

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



Sit	e No.	932096	Site Details		Box 1		
Sit	e Name So	lvent Chemical					
Cit Co	e Address: y/Town: Nia unty:Niagar e Acreage:	a	Zip Code: 14303				
Re	Reporting Period: March 30, 2020 to March 30, 2021						
					YES	NO	
1.	Is the infor	mation above correct?			X		
	If NO, inclu	ıde handwritten above o	r on a separate sheet.				
2.		or all of the site property nendment during this Re	/ been sold, subdivided, merged, or eporting Period?	undergone a		X	
3.	Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?		eriod		×		
4.		ederal, state, and/or loc e property during this Re	al permits (e.g., building, discharge eporting Period?) been issued		X	
			ns 2 thru 4, include documentatio eviously submitted with this cert				
5.	Is the site of	currently undergoing dev	velopment?			X	
					Box 2		
					YES	NO	
6.	Is the curre	ent site use consistent w	rith the use(s) listed below?		×		
7.	Are all ICs	in place and functioning	as designed?	X			
	IF TI		R QUESTION 6 OR 7 IS NO, sign an HE REST OF THIS FORM. Otherwi		ınd		
Α (Corrective M	leasures Work Plan mus	st be submitted along with this for	n to address th	nese iss	sues.	
Sic	mature of Ow	vner, Remedial Party or D	esignated Representative	Date			

SITE NO. 932096 Box 3

Description of Institutional Controls

Parcel Owner Institutional Control

159.16-2-3 Sherwood Forest Properties,Ltd.

Site Management Plan

Monitoring Plan
O&M Plan

Ground Water Use Restriction Landuse Restriction Building

Use Restriction Site Management Plan

IC/EC Plan

Record of Decision; 12/31/96.

Consent Decree; 1/8/98. 83 CIV 1401 (C)

Deed Restriction; 2/16/05.

Box 4

Description of Engineering Controls

Parcel <u>Engineering Control</u>

159.16-2-3

Groundwater Treatment System Groundwater Containment Fencing/Access Control Leachate Collection Monitoring Wells Cover System Vapor Mitigation

In accordance with the Record of Decision dated 12/31/96, the remedial components of this site are a soil cover system, overburden groundwater collection system, bedrock groundwater recovery system and a on-site groundwater treatment facility with a sub-slab vapor control system. Contaminated groundwater recovered by the collection and/or extraction wells, are conveyed to and treated by advanced organic removal processes at an on-site treatment facility. Groundwater levels and groundwater quality are monitored to check on inward gradients and the performance of the remedy. All engineering controls are in place, to ensure site management practices are effective for the protection of human health and the environment.

	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 compete. 						
	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						
	X						
	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. 932096

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.

Robert Basil	The Basil Group, P.C.					
Robert Dasii	at 32 East 31st Street, 9th Floor, New York, NY 10016,					
print name	print business address					
am certifying as Representative, Sherwood Forest Properties, LTD (Owner or Reme						
for the Site named in the Site Details Section of this form.						
Signature of Owner, Remedial P	arty, or Designated Representative					
Rendering Certification						

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.

at 650 Suffolk Street, Lowell, MA 01854
print business address
tal Professional for the <u>Owner, Sherwood Forest Properties, L</u> TD (Owner or Remedial Party)
rofessional, for Stamp Date g Certification (Required for PE)