

Appendix I-6
SCDHS No Further Action Letter
Suffolk County Department of Health Services
March 2, 2017

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
Commissioner

March 2, 2017

Jim Tsunis
Indian Hill Country Club
21 Breeze Hill Road
Northport, NY 11768

RE: Indian Hill Country Club

**21 Breeze Hill Road, Northport
SCFR# 03926**

Dear Mr. Tsunis,

The Bureau of Environmental Investigation and Remediation has reviewed the closure documentation regarding the remediation work performed at the above-referenced location.

Based upon review of the information provided it has been determined that a satisfactory remediation of the on-site sanitary systems has been accomplished. The endpoint samples and waste disposal manifests have been deemed acceptable. No further action is required by the Department at this time.

Should you have any questions please feel free to contact the undersigned.

Sincerely,

Peter Priolo
Public Health Sanitarian
Bureau of Environmental Investigation and Remediation
(631) 854-2545

Edward Roe
Senior Public Health Sanitarian

(631) 854-2534

CC: Steven McGinn, NPV



February 23, 2017

Janet Greml
Suffolk County Department of Health Services
15 Horseblock Place
Farmingville, New York 11738

Re: Remediation Closure Letter
Indian Hills Country Club, Fort Salonga
SCDHS File Reference # 03926
NP&V Job# 86047

Dear Ms. Greml:

Nelson, Pope & Voorhis, LLC (NP&V) personnel collected soil samples from several of the existing sanitary system and stormwater leaching pool structures located on the subject property in the vicinity of the clubhouse and maintenance garage as requested by the Suffolk County Department of Services (SCDHS). These samples were collected in order to determine if any of the structures contained elevated concentrations of volatile and semi-volatile organic compounds and metals. Based on the results of the sampling, five (5) structures, a septic tank, three (3) overflow leaching pools associated with the on-site sanitary systems and a small stormwater leaching pool were identified as containing elevated concentrations of volatile organic compounds, mercury and chromium.

As indicated in the Suffolk County Department of Health Services (SCDHS) letter November 21, 2016, the structures identified as CHST-N, CH-1N, CHST-S, CH-1S and CH-K were required to be remediated under the auspices of SCDHS personnel.

The remediation of the on-site sanitary systems and the small stormwater leaching pool structures consisted of utilizing a pump truck to first pump the liquids from the sanitary and stormwater leaching pool structures which required remedial activities. Once the liquids were pumped out, a vacuum truck was utilized to excavate the solids and soils located at the bottom of the structures. The septic tank (CHST-N) was cleaned to reveal the concrete floor and walls of the structure. Approximately four (4) feet of the soil located in the bottom of the sanitary overflow and stormwater leaching pools (CH-1N, CH-S & CH-K) and from the structure (CHST-S) which was believed to be a solid bottom structure was removed in order to expose visibly clean soil. After the completion of the soil excavation from these four (4) structures, endpoint samples were collected from the bottom of each of these structures. The laboratory results revealed no elevated concentrations in excess of the SCDHS cleanup objectives as set forth in SOP 9-95 were found in any of the samples, except for CH-K which exhibited an elevated concentration of methylene chloride. Since this concentration (62.4 parts per billion [ppb]) is slightly elevated over the standard of 50 ppb and no additional soil could be removed from the structure; therefore, is not recommended that any additional soil be removed from this structure.

CORPORATE OFFICE

572 WALT WHITMAN ROAD, MELVILLE, NY 11747-2188
PHONE: (631) 427-5665 • FAX: (631) 427-5620

HUDSON VALLEY OFFICE

75 MONTEBELLO ROAD, SUITE 202, SUFFERN, NY 10901
PHONE: (845) 368-1472 • FAX: (845) 368-1572

All of the sediment and soil removed from the structures was transported to an approved disposed facility. A total of 21.13 tons of sediment and 25,000 gallons of liquids were removed from the structures being remediated. The sediment was disposed of at Dale Transfer Corp. facility in West Babylon and the sanitary liquids were disposed of at Bergen Point Sewage Treatment Plant in Babylon.

A copy of the laboratory datasheets and the waste disposal manifests are included as an attachment to this letter.

Please review all of the attached data and if satisfactory, provide a no further action letter for the remediation of the on-site sanitary system and stormwater leaching pool or advise if additional remedial activities are required.

Please do not hesitate to contact our office if you have any questions.

Very truly yours,

NELSON, POPE & VOORHIS, LLC



Steven J. McGinn
Partner/Division Manager

cc: Jim Tsunis

Attachments

ATTACHMENTS

JOB # 15-233981

**NON-HAZARDOUS
MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No. **65048**

2. Page 1
of 1

3. Generator's Name and Mailing Address

NOLSON, POPE & VOORHIS, LLC
INDIAN HILLS COUNTRY CLUB
21 BREEZE HILL RD
NORTHPORT.

STATE

4. Generator's Phone ()

5. Transporter 1 Company Name

AARCO ENVIRONMENTAL SERVICES CORP.

6. US EPA ID Number

N.Y.R. 0.0.0.1.0.7.3.2.6

A. Transporter's Phone

631-586-5900

7. Transporter 2 Company Name

8. US EPA ID Number

10. US EPA ID Number

B. Transporter's Phone

C. Facility's Phone

631-393-2882

9. Designated Facility Name and Site Address

DALE TRANSFER CORP.
129 DALE STREET
WEST BABYLON, NY 11704

N/A.

11. Waste Shipping Name and Description

a. **NON-HAZARDOUS WASTE SOLID**

b. **NON-HAZARDOUS WASTE LIQUID**

c. **Profile # 2017-310**

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

EMERGENCY PHONE # 631-586-5900

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Eric Rosen

Signature

[Signature]

Month Day Year
10/01/17

17. Transporter 1 Acknowledgment of Receipt of Materials

Printed/Typed Name

CHRISTIAN PENAFOL

Signature

[Signature]

Month Day Year
10/20/17

18. Transporter 2 Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year
. . .

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Andres Sanchez

Signature

[Signature]

Month Day Year
10/20/17

ORIGINAL - RETURN TO GENERATOR

GENERATOR

TRANSPORTER

FACILITY



GREAT NORTHERN FIBERS
Paper Plastic & Metal Recycling

Great Northern Fibers

Phone:

SYSTEM GENERATED

Ticket# 33- 25104
Work Order 0
Operator PETER MARRO

Date: 2/02/17
In Time: 7:00 AM
Out Time: 7:00 AM
TAL.COM / Inbound

Cust# 33-0000395
AARCO ENVIRONMENTAL SVCS
50 GEAR AVE
LINDENHURST NY 11757

Vehicle ID: AARCO AARCO ENVIRONMENT
Trailer/Lic#:

Contract:
AARCO ENVIRONMENTAL SVCS CORP

Comment:

Material
IN WEIGHT FEE TN
Gross Wgt
Tare Wgt
Amount

	Qty
1.00 TN	
58360 LB 1	
58360 LB 1	
05.00	

Total 05.00

15-233981



GREAT NORTHERN FIBERS
Paper Plastic & Metal Recycling

Great Northern Fibers

Phone:

SYSTEM GENERATED

Ticket# 33- 14516
Work Order 0
Operator PETER MARRO

Date: 4/01/16
In Time: 3:40 PM
Out Time: 3:40 PM
Inbound

Cust# 33-0000395
AARCO ENVIRONMENTAL SVCS
50 GEAR AVE
LINDENHURST NY 11757

Vehicle ID: AARCO AARCO ENVIRONMEN
Trailer/Lic#:

Contract:
AARCO ENVIRONMENTAL SVCS COP

Comment:

Material
IN WEIGHT FEE TN
Gross Wgt
Tare Wgt
Amount

	Qty
1.00 TN	
47920 LB	
47920 LB	
05.1	

Total 05.

JOB # 15-233981

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. 65044	2. Page 1 of 1
3. Generator's Name and Mailing Address <i>Indian Hills Country Club 21 BREEZE HILL RD Northport, NY</i>		SAME		
4. Generator's Phone ()				
5. Transporter 1 Company Name AARCO ENVIRONMENTAL SERVICES CORP.	6. US EPA ID Number N.Y.R. 0.0.0.1.0.7.3.2.6	A. Transporter's Phone 631-586-5900		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address DALE TRANSFER CORP. 129 DALE STREET WEST BABYLON, NY 11704		10. US EPA ID Number N/A.	C. Facility's Phone 631-393-2882	
11. Waste Shipping Name and Description		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE SOLID		<i>001 T1</i>	<i>14</i>	<i>[Symbol]</i>
b. NON-HAZARDOUS WASTE LIQUID				G
c.				
d.				
D. Additional Descriptions for Materials Listed Above		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information EMERGENCY PHONE # 631-586-5900				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name <i>Erick Aasen</i>		Signature <i>[Signature]</i>		Month Day Year <i>02 02 17</i>
17. Transporter 1 Acknowledgment of Receipt of Materials				
Printed/Typed Name <i>CHRISTIAN TENARIEL</i>		Signature <i>[Signature]</i>		Month Day Year <i>02 02 17</i>
18. Transporter 2 Acknowledgment of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.				
Printed/Typed Name <i>Andres Sanchez</i>		Signature <i>[Signature]</i>		Month Day Year <i>02 03 17</i>

GENERATOR

TRANSPORTER

FACILITY



GREAT NORTHERN FIBERS
Paper, Plastic & Metal Recycling

Great Northern Fibers

Phone:

SYSTEM GENERATED

Ticket# 33- 25174
Work Order 0
Operator PETER MARRO

Date: 2/03/17
In Time: 6:36 AM
Out Time: 6:36 AM
TAL.COM / Inbound

Cust# 33-0000395
AARCO ENVIRONMENTAL SVCS
50 GEAR AVE
LINDENHURST NY 11757

Vehicle ID: AARCO AARCO ENVIRONMENT
Trailer/Lic#:

Contract:

AARCO ENVIRONMENTAL SVCS CORP

Comment:

Material
IN WEIGHT FEE TN
Gross Wgt
Tare Wgt
Amount

Qty
1.00 TN
65380 LB M
65380 LB M
05.00

Total 05.00

IN TRUCK VITO

RESU Amovels



GREAT NORTHERN FIBERS
Paper Plastic & Metal Recycling

Great Northern Fibers

Phone:

SYSTEM GENERATED

Ticket# 33- 14516

Work Order

Operator PETER MARRO

Date: 4/01/16

In Time: 3:40 PM

Out Time: 3:40 PM

Inbound

Cust# 33-0000395

AARCO ENVIRONMENTAL SVCS

50 GEAR AVE

LINDENHURST

NY 11757

Vehicle ID:

AARCO

AARCO ENVIRONMEN

Trailer/Lic#:

Contract:

AARCO ENVIRONMENTAL SVCS COP

Comment:

Material

IN WEIGHT FEE TN

Gross Wgt

Tare Wgt

Amount

0
1.00 TN
47920 LB
47920 LB
05.1

Total

05.

Please print or type
(Form designed for use on elite (12-pitch) typewriter.)

JOB # 15-233981

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No.	2. Page 1 of 1
3. Generator's Name and Mailing Address INDIAN HILLS COUNTRY CLUB 21 BREEZE HILL RD NORTHPORT NY		SAME		
4. Generator's Phone ()				
5. Transporter 1 Company Name AARCO ENVIRONMENTAL SERVICES CORP.	6. US EPA ID Number N.Y.R. 0.0.0.1.0.7.3.2.6	A. Transporter's Phone 631-586-5900		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address DALE TRANSFER CORP. 129 DALE STREET WEST BABYLON, NY 11704		10. US EPA ID Number N/A	C. Facility's Phone 631-393-2882	
11. Waste Shipping Name and Description		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. NON-HAZARDOUS WASTE SOLID		001	7	✓
b. NON-HAZARDOUS WASTE LIQUID				G
c. PROFILE # 2017-3/0 Landfill				
d.				
D. Additional Descriptions for Materials Listed Above		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information EMERGENCY PHONE # 631-586-5900				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name ✓ Steven J. McEwen Agent for Amco		Signature [Signature]		Month Day Year 10.20.31.17
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name CHRISTIAN PENNAPPEL		Signature [Signature]		Month Day Year 10.20.31.17
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.				
Printed/Typed Name Amco's sonner		Signature [Signature]		Month Day Year 10.20.31.17

GENERATOR
TRANSPORTER
FACILITY

ORIGINAL - RETURN TO GENERATOR

Hesh's Auto Recycling

180 Field Street

West Babylon, NY 11704

(631) 420-1111 • (516) 641-9063

46691

HESH'S

**AUTO
RECYCLING**

GROSS 62280 16

2 3 PM 02 03 017

I hereby acknowledge payment in full
This is a bill of sale to the above described material
I hereby certify that I have the right to possess and sell this material

**CASH PAID
FOR ALL VEHICLES & SCRAP METAL**
#7092207

Driver Name _____

Man On

Man Off



GREAT NORTHERN FIBERS
Paper Plastic & Metal Recycling

Great Northern Fibers

Phone:

SYSTEM GENERATED

Ticket# 33- 14516
Work Order
Operator PETER MARRO

Date: 4/01/16
In Time: 3:40 PM
Out Time: 3:40 PM
Inbound

Cust# 33-0000395
AARCO ENVIRONMENTAL SVCS
50 GEAR AVE
LINDENHURST NY 11757

Vehicle ID:
AARCO AARCO ENVIRONMEN
Trailer/Lic#:

Contract:

AARCO ENVIRONMENTAL SVCS COP

Comment:

Material
IN WEIGHT FEE TN
Gross Wgt
Tare Wgt
Amount

Q
1.00 TN
47920 LB
47920 LB
05.1

Total 05.

CLEAR RIVER
7000 70F370-6

0300027 FALSE STATEMENTS MADE HEREON ARE PUNISHABLE AS A CLASS A MISDEMEANOR

KE

DRIVER'S SIGNATURE



020217

COUNTY OF SUFFOLK
SCAVENGER WASTE DISPOSAL

SERVICED BY	BAY #
CT	5

DISCHARGE AUTHORIZATION

SOURCE OF WASTE		
NAME	ARCO	<input type="checkbox"/> RES <input checked="" type="checkbox"/> CC
ADDRESS	21 Breeze Hill Rd Northport	<input type="checkbox"/> AUTH IN
NAME	XXXXXXXXXX	<input type="checkbox"/> RES <input checked="" type="checkbox"/> CC
ADDRESS	XXXXXXXXXX	<input type="checkbox"/> AUTH IN
NAME	XXXXXXXXXX	<input type="checkbox"/> RES <input type="checkbox"/> CC
ADDRESS	XXXXXXXXXX	<input type="checkbox"/> AUTH IN

320 CLEAR RIVER
TRUCK 06
GALLONS 7000 70F370-6

0300027 FALSE STATEMENTS MADE HEREON ARE PUNISHABLE AS A CLASS A MISDEMEANOR

KE

DRIVER'S SIGNATURE



020117

COUNTY OF SUFFOLK
SCAVENGER WASTE DISPOSAL

SERVICED BY	BAY #
LG	5

DISCHARGE AUTHORIZATION

SOURCE OF WASTE		
NAME	ARCO	<input type="checkbox"/> RES <input type="checkbox"/> AUTH IN
ADDRESS	21 Breeze Hill Rd Northport	<input type="checkbox"/> AUTH IN
NAME		<input type="checkbox"/> RES <input type="checkbox"/> AUTH IN
ADDRESS		<input type="checkbox"/> AUTH IN
NAME		<input type="checkbox"/> RES <input type="checkbox"/> AUTH IN
ADDRESS		<input type="checkbox"/> AUTH IN

320 CLEAR RIVER
TRUCK 06
GALLONS 7000 70F370-6

0300024 FALSE STATEMENTS MADE HEREON ARE PUNISHABLE AS A CLASS A MISDEMEANOR

KE

DRIVER'S SIGNATURE



020117

COUNTY OF SUFFOLK
SCAVENGER WASTE DISPOSAL

SERVICED BY	BAY #
DH	5

DISCHARGE AUTHORIZATION

SOURCE OF WASTE		
NAME	ARCO	<input type="checkbox"/> RES <input type="checkbox"/> AUTH IN
ADDRESS	21 Breeze Hill Rd Northport	<input type="checkbox"/> AUTH IN
NAME		<input type="checkbox"/> RES <input type="checkbox"/> AUTH IN
ADDRESS		<input type="checkbox"/> AUTH IN
NAME		<input type="checkbox"/> RES <input type="checkbox"/> AUTH IN
ADDRESS		<input type="checkbox"/> AUTH IN

370

CLEAR RIVER

0300042

FALSE STATEMENTS MADE HEREON ARE PUNISHABLE AS A CLASS A MISDEMEANOR

02
3500 358370-2

[Handwritten Signature]

DRIVER'S SIGNATURE



1020317

SOURCE OF WASTE

NAME Indian Hills County Club

RES C
 AUTH IND

ADDRESS 21 Breese Hill Rd Northport

NAME

RES C
 AUTH IND

ADDRESS

NAME

RES C
 AUTH IND

ADDRESS

COUNTY OF SUFFOLK
WASTE DISPOSAL

BY	BAY #
<i>[Handwritten Signature]</i>	3

DISCHARGE AUTHORIZATION