



**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
<b>Site No.</b>	<b>V00379</b>	
<b>Site Name</b> Envirotek 1		
Site Address: 153 Fillmore Avenue      Zip Code: 14150		
City/Town: Tonawanda		
County: Erie		
Site Acreage: 1.700		
Reporting Period: February 15, 2018 to February 15, 2021		
		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? 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		_____ Date

**SITE NO. V00379**

**Box 3**

**Description of Institutional Controls**

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
39.47-1-1.111	Duane B. Manth	Landuse Restriction Site Management Plan Ground Water Use Restriction Soil Management Plan

A Deed Restriction was filed in the Erie County Clerk's Office on October 31, 2003 prohibiting the use of the property for anything other than commercial or industrial activities, and prohibiting the use of groundwater as a source of potable or industrial water without proper treatment. Post-closure maintenance of the cover system and groundwater monitoring are required to ensure the long term effectiveness of the remedy.

**Box 4**

**Description of Engineering Controls**

<u>Parcel</u>	<u>Engineering Control</u>
39.47-1-1.111	Cover System

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 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

\_\_\_\_\_  
Date

IC CERTIFICATIONS  
SITE NO. V00379

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 RONALD L. MCARDY at 153 Fillmore, Tonawanda NY 14150  
print name print business address

am certifying as DESIGNATED 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

2/19/21  
Date

**EC CERTIFICATIONS**

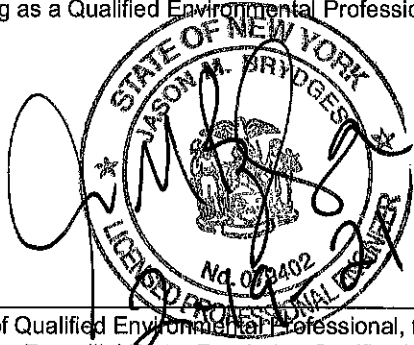
**Box 7**

**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 \_\_\_\_\_ at 153 Fillmore Tonawanda, NY 14150  
print name print business address

I am certifying as a Qualified Environmental Professional for the \_\_\_\_\_  
(Owner or Remedial Party)



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

\_\_\_\_\_  
Stamp  
(Required for PE)

\_\_\_\_\_  
Date