



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.** B00143

**Site Name** Schoepfel Chevrolet Property

Site Address: 7106 East Ridge Road      Zip Code: 14551-  
City/Town: Sodus  
County: Wayne  
Site Acreage: 2.3

Reporting Period: July 01, 2017 to July 01, 2018

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?  
Commercial and Industrial

☒      ☐

7. Are all ICs/ECs 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.**

JUN 21 2018

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

REGION 8  
ENV REMEDIATION

\_\_\_\_\_  
Signature of Owner, Remedial Party or Designated Representative

\_\_\_\_\_  
Date

SITE NO. B00143

Box 3

**Description of Institutional Controls**

Parcel

69117-07-694785

Owner

Wayne County

Institutional Control

Ground Water Use Restriction  
Soil Management Plan  
Landuse Restriction

- Appropriate soil characterization for future excavations
- SVI evaluations for new buildings
- Commercial or Industrial usage only
- Groundwater use restrictions

Box 4

**Description of Engineering Controls**

None Required

Not Applicable/No EC's

### 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. B00143

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 John A. Hopkins at 63 Orchard Terr Sodus NY  
print name print business address  
14551

am certifying as Owner (Owner or Remedial Party)

for the Site named in the Site Details Section of this form.

John A. Hopkins  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

6/16/18  
Date