



CITY OF LACKAWANNA



Hon. Geoffrey M. Szymanski ~ Mayor

March 19th, 2014

New York State
Department of Environmental Conservation
270 Michigan Avenue
Buffalo, New York 14203-2915

Attn: David Szymanski
Project Manager

Re: Site Management Periodic Review Report and
IC/EC Certification Submittal
Lackawanna Business Park - Site No. B00080
Alliance Drive
City of Lackawanna, New York

Dear Mr. Szymanski,

In accordance with correspondence received from your Department dated March 3, 2014, attached please find the above referenced materials.

If you have any questions please direct them to the City's Consultant Engineer, Kenneth J. Strell, Sr. at 716-880-7475.

Sincerely Yours,


Geoffrey M. Szymanski
Mayor

Hon. Geoffrey M. Szymanski ~ Mayor
City of Lackawanna, New York

714 Ridge Road ~ Room 301 ~ Lackawanna, New York 14218 ~ (716) 827-6464 ~ FAX (716) 827-6678
<http://www.lackawannany.gov>
mayor@lackny.com



Site No.	Site Details	Box 1
B00080	Site Name Lackawanna Business Park	
	Site Address: Alliance Drive Zip Code: 14218-	
	City/Town: Lackawanna (C)	
	County: Erie	
	Site Acreage: 8.1	
	Reporting Period: April 04, 2011 to April 04, 2014	
1.	Is the information above correct?	YES ☒ NO ☐
	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?	☐ ☒
3.	Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?	☐ ☒
4.	Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?	☐ ☒
	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?	☐ ☒

Box 2	
YES NO	
6. Is the current site use consistent with the use(s) listed below? Commercial and Industrial ☒ ☐	
7. Are all ICs/ECs in place and functioning as designed? ☒ ☐	
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 _____	

Description of Institutional Controls		
<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
141.20-1-12.1	City of Lackawanna	Soil Management Plan Landuse Restriction
Deed Notice: Property may be used only for commercial/ Industrial purposes. Soil cover required as precondition of occupancy.		
141.20-1-15	RRSJ, L.L.C.	Soil Management Plan Landuse Restriction
Deed Notice: Property may be used only for commercial/ Industrial purposes. Soil cover required as precondition of occupancy.		
Box 4		
Description of Engineering Controls		
None Required		
Not Applicable/No EC's		

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

☒ ☐

**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

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.

Geoffrey M. Szymanski Alliance Dr, Lackawanna, NY 14218
I ~~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, Remedial Party, or Designated Representative
Rendering Certification

19/Mar/14
Date