	November 2012
	Quarterly Progress Reports	Each quarter
Project Design & Reporting	Develop Sampling Strategy	Fall 2012
	Submit RAM Modification Plan	November 2012
	Submit RAM Status Report	November 2012
	Measures of success	Spring 2013
Site Remediation	Soil Remediation	Winter 2012/Spring 2013
	Confirmatory sampling	Winter 2012/Spring 2013


**U.S. ENVIRONMENTAL PROTECTION AGENCY
 MBE/WBE UTILIZATION UNDER FEDERAL GRANTS
 AND COOPERATIVE AGREEMENTS**

PART I. (Reports are required even if no procurements are made during the reporting period.)

1A. FEDERAL FISCAL YEAR (Oct. 1-Sep 30) 20 <u>13</u>	1B. REPORTING PERIOD (Check ALL appropriate boxes) <input type="checkbox"/> 1 st (Oct-Dec) <input type="checkbox"/> 2 nd (Jan-Mar) <input type="checkbox"/> 3 rd (Apr-Jun) <input type="checkbox"/> 4 th (Jul-Sep) <input type="checkbox"/> Semi-Annual (Oct-Mar) <input type="checkbox"/> Semi-Annual (Apr-Sep) <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Check if this is the last report for the project (Project completed).																				
1C. REVISION OF A PRIOR REPORT? Y or N Year: _____ Quarter: _____	BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:																				
2A. EPA FINANCIAL ASSISTANCE OFFICE ADDRESS (ATTN: DBE Coordinator) 5 Post Office Square, Suite 100, Mail Code	3A. RECIPIENT NAME AND ADDRESS City of Holyoke, Massachusetts																				
2B. EPA DBE COORDINATOR Name: Larry Wells E-mail: mbewbereport.rl@epa.gov	2C. PHONE: Fax:	3B. RECIPIENT REPORTING CONTACT: Name: Claire Ricker E-mail: rickerc@holyoke.org	3C. PHONE: (413) 322-5575 Fax:																		
4A. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.) 96164501	4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE or CFDA NUMBER: Brownfields Cleanup BF96164501																				
5A. TOTAL ASSISTANCE AGREEMENT AMOUNT (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.) EPA Share: \$ <u>200,000.00</u> Recipient Share: \$ <u>0.00</u>	5B. If NO procurement and NO accomplishments were made this reporting period (by the recipients, sub-recipients, loan recipients, and prime contractors), CHECK and SKIP to Block No. 7. (<u>Procurements</u> are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs. <u>Accomplishments</u> , in this context, are procurements made with MBEs and/or WBEs.) <input type="checkbox"/>																				
5C. Total Procurements This Reporting Period (Only include amount not reported in any prior reporting period) Total Procurement Amount \$ <u>200,000.00</u> (Include total dollar values awarded by recipient, sub-recipients and SRF loan recipients, including MBE/WBE expenditures.)																					
5D. Were sub-awards issued under this assistance agreement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Were contracts issued under this assistance agreement? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																					
5E. MBE/WBE Accomplishments This Reporting Period Actual MBE/WBE Procurement Accomplished: (Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.) <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:20%; text-align: center;"><u>Construction</u></th> <th style="width:20%; text-align: center;"><u>Equipment</u></th> <th style="width:20%; text-align: center;"><u>Services</u></th> <th style="width:20%; text-align: center;"><u>Supplies</u></th> <th style="width:15%; text-align: center;"><u>Total</u></th> </tr> </thead> <tbody> <tr> <td>\$MBE:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><u>555.30</u></td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><u>555.30</u></td> </tr> <tr> <td>\$WBE:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><u>0.00</u></td> </tr> </tbody> </table>					<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>	\$MBE:	_____	_____	<u>555.30</u>	_____	<u>555.30</u>	\$WBE:	_____	_____	_____	_____	<u>0.00</u>
	<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>																
\$MBE:	_____	_____	<u>555.30</u>	_____	<u>555.30</u>																
\$WBE:	_____	_____	_____	_____	<u>0.00</u>																
6. COMMENTS: (If no MBE/WBE procurements were accomplished during the reporting period, please explain what steps you are taking to achieve the MBE/WBE Program requirements specified in the terms and conditions of the Assistance Agreement.)																					
7. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE Claire V. Ricker	TITLE Senior Planner, City of Holyoke																				
8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE 	DATE 12/2/2013																				

PART II.

MBE/WBE PROCUREMENTS MADE DURING REPORTING PERIOD
EPA Financial Assistance Agreement Number: BF 96164501

1. Procurement Made By			2. Business Enterprise		3. \$ Value of Procurement	4. Date of Procurement MM/DD/YY	5. Type of Product or Services ^A (Enter Code)	6. Name/Address/Phone Number of MBE/WBE Contractor or Vendor
Recipient	Sub-Recipient and/or SRF Loan Recipient	Prime	Minority	Women				
		✓		✓	\$555.30	7/1/2013	3	Con-Test Analytical Laboratory, 39 Spruce Street, East Longmeadow, MA 01028 
								413.525.2332

Type of product or service codes:

1 = Construction

2 = Supplies

3 = Services

4 = Equipment

Note: Refer to Terms and conditions of your Assistance Agreement to determine the frequency of reporting. Recipients are required to submit MBE/WBE reports to EPA beginning with the Federal fiscal year quarter the recipients receive the award, continuing until the project is completed.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted United States Environmental Protection Agency	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) BF-96164501	Page	of
		1	pages

3. Recipient Organization (Name and complete address including Zip code)

City of Holyoke, Massachusetts
536 Dwight Street
Holyoke, MA 01040

4a. DUNS Number 066981572	4b. EIN 04-6001393	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 1-Oct-12	To: (Month, Day, Year) 30-Sep-15	9. Reporting Period End Date (Month, Day, Year) 30-Sep-13
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$200,000.00
e. Federal share of expenditures	\$200,000.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	\$200,000.00

Recipient Share:

i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:

l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
Grant awarded with an 100% cost-share from the EPA. The total amount of contracted services was \$225,450. The City of Holyoke paid the project overage from other sources.

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official <p style="text-align: center;">Claire V. Ricker, Senior Planner - City of Holyoke</p>	c. Telephone (Area code, number and extension) 413-322-5575 d. Email address rickerc@holyoke.org
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 12/2/2013

14. Agency use only: Federal Share Calculation	100.00%
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.