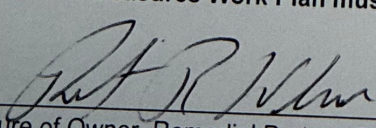




Enclosure 2  
**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Site Management Periodic Review Report Notice**  
**Institutional and Engineering Controls Certification Form**



	Site Details	Box 1
Site No. C915321		
<b>Site Name 1550 Harlem Road</b>		
Site Address: 1550 Harlem Road	Zip Code: 14206	
City/Town: Cheektowaga		
County: Erie		
Site Acreage: 0.421		
Reporting Period: April 28, 2022 to April 28, 2025		
		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"/>
		<b>Box 2</b>
		YES    NO
6. Is the current site use consistent with the use(s) listed below? Restricted-Residential, 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"/>
<b>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.</b>		
<b>A Corrective Measures Work Plan must be submitted along with this form to address these issues.</b>		
 _____ Signature of Owner, Remedial Party or Designated Representative		2-26-2026 _____ 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?

**If you answered YES to question 8, include documentation or evidence that documentation has been previously submitted with this certification form.**

9. Are the assumptions in the Qualitative Exposure Assessment still valid?  
(The Qualitative Exposure Assessment must be certified every five years)

**If you answered NO to question 9, the Periodic Review Report must include an updated Qualitative Exposure Assessment based on the new assumptions.**

**SITE NO. C915321**

**Box 3**

**Description of Institutional Controls**

Parcel  
113.54-2-13

Owner  
American Tire, Inc.

Institutional Control

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

Site Management Plan - Excavation Work Plan  
113.54-2-4.1  
American Tire, Inc.

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

Site Management Plan - Excavation Work Plan

**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 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

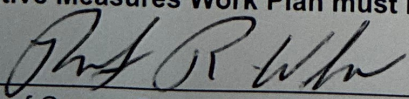
2. For each Engineering control listed in Box 4, I certify by checking "YES" below that all of the following statements are true:

- (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

2.26.2026

Date

IC CERTIFICATIONS  
SITE NO. C915321

Box 6

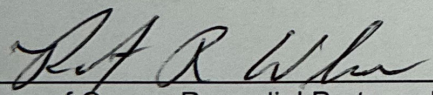
**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

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 ROBERT WILSON at 397 LUDINGTON ST,  
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.

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

2-26-2026  
Date