

Mike H



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. 932001B

Site Name Alrco Properties Inc.

Site Address: 4201 Witmer Road Zip Code: 14305
City/Town: Niagara
County: Niagara
Site Acreage: 25.1

Reporting Period: March 10, 2015 to April 01, 2017

RECEIVED

JUN 30 2017

NYS DEC
REGION 9

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. Is the information above correct?
If NO, include handwritten above or on a separate sheet. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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?

If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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

6-22-17
Date

SITE NO. 932001B

Box 3

Description of Institutional Controls

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
130.16-1-10	Linde North America Inc	Soil Management Plan Site Management Plan
		Landuse Restriction O&M Plan
		Monitoring Plan

Box 4

Description of Engineering Controls

<u>Parcel</u>	<u>Engineering Control</u>
130.16-1-10	Cover System Fencing/Access Control Groundwater Treatment System Groundwater Containment

The following is required as part of the Post-Closure Monitoring and Facility Maintenance Plan

- Drainage structures and ditches must be maintained to prevent ponding of water and erosion of the final landfill soil cap
- Routine inspections conducted of sediment ponds and the engineered wetland to assess the presence of mosquito larvae.
- Soil cover integrity, slopes, cover vegetation, drainage structures, and the perimeter road must be maintained during the post-closure monitoring and maintenance period.
- Environmental monitoring points must be maintained and sampled during the postclosure period. Bi-annual summary reports must be submitted to the New York State Department of Environmental Conservation (NYSDEC) Region 9; the State of New York Department of Health in Albany, New York; and the document repository located at the Town of Niagara Town Clerk's Office
- A vegetative cover must be maintained on all exposed final cover material, and adequate measures must be taken to ensure the integrity of the final vegetated cover, topsoil layer, and underlying barrier protection layer.
- The GCTS must be operated and maintained to effectively mitigate the release of groundwater recharging to surface water in the southwest corner of the Airco Parcel
- Records must be maintained of all sampling and analysis results.

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

6-22-17
Date

IC CERTIFICATIONS
SITE NO. 932001B

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

James J. Brister

at

200 Somerset Corporate Blvd, Suite 7000 Bridgewater, NJ 08807

print name

print business address

am certifying as Owner (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

6.22.17

Date

IC/EC CERTIFICATIONS

Box 7

Professional Engineer 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.

Charles E. McLeod, Jr., P.E. at 6 Gellatly Drive, Wappingers Falls, NY 12590
print name print business address

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

Charles E. McLeod, Jr.



6-22-17

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

Date