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. 808042

Site Name Kaplan Scrap Yard

Site Address: 104 East Woodlawn Avenue Zip Code: 14901
City/Town: Elmira
County: Chemung
Site Acreage: 1.664

Reporting Period: August 30, 2019 to August 30, 2022

	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?	☐	☑

Box 2

	YES	NO
6. Is the current site use consistent with the use(s) listed below? 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

8-24-22
Date

SITE NO. 808042 Box 3

Description of Institutional Controls

Parcel	Owner	Institutional Control
079.18-4-23	Nicholas Misnick	O&M Plan IC/EC Plan Soil Management Plan Site Management Plan Ground Water Use Restriction Landuse Restriction Soil Management Plan Site Management Plan O&M Plan

1. Imposition of an institutional control in the form of an environmental easement for the controlled property that:
(a) requires the remedial party or site owner to complete and submit to the Department a periodic certification of institutional and engineering controls in accordance with Part 375-1.8 (h)(3),
(b) limits the use and development of the controlled property for industrial use provided that actual land use is subject to local zoning,
(c) restricts the use of groundwater as a source of potable or process water, without necessary water quality treatment as determined by the Department, NYSDOH, or County DOH,
(d) prohibits agriculture or vegetable gardens on the controlled property, and
(e) requires compliance with the Department approved Site Management Plan.

2. A Site Management Plan is required, which includes an Institutional and Engineering Control Plan that identifies all use restrictions and engineering controls for the site and details the steps and media-specific requirements necessary to assure the following institutional and/or engineering

The Site Management Plan includes, but may not be limited to:

a) An Excavation Plan, which details the provisions for management of future excavations in areas of remaining contamination; and
b) descriptions of the provisions of the environmental easement including any land use and groundwater use restrictions; and
c) maintaining site access controls and Department notification; and
d) the steps necessary for the periodic reviews and certification of the institutional and/or engineering controls.

Box 4

Description of Engineering Controls

Parcel	Engineering Control
079.18-4-23	Fencing/Access Control Fencing/Access Control

The maintenance of site access controls including fencing.

Box 5

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 compete.

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

8-24-22
Date

IC CERTIFICATIONS
SITE NO. 808042

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 Michael Kirowin at 104 East Woodlawn ave Elmira NY
print name print business address

am certifying as Owner's General Manager (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

8-24-22
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 Martin Gilgallon (print name) at LaBella Assoc., 1000 Dunham Dr., Dunmore, PA 18512 (print business address)

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

Signature of Qualified Environmental Professional, for the Owner or Remedial Party, Rendering Certification	Stamp (Required for PE)	Aug. 24, 2022 Date