

Swartwout, John (DEC)

From: Shaun Gilliland <supervisor@townofwillsborony.gov>
Sent: Friday, June 23, 2023 2:11 PM
To: Swartwout, John (DEC)
Subject: Fwd: Message from KM_C458
Attachments: SKonica23062313420.pdf

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

----- Forwarded message -----

From: Shaun Gilliland <supervisor@townofwillsborony.gov>
Date: Fri, Jun 23, 2023 at 1:55 PM
Subject: Fwd: Message from KM_C458
To: <john.swartout@dec.ny.gov>

----- Forwarded message -----


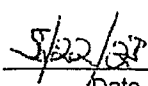
From: <admin@townofwillsborony.gov>
Date: Fri, Jun 23, 2023 at 1:42 PM
Subject: Message from KM_C458
To: <supervisor@townofwillsborony.gov>



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: Gilliland Lane Zip Code: 12996 City/Town: Willsboro County: Essex Site Acreage: 24.830	
Reporting Period: April 22, 2020 to April 22, 2023	
	YES NO
1. Is the information above correct?	<input checked="" type="checkbox"/> <input 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 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.	
 _____ Signature of Owner, Remedial Party or Designated Representative	 _____ 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 Engineering Control 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. For each Engineering control listed in Box 4, I certify by checking "YES" below that all of the following statements are true:

- (a) The 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

W/H



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

Date

11/22/23

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 FARRELL RD WILLSBORO, NY 12996
print name print business address

am certifying as Supervisor (Owner or Remedial Party)

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

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

5/22/23
Date