



**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.**            709003

**Site Name** B.A.G.S. Landfill

Site Address: NYS Route 8      Zip Code: 13733

City/Town: Bainbridge

County: Chenango

Site Acreage: 10.000



Reporting Period: December 09, 2018 to December 09, 2019

- |  | 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"/> |
| <b>If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.</b> |                                     |                                     |
| 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?<br>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.**

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date

SITE NO. 709003

Box 3

**Description of Institutional Controls**

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
244.-1-12.1	Deloris Nabinger , Town Supervisor	Monitoring Plan

Per the Decision Document dated November 9, 1990, and a NYSDEC-approved variance request dated July 2, 2002, post-closure groundwater, surface water, and leachate (if present) monitoring is required annually for routine parameters and once every 5 years for baseline parameters. The NYSDEC may require more frequent monitoring at a later time.

Box 4

**Description of Engineering Controls**

<u>Parcel</u>	<u>Engineering Control</u>
244.-1-12.1	Cover System Leachate Collection Fencing/Access Control Monitoring Wells

Per the 1990 closure plan, the landfill was covered, a leachate collection system installed and site is fenced to restrict access. Groundwater monitoring also installed.

**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

\_\_\_\_\_  
Date

IC CERTIFICATIONS  
SITE NO. 709003

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 Dolores Nabinger at 15 N. Main Street Bainbridge NY 13733  
print name print business address

am certifying as remedial party (Owner or Remedial Party)

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

Dolores Nabinger  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

11/4/19  
Date



IC/EC CERTIFICATIONS

Box 7

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.

I Dolores Nabinger at 15 N. Main St. Bainbridge  
print name print business address NY  
-am certifying as a for the BAGS Landfill 13733  
(Owner or Remedial Party)

Dolores Nabinger 11/13/19  
Signature of, for the Owner or Remedial Party, Stamp Date  
Rendering Certification (Required for PE)

RECEIVED  
NYS DEC

NOV 19 2019

ENVIRONMENTAL REMEDIATION  
REGION 7 - SYRACUSE