



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.	B00127	
Site Name Provan/Ford Site		
Site Address: 146-172 Mill Street	Zip Code: 12550	
City/Town: Newburgh (C)		
County: Orange		
Site Acreage: 3.1		
Reporting Period: November 14, 2016 to March 14, 2018		
	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"/>
3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.1(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.		
6. 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? Commercial and Industrial	<input checked="" type="checkbox"/> <input type="checkbox"/>
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

5/3/18
Date

SITE NO. B00127

Box 3

Description of Institutional Controls

Parcel

43-3-7.1

Owner

City of Newburgh

Institutional Control

Ground Water Use Restriction
Landuse Restriction
Site Management Plan

Soil Management Plan
Monitoring Plan
O&M Plan
IC/EC Plan

- The use of groundwater underlying the property is prohibited without treatment rendering it safe for intended use
- Evaluation of vapor intrusion with mitigation as required prior to the construction of new buildings on site
- Land use is limited to commercial or industrial use
- All future activities on the property that will disturb remaining contaminated material must be conducted in accordance with the SMP
- Monitoring of the site cover system
- Monitoring of on-site and off-site groundwater

Box 4

Description of Engineering Controls

Parcel

43-3-7.1

Engineering Control

Cover System
Vapor Mitigation

- A one foot thick site cover consisting of 3/4" crushed stone, underlain by a demarcation layer
- Sub-slab Depressurization system in off-site residence

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

5/3/18
Date

IC CERTIFICATIONS
SITE NO. B00127

Box 6

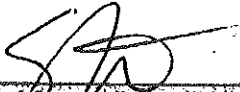
SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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 EVAN STANKOWSKI at 3 NANCY CT, STE 4, WAPPINGERS FALLS NY
print name print business address

am certifying as DESIGNATED REPRESENTATIVE (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

2/3/18
Date

IC/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 William H. Povall III at 3 NANCY CT, SUITE 4, WAPPINGERS FALLS, NY, 12533
print name 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



SITE-WIDE INSPECTION FORM

FORMER PROVAN FORD
ORANGE COUNTY
NEWBURGH, NEW YORK
NYSDEC SITE NUMBER B00127-3

NAME OF INSPECTOR: EVAN SANKUNAS

COMPANY OF INSPECTOR: ECOTEC LLC ENVIRONMENTAL SERVICES

DATE OF INSPECTION: 5/3/18

CURRENT USE OF SITE: PARKING LOT

HAS A CHANGE OF USE OCCURRED SINCE THE LAST CERTIFICATION?
☒ YES ☐ NO

IF YES, THEN EXPLAIN: PORTION OF THE SITE HAS BEEN
PAVED FOR A PARKING LOT

GENERAL DESCRIPTION OF COVER: ASPHALT PAVEMENT
CONDITION EXCELLENT, GRAVEL CAP CONDITION
GOOD

HAS THE COVER BEEN PENETRATED? ☐ YES ☒ NO

IF YES, THEN EXPLAIN: _____

ARE ANY OF THE MONITORING WELLS DAMAGED? ☒ YES ☒ NO

IF YES, THEN EXPLAIN: NO ON SITE WELLS DAMAGED. BUT MW3,
MW 7 COULDN'T BE LOCATED.

OFFSITE WELL MW-19 WAS DAMAGED HEAVILY BUT
CASING REMAINED IN TACT.

HAVE ANY GROUNDWATER USE RESTRICTION BEEN EXCEEDED? YES ☒ NO

IF YES, THEN EXPLAIN: _____

HAVE ANY STRUCTURES BEEN CONSTRUCTED ON THE SITE SINCE THE LAST INSPECTION? YES ☒ NO

IF YES, THEN EXPLAIN: _____

HAVE COVER CONDITIONS CHANGED SINCE THE LAST INSPECTION?
X YES NO

IF YES, THEN EXPLAIN: PORTION OF THE SITE HAS BEEN
PAVED FOR PARKING LOT USE

IS ANY MAINTENANCE OF THE COVER REQUIRED? YES ☒ NO

IF YES, THEN EXPLAIN: _____

ADDITIONAL OBSERVATIONS, CONCLUSIONS OR RECOMMENDATIONS:

MONITORING WELLS MW-7 AND MW-3 COULD NOT BE
LOCATED. IT IS UNKNOWN AS TO THE STATUS OF THESE
WELLS

ANY CHANGES TO THE SITE OR REQUIRED MAINTENANCE SHOULD BE MARKED IN THE CORRESPONDING LOCATION ON THE ATTACHED MAP