

J.R. Holzmacher P.E., LLC

3555 Veterans Memorial Highway, Suite A, Ronkonkoma, New York 11779-7636
Tel: (631) 234-2220 Fax: (631) 234-2221 e-mail: info@holzmacher.com

July 7, 2017 (Revised October 16, 2017)

Sondra Martinkat
NYS Dept. of Environmental Conservation
Region 2 Office
Division of Environmental Remediation
47-40 21st Street
Long Island City NY 11101

Re: 2614-2620 University Avenue
Bronx, New York
Periodic Review Report (PRR)
NYSDEC Site Code: 002452
NYSDEC Program Code: V00181

Dear Ms. Martinkat:

Introduction

The following represents the PRR as required pursuant to Paragraph II.A of the Voluntary Clean-up Agreement (VCA) for the 2614-2620 University Avenue site, DEC Index No. 02-0003-98-12, Site No. V00181 issued on January 22, 1999.

Background

Jewish Home and Hospital for Aged (JHH) entered into a VCA (Index No. D2-0003-98-12, Site No. V00181) with the New York State Department of Environmental Conservation (NYSDEC) on January 22, 1999 to develop an approximate 0.5-acre property located in the Bronx into a residential development. This VCA required JHH to investigate and remediate contaminated media. After completion of the remedial work contemplated in the Remedial Action Work Plan, some contamination was remaining in the subsurface at this Site and is referred to as residual contamination. Remedial action work on the site began in May 2000, and was completed in December 2003. The site has residual contamination that remained after the completion of the remedial action that was performed under the VCP. Engineering controls (ECs) have been incorporated in the remedy for the Site to address the residual contamination through the installation and operation of an active sub-slab depressurization system (SSDS). Our office conducts the required quarterly inspections for the above referenced site. During these inspections a qualified environmental professional from our office visited the site to determine if the engineering controls continue to perform as designed, the requirements of the deed restriction are in compliance, site records are complete and up to date, and that no changes have occurred on the site.

The NYSDEC approved the final JRH Operation Manual & Maintenance (OM&M) Plan in December 2003. This OM&M described the design of the installed active SSDS. The goal of

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the active Sub-Slab Depressurization System (SSDS) design was to establish a partial vacuum underneath the floor slab to prevent migration of contaminated vapors into the occupied first floor areas, rather than to exert a capture zone outward to a particular radius. In addition to the design of the SSDS, the OM&M Plan described how weekly and quarterly inspections were to be conducted to ensure that the fans are maintaining adequate negative pressure.

A PRR was submitted to the NYSDEC on February 3, 2014, in which a “Site Management (SM) Periodic Review Report (PRR) Response Letter” dated March 14, 2014, was issued in response to the failure to record sub-slab air pressure readings on a weekly basis. The pressure readings would verify that the exhaust fans were maintaining adequate negative pressure to depressurize the sub-slab area and thereby to prevent soil vapor intrusion into the building. The March 2014 “Site Management (SM) Periodic Review Report (PRR) Response Letter” is attached in Appendix B.

In response to the PRR rejection, a Corrective Measures Work Plan (CMWP), dated June 26, 2014, was created and determined that the installation of two (2) sub-slab pressure monitoring points would suffice in obtaining sub-slab pressure readings. A Corrective Measures Implementation Report (CMIR), dated October 14, 2014, was created to document the installation of these ports, along with the preliminary pressure readings. The CMWP and CMIR are attached in Appendices D and E respectively.

Site Overview

The Site, 2614-2620 University Avenue is located in the County of Bronx, New York City, New York and is identified as Block 3215 and Lots 11 and 14 on the Bronx Tax Map. The approximately 0.5-acre area bounded by two commercial buildings to the north, two residential buildings to the south, Aqueduct Avenue to the east, and University Avenue to the west (Figure 1). The Site is further described in the Deed Restriction in Appendix A.

Engineering Control System

An SSDS was designed to create a negative pressure beneath the slab and prevent the migration of fugitive soil vapors into the overlying building. A SSDS consisting of a fan and blower operates continuously at the Site. The system is monitored weekly by the designated representative of the owner. Reports for all the inspections are maintained by JRH. The system is required to be monitored on a quarterly basis by a qualified environmental professional (QEP). J.R. Holzmacher P.E., LLC (JRH) has been retained in the past to provide quarterly monitoring, however, due to a change in the JHH management there was a miscommunication with our firm this past year causing an interruption of said quarterly inspections.

Two (2) sub-slab monitoring points were installed on October 1, 2014, in response to the NYSDEC rejected PRR dated March 14, 2014. These monitoring points provide a port in which pressure readings are recorded to effectively determine the effectiveness of the SSDS. The ports, shown on the attached Figure 2, are placed in two locations away from high traffic areas and along internal building walls so as not to interfere with building footings. Each port is installed beneath the existing concrete slab. A 1/8” inside diameter polyethylene tubing was inserted

between 0” – 2” below the slab. At the end of the tubing, a two inch soil vapor implant is attached to allow for adequate air flow through the tubing while protecting the tubing from “bottoming out” and possibly becoming clogged. The other end of the tubing is attached to a Dwyer Magnahelic Differential Pressure Gauge and secured to the wall approximately five feet above the floor. Each pressure gauge was secured behind a plastic lockbox.

Past Monitoring

Testing for the sub-slab vapor prior to the installation of the SSDS indicated no existence of methane. Volatile organic compounds (VOCs) including gasoline constituents and dry cleaning solvents were the contaminants of concern at site. Further testing was deemed unnecessary by the New York State Department of Health (NYSDOH) since the SSDS would continuously operate as active. No other monitoring has been discontinued.

Inspection

On a weekly basis the Owner/ Remedial Party, or Designated Representative Louis DeJesus has completed inspections of the engineering controls. During this inspections, the engineering controls were in good working order. On Friday June 23, 2017 J.R. Holzmacher, completed an annual inspection at the above referenced site. During this inspection, a qualified environmental professional from our office visited the site to determine if the engineering controls continued to work as designed. The inspection included verification that the SSDS roof fans were operational, inspection of the pressure gauge readings, review of the site records and verified that no changes have occurred on the site. This PRR certification period is from March 16, 2016 through July 5, 2017. The annual certification, weekly inspection reports, pressure readings and JRH inspection report are located in Appendix C. In our evaluation of the site during inspections, all institutional and engineering controls are in place and functioning appropriately. There is no indication or evidence of any changes within the facility. The annual certification, weekly inspection reports and JRH inspection report are located in Appendix B.

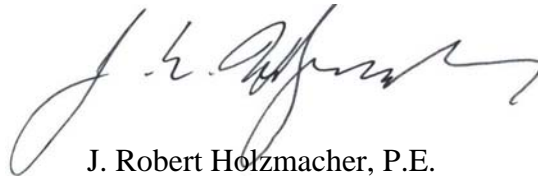
Conclusion

Based upon the negative pressure readings, the rooftop fans are creating the appropriate negative pressure below the building slab it is our recommendation that no changes be made to the inspections at the site.

Professional Certification

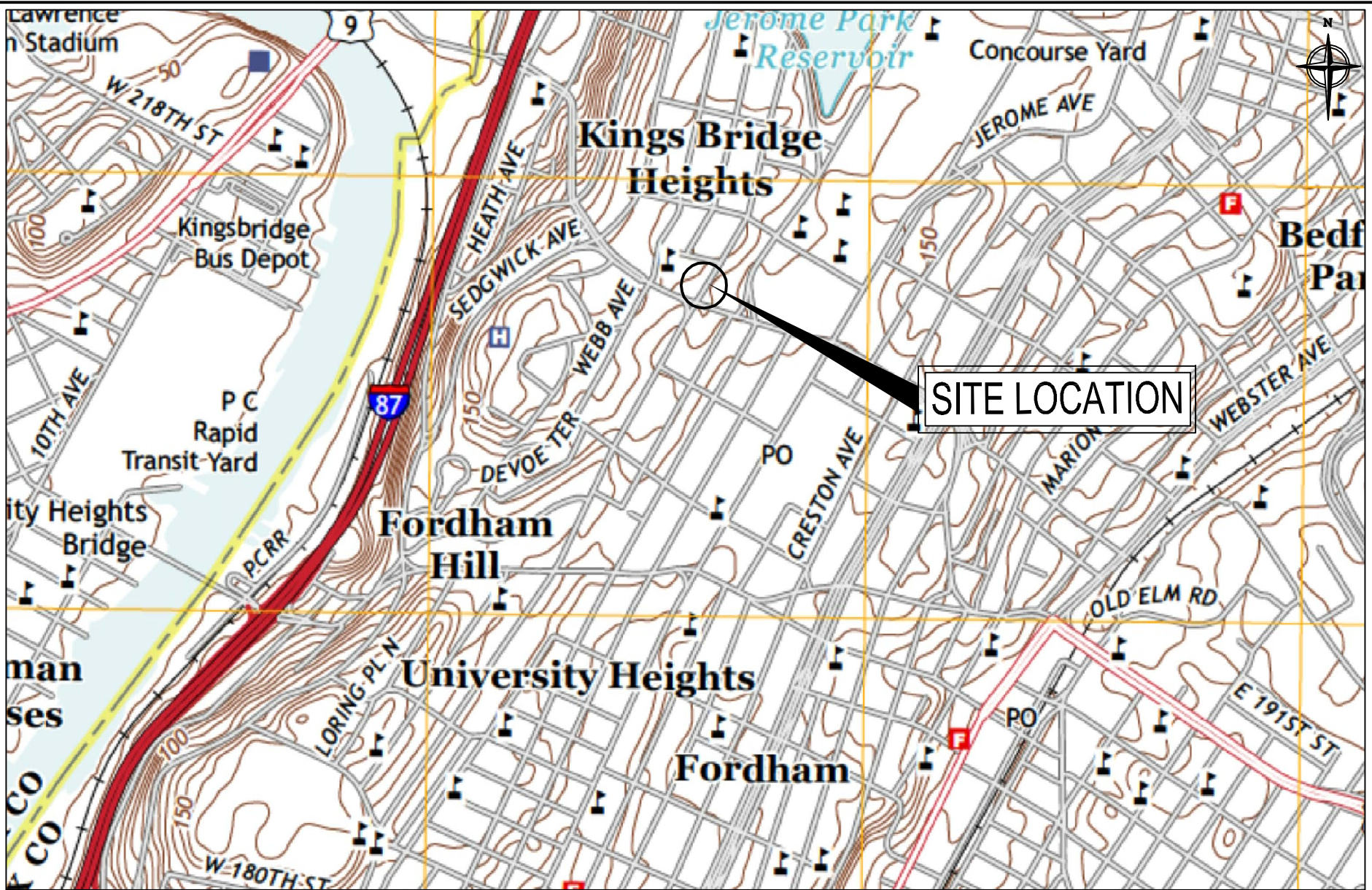
I, J. Robert Holzmacher, certify that I am currently a Professional Engineer as defined in 6 NYCRR Part 375 and that this Report was prepared in accordance with all applicable statutes and regulations and in substantial conformance with the DER Technical Guidance for Site Investigation and Remediation (DER-10).

Very truly yours,
J. R. Holzmacher P.E., LLC

A handwritten signature in black ink, appearing to read 'J. R. Holzmacher', with a stylized flourish at the end.

J. Robert Holzmacher, P.E.
Principal

FIGURE ONE
LOCATION MAP



PREPARED BY:



J.R. HOLZMACHER P.E., LLC

*The Third Generation of Excellence
In Water Supply, Water Resources,
Civil and Environmental Engineering*

3555 VETERANS MEMORIAL HIGHWAY,
SUITE A, RONKONKOMA, NY 11779

PHONE # (631) 234-2220

FAX # (631) 234-2221

E-MAIL: info@holzmacher.com

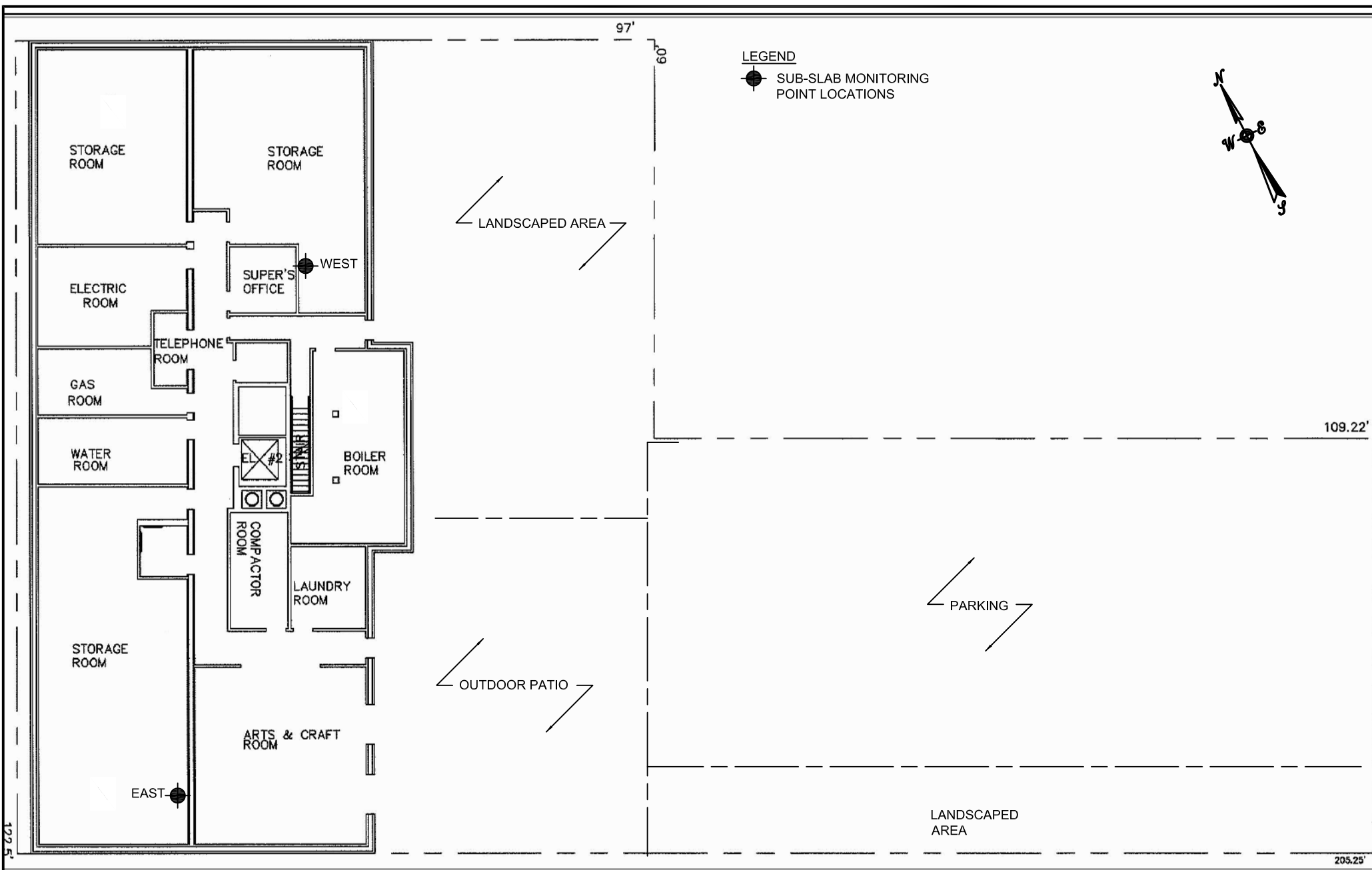
TITLE:

LOCATION MAP

The Jewish Home and Hospital for Aged
2614-2620 University Avenue
Bronx, NY

DWN:	SCALE:	DATE:	PROJECT NO.:
LJF	1:1000	05/09/16	TucMa 08-01
CHKD:	APPD:	REV.:	NOTES:
PJH	PJH	-	-
FIGURE NO.:		1	

FIGURE 2
LOCATION OF MONITORING POINTS



J.R. HOLZMACHER P.E., LLC
*The Third Generation of Excellence
 In Water Supply, Water Resources,
 Civil and Environmental Engineering*
 3555 VETERANS MEMORIAL HIGHWAY,
 SUITE A, RONKONKOMA, NY 11779
 PHONE # (631) 234-2220 FAX # (631) 234-2221
 E-MAIL: info@holzmacher.com

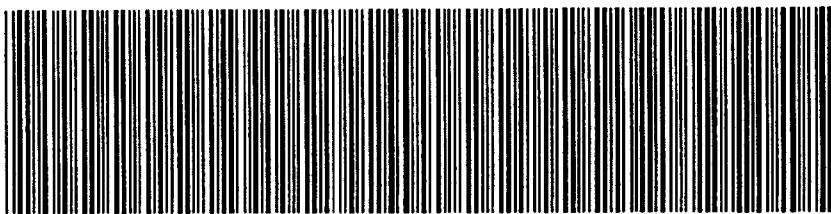
TITLE: **MONITORING POINT LOCATIONS**
 2614-2620 University Avenue
 Bronx, NY 10468

DWN: DAH	SCALE: N.T.S.	DATE: 10/14/14	PROJECT NO.: TucMa08-01
CHKD: PJH	APPD: JRH	REV.: -	NOTES: -
FIGURE NO.:		2	

APPENDIX A
DEED RESTRICTION

**NYC DEPARTMENT OF FINANCE
OFFICE OF THE CITY REGISTER**

This page is part of the instrument. The City Register will rely on the information provided by you on this page for purposes of indexing this instrument. The information on this page will control for indexing purposes in the event of any conflict with the rest of the document.



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RECORDING AND ENDORSEMENT COVER PAGE

PAGE 1 OF 4

Document ID: 2004041901055001 Document Date: 02-23-2004 Preparation Date: 04-19-2004
 Document Type: DECLARATION
 Document Page Count: 3

PRESENTER:
 PAUL, HASTINGS, JANOFSKY & WALKER
 75 EAST 55TH ST.
 NEW YORK, NY 10022
 212-318-6203
 JOSHUAKLEIMAN@PAULHASTINGS.COM

RETURN TO:
 PAUL, HASTINGS, JANOFSKY & WALKER
 75 EAST 55TH ST.
 NEW YORK, NY 10022
 212-318-6203
 JOSHUAKLEIMAN@PAULHASTINGS.COM

PROPERTY DATA

Borough	Block	Lot	Unit	Address
BRONX	3215	11	Entire Lot	2614 UNIVERSITY AVENUE
Property Type: VACANT LAND				
Borough	Block	Lot	Unit	Address
BRONX	3215	14	Entire Lot	2620 UNIVERSITY AVENUE
Property Type: VACANT LAND				

CROSS REFERENCE DATA

CRFN _____ or Document ID _____ or _____ Year _____ Reel _____ Page _____ or File Number _____

PARTIES

PARTY 1:
 2614 KINGSBRIDGE CORPORATION
 100 WEST KINGSBRIDGE ROAD
 BRONX, NY 10468

FEEES AND TAXES

Mortgage		
Mortgage Amount:	\$	0.00
Taxable Mortgage Amount:	\$	0.00
Exemption:		
TAXES:		
County (Basic):	\$	0.00
City (Additional):	\$	0.00
Spec (Additional):	\$	0.00
TASF:	\$	0.00
MTA:	\$	0.00
NYCTA:	\$	0.00
TOTAL:	\$	0.00

Recording Fee:	\$	55.00
Affidavit Fee:	\$	0.00
NYC Real Property Transfer Tax Filing Fee:	\$	0.00
NYS Real Estate Transfer Tax:	\$	0.00

**RECORDED OR FILED IN THE OFFICE
OF THE CITY REGISTER OF THE
CITY OF NEW YORK**

Recorded/Filed 04-21-2004 17:09
 City Register File No.(CRFN):

2004000244967



Rochelle Patricia
 City Register Official Signature

DECLARATION of COVENANTS and RESTRICTIONS

THIS COVENANT, made the 23rd day of February 2004, by 2614 Kingsbridge Corporation, a corporation organized and existing under the laws of the State of New York and having an office for the transaction of business at 100 West Kingsbridge Road, Bronx, NY 10468:

WHEREAS, 2614 Kingsbridge Corporation is the owner of a spill site identified by the New York State Department of Environmental Conservation as Spill No. 96-08909, located at 2614 and 2620 University Avenue in the Bronx, City of New York, Bronx County, State of New York, also known as Block 3215, Lot 11 and Lot 14 on the tax map in the Office of the Registrar of the City of New York, Bronx County and being more particularly described below, and hereinafter referred to as "the Property"; and

WHEREAS, the New York State Department of Environmental Conservation set forth a remedy to eliminate or mitigate all significant threats to the environment presented by hazardous waste disposal at the Site in a Voluntary Cleanup Agreement ("Agreement") Index No. D2-0003-98-12 dated January 22, 1999 or the Work Plan (including any amendments) for the implementation of the Agreement and such Agreement or Work Plan required that the Property be subject to restrictive covenants.

NOW, THEREFORE, 2614 Kingsbridge Corp., for itself and its successors and/or assigns, covenants that:

First, the Property subject to this Declaration of Covenants and Restrictions is as shown on a map attached to this declaration as Appendix "A" and made a part hereof, and being bounded and described as beginning at a point of the easterly side of University formerly Aqueduct Avenue distant One Hundred Thirty-five and Twenty-two One-Hundredths feet Southerly from the Southerly end of the curve at the corner formed by the intersection of the said Easterly side of University Avenue and the Southerly side of Kingsbridge Road, which said point is also distant Two Hundred Nineteen feet Southerly from the intersection of the said Easterly side of University Avenue with the Southerly side of Old Kingsbridge Road; running thence Southerly along said Easterly side of University Avenue Sixty-two and Fifty One-Hundredths feet; thence Easterly at right angles to said University Avenue Two Hundred Five and Twenty-eight One-Hundredths feet to the Westerly side of Aqueduct Avenue West; thence Northerly along the Westerly side of said Aqueduct Avenue West Sixty-two and Fifty One-Hundredths feet; and then Westerly again at right angles to said University Avenue Two Hundred Five and Seventy-two One-Hundredths feet to the point or place of Beginning.

Second, unless prior written approval by the New York State Department of Environmental Conservation or, if the Department shall no longer exist, any New York

State agency or agencies subsequently created to protect the environment of the State and the health of the State's citizens, hereinafter referred to as "the Relevant Agency," is first obtained, no person shall engage in any activity that will, or that reasonably is anticipated to, prevent or interfere significantly with any proposed, ongoing or completed program at the Property or that will, or is reasonably foreseeable to, expose the public health or the environment to a significantly increased threat of harm or damage.

Third, the owner of the Property shall, after the proposed building is constructed, maintain the building and associated paved areas as a cap covering the Property or, after obtaining the written approval of the Relevant Agency, by capping the Property with another material.

Fourth, the owner of the Property shall prohibit the Property from ever being used for purposes other than for residential housing without the express written waiver of such prohibition by the Relevant Agency.

Fifth, the owner of the Property shall prohibit the use of the groundwater underlying the Property without treatment rendering it safe for drinking water or industrial purposes, as appropriate, unless the user first obtains permission to do so from the Relevant Agency.


Sixth, the owner of the Property shall continue in full force and effect any institutional and engineering controls the Department required Respondent to put into place and maintain unless the owner first obtains permission to discontinue such controls from the Relevant Agency.

Seventh, this Declaration is and shall be deemed a covenant that shall run with the land and shall be binding upon all future owners of the Property and shall provide that the owner, and its successors and assigns, consents to the enforcement by the Relevant Agency of the prohibitions and restrictions that Paragraph X (ten) of the Agreement requires to be recorded, and hereby covenants not to contest the authority of the Department to seek enforcement.

Eighth, any deed of conveyance of the Property, or any portion thereof, shall recite, unless the Relevant Agency has consented to the termination of such covenants and restrictions, that said conveyance is subject to this Declaration of Covenants and Restrictions.

IN WITNESS WHEREOF, the undersigned has executed this instrument the day written below.

2614 Kingsbridge Corporation

By: 

Name and Title: Audrey Weiner, President

Date: 4/18/04

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

On the 18 day of April, 2004 before me, the undersigned, a notary in and for said state, personally appeared Audrey Weiner, President of 2614 Kingsbridge Corporation, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.


Notary Public

MARGARET C. RIVERS
Notary Public, State of New York
No. 01R14792105
Qualified in Kings County
Term Expires May 31, 2007 *JCR*
3007

APPENDIX B

**ANNUAL CERTIFICATION,
WEEKLY INSPECTION REPORTS AND
QUARTERLY INSPECTION REPORTS**



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.	V00181			
Site Name Jewish Home for the Aged				
Site Address: 2614 University Avenue		Zip Code: 10468		
City/Town: Bronx				
County: Bronx				
Site Acreage: 0.5				
Reporting Period: March 16, 2016 to July 5, 2017				
		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? Restricted-Residential, 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>
3215-11	2614 Kingsbridge Corporation	Ground Water Use Restriction Soil Management Plan Landuse Restriction

Second, unless prior written approval by the New York State Department of Environmental Conservation or, if the Department shall no longer exist, any New York State agency or agencies subsequently created to protect the environment of the State and the health of the State's citizens, hereinafter referred to as "the Relevant Agency," is first

obtained, no person shall engage in any activity that will, or that reasonably is anticipated to, prevent or interfere significantly with any proposed, ongoing or completed program at the Property or that will, or is reasonably foreseeable to, expose the public health or the environment to a significantly increased threat of harm or damage.

Third, the owner of the Property shall, after the proposed building is constructed, maintain the building and associated paved areas as a cap covering the Property or, after obtaining the written approval of the Relevant Agency, by capping the Property with another material.

Fourth, the owner of the Property shall prohibit the Property from ever being used for purposes other than for residential housing without the express written waiver of such prohibition by the Relevant Agency.

Fifth, the owner of the Property shall prohibit the use of the groundwater underlying the Property without treatment rendering it safe for drinking water or industrial purposes, as appropriate, unless the user first obtains permission to do so from the Relevant Agency.

Sixth, the owner of the Property shall continue in full force and effect any institutional and engineering controls the Department required Respondent to put into place and maintain unless the owner first obtains permission to discontinue such controls from the Relevant Agency.

Seventh, this Declaration is and shall be deemed a covenant that shall run with the land and shall be binding upon all future owners of the Property and shall provide that the owner, and its successors and assigns, consents to the enforcement by the Relevant Agency of the prohibitions and restrictions that Paragraph X (ten) of the Agreement requires to be recorded, and hereby covenants not to contest the authority of the Department to seek enforcement.

Eighth, any deed of conveyance of the Property, or any portion thereof, shall recite, unless the Relevant Agency has consented to the termination of such covenants and restrictions, that said conveyance is subject to this Declaration of Covenants and Restrictions.

3215-14	2614 Kingsbridge Corporation	Soil Management Plan Landuse Restriction Ground Water Use Restriction
----------------	------------------------------	-----------------------------------------------------------------------------

Second, unless prior written approval by the New York State Department of Environmental Conservation or, if the Department shall no longer exist, any New York State agency or agencies subsequently created to protect the environment of the State and the health of the State's citizens, hereinafter referred to as "the Relevant Agency," is first

obtained, no person shall engage in any activity that will, or that reasonably is anticipated to, prevent or interfere significantly with any proposed, ongoing or completed program at the Property or that will, or is reasonably foreseeable to, expose the public health or the environment to a significantly increased threat of harm or damage.

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Description of Engineering Controls

<u>Parcel</u>	<u>Engineering Control</u>
3215-11	Cover System Vapor Mitigation
3215-14	Vapor Mitigation Cover System

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

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. V00181

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 Diana Amador at 2620 University Ave. Bx, NY 10468
print name print business address

am certifying as Property Manager (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

6/20/17
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 James R. Holzmacher, PE at 3555 Veterans Memorial Highway, Suite A
print name Ronkonkoma, NY 11779 print business address

am certifying as a Qualified Environmental Professional for the TUC Management Co.
(Owner or Remedial Party)



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

Stamp
(Required for PE)

Date 7/7/2017

**Sub-slab Depressurization System Quarterly Inspection/Monitoring
Checklist Site No. V00181**

Sub-Slab Depressurization System Component	Condition	No	Yes	Describe Deficiency	If Yes: perform smoke or pressure test, describe any other Corrective Action
Discharge location of vent pipe	Any open windows or air intakes near vent?	X			
Building Floor Slab Parking Lot Sidewalk	Holes, cracks or other physical deficiencies?	X			
Riser Pipes	Holes, cracks or other physical deficiencies?	X			
	Blockages in vent pipe?	X			
Fan	Operational?		X		
Sub-slab vapor monitoring for methane	Methane detected?	X		n/a	If yes (present in sub-slab vapor), perform indoor air sampling for methane
	Methane detected indoor air?	X			

Date	Pressure Readings (inches of water)	
	East	West
6/23/2017	0.07	0.02

AJ Scheff



Signature of Inspector

6/23/2017

Date of Inspection

Jewish Home and Hospital
2614-2620 University Avenue
Bronx, New York
Site # V00181

Date	Pressure Readings (inches of water)	
	East	West
3/14/16	.05	.01
3/21/16	.05	.01
3/28/16	.05	.01
4/4/16	.05	.01
4/11/16	.05	.01
4/18/16	.05	.01
4/25/16	.05	.01
5/2/16	.05	.01
5/9/16	.05	.01
5/16/16	.05	.01
5/23/16	.05	.01
5/31/16	.05	.01
6/6/16	.05	.01
6/13/16	.05	.01
6/20/16	.05	.01
6/27/16	.05	.01

Jewish Home and Hospital
 2614-2620 University Avenue
 Bronx, New York
 Site # V00181

Date	Pressure Readings (inches of water)	
	East	West
7/5/16	.05	.01
7/11/16	.05	.01
7/18/16	.05	.01
7/25/16	.05	.01
8/1/16	.05	.01
8/8/16	.05	.01
8/15/16	.05	.01
8/22/16	.05	.01
8/29/16	.05	.01
9/6/16	.05	.01
9/12/16	.05	.01
9/19/16	.05	.01
9/26/16	.05	.01
10/3/16	.05	.01
10/10/16	.05	.01
10/17/16	.05	.01
10/24/16	.05	.01
10/31/16	.05	.01
11/7/16	.05	.01
11/14/16	.05	.01
11/21/16	.05	.01
11/28/16	.05	.01
12/5/16	.05	.01
12/12/16	.05	.01
12/19/16	.05	.01
12/26/16	.05	.01
1/2/17	.05	.01
1/9/17	.05	.01
1/16/17	.05	.01
1/23/17	.05	.01
1/30/17	.05	.01
2/6/17	.05	.01
2/13/17	.05	.01
2/20/17	.05	.01
2/27/17	.05	.01

J.R. Holzmacher P.E., LLC
 Consulting Engineers

Jewish Home and Hospital
2614-2620 University Avenue
Bronx, New York
Site # V00181

Date	Pressure Readings (inches of water)	
	East	West
3/6/17	.05	.01
3/13/17	.05	.01
3/20/17	.05	.01
3/27/17	.05	.01
4/3/17	.05	.01
4/10/17	.05	.01
4/17/17	.05	.01
4/24/17	.05	.01
5/1/17	.05	.01
5/8/17	.05	.01
5/15/17	.05	.01
5/22/17	.05	.01
5/30/17	.05	.01
6/5/17	.05	.01
6/12/17	.05	.01
6/19/17	.05	.01
6/26/17	.05	.01
7/5/17	.05	.01

J.R. Holzmacher P.E., LLC
Consulting Engineers

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 Louie DeJesus (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie DeJesus

Signature of Site Owner or Representative Rendering Certification

3/14/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

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(c) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

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(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie DeJesus

Signature of Site Owner or Representative Rendering Certification

3/21/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____

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_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie DeJesus
Signature of Site Owner or Representative Rendering Certification

3/28/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Description of Institutional/Engineering Control

Control Certification

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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and designated by all site owners to sign this certification) for the Site named in the Site Details section of this
form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

4/4/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this
form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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, Louie DeJesus (print name), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR (Owner or
Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized
and designated by all site owners to sign this certification) for the Site named in the Site Details section of this
form.

Louie DeJesus
Signature of Site Owner or Representative Rendering Certification

4/11/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I, _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this
form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
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COUNTY: New York
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VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Description of Institutional/Engineering Control

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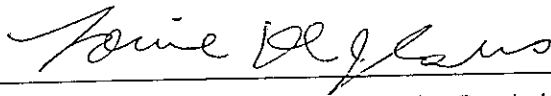
CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Signature of Site Owner or Representative Rendering Certification

5/23/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____

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form.

Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
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CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 Louie DeJesus (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie DeJesus

Signature of Site Owner or Representative Rendering Certification

6/6/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie DeJesus
Signature of Site Owner or Representative Rendering Certification

6/13/16
Date

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Site Owner or Representative, Rendering Certification

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
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Louie DeJesus
Signature of Site Owner or Representative Rendering Certification

6/12/17
Date

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
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VERIFICATION OF SITE DETAILS

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1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie DeJesus

Signature of Site Owner or Representative Rendering Certification

6/19/17

Date

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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SITE ADDRESS: 2614-2620 University Avenue
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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Description of Institutional/Engineering Control

Control Certification

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie DeJesus
Signature of Site Owner or Representative Rendering Certification

6/26/17
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____
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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
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SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

7/5/16
Date

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- | | YES | NO |
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

7/16/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this form.

Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this certification?	<input type="checkbox"/>	
6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized

and designated by all site owners to sign this certification) for the Site named in the Site Details section of this

form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

7/18/16

Date

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Site Owner or Representative, Rendering Certification

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Date

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SITE DETAILS

SITE NO. V00181
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

7/25/16
Date

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

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Date

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VERIFICATION OF SITE DETAILS

- | | YES | NO |
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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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I, LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
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Louie De Jesus

8/1/16

Signature of Site Owner or Representative Rendering Certification

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

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Date

**ENCLOSURE 1
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INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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VERIFICATION OF SITE DETAILS

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Description of Institutional/Engineering Control

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CONTROL CERTIFICATIONS
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

8/8/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Site Owner or Representative, Rendering Certification

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Date

**ENCLOSURE 1
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INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

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CONTROL CERTIFICATIONS
SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

8/15/16
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Louie De Jesus
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8/22/16
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| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

8/29/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

9/6/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
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VERIFICATION OF SITE DETAILS

- | | YES | NO |
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SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

9/12/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Description of Institutional/Engineering Control

Control Certification

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

9/19/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Description of Institutional/Engineering Control

Control Certification

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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I LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

9/26/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
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VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
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SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

10/3/16
Date

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- | | YES | NO |
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

10/11/16

Date

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SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this certification?	<input type="checkbox"/>	
6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

10/17/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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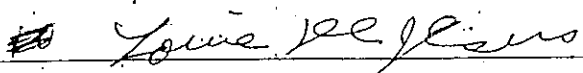
CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Signature of Site Owner or Representative Rendering Certification

10/31/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (If Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
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| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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(c) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

11/7/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
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If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

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SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

11/14/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus Signature of Site Owner or Representative Rendering Certification
11/21/16 Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
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COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Control Certification

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CONTROL CERTIFICATIONS
SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

11/28/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
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VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR (Owner or
Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized
and designated by all site owners to sign this certification) for the Site named in the Site Details section of this
form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

12/5/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this
form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this certification?	<input type="checkbox"/>	
6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

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VERIFICATION OF SITE DETAILS

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

12/14/16
Date

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

12/26/16
Date

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Date

**ENCLOSURE 1
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SITE DETAILS

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VERIFICATION OF SITE DETAILS

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

1/3/17
Date

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**ENCLOSURE 1
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INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

1/16/17
Date

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

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| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

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(c) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

1/30/17

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

2/6/17

Date

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

2/13/17
Date

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- | | YES | NO |
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SITE NO. V00181

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

2/20/17

Date

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INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

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VERIFICATION OF SITE DETAILS

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

2/27/17

Date

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR (Owner or
Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized
and designated by all site owners to sign this certification) for the Site named in the Site Details section of this
form.

Louie De Jesus 3/20/17
Signature of Site Owner or Representative Rendering Certification Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____
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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

3/27/17
Date

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

4/3/17

Date

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

4/10/17

Date

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VERIFICATION OF SITE DETAILS

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CONTROL CERTIFICATIONS
SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

4/17/17
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Louie De Jesus

4/24/17

Signature of Site Owner or Representative Rendering Certification

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SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2630 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus

5/1/17

Signature of Site Owner or Representative Rendering Certification

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this certification?	<input type="checkbox"/>	
6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

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SITE NO. V00181

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

5/8/17

Date

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

5/15/17

Date

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Signature of Qualified Environmental Professional, for
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Louie De Jesus

5/22/17

Signature of Site Owner or Representative Rendering Certification

Date

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Description of Institutional/Engineering Control

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form.

Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

5/30/17

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

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Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

Control Certification

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

6/5/17
Date

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If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this certification?	<input type="checkbox"/>	
6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

7/16/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this form.

Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

Control Certification

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SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

7/18/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
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COUNTY: New York
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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

7/25/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
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ZIP CODE: 10468
CITY/TOWN: Bronx
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CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
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Description of Institutional/Engineering Control

Control Certification

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus

8/1/16

Signature of Site Owner or Representative Rendering Certification

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
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COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Description of Institutional/Engineering Control

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

8/8/16

Date

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INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

8/15/16
Date

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- | | YES | NO |
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

8/22/16
Date

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I _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this certification?	<input type="checkbox"/>	
6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

8/29/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

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SITE NO. V00181
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VERIFICATION OF SITE DETAILS

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

9/6/16

Date

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VERIFICATION OF SITE DETAILS

- | | YES | NO |
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CONTROL CERTIFICATIONS
SITE NO. V00181

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

9/12/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
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Description of Institutional/Engineering Control

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CONTROL CERTIFICATIONS
SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

9/19/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Date

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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SITE NAME: Jewish Home and Hospital for Aged
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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

9/26/16
Date

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- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
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- | | YES | NO |
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(b) nothing has occurred that would impair the ability of such control to protect public health and the environment;

(c) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

10/11/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

10/17/16

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

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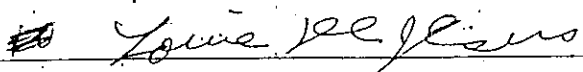
CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

 10/31/16
Signature of Site Owner or Representative Rendering Certification Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this form.

Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification Stamp (if Required) Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
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If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

11/7/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

11/14/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

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form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus Signature of Site Owner or Representative Rendering Certification
11/21/16 Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
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VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

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CONTROL CERTIFICATIONS
SITE NO. V00181

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

11/28/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
4. Has a change of use occurred since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is documentation or evidence that documentation has been previously submitted included with this certification?	<input type="checkbox"/>	
5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, is the new information or evidence that new information has been previously submitted included with this certification?	<input type="checkbox"/>	
6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes in the assessment included with this certification:	<input type="checkbox"/>	<input type="checkbox"/>

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR (Owner or
Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized
and designated by all site owners to sign this certification) for the Site named in the Site Details section of this
form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

12/5/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____
(print business address), am certifying as a Qualified Environmental Professional for the _____
_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this
form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Louie De Jesus
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12/12/16
Date

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- | | YES | NO |
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

12/14/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2630 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

12/26/16
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____

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Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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I LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

1/3/17

Date

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**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

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VERIFICATION OF SITE DETAILS

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Signature of Site Owner or Representative Rendering Certification

1/16/17
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form.

Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

1/23/17

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

1/30/17

Date

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

2/6/17

Date

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

2/13/17
Date

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

2/20/17

Date

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Description of Institutional/Engineering Control

Control Certification

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Control Certification

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OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

3/13/17
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

3/27/17
Date

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

4/3/17

Date

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Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

4/10/17

Date

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Date

**ENCLOSURE 1
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VERIFICATION OF SITE DETAILS

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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

4/17/17
Date

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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
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VERIFICATION OF SITE DETAILS

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Louie De Jesus

4/24/17

Signature of Site Owner or Representative Rendering Certification

Date

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
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| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 4. Has a change of use occurred since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 5. Has any new information come to your attention to indicate that assumptions made in the qualitative exposure assessment for offsite contamination are no longer valid (applies to non-significant threat sites subject to ECL 27-1415.7(c))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is the new information or evidence that new information has been previously submitted included with this certification? | <input type="checkbox"/> | |
| 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified every five years for non-significant threat sites subject to ECL 27-1415.7(c))? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes in the assessment included with this certification: | <input type="checkbox"/> | <input type="checkbox"/> |

Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

COVER MATERIAL

SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

For each institutional or engineering control listed above, I certify by checking "Yes" that all of the following statements are true:

(a) the institutional control and/or engineering control employed at this site is unchanged from the date the control was put into place, or 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) nothing has occurred that would constitute a violation or failure to comply with any Site Management Plan for this control; and

(d) 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;

(e) if a financial assurance mechanism is required under the remedial work plan for the site, the mechanism remains valid and sufficient for their intended purpose under the work plan.

CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification form 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 LOUIE DE JESUS (print name), 2620 University Avenue, Bronx, NY

(print business address), am certifying as OSDR (Owner or

Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

5/8/17

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If NO, are changes handwritten above or included on a separate sheet? | <input type="checkbox"/> | |
| 2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
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| If YES, is documentation or evidence that documentation has been previously submitted included with this certification? | <input type="checkbox"/> | |
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Description of Institutional/Engineering Control

Control Certification

DEED RESTRICTIONS

OTHER CONTROLS

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SSD SYSTEM

CONTROL CERTIFICATION STATEMENT

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Owner's Designated Site Representative (if the site consists of multiple properties, I have been authorized and designated by all site owners to sign this certification) for the Site named in the Site Details section of this form.

Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

5/15/17

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

I certify that all information and statements in this certification form 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 _____ (print name), _____

(print business address), am certifying as a Qualified Environmental Professional for the _____

_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment since the initial/last certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Description of Institutional/Engineering Control

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie De Jesus

5/22/17

Signature of Site Owner or Representative Rendering Certification

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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I _____ (print name), _____

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_____ (Owner or Owner's Representative) for the Site named in the Site Details section of this

form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
SITE NAME: Jewish Home and Hospital for Aged
SITE ADDRESS: 2614-2620 University Avenue
ZIP CODE: 10468
CITY/TOWN: Bronx
COUNTY: New York
CURRENT USE: Restricted Residential
CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Are the SITE DETAILS above, correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Description of Institutional/Engineering Control

Control Certification

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CONTROL CERTIFICATIONS
SITE NO. V00181

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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form.

Louie De Jesus

Signature of Site Owner or Representative Rendering Certification

5/30/17

Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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form.

Signature of Qualified Environmental Professional, for
Site Owner or Representative, Rendering Certification

Stamp (if Required)

Date

**ENCLOSURE 1
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
INSTITUTIONAL AND ENGINEERING CONTROLS CERTIFICATION FORM**

SITE DETAILS

SITE NO. V00181
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COUNTY: New York
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CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S)

VERIFICATION OF SITE DETAILS

	YES	NO
1. Are the SITE DETAILS above, correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If NO, are changes handwritten above or included on a separate sheet?	<input type="checkbox"/>	
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Louie De Jesus
Signature of Site Owner or Representative Rendering Certification

6/5/17
Date

QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE

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Stamp (if Required)

Date