



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



Site No. 932060

Site Details

Box 1

Site Name Gratwick - Riverside Park

Site Address: River Road Zip Code: 14120
City/Town: North Tonawanda
County: Niagara
Site Acreage: 52.900

Reporting Period: May 31, 2020 to May 31, 2021

- | | 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

SITE NO. 932060

Box 3

Description of Institutional Controls

Parcel

Owner

Institutional Control

175.19-1-28

City of North Tonawanda

Landuse Restriction

Monitoring Plan

O&M Plan

Building Use Restriction

Ground Water Use Restriction

Consent Order; 1996, Index # B9-0133-91-02

Deed Restriction; December 18, 2007.

Box 4

Description of Engineering Controls

Parcel

Engineering Control

175.19-1-28

Cover System

Leachate Collection

Monitoring Wells

Groundwater Containment

Subsurface Barriers

This site is contained/controlled by a permeable cover system, leachate collection system and a barrier wall along the Niagara River. Collected leachate gravity feeds three on site pump stations. At predetermined leachate levels, pumps activate and discharge the leachate to the City of North Tonawanda Municipal Wastewater Treatment Plant. The discharge is regulated by Industrial Wastewater Discharge Permit Number 2628011.

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

X

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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.

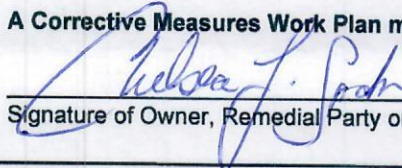
YES NO

X

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**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

8/19/21
Date

IC CERTIFICATIONS
SITE NO. 932060

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 CHELSEA L. SPARK at 216 PAYNE AVENUE, NORTH TONAWANDA, NY 1420
print name print business address

am certifying as CITY ENGINEER (Owner or Remedial Party)

for the Site named in the Site Details Section of this form.

Chelsea L. Spark
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

8/19/21
Date

EC CERTIFICATIONS

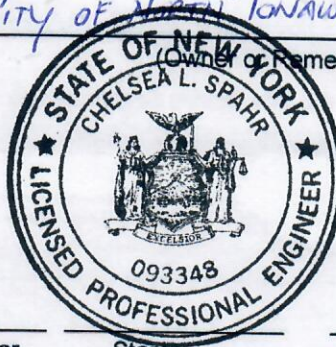
Box 7

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 CHELSEA L. SPAHR at 216 PAYNE AVENUE, NORTH TONAWANDA, NY 14120
print name print business address

am certifying as a Professional Engineer for the CITY OF NORTH TONAWANDA
(Owner or Remedial Party)



Chester L. Spahr
Signature of Professional Engineer, for the Owner or
Remedial Party, Rendering Certification

Stamp
(Required for PE)

8/19/21
Date