



DAY ENVIRONMENTAL, INC.

ENVIRONMENTAL CONSULTANTS
AN AFFILIATE OF DAY ENGINEERING, P.C.

TO: Mr. Brian Sadowski
Project Manager
NYS Dept. of Environmental Conservation
270 Michigan Avenue
Buffalo, New York 14203-2915

RECEIVED

FEB 29 2016

NYS DEC
REGION 9

RE: Site Management Periodic Review Report IC/EC Certification Submittal
Houdaille Industries – Strippit Division
Site No.: 915053
Day Environmental Inc. Project No. 5204R-16

**WE ARE SENDING YOU: X ATTACHED _____ UNDER SEPARATE COVER
THE FOLLOWING ITEMS:**

Site Management Periodic Review Report IC/EC Certification Forms

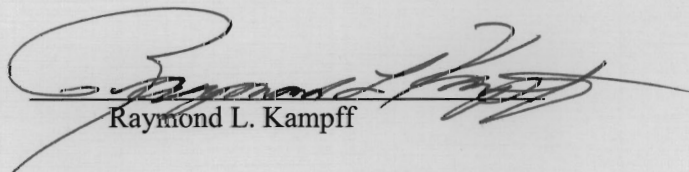
REMARKS:

Dear Mr. Sadowski:

If there are any questions, do not hesitate to call. Thank you.

DATED February 25, 2016

SIGNED



Raymond L. Kampff

1563 LYELL AVENUE
ROCHESTER, NEW YORK 14606
(585) 454-0210
FAX (585) 454-0825

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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.	915053		
Site Name Houdaille Industries; Strippit Division			
Site Address: 12975 Clarence Center Road		Zip Code: 14001	
City/Town: Akron			
County: Erie			
Site Acreage: 2.5			
Reporting Period: February 1, 2015 to January 31, 2016			
		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 checked="" type="checkbox"/>	<input 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. A copy of the 2015 Annual Certification Report for SPDES Permit No. NYR00B074 is attached.			
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? Closed Landfill	<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. 915053

Box 3

Description of Institutional Controls

Parcel

Owner

Institutional Control

47.18-1-33./A

Strippit LVD

Monitoring Plan

O&M Plan

A No Further Action Record of Decision (ROD) was issued in March 1995. This ROD did not require a Deed Restriction. Post-closure maintenance and monitoring are required that includes cover system integrity inspections and groundwater quality sampling to ensure long term effectiveness of the remedy and to provide early detection should failure occur.

Description of Engineering Controls

Box 4

Parcel

Engineering Control

47.18-1-33./A

Cover System

Fencing/Access Control

A Part 360 cover system that consists of 40-mil HDPE and associated soil/topsoil. The site is fenced.

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. 915053

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 Ray Chojnowski at 12975 Clarence Center Road, Akron, New York 14001,
print name print business address

am certifying as Owner Representative (Owner or Remedial Party)

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

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

2/25/16
Date

IC/EC CERTIFICATIONS

Box 7

Qualified Environmental Professional 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 Raymond L. Kampff at Day Environmental, Inc., 1563 Lyell Avenue, Rochester, New York 14606
print name print business address

am certifying as a Qualified Environmental Professional for the Owner
(Owner or Remedial Party)



Signature of Qualified Environmental Professional, for
the Owner or Remedial Party, Rendering Certification

Stamp
(Required for PE)

2-25-2016

Date