



Enclosure 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Site Management Periodic Review Report Notice
Institutional and Engineering Controls Certification Form



Site Details

Site No. **907019** **Box 1**

Site Name D.C. (Dow Craft) Rollforms

Site Address: 583 Allen Street Zip Code: 14701
City/Town: Jamestown
County: Chautauqua
Site Acreage: 2.4

Reporting Period: July 20, 2010 to July 20, 2011

- | | 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? | <input type="checkbox"/> | 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 |
| 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"/> | X |

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

A Corrective Measures Work Plan must be submitted along with this form to address these issues.

Not Applicable

Signature of Owner, Remedial Party or Designated Representative

Date

Description of Institutional ControlsParcelOwnerInstitutional Control**307-13-2.2**

Jamestown Allenco, Inc.

Ground Water Use Restriction
Landuse Restriction
Site Management Plan
Soil Management Plan

Description of Engineering ControlsParcelEngineering Control**307-13-2.2**

Groundwater Containment
Pump & Treat
Subsurface Barriers

Control Description for Site No. 907019**Parcel: 307-13-2.2**

Deed Restrictions (7/19/2005) Recorded - 11/29/2005:

1. Property use: Commercial or Industrial
2. Prohibition of use of groundwater.

Site Management Plan: Soils Management Plan and Inspections of Cover System, Rip Rap, Plantings, and Erosion.

Groundwater Collection and Treatment System Operation, Maintenance, and Monitoring.

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.**

A Corrective Measures Work Plan must be submitted along with this form to address these issues.

Not Applicable

Signature of Owner, Remedial Party or Designated Representative

Date

IC CERTIFICATIONS
SITE NO. 907019

Box 6

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in Boxes 2 and/or 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 Marc Sanford at 465 New Karner Road, Suite 2,
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.

Marc W. Sanford

Signature of Owner or Remedial Party Rendering Certification

6/29/2011

Date

IC/EC CERTIFICATIONS

Box 7

Professional Engineer Signature

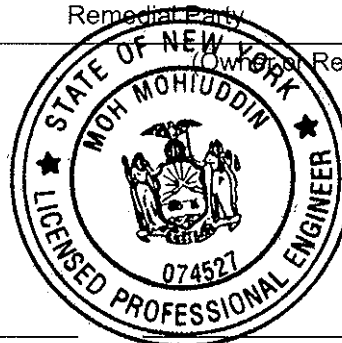
I certify that all information in Boxes 4 and 5 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I Moh Mohiuddin at 105 Fieldcrest Avenue Suite 305, Edison, NJ 08837,
print name print business address

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

Moh Mohiuddin

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



Stamp
(Required for PE)

06/29/2011

Date