



Enclosure 1
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. 932099	
Site Name Schreck's Scrapyard	
Site Address: 55 Schenck Street	Zip Code: 14202 14120
City/Town: North Tonawanda	
County: Niagara	
Allowable Use(s) (if applicable, does not address local zoning):	
Site Acreage: 2.0	

Verification of Site Details	Box 2	
	YES	NO
1. Are the Site Details above, correct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input checked="" type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation (or evidence that documentation has been previously submitted) included with this certification?	<input type="checkbox"/>	
4. If use of the site is restricted, is the current use of the site consistent with those restrictions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, is an explanation included with this certification?	<input type="checkbox"/>	
5. For non-significant-threat Brownfield Cleanup Program Sites subject to ECL 27-1415.7(c), has any new information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this Certification?	<input type="checkbox"/>	
6. For non-significant-threat Brownfield Cleanup Program Sites subject to ECL 27-1415.7(c), are the assumptions in the Qualitative Exposure Assessment still valid (must be certified every five years)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification?	<input type="checkbox"/>	

SITE NO. 932099

Box 3

Description of Institutional Controls

Parcel

Institutional Control

S_B_L Image: 185.05-1-14

Decision Document

Box 4

Description of Engineering Controls

None Required

Attach documentation if IC/ECs cannot be certified or why IC/ECs are no longer applicable.
(See instructions)

Control Description for Site No. 932099

Parcel: 185.05-1-14

In September 1990, a Record of Decision (ROD) was issued for this site. Remediation was completed in 1994. Post-closure groundwater monitoring is required to ensure long term effectiveness of the remedy. The ROD did not require the filing of a Deed Restriction at this site.

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

☒ ☐

3. If this site has an Operation and Maintenance (O&M) Plan (or equivalent as required in the Decision Document);

I certify by checking "YES" below that the O&M Plan Requirements (or equivalent as required in the Decision Document) are being met.

YES NO

☒ ☐

4. If this site has a Monitoring Plan (or equivalent as required in the remedy selection document);

I certify by checking "YES" below that the requirements of the Monitoring Plan (or equivalent as required in the Decision Document) is being met.

YES NO

☒ ☐

IC CERTIFICATIONS
SITE NO. 932099

Box 6

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in Boxes 2 and/or 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 MIKE MCGUGAN at 51 Robinson St., N. TONAWANDA, 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.

Mike McGugan 7/2/09
Signature of Owner or Remedial Party Rendering Certification Date

IC/EC CERTIFICATIONS

Box 7

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) 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 KENT MCMANUS at 50 FOUNTAIN PLAZA, SUITE 600
print name print business address BUFFALO, N.Y. 14202

am certifying as a Qualified Environmental Professional for the _____

(Owner or Remedial Party) for the Site named in the Site Details Section of this form.

Kent R. McManus
Signature of Qualified Environmental Professional, for
the Owner or Remedial Party, Rendering Certification



7/16/09
Date

Enclosure 2

Certification Instructions

I. Verification of Site Details (Box 1 and Box 2):

Answer the six questions in the Verification of Site Details Section. Questions 5 and 6 only refer to sites in the Brownfield Cleanup Program. The Owner and/or Qualified Environmental Professional (QEP) may include handwritten changes and/or other supporting documentation, as necessary.

II. Certification of Institutional / Engineering Controls (Boxes 3, 4, and 5)

1. Review the listed IC/ECs, confirming that all existing controls are listed, and that all existing controls are still applicable. If there is a control that is no longer applicable the Owner / Remedial Party is to petition the Department requesting approval to remove the control.
2. In Box 5, complete certifications for all Plan components, as applicable, by checking the corresponding checkbox.
3. If you cannot certify "YES" for each Control and/or certify the other SM Plan components that are applicable, continue to complete the remainder of this **Certification** form. Attach supporting documentation that explains why the **Certification** cannot be rendered, as well as a statement of proposed corrective measures, and an associated schedule for completing the corrective measures. Note that this **Certification** form must be submitted even if an IC or EC cannot be certified; however, the certification process will not be considered complete until corrective action is completed.

If the Department concurs with the explanation, the proposed corrective measures, and the proposed schedule, a letter authorizing the implementation of those corrective measures will be issued by the Department's Project Manager. Once the corrective measures are complete, a new Periodic Review Report (with IC/EC Certification) is to be submitted within 45 days to the Department. If the Department has any questions or concerns regarding the PRR and/or completion of the IC/EC Certification, the Project Manager will contact you.

III. IC/EC Certification by Signature (Box 6 and Box 7):

If you certified "YES" for each Control, please complete and sign the IC/EC Certifications page. Where the only control is an Institutional Control on the use of the property the certification statement in Box 6 shall be completed and may be made by the property owner. Where the site has Institutional and Engineering Controls, the certification statement in Box 7 must be completed by a Professional Engineer or Qualified Environmental Professional (see table below).

Table 1. Signature Requirements for Control Certification Page		
Type of Control	Example of IC/EC	Required Signatures
EC which does not include a treatment system or engineered caps.	Fence, Clean Soil Cover, Individual House Water Treatment System, Vapor Mitigation System	A site or property owner or remedial party, and a QEP. (P.E. license not required)
EC that includes treatment system or an engineered cap.	Pump & Treat System providing hydraulic control of a plume, Part 360 Cap.	A site or property owner or remedial party, and a QEP with a P.E. license.

WHERE to mail the signed Certification Form by **Wednesday, July 15, 2009:**

New York State Department of Environmental Conservation
270 Michigan Ave
Buffalo, NY 14203-2999

Attn: Brian Sadowski, Project Manager

Please note that extra postage may be required.