



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.**            **905004**

**Site Name** **Moench Tanning**

Site Address: 265 Palmer Street            Zip Code: 14070  
City/Town: Gowanda  
County: Cattaraugus  
Site Acreage: ~~21.000~~ 25.87

DGJ

DGJ

Reporting Period: ~~December 31, 2021~~ to December 31, 2022  
January 1, 2022

YES    NO

1. Is the information above correct? ☐    ☒

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? ☐    ☒

3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))? ☐    ☒

4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period? ☐    ☒

**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? ☐    ☒

**Box 2**

YES    NO

6. Is the current site use consistent with the use(s) listed below? ☒    ☐  
Closed Landfill

7. Are all ICs in place and functioning as designed? ☒    ☐

**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. 905004**

**Box 3**

**Description of Institutional Controls**

Parcel

Owner

Institutional Control

**17.029-1-4**

MOENCH TANNING CO. INC.

Ground Water Use Restriction  
Landuse Restriction  
Site Management Plan  
IC/EC Plan

**Box 4**

**Description of Engineering Controls**

Parcel

Engineering Control

**17.029-1-4**

Cover System  
Fencing/Access Control  
Erosion Controls

### 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

☒ ☐

**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. 905004

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 Susan B Welt at Integral Engineering, P.C.  
31 West 34th Street, Ste. 7196, New York, NY 10001,  
print name print business address

am certifying as Caleres' Designated Site Representative for the Moench Tanning Site (Owner or Remedial Party)

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

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

30 January 2023  
Date

## 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 Susan B Welt at Integral Engineering, P.C.  
print name 31 West 34th Street, Ste. 7196, New York, NY 10001,  
print business address

I am certifying as a Caleres' Designated Site Representative for the Moench Tanning Site  
(Owner or Remedial Party)



Signature of , for the Owner or Remedial Party,  
Rendering Certification



Stamp  
(Required for PE)

30 January 2023

Date