



TOWN OF WILLSBORO

OFFICE OF THE SUPERVISOR

23 June 2020

John Swartout
Project Manager
New York State Department of Environmental Conservation
Division of Environmental remediation
625 Broadway, 11th Floor
Albany, NY 12233-7020

Subject: Site Management Periodic Review for Willsboro Black Ash Pond, Site No. 516009

Dear Mr. Swartout,

Thank you for your flexibility and cooperation on this matter in regards to our local efforts dealing with covid-19. Per your correspondence the completed project has been inspected and is in a safe and acceptable condition as sufficient to meet the periodic review reporting requirements.

Best Regards,

A handwritten signature in black ink, appearing to read "SG", followed by a long horizontal line.

Shaun Gilliland
Supervisor



Cc: Town Board



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. 516009

Site Name Willsboro Black Ash Pond

Site Address: *Galiland Lane*
~~School Street~~ **Zip Code:** 12996

City/Town: Willsboro

County: Essex

Site Acreage: 24.830

Reporting Period: April 22, 2019 to April 22, 2020

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1. Is the information above correct? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Box 2

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 6. Is the current site use consistent with the use(s) listed below?
Restricted-Residential, Commercial, and Industrial | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all ICs/ECs in place and functioning as designed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**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.

M D

Signature of Owner, Remedial Party or Designated Representative

6/27/20

Date

SITE NO. 516009

Box 3

Description of Institutional Controls

Parcel

Owner

Institutional Control

31.9-1-20.100

Town of Willsboro

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

- Implement, maintain and monitor engineering control systems
- Prevent future exposure of black ash by controlling disturbance of cover material
- Limit the use and development of the Site to Restricted Residential uses only
- Any future activities with potential to disturb remaining black ash material must be conducted in accordance with the Site Management Plan
- Vegetable gardens and farming are prohibited

Box 4

Description of Engineering Controls

None Required

Not Applicable/No EC's

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 engineering practices; and the information presented is accurate and complete.

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

☒ ☐

**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

6/27/20
Date

IC CERTIFICATIONS
SITE NO. 516009

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 Shawn Gilliland at 5 Fackell Rd Williston NY 12916
print name print business address

am certifying as Owner (Owner or Remedial Party)

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

MJ
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

6/23/20
Date