



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



Site No. C360081 **Site Details** **Box 1**

Site Name 5-27 Kensington Road

Site Address: 5-27 Kensington Road **Zip Code:** 10708

City/Town: Bronxville

County: Westchester

Site Acreage: 1.630

Reporting Period: April 28, 2022 to April 28, 2025

	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?	<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.

Bill Bocchino Managing Agent
Signature of Owner, Remedial Party or Designated Representative

6/3/25
Date

Box 2A

YES NO

8. Has any new information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid? ☐ ☒

If you answered YES to question 8, include documentation or evidence that documentation has been previously submitted with this certification form.

9. Are the assumptions in the Qualitative Exposure Assessment still valid? ☒ ☐
 (The Qualitative Exposure Assessment must be certified every five years)

If you answered NO to question 9, the Periodic Review Report must include an updated Qualitative Exposure Assessment based on the new assumptions.

SITE NO. C360081
Box 3

Description of Institutional Controls

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
11-5-1	Gateway Kensington LLC See Below	Ground Water Use Restriction Landuse Restriction Site Management Plan
Easement restricting portions of property to restricted residential use and use of groundwater.		
11-5-16	Gateway Kensington LLC See Below	Site Management Plan Ground Water Use Restriction Landuse Restriction
Easement restricting portions of property to restricted residential use and use of groundwater.		
11-5-6	Gateway Kensington LLC See Below	Site Management Plan
No Environmental Easement for this parcel at 23 Kensington Rd.		

Box 4

Description of Engineering Controls

<u>Parcel</u>	<u>Engineering Control</u>
11-5-1	Cover System Cover system (buildings, sidewalks, pavement or two feet of soil cover) over entire site.
11-5-16	Cover System Cover system (buildings, sidewalks, pavement or two feet of soil cover) over entire site.
11-5-6	Cover System

Owner Villa BXV Condominium
 15 Kensington Road Bronxville NY 10708
 c/o Barbite and Holzinger
 77 Pondfield Road
 Bronxville NY 10708
 EIN: 82-278 4995

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

☒ ☐

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

☒ ☐

**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.

Paul L. Montgomery, Jr.
Signature of Owner, Remedial Party or Designated Representative

6/3/25
Date

IC CERTIFICATIONS
SITE NO. C360081

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 Bill Bochino at 77 Pondfield Road Bronxville Ny
print name print business address 10708
am certifying as Owner (Managing Agent) (Owner or Remedial Party)

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

[Signature]
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

6-3-25
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 Christopher Connolly at Impact Environmental, 170 Keyland Ct. Bohemia, NY
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

Stamp
(Required for PE)

6/3/25

Date