



November 16, 2015

Attn: Mr. George Heitzman
New York State Department of Environmental Conservation
Division of Environmental Remediation
Remedial Bureau C
625 Broadway, 11th Floor
Albany, NY 12233-7014

**RE: 2015 Periodic Review Report IC/EC Certification Form
Hudson River Waterfront - DeLaval Property, Poughkeepsie, New York
NYSDEC Site No. B00190
CHA Project Number: 30114**

Dear Mr. Heitzman:

Per the request of Joshua Cook of the Region 7 office, please find attached a hard copy of the Institutional and Engineering Controls Certification Form (Enclosure 2) associated with the 2015 Periodic Review Report (PRR) for the DeLaval site in Poughkeepsie, New York (NYSDEC Site No. B00190). The 2015 PRR report was previously submitted to your attention via electronic mail on November 13, 2015.

If should have any questions or comments at all, please do not hesitate to contact me at (315) 471-3920.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott M. Smith".

Scott M. Smith, P.E.
Associate Vice President

SMS/bc

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Remedial Bureau C
Div of Environmental Remediation



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.	B00190		
Site Name Hudson River Waterfront-DeLaval Property			
Site Address: 202-204 Rinaldi Blvd. Zip Code: 12601-			
City/Town: Poughkeepsie (C)			
County: Dutchess			
Site Acreage: 13.6			
Reporting Period: January 24, 2014 to July 25, 2015			
		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 375-1.11(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.			
5.	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	Date
----------------------------------------------------------------	------

SITE NO. B00190

Box 3

Description of Institutional Controls

Parcel

131300-6061-43-752749

Owner

City of Poughkeepsie

Institutional Control

Ground Water Use Restriction
Soil Management Plan
Landuse Restriction
Monitoring Plan
Site Management Plan
IC/EC Plan
O&M Plan

Annual groundwater monitoring

Compliance with the Site Management Plan, including the Excavation Work Plan

Groundwater use restriction

Site use restricted to commercial usage

Description of Engineering Controls

Box 4

Parcel

131300-6061-43-752749

Engineering Control

Vapor Mitigation
Cover System
Subsurface Barriers
Fencing/Access Control

Soil Cover across the site

Two steel-sheet pile bulkheads along the Hudson River

Fencing along the northeast site boundary

Sub-slab depressurization systems for any buildings constructed on-site

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. B00190

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 Joseph A. Chenier at 62 Civic Center Plaza, Poughkeepsie, NY 12401
print name print business address

am certifying as Owner - City of Poughkeepsie (Owner or Remedial Party)

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

 Assistant Civil Engineer
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

11/5/2015
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 Michael Hollowood at III Winners Circle Albany NY 12205
print name print business address

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



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



Stamp
(Required for PE)

11/12/15
Date