



Enclosure 2
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form



Site No. 932039

Site Details

Box 1

Site Name Vanchlor Company, Inc.

Site Address: ⁶⁰⁰ Mill Street Zip Code: 14094
City/Town: Lockport
County: Niagara
Site Acreage: 5.0

Reporting Period: February 13, 2014 to February 13, 2015

1. Is the information above correct?

YES NO

☐

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/ECs 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. 932039

Box 3

Description of Institutional Controls

Parcel

Owner

Institutional Control

95.17-1-56.11

Van De Mark Chemical Co., Inc

Soil Management Plan
Landuse Restriction
Monitoring Plan
Site Management Plan
O&M Plan
IC/EC Plan
Ground Water Use Restriction
Building Use Restriction

Prohibition against disturbance of landfill cap and monitoring system.
Compliance with an excavation work plan.
Compliance with Site Management Plan.
Compliance with deed restriction.
Use of groundwater is prohibited.
Gardening/farming are prohibited.

Box 4

Description of Engineering Controls

Parcel

Engineering Control

95.17-1-56.11

Cover System
Fencing/Access Control

Maintenance of the landfill cap.
Maintenance of fencing.

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. 932039

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 PATRICK J. MARTIN at 2430 N. FOREST RD, STE 100, GETZVILLE NY
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.

Patrick J. Martin, P.E.
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

4/14/15
Date

IC/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 PATRICK T. MARTIN at 2430 N. FOREST RD., STE 100, GETZVILLE, NY
print name print business address

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

Patrick T. Martin

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



Stamp
(Required for PE)

Date 4/14/15