



City of Lackawanna

Department of Development

4-4-2011

NYSDEC
David Szymanski
270 Michigan Ave.
Buffalo, NY 14203

Attached is the Site Management Periodic Review Report for:

Site Name: Lackawanna Business Park
Site No. B00080
Site Address: Alliance Drive
Lackawanna, NY 14218

Ralph D. Miranda
Director of Development

**Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form**

Site No. B00080

Site Details

Box 1

Site Name Lackawanna Business Park

Site Address: Alliance Drive Zip Code: 14218-

City/Town: Lackawanna (C)

County: Erie

Site Acreage: 8.1

Reporting Period: March 17, 2010 to April 04, 2011

- | | 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/ECs 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.**

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

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
141.20-1-12.1	City of Lackawanna	
141.20-1-15	RRSJ, L.L.C.	Landuse Restriction Soil Management Plan
		Landuse Restriction Soil Management Plan

Box 4**Description of Engineering Controls**

None Required

Control Description for Site No. B00080**Parcel: 141.20-1-12.1**

Deed Notice: Property may be used only for commercial/ Industrial purposes. Soil cover required as precondition of occupancy.

Parcel: 141.20-1-15

Deed Notice: Property may be used only for commercial/ Industrial purposes. Soil cover required as precondition of occupancy.

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

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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

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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.**

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

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.

Norman L. Polanski, Jr. Alliance Dr. Lackawanna, NY 14218
Richard St. John at 1 Alliance Dr. Lackawanna, NY 14218
print name print business address

am certifying as Owners (Owner or Remedial Party)

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


Signature of Owner or Remedial Party Rendering Certification

3-29-11
Date