



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.	C915192		
Site Name Jonnie's Porta Signs			
Site Address: 3734 South Park Ave		Zip Code: 14219	
City/Town: Blasdell			
County: Erie			
Site Acreage: 0.580			
Reporting Period: August 23, 2016 to August 23, 2019			
		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?		X	<input type="checkbox"/>
Interior remodeling was completed which did not impact any institutional controls, residual contamination or otherwise impact the remedy.			
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. 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	

		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information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid?	<input type="checkbox"/>	X
<p>If you answered YES to question 8, include documentation or evidence that documentation has been previously submitted with this certification form.</p>			
9.	Are the assumptions in the Qualitative Exposure Assessment still valid? (The Qualitative Exposure Assessment must be certified every five years)	X	<input type="checkbox"/>
<p>If you answered NO to question 9, the Periodic Review Report must include an updated Qualitative Exposure Assessment based on the new assumptions.</p>			

SITE NO. C915192		Box 3
Description of Institutional Controls		
<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
151.63-5-1.1	SCP 2006-C23-186 LLC - c/o PCG Exch, Inc	Ground Water Use Restriction Landuse Restriction
<p>Environmental Easement: Controlled property may be used for commercial and industrial use as long as</p> <p>a: groundwater beneath the site is not to be used as a potable water source.</p> <p>b: the site should be certified every two years for institutional controls.</p> <p>Note: Site Certification has a revised certifying period of every three years as of 2010-2013 Certification.</p>		

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

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

Environmental Easement X ☐

**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. C915192

Box 6

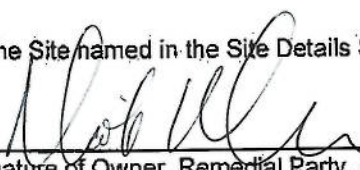
SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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 Nicole Wilkinson at 1 CVS Drive, Woonsocket, RI 02895
print name print business address

am certifying as Assistant Secretary, CVS Albany, L.L.C. (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

9/16/19
Date