



**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.:** 7-04-024

**Site Name:** Former Binghamton Plastics Site

**Site Address:** ~~498~~ 494-498 Conklin Avenue      **Zip Code:** 13903

**City/Town:** Binghamton

**County:** Broome

**Site Acreage:** ~~2.000~~ 7.76

Reporting Period: January 1, 2025 to December 31, 2025

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Is the information above correct?  | <input type="checkbox"/> | <input checked="" 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"/> |

**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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|-------------------------------------|

**Box 2**

- |   | YES                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 6. Is the current site use consistent with the use(s) listed below? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Commercial and Industrial   |                                     |                          |
| 7. Are all ICs/ECs in place and functioning as designed?            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**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

**SITE NO.** 7-04-024

**Box 3**

**Description of Institutional Controls:**

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
<b>161.40-1-1</b>	Chambers Street Development, LLC	Groundwater Use Restriction Land Use Restrictions

**SITE NO.** 7-04-024

**Box 4**

**Description of Engineering Controls:**

<u>Parcel</u>	<u>Engineering Control</u>
<b>161.40-1-1</b>	Vapor Mitigation 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 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. 704024**

**Box 6**

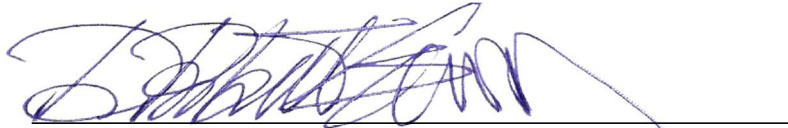
**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

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 D. Robert Gan at Verina Engineering, P.C., 1011 US Hwy. 22, Suite 302, Bridgewater, NJ 08807,  
print name print business address

am certifying as Designated Representative of Dover Corporation (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

January 30, 2026  
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 D. Robert Gan at Verina Engineering, P.C., 1011 US Hwy. 22, Suite 302, Bridgewater, NJ 08807,  
print name print business address

I am certifying as a Professional Engineer for the Dover Corporation (Owner or Remedial Party)



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



(Required for PE)

January 30, 2026  
Date