April 19, 2018 ET-703

Mr. Brian Sadowski NYS Dept. Env. Conservation 270 Michigan Ave. Buffalo, NY 14203

Re: St. Gobain 2017 Certification forms revised

Dear Mr. Sadowski,

Enclosed are the signed certification forms for the former Carborundum Abrasives Co. landfill (Site 932007) for 2017. This inactive site, located at 6600 Walmore Road, Wheatfield, NY has been monitored since 1981. The 2017 PRR was forwarded to you via email on April 18, 2017.

If you have any questions, please don't hesitate to contact us at 716-634-2293.

Sincerely,

Kathy Wager Vice President

KAW: 18-209

Enclosures

ce: Doug Wright



# Enclosure 2 NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



# Site Management Periodic Review Report Notice Institutional and Engineering Controls Certification Form

<b>4</b> ***	N. A48687	Site Details	Box 1
SRE	No. 932007		
Site	Name Carborundum-Abrasive I	Division	
City	Address: 6600 Walmore Road //Town: Wheatfield unty: Niagara Acreage: 1.0	Zip Code: 14304	
Rep	porting Period: March 01, 2017 to h	March 01, 2018	
			(YES) NO
1.	Is the information above correct?		
	If NO, include handwritten above of	or on a separate sheet.	ge <sup>genther</sup> ter
2.	Has some or all of the site propert tax map amendment during this R	y been sold, subdivided, merged, of eporting Period?	or undergone a Y N
3.	Has there been any change of use (see 6NYCRR 375-1.11(d))?	at the site during this Reporting F	Period Y (N)
4.	Have any federal, state, and/or loc for or at the property during this R	el permits (e.g., building, discharg eporting Period?	e) been issued (4) N
	If you answered YES to question that documentation has been properly to the state of the state o	ns 2 thru 4, include documentati reviously submitted with this ce	ion or evidence rtification form.
<b>5</b> .	is the site currently undergoing de	evelopment?	Y
-			
			Box 2
			YES NO
6.	Is the current site use consistent v	with the use(s) listed below?	
	Industrial		
7.	Are all ICs/ECs in place and funct	ioning as designed?	The same of the sa
	IF THE ANSWER TO EITHE DO NOT COMPLETE	ER QUESTION 6 OR 7 IS NO, sign of the REST OF THIS FORM. Other	and date below and wise continue.
A	Corrective Measures Work Plan mu	ust be submitted along with this fo	orm to address these issues.
Sin	nature of Owner, Remedial Party or	Designated Representative	Date

## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Bureau of Water Permits 625 Broadway, Albany, New York 12233-3505 P: (518) 402-8111 F: (518) 402-9029 www.dec.ny.gov

10/19/2017

SAINT-GOBAIN CERAMIC MATERIALS INC SAINT-GOBAIN CERAMIC MATERIALS INC 6600 WALMORE RD NIAGARA FALLS, NY 14304

Re: Acknowledgement of Notice of Intent for Coverage under SPDES Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity (GP-0-12-001)

Dear Douglas Wright:

This is to acknowledge that the New York State Department of Environmental Conservation (the Department) has received a complete Notice of Intent (NOI) for coverage under the State Pollutant Discharge Elimination System (SPDES) Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity (MSGP) GP-0-12-001 for the following facility:

SAINT-GOBAIN CERAMIC MATERIALS INC 6600 WALMORE ROAD NIAGARA FALLS, NY 14304

The permit identification number for this facility is NYR00F997. Please be sure to include this permit identification number on any forms or correspondence you send the Department related to this general permit.

This authorization becomes effective 30 calendar days after the NOI receive date of 9/13/2017, and is conditioned upon the following:

- The information submitted in the NOI received by the Department is accurate and complete.
- The Owner or Operator has developed and is implementing a Stormwater Pollution Prevention Plan (SWPPP) that complies with MSGP GP-0-12-001.
- When applicable, project review pursuant to the State Environmental Quality Review Act (SEQR) has been satisfied.
- All applicable Uniform Procedures Act (Environmental Conservation Law, 6NYRCC Part 621) permits have been obtained. Contact your Regional Permit Administrator (<a href="http://www.dec.ny.gov/permits/363.html">http://www.dec.ny.gov/permits/363.html</a>) for further information.

Please be advised that an Annual Certification Report (ACR) must be completed and submitted for each facility that has obtained permit coverage under this general permit. A copy of the ACR can be found on the Departments website, listed on the next page. An ACR must be completed at the end of calendar year 2018 and must be submitted by February 28, 2019, to:



MSGP Permit Coordinator NYSDEC, Division of Water Bureau of Water Permits 625 Broadway Albany, New York 12233-3506

An ACR must be completed and submitted for each calendar year, thereafter, by February 28th.

In addition to the above, if your facility has stormwater discharges that are subject to benchmark or compliance monitoring (based upon information submitted in your NOI), then you are required to submit your sampling results on Discharge Monitoring Report (DMR) forms. These forms must be completed and submitted along with your Annual Certification Report as indicated above. DMRs will be sent to your facility in 2018. Only results submitted on DMRs provided by the Department will be accepted. The Owner or Operator is responsible for making sure they understand all monitoring requirements and have the appropriate forms. If you do not receive the correct DMRs, please contact the Department.

If the result of one or more parameters for which analysis of benchmark or compliance monitoring was required exceeds the applicable benchmark cut-off concentration or effluent limitation, the facility must implement corrective actions to address the exceedance. Corrective actions include identifying the cause of the exceedance, implementing BMPs to address the cause of the exceedance, revisions to the facility's SWPPP to prevent the exceedance from reoccurring, and collecting an additional sample to determine the effectiveness of the corrective action. The facility must collect the additional sample at the outfall where the exceedance occurred during the first six months of the following calendar year and complete analysis for the pollutant(s) that exceeded the benchmark cut-off concentration or effluent limitation. Results of the analysis must be reported on a Corrective Action Form by July 31st of the calendar year which the sample was collected. A copy of the Corrective Action Form can be found on the Department's website.

If there are changes to your existing general permit or if you no longer need this general permit you must submit a Notice of Modification (NOM) form to modify your general permit or a Notice of Termination (NOT) form to terminate your general permit as soon as possible. If you are selling the facility, it is your responsibility to submit a NOT terminating your coverage and you must notify the new owner, in writing, of the need to obtain the general permit for stormwater discharges.

The Department's website contains the following links related to the MSGP:

Stormwater Information Page <a href="http://www.dec.ny.gov/chemical/8468.html">http://www.dec.ny.gov/chemical/8468.html</a>

Multi-Sector General Permit Page <a href="http://www.dec.ny.gov/chemical/9009.html">http://www.dec.ny.gov/chemical/9009.html</a>

The MSGP Toolbox <a href="http://www.dec.ny.gov/chemical/62803.html">http://www.dec.ny.gov/chemical/62803.html</a>

Notice of Intent Form <a href="http://www.dec.ny.gov/docs/water-pdf/gpnoi.pdf">http://www.dec.ny.gov/docs/water-pdf/gpnoi.pdf</a>

Notice of Termination Form <a href="http://www.dec.ny.gov/docs/water\_pdf/msgp012001not.pdf">http://www.dec.ny.gov/docs/water\_pdf/msgp012001not.pdf</a>

Notice of Modification Form <a href="http://www.dec.ny.gov/docs/water-pdf/msgpnom.pdf">http://www.dec.ny.gov/docs/water-pdf/msgpnom.pdf</a>

Annual Certification Form <a href="http://www.dec.ny.gov/chemical/9009.html">http://www.dec.ny.gov/chemical/9009.html</a>

Corrective Action Form <a href="http://www.dec.ny.gov/docs/water-pdf/msgpcaf.pdf">http://www.dec.ny.gov/docs/water-pdf/msgpcaf.pdf</a>

No Exposure Page <a href="http://www.dec.ny.gov/chemicai/62833.html">http://www.dec.ny.gov/chemicai/62833.html</a>

No Exposure Certification Form <a href="http://www.dec.ny.gov/docs/water-pdf/noexposure.pdf">http://www.dec.ny.gov/docs/water-pdf/noexposure.pdf</a>

The annual regulatory fee for the MSGP will be billed by the Department each fall.

Coverage under this permit does not necessarily mean that you do not need other permits under the Uniform Procedures Act. You should check with your Regional Permit Administrator (<a href="http://www.dec.ny.gov/permits/363.html">http://www.dec.ny.gov/permits/363.html</a>) for further information.

If you have any questions or require additional information, please contact me at (518) 402-8108 or <a href="mailto:steven.mccaque@dec.ny.gov">steven.mccaque@dec.ny.gov</a>

Sincerely,

Steven J McCague, P.E. MSGP Permit Coordinator

Steven & Mc Cagne

SITE NO. 932007

Box 3

Description of institutional Controls

Parce:

Owner

Institutional Control

146.00-1-9.2

Patriot Wheatfield Assoc. LP c/o P.Equit

Monitoring Plan

O&M Plan

Operations and Maintenance Plan; 10/4/99. Revised: 11/19/2012.

Groundwater Sampling and Analysis Plan: 11/24/99. Revised: 11/19/2012.

Box 4

Description of Engineering Controls

Parcel

**Engineering Control** 

146.00-1-9.2

Cover System

Clay landfill cap: 1982.

#### 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 compete.

    YES NO
- 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.



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
Cignature of Chites, Nemedia i Bity of Congressed Hepitadomante	5-1-1

### IC CERTIFICATIONS SITE NO. 932007

Box 6

4-18-18

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.

1 Dordes Wright =	at GGOO Walmore Rd Niagara Falls print business address
print name	print business address
am certifying as Designated	Representative (Owner or Remedial Party)
for the Site named in the Site Details Sec	tion of this form.

Signature of Owner, Remedial Party, or Designated Representative

Rendering Certification

#### 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.

print name

at Howtier Technical Associates, 8675 Main Street print business address

print business a