



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.** 915141B

**Site Name** NFG - Iroquois Gas/Westwood Pharm. Riparian

Site Address: Scajaquada Creek, Upstream of West Ave. Bridge  
 City/Town: Buffalo  
 County: Erie  
 Site Acreage: 2.5

Zip Code: 14213

RECEIVED

MAR 21 2016

Reporting Period: February 15, 2015 to February 15, 2016

**NYS DEC**  
REGION 9

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?  
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>
	No Owner	O&M Plan Monitoring Plan

In March 1994, a Record of Decision (ROD) was issued for this site. The remedial action at this site was completed between 1996 and 2002 and included: (1) installation of the sheet pile wall along the eastern bank of Scajaquada Creek; (2) excavation of contaminated sediment and debris; (3) construction of a cap along a 1,600 foot reach of the creek; and (4) installation of two DNAPL recovery systems. There is no SBL identification for this parcel as it is a New York State waterway.

**Description of Engineering Controls**

<u>Parcel</u>	<u>Engineering Control</u>
	Subsurface Barriers Cover System

Engineering controls for this site include: (1) the stream bed cap that consists of a geosynthetic clay liner overlain by sand, geotextile and anchoring stone; and two DNAPL recovery systems to extract DNAPL from the substrata of the creek. Post-closure maintenance of the cap, creek banks and DNAPL recovery systems are required to ensure long term effectiveness of the remedy.

**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. 915141B

Box 6

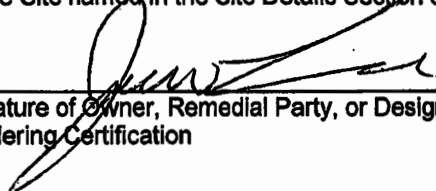
**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

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 JAY W. Lesch at 6363 MAIN ST. WILLIAMSVILLE NY 14221  
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 of Owner, Remedial Party, or Designated Representative  
Rendering Certification

3/16/16  
Date

**IC/EC CERTIFICATIONS**

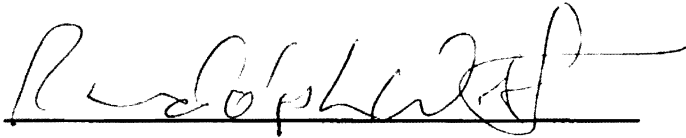
**Box 7**

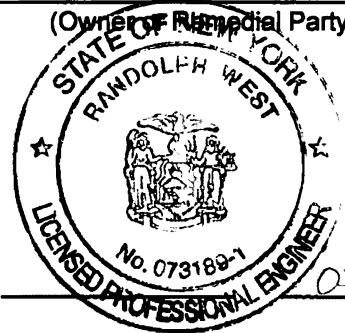
**Professional Engineer Signature**

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.

I Randolph West, P.E. at AECOM, 257 W. Genesee St, Buffalo, NY 14202  
print name print business address

I am certifying as a Professional Engineer for the National Fuel Gas Distribution  
(Owner or Remedial Party)





03/15/16

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

Stamp (Required for PE)

Date