



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



Deve S2.

Site No. E905030

Site Details

Box 1

Site Name Former Randolph Foundry Site

Site Address: 2-8 Sheldon Street Zip Code: 14772  
City/Town: Randolph  
County: Cattaraugus  
Site Acreage: 0.9

Reporting Period: September 13, 2014 to September 13, 2015

RECEIVED  
AUG 06 2015  
NYS DEC  
REGION 9

- |   | 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?<br>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

**Description of Institutional Controls**ParcelOwnerInstitutional Control

70.071-3-16

County of Cattaraugus

Ground Water Use Restriction  
Soil Management Plan  
Landuse Restriction  
Site Management Plan  
IC/EC Plan

The Site Management Plan includes:

- An Institutional Controls Plan. Institutional controls at the site will include groundwater; use restrictions and use restrictions of the Site to restricted use (i.e. commercial purposes);
- A Soil/Fill Management Plan to assure that future intrusive activities and soil/fill handling at the Site are completed in a safe and environmentally responsible manner; and
- A Site-wide Inspection program to assure that the Institutional Controls have not been altered and remain effective.

70.071-4-6

CCAS Southern Tier Extension RR Auth.

Ground Water Use Restriction  
Soil Management Plan  
Landuse Restriction  
Site Management Plan  
IC/EC Plan

The Site Management Plan includes:

- An Institutional Controls Plan. Institutional controls at the site will include groundwater; use restrictions and use restrictions of the Site to restricted use (i.e. commercial purposes);
- A Soil/Fill Management Plan to assure that future intrusive activities and soil/fill handling at the Site are completed in a safe and environmentally responsible manner; and
- A Site-wide Inspection program to assure that the Institutional controls have not been altered and remain effective.

**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. E905030

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 G. Keller at 303 Court St. Little Valley, NY  
print name print business address

am certifying as Agent (Owner or Remedial Party)

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

Joseph G. Keller  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

August 4, 2015  
Date