



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



**Site No.**                      **V00087**                      **Site Details**                      **Box 1**

**Site Name** **New Paltz Plaza/Revonak Dry Cleaners**

Site Address: ROUTE 299              Zip Code: 12561  
City/Town: New Paltz  
County: Ulster  
Site Acreage: 14.5

Reporting Period: November 29, 2011 to October 30, 2013

- |  | 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"/> |
| <b>If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.</b> |                                     |                                     |
| 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**

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
86.12-6-5.1	New Paltz Properties, LLC	Site Management Plan Ground Water Use Restriction Landuse Restriction IC/EC Plan

1. Imposition of an institutional control in the form of a deed restriction on the 13.5-acre plaza property, including the former Revonak Dry Cleaners Site.
2. The property may not be used for a higher level of use, such as unrestricted residential use without additional remediation and amendment of the March 2010 Record of Decision, as approved by the NYSDEC.
3. All future activities on the property that will disturb remaining contaminated material must be conducted in accordance with the approved Site Management Plan (SMP).
4. Restricts the use of groundwater as a source of potable or process water, without necessary water quality treatment as determined by the NYSDEC, NYSDOH or Ulster County Department of Health.
5. The potential for vapor intrusion must be evaluated for any buildings developed in the New Paltz Plaza shopping center, and any potential impacts that are identified must be monitored or mitigated.
6. Vegetable gardens and farming on the property are prohibited.
7. New Paltz Plaza, future site owners, or the owner's representative will submit to NYSDEC a written statement that certifies, under penalty of perjury, that:
  - (a) controls employed at the Controlled Property are unchanged from the previous certification or that any changes to the controls were approved by the NYSDEC; and, (b) nothing has occurred that impairs the ability of the controls to protect public health and environment or that constitute a violation or failure to comply with the SMP. NYSDEC retains the right to access such Controlled Property at any time in order to evaluate the continued maintenance of any and all controls. This certification shall be submitted annually, or an alternate period of time that NYSDEC may allow and will be made by an expert that the NYSDEC finds acceptable.

**Description of Engineering Controls**

<u>Parcel</u>	<u>Engineering Control</u>
86.12-6-5.1	Vapor Mitigation

1. A contingency plan that allows for further groundwater remediation via application of hydrogen release compound (HRC) or other similar technology (e.g., in-situ chemical oxidation), in the event that tetrachloroethylene (PCE), volatile organics and/or their breakdown compounds remain consistently above groundwater standards or have not become asymptotic (i.e., the concentrations of volatile organics remain at their lowest without any further reduction in concentration) at an acceptable level over an extended period.
2. Operation and maintenance of the nine sub-slab depressurization (SSD) systems.

### 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; *except for repair or replacement of parts, as necessary for proper function*

(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. V00087

Box 6

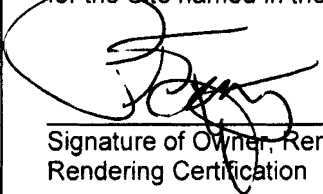
**SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE**

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 Peter Kemper at 257 Mamaroneck Dr., White Plains, NY 10605  
print name print business address

am certifying as Owner (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

10/21/13  
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 Thomas M. Johnson at Alpha Geoscience  
print name 679 Plank Rd., Clifton Park, NY 12065  
print business address

I am certifying as a Qualified Environmental Professional for the Owner  
(Owner or Remedial Party)

Thomas M. Johnson  
Signature of Qualified Environmental Professional, for  
the Owner or Remedial Party, Rendering Certification

Stamp  
(Required for PE)

10/17/2013  
Date