



Enclosure 2  
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
Site Management Periodic Review Report Notice  
Institutional and Engineering Controls Certification Form



Site No. 907010 Site Details Box 1

Site Name Pelican Manufacturing, Inc.

Site Address: 2223 Washington Street Zip Code: 14701  
City/Town: Jamestown  
County: Chautauqua  
Site Acreage: 1.280

Reporting Period: December 06, 2019 to December 06, 2024

	YES	NO
1. Is the information above correct?	<input checked="" type="checkbox"/>	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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"/>
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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"/>
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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"/>
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Box 2

	YES	NO
6. Is the current site use consistent with the use(s) listed below? Industrial	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Are all ICs in place and functioning as designed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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

**Description of Institutional Controls**ParcelOwnerInstitutional Control

370.14-1-17

City of Jamestown

Ground Water Use Restriction  
Landuse Restriction

The controls identified in the Declaration of Covenants and Restrictions, recorded with Chautauqua County on October 28, 2005, include: the property cannot be used for purposes other than restricted commercial or industrial use; the use of groundwater underlying the property is prohibited without treatment to render it safe for use. These restrictive covenants are binding and shall run with the land. A Vapor venting system is required if structures or buildings are constructed.

370.14-1-18

City of Jamestown

Ground Water Use Restriction  
Landuse Restriction

The controls identified in the Declaration of Covenants and Restrictions, recorded with Chautauqua County on October 28, 2005, include: the property cannot be used for purposes other than restricted commercial or industrial use; the use of groundwater underlying the property is prohibited without treatment to render it safe for use. These restrictive covenants are binding and shall run with the land. A Vapor venting system is required if structures or buildings are constructed.

**Description of Engineering Controls**Engineering Control

None required/ No ECs

**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

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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

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**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. 907010

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 Mark Schlemmer, PE at 145 Steele St, Jamestown, NY  
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

3/24/25  
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 Mark Schlemmer, PE at 145 Steele St, Jamestown, NY,  
print name print business address

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



3/24/25  
Date

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

Stamp  
(Required for PE)

