

# Engineering Department



LOCKPORT MUNICIPAL BUILDING  
ONE LOCKS PLAZA  
LOCKPORT, N.Y. 14094  
Phone (716) 439-6758  
Fax (716) 439-6605

To:

Brian Sadowski
New York State Department of Environmental Conservation
Division of Environmental Remediation] Region 9 Michigan Ave Buffalo, NY 14203-2999

Date: April 9, 2014
Job No.
Re: Site No. B00154
From: Norman Allen

*Norman Allen* RECEIVED  
NYSDEC - REGION 9  
APR 11 2014

✓ FOIL  
REL UNREL

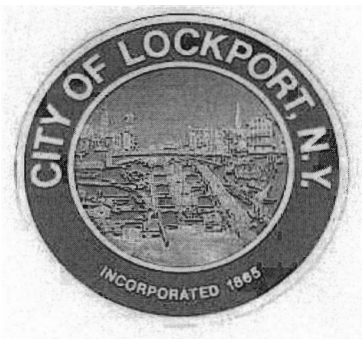
Enclosed Are:

Number of Copies	Drawing Number	Description
1		Canal St. Site Management Annual Report

Please take action as indicated below:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Note and File | <input type="checkbox"/> Please Reply Promptly   |
| <input type="checkbox"/> Note and Return to Me    | <input type="checkbox"/> Take Appropriate Action |
| <input type="checkbox"/> Return with more Details | <input type="checkbox"/> Per your Request        |
| <input type="checkbox"/> For your Approval        | <input type="checkbox"/> For your Signature      |
| <input type="checkbox"/> Approved                 | <input type="checkbox"/> For your Information    |
| <input type="checkbox"/> Investigate              | <input type="checkbox"/> Other _____             |

Comments:



## *Engineering Department*

LOCKPORT MUNICIPAL BUILDING  
ONE LOCKS PLAZA  
LOCKPORT, N.Y. 14094  
Ph. (716) 439-6750  
Fax (716) 439-6605

April 9, 2014

Mr. Brian Sadowski  
Division of Environmental Remediation  
270 Michigan Avenue  
Buffalo, New York 14203-2999

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NYSDEC - REGION 9

APR 11 2014

FOIL  
\_\_\_\_ REL \_\_\_\_ UNREL

SUBJECT: Richmond Avenue Project (Canal Street) Annual Report  
Site No. B00154

Dear Mr. Sadowski:

As per the requirements of the Institutional and Environmental Controls for the above referenced Project I hereby offer this report for your review.

All Institutional / Environmental Controls are in place pursuant to the NYSDEC Record of Decision with no known violations.

I certify that the institutional controls put in place are unchanged and nothing has occurred that would impair the ability of the control to protect public health or the environment or constitute a violation or failure to comply with any operation and maintenance or soil management plan.

Sincerely,

Norman D. Allen  
Director of Engineering / PW



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



**Site No.** B00154

**Site Details**

**Box 1**

**Site Name** Richmond Avenue Project

**Site Address:** Canal, Church, and Niagara Streets      **Zip Code:** 14094  
**City/Town:** Lockport  
**County:** Niagara  
**Site Acreage:** 2.0

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APR 11 2014

FOIL  
REL UNRE

**Reporting Period:** May 02, 2013 to May 02, 2014

- |  | 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"/> |
| <b>If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.</b> |                                     |                                     |
| 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?<br>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. 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**ParcelOwnerInstitutional Control**109.54-2-14**

Lake Effect Canal Street, LLC

Soil Management Plan  
Landuse Restriction

This property is one of nine adjacent properties that made up the Richmond Avenue ERP project. In accordance with the 2004 ROD, an environmental easement was recorded with Niagara County on May 12, 2009. Additional controls identified include compliance with the approved Soils Management Plan, and periodic certification of remedy effectiveness. The land use restriction in the easement specifies that the property may be used for commercial and industrial uses. The easement also specifies that the existing site surfaces (soils, asphalt, concrete, buildings, etc) be maintained and function as a cover system on the property.

**109.54-2-15**

City of Lockport

Soil Management Plan  
Landuse Restriction

This property is one of nine adjacent properties that made up the Richmond Avenue ERP project. In accordance with the 2004 ROD, an environmental easement was recorded with Niagara County on May 12, 2009. Additional controls identified include compliance with the approved Soils Management Plan, and periodic certification of remedy effectiveness. The land use restriction in the easement specifies that the property may be used for commercial and industrial uses. The easement also specifies that the existing site surfaces (soils, asphalt, concrete, buildings, etc) be maintained and function as a cover system on the property.

**109.54-2-16**

City of Lockport

Soil Management Plan  
Landuse Restriction

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**109.54-2-17**

City of Lockport

Soil Management Plan  
Landuse Restriction

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**109.54-2-18**

Garvin Safety Service, LLC

Soil Management Plan  
Landuse Restriction

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**109.54-2-19**

City of Lockport

Soil Management Plan  
Landuse Restriction

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**109.54-2-21**

City of Lockport

Soil Management Plan  
Landuse Restriction

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**109.54-2-24**

Zimmie's Service, LLC

Soil Management Plan  
Landuse Restriction

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**109.54-2-30**

Zimmie's Service, Inc.

Soil Management Plan  
Landuse Restriction

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**Description of Engineering Controls****Box 4**

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

IC CERTIFICATIONS  
SITE NO. B00154

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 Norman D. Allen at 1 Locks Plaza, Lockport, NY 14094  
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.

Norm D. Allen  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

4-9-14  
Date