



TRANSMITTAL

OFFICE OF STRATEGIC PLANNING

920 City Hall, 65 Niagara Square, Buffalo, New York 14202

Phone: (716) 851-6587

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To: David Szymanski

DATE: October 3, 2017

CC: _____

COMPANY: NYSDEC

ADDRESS: 270 Michigan Street

Buffalo, New York 14203-2915

FROM: Scott C. Billman

FAX: _____

PROJECT: Fourth Street MGP Site

PHONE: (716) 851-7220

FILE #: 915167

RE: Attached

WE ARE SENDING YOU:

Copies	Dated	Description
1		Enclosure 2 - Site Management Periodic Review Report Notice, Institutional and Engineering Controls Certification Form; Reporting Period: August 27, 2016 to August 27, 2017
1	10/3/2017	IC Certification Form; Site No. 915167

REMARKS:

David,

Please call with any questions – (716) 851-5775.

Thank you.

Scott C. Billman
General Counsel



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. **915167**

Site Name **Fourth Street MGP Site**

Site Address: 43 Carolina Street Zip Code: 14202
City/Town: Buffalo
County: Erie
Site Acreage: 5.0

Reporting Period: August 27, 2016 to August 27, 2017

	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"/>
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Box 2

	YES	NO
6. Is the current site use consistent with the use(s) listed below? 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

Description of Institutional ControlsParcelOwnerInstitutional Control

110.12-1-20.1

Buffalo Urban Renewal Agency

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

1. Property to be used for commercial or industrial purposes only.
2. Prohibition of groundwater use.

110.12-1-23

City of Buffalo

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

1. Property to be used for commercial or industrial purposes only.
2. Prohibition of groundwater use.

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

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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. 915167

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 SCOTT C. BILLMAN at 65 Niagara Square, 920 City Hall, Buffalo, NY
print name print business address , 4202

am certifying as OWNER (Owner or Remedial Party)

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

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

10/3/17
Date