



**Enclosure 1**  
**Engineering Controls - Standby Consultant/Contractor Certification Form**



<b>Site Details</b>		<b>Box 1</b>
<b>Site No.</b>	<b>152140</b>	
<b>Site Name</b> National Heatset Printing Co.		
Site Address: 1 Adams Boulevard      Zip Code: 11735		
City/Town: East Farmingdale		
County: Suffolk		
Site Acreage: 4.3		
Reporting Period: <del>April 30, 2021</del> to January 30, 2022		
		<b>YES      NO</b>
1. Is the information above correct?		<input type="checkbox"/> <input type="checkbox"/>
If NO, include handwritten above or on a separate sheet.		
2. To your knowledge 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 type="checkbox"/>
3. To your knowledge has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?		<input type="checkbox"/> <input type="checkbox"/>
4. To your knowledge 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 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. To your knowledge is the site currently undergoing development?		<input type="checkbox"/> <input type="checkbox"/>

  

<b>Box 2</b>	
<b>YES      NO</b>	
6. Is the current site use consistent with the use(s) listed below? Industrial	<input type="checkbox"/> <input type="checkbox"/>
7. Are all ICs/ECs in place and functioning as designed?	<input type="checkbox"/> <input type="checkbox"/>
<b>IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and contact the DEC PM regarding the development of a Corrective Measures Work Plan to address these issues.</b>	
_____ Signature of Standby Consultant/Contractor	_____ Date

**SITE NO. 152140**

**Box 3**

**Description of Institutional Controls**

Parcel

Owner

Institutional Control

**100.097-0001-020.001**

Michael Adamowicz III

Ground Water Use Restriction  
Monitoring Plan  
Site Management Plan  
O&M Plan  
IC/EC Plan

Landuse Restriction

The environmental notice provides an alert that the groundwater use is restricted.

**Box 4**

**Description of Engineering Controls**

Parcel

Engineering Control

**100.097-0001-020.001**

~~Groundwater Treatment System~~  
~~Vapor Mitigation~~  
~~Air Sparging/Soil Vapor Extraction~~

~~The site contains a soil vapor extraction system and an in well vapor stripping system.~~ The soil vapor extraction system remediates soil contamination beneath the on-site building and provides vapor mitigation for the building. ~~The in well vapor stripping system remediates groundwater contamination.~~

**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, including data and material prepared by previous contractors for the current certifying period, if any;

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) nothing has occurred that would constitute a failure to comply with the Site Management Plan, or equivalent if no Site Management Plan exists.

YES NO

☐ ☐

**IF THE ANSWER TO QUESTION 2 IS NO, sign and date below and contact the DEC PM regarding the development of a Corrective Measures Work Plan to address these issues.**

\_\_\_\_\_  
Signature of Standby Consultant/Contractor

\_\_\_\_\_  
Date

**IC/EC CERTIFICATIONS****Professional Engineer Signature**

I certify that all information in Boxes 2 through 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 \_\_\_\_\_  
print name

\_\_\_\_\_

\_\_\_\_\_,  
(print business address)

am certifying as a Professional Engineer.

Signature of Professional Engineer

Stamp  
(Required for PE)

Date