



51 Robinson Street,
North Tonawanda, NY
14120
Office: 716.799.8932

June 29, 2022

Glenn May
New York State Department of Environmental Conservation
Project Manager
270 Michigan Avenue
Buffalo, NY 14203-2915

Re: Periodic Review Report and IC/EC Certification
Schreck's Scrapyard
9320099
55 Schenck Street
North Tonawanda, NY 14120

Dear Glenn:

Please find the signed IC/EC reports for submittal signed by our General Manager, Mark Peterson, for the above mentioned property. Attached to this document is the Delisting letter from the DEC dated June 29th, 2015 notifying WestRock that the site list above was officially removed from from the New York State Registry of Inactive Hazradous Waste Disposal Sites. I have included a copy of the email sent to the DEC, Friday 9/10/2021, communicating that the 5 monitoring wells were abandoned/decommissioned, as well as the Monitoring Well Abandonment Report.

Please reference documents incorporated in previous communications for site specific information, as nothing has changed at this site. If you require any additional information please contact me.

Sincerely

A handwritten signature in black ink that reads "Marie Hinds". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Marie Hinds
Safety Manager/Environmental Coordinator
WestRock
#4371
North Tonawanda, New York



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.	932099		
Site Name Schreck's Scrapyard			
Site Address: 55 Schenck Street		Zip Code: 14120	
City/Town: North Tonawanda			
County: Niagara			
Site Acreage: 1.500			
Reporting Period: July 16, 2017 to July 16, 2022			
		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? Commercial and Industrial		<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. 932099

Box 3

Description of Institutional Controls

Parcel

Owner

Institutional Control

185.05-1-14

WestRock CP, LLC

Site Management Plan
Soil Management Plan
IC/EC Plan
Landuse Restriction
Ground Water Use Restriction

A Deed Restriction was filed with the Niagara County Clerk's Office on May 27, 2014. The Controlled Property may be used for commercial or industrial purposes. Groundwater use is restricted.

Box 4

Description of Engineering Controls

Parcel

Engineering Control

185.05-1-14

Monitoring Wells

Monitoring wells.

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. 932099

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 Mark Peterson at 51 Robinson St. j North Tonawanda, NY
print name print business address 14126

am certifying as General Manager / WestRock (Owner or Remedial Party)

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

Mark Peterson
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

6/29/2022
Date

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 Mark Peterson at 51 Robinson St.; North Tonawanda, NY
print name print business address '14/20

am certifying as a General Manager / West Rock
(Owner or Remedial Party)

Mark Peterson _____ 6/29/22
Signature of , for the Owner or Remedial Party, Stamp Date
Rendering Certification (Required for PE)