



Consulting  
Engineers and  
Scientists

September 1, 2020  
GEI Project No. 2003556  
VIA CERTIFIED MAIL

Mr. Michael MacCabe, P.E., Senior Environmental Engineer  
NYS Department of Environmental Conservation  
Division of Environmental Remediation  
625 Broadway, 12<sup>th</sup> Floor  
Albany, New York 12233-7016

**Re: Engineering Certified Annual Certification for 2020  
Tesa Tape, Inc.  
Former Middletown Facility  
NYSDEC Site No. 3-36-56  
Order of Consent (Index No. W3-0780-96-12 and W3-09-06-02-07)**

Dear Mr. MacCabe:

The existing Declaration of Restrictive Covenants requires that Crotty Road, LLC (Crotty), as the current owner of the above referenced Property, submit a certification prepared every five (5) years by a professional engineer or environmental professional to the New York State Department of Environmental Conservation (NYSDEC) verifying that the engineering controls are in place and that nothing has occurred that would constitute a violation or failure of these controls. The ownership status of the Property has not changed. The annual certification is being submitted to the NYSDEC on behalf of Crotty for 2020.

I inspected the engineering controls during a site visit of the Property on July 21, 2020, and I verified that they were in place and in good condition.

In addition, GEI Consultants, Inc. (GEI) is also including the required "Site Management Periodic Review Report Notice Institutional and Engineering Controls Certification Form". With this form, GEI is also including the list of current tenants and their operations at the time of the inspections. This is being included in order to abide by the Building Use Restriction at noted in Box 3 of the form.

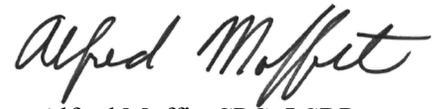
Should you have any questions, please feel free to call me at (973) 873-7121 at our Bloomfield, New Jersey office.

Very truly yours,

**GEI CONSULTANTS, INC.**



Paul V. Schatz, CPG  
Senior Consultant



Alfred Moffit, CPG, LSRP  
Senior Consultant

Attachments

cc: Jacob Mayer



**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. 336056</b>		
<b>Site Name TTI- Crotty Road</b>		
Site Address: 135 Crotty Road      Zip Code: 10940		
City/Town: Middletown		
County: Orange		
Site Acreage: 32.7		
Reporting Period: to May 2, 2015 to May 1, 2020		
	YES	NO
1. Is the information above correct?	X	<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?		X
3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?	<input type="checkbox"/>	X
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"/>	X
<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"/>	X

		Box 2	
		YES	NO
6. Is the current site use consistent with the use(s) listed below?		X	<input type="checkbox"/>
7. Are all ICs/ECs in place and functioning as designed?		X	<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. 336056**

**Box 3**

**Description of Institutional Controls: Building Use Restriction  
Land Use Restriction - Site Management Plan  
Soil Management Plan**

**Box 4**

**Description of Engineering Controls: Cover System  
Vapor Mitigation**

**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

X

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

X

**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.**

**Box 6**

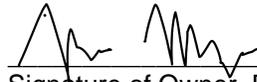
**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

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 Jacob Mayer at \_\_\_\_\_,  
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

8/26/20

\_\_\_\_\_  
Date

135 Crotty Road, Middletown (Walkill), NY

<b><u>Tenant</u></b>	<b><u>Use</u></b>
American Red Cross	Office/warehouse
Fine line Settings	Warehouse
Linen Choice	Warehouse
Alpine Millwork	Manufacturing
Upstate Glass	Manufacturing