



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.**            **344046**

**Site Name** **OR - Nyack MGP**

Site Address: 55 Gedney St    Zip Code: 10960-  
City/Town: Nyack  
County: Rockland  
Site Acreage: 3.840

Reporting Period: November 30, 2020 to November 30, 2021

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? ☐    ☒  
Current owner has plans for development, but have been on hold for several years while they attempt to obtain permits.

**Box 2**

YES    NO

6. Is the current site use consistent with the use(s) listed below? ☒    ☐  
Restricted-Residential, Commercial, and Industrial

7. Are all ICs 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

8/22/2023

Date

**SITE NO. 344046**

**Box 3**

**Description of Institutional Controls**

Parcel

Owner

Institutional Control

**66.39-1-1**

TZ Vista, LLC

Ground Water Use Restriction

Soil Management Plan

Landuse Restriction  
Site Management Plan

**Box 4**

**Description of Engineering Controls**

Parcel

Engineering Control

**66.39-1-1**

Vapor Mitigation  
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

8/22/2023

\_\_\_\_\_  
Date

**IC CERTIFICATIONS**  
**SITE NO. 344046**

**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 Matthew Levinson at Consolidated Edison of New York, Inc.,  
print name print business address

am certifying as Remedial Party (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

8/22/2023

Date

## EC CERTIFICATIONS

**Box 7**

### 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 Wendy Moore at GEI Consultants, Inc.,  
print name print business address

am certifying as a Remedial Party  
(Owner or Remedial Party)



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



Stamp  
(Required for PE)

8/22/2023

Date