



## TRANSMITTAL

**Date:** March 15, 2016

**Project No.:** 1650832

**To:** Brian Sadowski

**Company:** NYSDEC

**From:** Patrick T. Martin, P.E.

**Address:** 270 Michigan St.  
Buffalo, NY 14203-2915

**Email:**

**RE: VANCHLOR LANDFILL SITE- SITE MANAGEMENT PRR CERTIFICATION FORM (2/15- 2/16)**

- ☐ Federal Express (priority, standard, 2-day, 3-day)  
☐ UPS  
☐ DHL  
☐ Email \_\_\_\_\_

- ☒ U.S. Mail  
☐ Courier  
☐ Hand Delivery  
☐ Other \_\_\_\_\_

RECEIVED  
MAR 17 2016  
NYS DEC  
REGION 9

Quantity	Item	Description
1	Enclosure 2 Certification Form	Site Management Periodic Review Report Notice Institutional and Engineering Controls Certification Form –Original

Mr. Sadowski:

Enclosed please find 1 copy of the above-referenced certification form for your file.

Regards,

Patrick T. Martin, PE  
Associate & Senior Consultant  
Golder Associates

**Please advise us if enclosures are not as described.**

**c: R. Shotell, Vanchlor Co.**

g:\projects\2016 buffalo project\1650832 vanchlor 2015 prr\2015 prr\certification form transmittal (03-15-16).docx

Golder Associates Inc.  
2430 North Forest Rd, Suite 100  
Getzville, NY 14068 USA  
Tel: (716) 204-5880 Fax: (716) 215-0655 www.golder.com

Golder Associates: Operations in Africa, Asia, Australasia, Europe, North America and South America



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.** 932039

**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, 2015 to February 13, 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.</b> |                                     |                                     |
| 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?<br>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

**Description of Institutional Controls**ParcelOwnerInstitutional Control

95.17-1-56.11

Van De Mark Chemical Co., Inc.

Soil Management Plan

Landuse Restriction

Monitoring Plan

Site Management Plan

O&amp;M Plan

IC/EC Plan

Ground Water Use Restriction

Building Use Restriction

Prohibition against disturbance of the landfill cap and monitoring system.

Compliance with the Excavation Work Plan.

Compliance with the Site Management Plan.

Compliance with the Deed Restriction.

Prohibition on the use of groundwater.

Prohibition on gardening/farming.

**Box 4****Description of Engineering Controls**ParcelEngineering Control

95.17-1-56.11

Cover System

Fencing/Access Control

The cover system is comprised of a minimum of 24 inches of compacted clay overlain by a minimum of six inches of drainage layer consisting of sand and loam topped with vegetative growth. An inspection is done annually. Maintenance is routinely done or as needed to maintain the cover integrity.

A fence encompasses the site for security purposes. Repair or replacement of any damaged or deteriorated components of the fence are done as needed.

### 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  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

3/10/16  
Date

# IC/EC CERTIFICATIONS

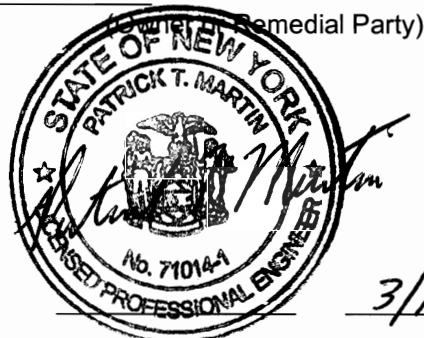
Box 7

## 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



Patrick T. Martin

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

Stamp  
(Required for PE)

3/10/16  
Date