



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



**Site No.**            **C915262**

**Site Details**

**Box 1**

**Site Name** 125 Main Street Site

Site Address: 125 Main Street      Zip Code: 14204  
City/Town: Buffalo  
County: Erie  
Site Acreage: 1.8

Reporting Period: March 16, 2016 to March 16, 2017

YES    NO

1. Is the information above correct? ☒    ☐

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?  
Restricted-Residential, 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

		Box 2A
		YES      NO
8.	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information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid?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"/>
<p><b>If you answered YES to question 8, include documentation or evidence that documentation has been previously submitted with this certification form.</b></p>		
9.	Are the assumptions in the Qualitative Exposure Assessment still valid? (The Qualitative Exposure Assessment must be certified every five years)	<input checked="" type="checkbox"/> <input type="checkbox"/>
<p><b>If you answered NO to question 9, the Periodic Review Report must include an updated Qualitative Exposure Assessment based on the new assumptions.</b></p>		

SITE NO. C915262		Box 3
<b>Description of Institutional Controls</b>		
<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
part of 111.17-7-1	Erie Canal Harbor Development Corp.	Ground Water Use Restriction Soil Management Plan Landuse Restriction Site Management Plan IC/EC Plan
Prohibition against use of groundwater without treatment Site use must be maintained as restricted residential		

		Box 4
<b>Description of Engineering Controls</b>		
<u>Parcel</u>	<u>Engineering Control</u>	
part of 111.17-7-1	Cover System	
Cover system of pavement and soil over the entire site, approx. 1.82 acres		

### 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

PRR DUE IN 2018

☐

☒

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. C915262

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 ADAM HARRIS at HARBOR DISTRICT ASSOC, LLC  
print name print business address

570 DELAWARE AVE.  
BUFFALO, NY 14202

am certifying as DESIGNATED OWNER REPRESENTATIVE (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

4/4/17  
Date

IC/EC CERTIFICATIONS

Box 7

Qualified Environmental Professional 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 DANIEL J. POPP at ENSOL, INC. 661 MAIN ST., NIAGARA FALLS, NY 14301  
print name print business address

am certifying as a Qualified Environmental Professional for the OWNER  
(Owner or Remedial Party)

  
Signature of Qualified Environmental Professional, for  
the Owner or Remedial Party, Rendering Certification

Stamp  
(Required for PE)

3/24/17  
Date

**SITE WIDE INSPECTION FORM**

PROJECT: 125 MAIN ST. SITE	DATE: 3/24/17
CLIENT: BENDERSON DEVELOPMENT	SHEET NO. OF PROJECT NO.: 17-000925
LOCATION: 125 MAIN ST., BUFFALO, NY	DAY OF WEEK: S M T W T (F) S
REPORT BY: DANIEL POPP	
WEATHER: Wind from: N NE E SE S SW W NW at _____ mph Sunny Partly Sunny Partly Cloudy Cloudy Overcast Sprinkles Showers Thunderstorms Other _____	TEMPERATURE: LOW HIGH 35°

GENERAL SITE CONDITIONS: GOOD CONDITION

COMPLIANCE WITH / EVALUATION OF I.C.s and E.C.s:

IC = ALL LAND USE RESTRICTIONS AND PLANS (I.E, SMP, IC/EC) IN PLACE.

EC = COVER SYSTEM IN PLACE. NO DEFICIENCIES NOTED.

SITE MANAGEMENT ACTIVITIES (sampling, H&S Inspection, etc.):

NONE IN 2016

COMPLIANCE WITH PERMITS AND O&M PLAN:

IN COMPLIANCE

RECORDS COMPLIANCE:

IN COMPLIANCE

GENERAL COMMENTS:

NO DEFICIENCIES NOTED. SITE IN GOOD CONDITION.

INSPECTION COMPLETED BY: (signature and date)

 3/24/17