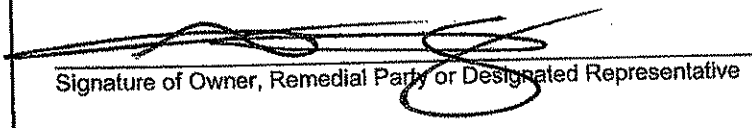




Enclosure 2
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form



	Site Details	Box 1
Site No. C932134		
Site Name 1501 College Avenue Site		
Site Address: 1501 College Avenue Zip Code: 14304		
City/Town: Niagara Falls		
County: Niagara		
Site Acreage: 12.4		
Reporting Period: December 31, 2012 to January 15, 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"/>
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? 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		2/26/14 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information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid? YES NO

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) YES NO

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

Box 3

SITE NO. C932134

Description of Institutional Controls

Parcel

Owner

Institutional Control

130.18-2-19

Santarosa Holdings, Inc.

Ground Water Use Restriction
Landuse Restriction
Site Management Plan

Soil Management Plan

IC/EC Plan

Environmental easement approved 12/19/2012 restricting use of groundwater and placing an Industrial use restriction on the property. Soil cover and/or existing concrete/pavement placed over residual soil contamination. Easement requires compliance with the Site Management Plan. Future intrusive activities and soil handling at the facility must be in accordance with the Excavation Work Plan found in the SMP. Environmental Easement Filed 12/21/2012 Intru#:2012-27063

139.18-2-3.212

Santarosa Holdings, Inc

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

Environmental easement approved 12/19/2012 restricting use of groundwater and placing an Industrial use restriction on the property. Soil cover and/or existing concrete/pavement placed over residual soil contamination. Easement requires compliance with the Site Management Plan. Future intrusive activities and soil handling at the facility must be in accordance with the Excavation Work Plan found in the SMP. Environmental Easement Filed 12/21/2012 Intru#:2012-27063

Box 4

Description of Engineering Controls

Parcel

Engineering Control

130.18-2-19

Cover System
Fencing/Access Control

139.18-2-3.212

Cover System

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

2/26/14
Date

IC CERTIFICATIONS
SITE NO. C932134

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 Grant Dooly at 4870 Packard Road
print name print business address

am certifying as _____ (Owner or Remedial Party)

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

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

2/20/14
Date

IC/EC CERTIFICATIONS

Box 7

Professional Engineer 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.

Apex Consulting Survey & Engineering Services PC

Timothy W. Arlington at 102 East Ave Lockport, NY 14094
print name print business address

am certifying as a Professional Engineer for the Santavosa Holdings Inc.
(Owner or Remedial Party)



Timothy W. Arlington
Signature of Professional Engineer, for the Owner or Remedial Party, Rendering Certification

Stamp (Required for PE) Date 3-13-2014