



**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: 5.000

Reporting Period: February 13, 2022 to February 13, 2023

	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"/>
--	--------------------------	-------------------------------------

**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 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**Parcel

95.17-1-56.11

Owner

VANCHLOR COMPANY, INC.

Institutional Control

Soil Management Plan  
Landuse Restriction  
Monitoring Plan  
Site Management Plan  
O&M Plan  
IC/EC Plan

Ground Water Use Restriction  
Building Use Restriction

Order On Consent; July 10, 2014.

Compliance with the Site Management Plan; January 2015.

Compliance with the Deed Restriction; October 5, 1999.

Prohibition against disturbance of the landfill cap and monitoring system.

Prohibition on the use of groundwater.

Prohibition on gardening/farming.

**Description of Engineering Controls**Parcel

95.17-1-56.11

Engineering Control

Cover System  
Fencing/Access Control

The cover system is comprised of a low permeability cap constructed as 24 inch thick clay layer, 3 inch thick drainage layer, 15 inch thick loam layer, six inch thick topsoil layer and vegetative cover. 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 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 Engineering Control 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. For each Engineering control listed in Box 4, I certify by checking "YES" below that all of the following statements are true:

- (a) The 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 T. MARTIN at 40 LARIVIERE DR, STE 320, BUFFALO, NY 14202  
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 T. Martin  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

2/14/23  
Date

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.

I PATRICK T. MARTIN at 40 LARIVIERE DR., SJE 320, BUFFALO, NY 14202  
print name print business address

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

Patrick T. Martin

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



Stamp  
(Required for PE)

2/14/23  
Date