# 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

Periodic Review Report Site No. V00181 July 7, 2017 (Revised October 16, 2017) Page | 2

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

Periodic Review Report Site No. V00181 July 7, 2017 (Revised October 16, 2017) Page | 3

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.

Periodic Review Report Site No. V00181 July 7, 2017 (Revised October 16, 2017) Page | 4

# 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

J. Robert Holzmacher, P.E.

Principal

 $P:\ 2017\ TUCMa\ 17-01\ Site\ Management\ October\ 2017\ Revised\ Annual\ Report\ 2017-07-07\ (Revised\ October\ 16,\ 2017)\ Annual\ Report\ doc$ 

# FIGURE ONE LOCATION MAP

# PREPARED BY:

# J.R. HOLZMACHER P.E., LLC

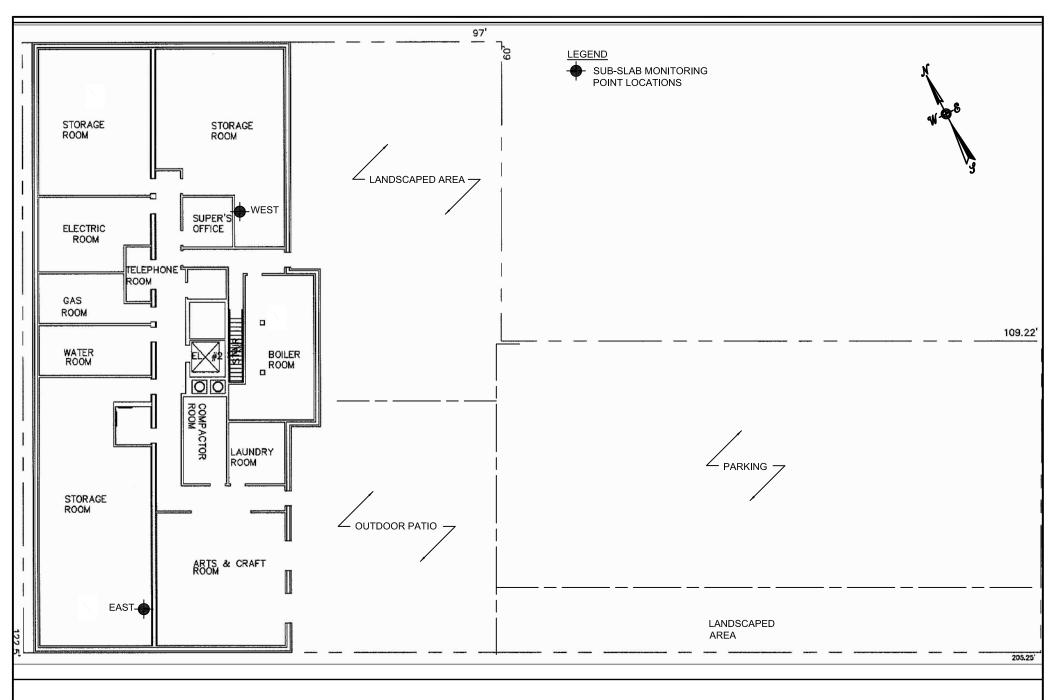
The Third Generation of Excellence In Water Supply, Water Resources, Civil and Environmental Engineering

3555 VETERANS MEMORIAL HIGHWAY, SUITE A, RONKONKOMA, NY 11779 PHONE # (631) 234-2220 FAX # (631) 234-2221 E-MAH : info@bolzmacher.com 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	РЈН	_	=
FIGURE NO.:		•	
		1	

# FIGURE 2 LOCATION OF MONITORING POINTS







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

3555 VETERANS MEMORIAL HIGHWAY, SUITE A, RONKONKOMA, NY 11779 FAX # (631) 234-2221 E-MAIL: info@holzmacher.com

**MONITORING POINT LOCATIONS** 

TITLE:

2614-2620 University Avenue Bronx, NY 10468

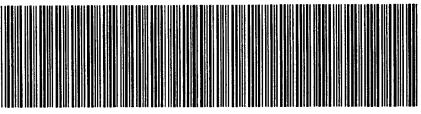
DWN:	SCALE:	DATE:	PROJECT NO.:
DAH	N.T.S.	10/14/14	TucMa08-01
CHKD:	APPD:	REV.:	NOTES:
РЈН	JRH	_	-
FIGURE NO:	•	•	

2

# APPENDIX A DEED RESTRICTION

# NYC DEPARTMENT OF FINANCE OFFICE OF THE CITY REGISTER

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



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City Register Official Signature

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PAUL, HASTINGS, JANOF	SKY & WALK	KER	PAUL, HASTINGS, JANOFSKY & WALKER
75 EAST 55TH ST.			75 EAST 55TH ST.
NEW YORK, NY 10022			NEW YORK, NY 10022
212-318-6203			212-318-6203
JOSHUAKLEIMAN@PAUL	HASTINGS.CO	OM	JOSHUAKLEIMAN@PAULHASTINGS.COM
		PROP	PERTY DATA
Borough Block	Lot	Unit	Address
	11 Entire I		2614 UNIVERSITY AVENUE
Property Type:	VACANT LA	ND	
	Lot		Address
	14 Entire I		2620 UNIVERSITY AVENUE
Property Type:	VACANT LA	ND	,
			EFERENCE DATA
CRFN or Docume	ent ID	or	Year Reel Page or File Number
		P	PARTIES
PARTY 1:			
2614 KINGSBRIDGE CORF			
100 WEST KINGSBRIDGE	ROAD		
BRONX, NY 10468			
			·
		FEES	AND TAXES
Mortgage			Recording Fee: \$ 55.00
Mortgage Amount:	\$	0.00	Affidavit Fee: \$ 0.00
Taxable Mortgage Amount:	\$	0.00	NYC Real Property Transfer Tax FilingFee:
Exemption:			\$ 0.00
TAXES:			NYS Real Estate Transfer Tax:
County (Basic):	\$	0.00	\$ 0.00
City (Additional):	\$	0.00	RECORDED OR FILED IN THE OFFI
Spec (Additional):	\$	0.00	OF THE CITY REGISTER OF THE
TASF:	\$	0.00	CITY OF NEW YORK
MTA:	\$	0.00	Recorded/Filed 04-21-2004 17:0
NYCTA:	\$	0.00	City Register File No.(CRFN):
TOTAL:	\$	0.00	2004090244967
			2004000244967 Rochlle Potrice

#### **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

-3.

Name and Title Audrey Weiner, President

Date: 4/18/04

STATE OF NEW YORK

) ss.:

COUNTY OF NEW YORK )

On the 18 day of Libral, 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.

/

MARGARET C. RIVERS
Notary Public, State of New York
Ne. 01R14792105
Qualified in Kings County
Term Expires May 31, 1997

3001

# 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	e No. V00181	Site Details	Box 1	
Site	e Name Jewish Home for the Aged			
City Co	e Address: 2614 University Avenue y/Town: Bronx unty: Bronx e Acreage: 0.5	Zip Code: 10468		
Re	porting Period: March 16, 2016 to July 5,	, 2017		
			YES	NO
1.	Is the information above correct?		X	
	If NO, include handwritten above or on a	separate sheet.		
2.	Has some or all of the site property been tax map amendment during this Reporting	n sold, subdivided, merged, or undergone a ng Period?		$\mathbf{x}$
3.	Has there been any change of use at the (see 6NYCRR 375-1.11(d))?	site during this Reporting Period		X
4.	Have any federal, state, and/or local perr for or at the property during this Reportin	mits (e.g., building, discharge) been issued ng Period?		X
		nru 4, include documentation or evidence sly submitted with this certification form.		
5.	Is the site currently undergoing developm	nent?		X
			Box 2	
			YES	NO
6.	Is the current site use consistent with the Restricted-Residential, Commercial, and		X	
7.	Are all ICs/ECs in place and functioning	as designed?	X	
		TION 6 OR 7 IS NO, sign and date below and T OF THIS FORM. Otherwise continue.		
Corre	ective Measures Work Plan must be subm	nitted along with this form to address these is	sues.	
Sig	nature of Owner, Remedial Party or Designa	ated Representative Date		

#### **SITE NO. V00181**

### **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

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

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restrictions, that said conveyance is subject to this Declaration of Covenants and Restrictions.

# **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		
I certify by checking "YES" below that:		
<ul> <li>a) the Periodic Review report and all attachments were prepared under the direct reviewed by, the party making the certification;</li> </ul>	tion of, and	d
<ul> <li>to the best of my knowledge and belief, the work and conclusions described in are in accordance with the requirements of the site remedial program, and general</li> </ul>		
	X	
<ol> <li>If this site has an IC/EC Plan (or equivalent as required in the Decision Document), for or Engineering control listed in Boxes 3 and/or 4, I certify by checking "YES" below the following statements are true:</li> </ol>		
(a) the Institutional Control and/or Engineering Control(s) employed at this site is unchanged control was put in-place, or was last approved by the Department;	ged since t	the date that the
(b) nothing has occurred that would impair the ability of such Control, to protect public he the environment;	alth and	
(c) access to the site will continue to be provided to the Department, to evaluate the reme evaluate the continued maintenance of this Control;	∍dy, includi	ing access to
(d) nothing has occurred that would constitute a violation or failure to comply with the Site Control; and	• Managen	nent Plan for this
(e) if a financial assurance mechanism is required by the oversight document for the site, and sufficient for its intended purpose established in the document.	, the mech	anism remains valic
	YES	NO
	X	
IF THE ANSWER TO QUESTION 2 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue	<del></del>	
A Corrective Measures Work Plan must be submitted along with this form to address the	se 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

Diana Amador at print name	2620 Univer	Sity Ave. Bx, Nyloyes
am certifying as Property	Manager	(Owner or Remedial Party)
for the Site named in the Site Details Section  Signature of Owner Remedial Party, or Des		<b>%</b> /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.

3555 Veterans Memorial Highway, Suite A

I James R. Holzmacher, PE
print name

3555 Veterans Memorial Highway, Suite A
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?	Х			
Building Floor Slab Parking Lot Sidewalk	Holes, cracks or other physical deficiencies?	х			
Riser Pipes	Holes, cracks or other physical deficiencies?	Х			
	Blockages in vent pipe?	Х			
Fan	Operational?		х		
Sub-slab vapor monitoring for methane	Methane detected?	х		n/a	If yes (present in sub-slab vapor), perform indoor air sampling for methane
	Methane detected indoor air?	Х			

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

 AJ Scheff
and the second
Signature of Inspector
6/23/2017
Date of Inspection

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

		e Readings s of water)
Date	East	West
3/14/16	m.05	.01
3/21/16	105	601
7128116	005	001
4/4/16	005	,01
4/11/16	05	.01
4/18/16	a 05	,0
4/25/16	, 05	.01
5/2-16	. 05	.01
5/0/16	005	.01
5/16/16	.05	, 01
5/2-3/16	,05	001
5/31/16	,05	001
6/6/16	.05	.01
6/17/16	.05	001
6/2-0/16	, 05	.01
(127)16	.05	,01
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Million Marie		
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# Jewish Home and Hospital 2614-2620 University Avenue Bronx, New York Site # V00181

	Pressure Readings (inches of water)	
Date	East	West
7/5/16	.05	.01
7/11/16	105	101
7/14/16	.05	101
7/25/16	.05	,01
4/1/16	,05	101
3/8/16	,05	101
8/15/16	,05	.01
8/22/16	,05	,01
9/29/16	,05	101
9/6/16	105	<i>*01</i> .
9/12/16	,05	100
9/14/16	,05	,01
9/26/16	.05	101
10/3/16	,05	10[
10/11/16	.05	401
10/17/16	105	,01
10/24/16	,05	-01
10/31/16	,05	,01
11/7/16.	,05	,01
11/14/16	,05	.01
11/2//16	105	01
11/28/16	.05	101
12/5/16	,05	100-
12/12/16	105	101
12/19/16	.05	100
12/26/16	105	101
1/3/17	185	1-0/
1/9/17 .	105	101
1/16/17	.05	-0/
1/23/17	,05	101
1/30/17	105	201
2/6/17	105	101
2/13/17	, 05 105 105	.0/
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2/27/17	105	,0/

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

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

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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 V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Site V00181 Page 1 of 8

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

## 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.

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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 m	ultiple properties, I have	e been authorized
and designated by all site owners to sign	this certification) for the	Site named in the Site	Details section of this
form.			
Towie De Jesus			3/14/16
Signature of Site Owner or Representative	/e Rendering Certificatio	on	Date
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(Owner or Owner's			
form.			
Signature of Qualified Environmental Pro Site Owner or Representative, Renderin	ofessional, for ng Certification	Stamp (if Required)	Date

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Site V00181 Page 1 of 8

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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

Stamp (if Required)

Date

form.

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

### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Site V00181 Page 1 of 8

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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# CONTROL CERTIFICATIONS SITE NO. V00181

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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

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Site V00181 Page 1 of 8

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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and designated by all site owners to sign		
form.		
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Signature of Site Owner or Representat	tive Rendering Certification	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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#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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## SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Louie DeJesus	(print name), 2620 Univer	rsity Avenue, Bronx, NY
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Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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Date

Stamp (if Required)

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

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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

Stamp (if Required)

Date

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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Date

Stamp (if Required)

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

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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Joune De Jesus 7/11/16
Signature of Site Owner or Representative Rendering Certification Date
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 Signature of Qualified Environmental Professional, for Stamp (if Required) Date Site Owner or Representative, Rendering Certification

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## 

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

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

Date

form.

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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#### SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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(print business a	ddress), am ce	rtifying as <u>0</u>	SDR .	<del></del>		<del></del>	_ (Owner or
Owner's Designa			· .				
and designated t	y all site owne	rs to sign this	certification	) for the Site	named in the	Site Defails	section of this
form.						·. /	
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Signature of Site	Owner or Rep	resentative Re	ndering Ce	rtification			Date .
I certify that all informate herein is	mation and sta punishable as	a Class "A" mi ·	,certificatio sdemeanor	n form are tru , pursuant to	ie. I underst	and that a fals	se statement <sub>.</sub> nal Law.
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(print business ad	ldress), am' cei	tifying as a Qt	ualified Env	ironmental Pr	ofessional fo	r the	
	(Owner or (	Owner's Repre	sentative) i	for the Site na	amed in the S	Site Details se	ction of this
form.					•		
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Signature of Qual				Stam	p (if Require	d)	Date

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# 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 DETESUS (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 Defails section of this form. Signature of Site Owner or Representative Rendering Certification 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.

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

Signature of Qualified Environmental Professional, for Stamp (if Required)

Date Site Owner or Representative, Rendering Certification

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

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(print business add	dress), an	: certifying	as	SDR		·	<del></del>		(Owne	r or
Owner's Designati	ed Site Ra	epresentat	ive (if ti	ne site	consists o	of multiple	e properties,	, I have been	authorize	d ·
and designated by	all site ov	vners to s	ign this	cerțifi	cation) for	the Site r	named in th	e Site Defails	s section c	if this
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Signature of Site C	Owner or F	Represent	ative R	enderi •	ng Certific	ation		•	Date	
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	(print business ad	dress), am	certifying as _	osdr		<del>, -</del>			(Owner	
	Owner's Designat						roperties,	I have bee	n authorized	· .
	and designated by	all site ow	ners to sign th	nis certifica	ation) for t	he Site nar	med in the	Site Detai	ls section of	this
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	Signature of Site C				g Certifica	tion			Date	•
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address), a	<i>:</i> am certifyir	• •	•					nue, Bronx(Owne	
nated Site I	Represent	ative (if t	the site o	onsists o	of multiple p	roperties,	I have b	een authorize	ed ·
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Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification Stamp (if Required)

Date

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Signature of Site Owner or Representative Rendering Certification

(print business address), am certifying as

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

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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#### SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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and designate	ed by all site o	wners to	sign this	s certifica	ation) for	the Site na	amed in the	Site Details	section of t
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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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### 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. DE JESUS . (print name), 2620 University Avenue, Bronx, NY (print business address), am certifying as 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. Signature of Site Owner or Representative Rendering Certification 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. (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.

Date

Stamp (if Required)

Signature of Qualified Environmental Professional, for

Site Owner or Representative, Rendering Certification

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and designated by	· · all site ov	vners to sig	on this o	certifi	cation) for	the Site r	named in the	: Site De <b>i</b> ai	ls section o	f this
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Signature of Site (	Owner or F	Representa	tive Re	nderii	ng Certifica	ation			Date	
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	form.	
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•	Signature of Qualified Environmental Professional, for Stamp (if Required) Site Owner or Representative, Rendering Certification	Date

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Owner's Designa	,		_					
and designated b	· y all site owner	, s to sign this	certification	n) for the S	Site name	d in the S	Site De <b>ta</b> ils	section of this
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certify that all inform made herein is	QUALIFIED l mation and stat punishable as	ements in this	certificatio	on form ar	e true. I t	ınderstar	id that a fal	se statement <sub>.</sub> nal Law.
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form.		•						
•					-			
Signature of Qual Site Owner or Rep				S	Stamp (if F	Required)		Date

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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### SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in this certification made herein is punishable as a Class "A" misdemeanor,	form are true. I understand that a false statement pursuant to Section 210.45 of the Penal Law.
LOUIE DE JESUS . (print no	ame), 2620 University Avenue, Bronx, NY
(print business address), am certifying as OSDR	(Owner or
Owner's Designated Site Representative (if the site consist	ts 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.	
Louis plans	11/7/16
Signature of Site Owner or Representative Rendering Certi	īcation Date
QUALIFIED ENVIRONMENTAL PROFI certify that all information and statements in this certification made herein is punishable as a Class "A" misdemeanor, print na	form are true. I understand that a false statement pursuant to Section 210.45 of the Penal Law.
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(Owner or Owner's Representative) for	the Site named in the Site Details section of this
form.	
,	<u>.</u>
Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification	Stamp (if Required) Date

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OTHER CONTROLS	
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and designated b	y all site o	wners to si	ign thi	is certif	ication)	for the	Site na	amed in th	e Sit	e Deiails	section o	fth
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Signature of Site (	Owner or f	Representa	ative f	Renderi	ing Cert	tificatio	<u> </u>		-		Date	
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rtify that all inform made herein is p	nation and punishable ————————————————————————————————————	statement as a Clas	ts in th s "A" ———as a	nis certi misden ————————————————————————————————————	ification neanor, (print na ed Envir	form a pursua ame)	re true. ant to S tal Prof	. I unders ection 21( fessional f	tand 0,45 o	that a falsof the Per	nal Law.	
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Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification Stamp (if Required)

Date

form.

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

Stamp (if Required)

Date

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and des	ignated by	all site o	wners to s	ign this	certific	ation) for th	ne Site n	amed in th	e Sita Deta	ils section (	of this
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	_ <del></del>	_ (Owner	or Owner'	s Repre	sentat	iye) for the	Site nan	ned in the	Site Details	section of	this
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Site Owner or Representative, Rendering Certification

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

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DEED RESTRICTIONS	X
OTHER CONTROLS	
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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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Signature of Qualified Environmental Professional, for

Site Owner or Representative, Rendering Certification

Date

Stamp (if Required)

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and designated by all site owners to sign this certification) fo	or the Site named in the Site	Details section of this
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Signature of Site Owner or Representative Rendering Certifi	cation	Date
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(Owner or Owner's Representative) for	the Site named in the Site D	etails section of this
form.	^	
Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification	Stamp (if Required)	Date

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

Stamp (if Required)

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

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Date

Stamp (if Required)

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

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Stamp (if Required)

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

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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	(print business address), am certifying as OSDR	(Owner or
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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
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•	Louis De 1 Pais	2/27/12
	Signature of Site Owner or Representative Rendering Certification	Date
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Date

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

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

Date

form.

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	1 LOUIE DE JESAS . (print name), 2620 University Avenue, Bro	onx, NY
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	TomeDegilous 3/20,	/17
1.0	Signature of Site Owner or Representative Rendering Certification  Date  QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE entity that all information and statements in this certification form are true. I understand that a false statements in this certification form are true.	
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	(print name),	<del></del>
i	print business address), am certifying as a Qualified Environmental Professional for the	
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1	form.	
	• • • • • • • • • • • • • • • • • • •	
	Signature of Qualified Environmental Professional, for Stamp (if Required) Date Site Owner or Representative, Rendering Certification	;

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LouiE	DETESUS	(print nam	e), <u>2620 U</u>	niversity	Avenue,	Bronx, NY
(print business addr	ess), am certifying as $\frac{C}{C}$	OSDŖ .	<del></del>	•	, <del>-</del>	_ (Owner or
Owner's Designated	Site Representative (if the	he șite consists c	of multiple p	roperties, I l	nave been a	uthorized ·
and designated by a	ll site owners to sign this	certification) for	the Site na	med in the S	ite Details s	section of this
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Signature of Site Ow	mer or Representative Re	endering Certifica	ation		. ·	Date
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(print business addre	ss), am certifying as a Q	ualified Environn	nental Profe	essional for t	he	
	(Owner or Owner's Repr	esentątive) for th	e Site nam	ed in the Site	" e Details se	ction of this
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			<i>∶</i> m certifyin		•					(Owner o	
Owner's	: Designat	ed Site F	Representa	itive (if t	he site	consists o	of multiple	properties, I	have been :	authorized	•
and desi	gnated by	all site	owners to	sign this	certific	cation) for	the Site n	named in the	Site Details	section of t	his
form.			:	•	•	•		•			
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Signatur	e of Site (	Owner or	Represen	tative R	enderii	ng Certifica	ation			Date	
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100		7	·		4/50/17
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form.			•				· · ·		
	Lou	e. )	e j		us		•	<u>-</u>	1/17/17.
Signature of	Site Owner o	r Represer	ntative R	endering	g Certifica	ation		•	Date
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#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

- (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;
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- (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.

### 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. JESUS . (print name) 2620 University Avenue, Bronx, NY (print business address), am certifying as 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. Signature of Site Owner or Representative Rendering Certification 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. \_\_ (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 Stamp (if Required) Date

Site Owner or Representative, Rendering Certification

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	LOUIE DE JESUS . (print name), 2620 University Avenue, Bronx print business address), am certifying as OSDR (Owner)	
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(	gnature of Site Owner or Representative Rendering Certification  QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE lify that all information and statements in this certification form are true. I understand that a false statemente made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.	nent
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10	SITE OW) certify that all information ar made herein is punishab	NER OR DESIGN nd statements in this le as a Class "A" m	s certification fo	rm are true.	Lunderstand	that a false	e statem el Law.	ent
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	(print business address), a	m certifying as <u>0</u>	SDR		· · · ·		(Owner	cr
	Owner's Designated Site F	Representative (if th	e site consists	of multiple p	roperties, I ha	ive been at	thorized	•
	and designated by all site of	owners to sign this	certification) for	the Site nar	ned in the Sit	e Deṫails sa	ection of	this
	form.							
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	Signature of Qualified Envi Site Owner or Representa	ironmental Professi tive, Rendering Cer	onal, for tification	Stamp (	if Required)	(	)ate	

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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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

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(print business addre		<del>-</del>				_ (Owner or
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and designated by al	l site owners to sign t	this certification)	for the Site na	med in the Si	ite Defails	section of this
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-7	oure De	Jours	·	•	· 5·/	22/17
Signature of Site Own	ner or Representative	e Rendering Certi •	fication			Date .·
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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
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Owner's Designat	ed Site Rep	presentative (it	f the site	consists o	of multiple	properties, I h	nave been a	authorized	. t
and designated by	all site ow	ners to sign th	is certifi	cation) for	the Site n	amed in the S	iite Details	section o	Fthis
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To	we	De g		us		•	5/	30/1	7
Signature of Site of	Owner or R	epresentative	Renderi	ng Certific	ation			Date	
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Date

Stamp (if Required)

Signature of Qualified Environmental Professional, for

Site Owner or Representative, Rendering Certification

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Stamp (if Required)

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

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

- (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;
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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 ounishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

made nerein is punishable as a Class A misdemeanor, pursuant to Section 210.43 of the Penal Law.  Louis 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 Defails section of this
Jame: Se Jesus 7/11/16
Signature of Site Owner or Representative Rendering Certification Date
QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE 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.  [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 Stamp (if Required) Date Site Owner or Representative, Rendering Certification

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COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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

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

Date

form.

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#### SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all informade herein is	mation and sta punishable as	atements in thi a Class "A" m	s certificationisdemeand	on form are tr r, pursuant to	ue. Tunders Section 210	tand that a fal ).45 of the Pe	se statement nal Law,
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and designated t	y all site owne	rs to sign this	certification	) for the Site	named in the	Site Defails	section of this
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COVER MATERIAL	X
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# 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 DETESUS (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 Defails section of this form. Signature of Site Owner or Representative Rendering Certification 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.

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

Signature of Qualified Environmental Professional, for Stamp (if Required)

Date Site Owner or Representative, Rendering Certification

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

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(print business addr	ress), am ce	rtifying as _	osdķ		<del></del> ;	<del></del>	,	(Owne	r or
Owner's Designated	d Site Repre	sentative (if	the site	e consists o	f multiple	e properties, l	have been :	authorize	d ·
and designated by a	all site owne	rs to sign thi	s cerțif	ication) for	the Site r	named in the	Site Defails	section c	f this
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Signature of Site Ov	wner or Repr	resentative I	Render	ing Certifica	ation			Date	
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OTHER CONTROLS	
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SSD SYSTEM	

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	(print business ad	dress), am	certifying as _	osdr		<del>, -</del>			(Owner	
	Owner's Designat						roperties,	I have bee	n authorized	· .
	and designated by	all site ow	ners to sign th	nis certifica	ation) for t	he Site nar	med in the	Site Detai	ls section of	this
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	Z	io N	e l		,		•		[15/16	
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d by all site	owners to	sign this	s certifica	ation) for	the Site na	med in the	e Site De	etails section	of this
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#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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### 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. DE JESUS . (print name), 2620 University Avenue, Bronx, NY (print business address), am certifying as 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. Signature of Site Owner or Representative Rendering Certification 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. (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

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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.

Signature of Site Owner or Representative Rendering Certification

(print business address), am certifying as

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

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and designate	ed by all site o	wners to	sign this	s certifica	ation) for	the Site na	amed in the	Site Details	section of t
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Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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Date

Stamp (if Required)

Signature of Qualified Environmental Professional, for

Site Owner or Representative, Rendering Certification

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(print business address), a			<u>;</u>		(Owner	
Owner's Designated Site F	Representative (if the sit	e consists of multiple	e properties, I h	ave been at	ıthorized	· 1 ·
and designated by all site	owners to sign this certi	fication) for the Site	named in the Si	te Details sa	ection of	this
form.						•
Louie pe	Lous			9/	26/1	
Signature of Site Owner or	Representative Rende	ing Certification			ate	
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(Owne	er or Owner's Represen	tative) for the Site na	med in the Site	Details sec	tion of th	is
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Signature of Qualified Envi			o (if Required)		)ate	prà (mg)

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	Tome Deglans 10/	3/16
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	•	
•	Signature of Qualified Environmental Professional, for Stamp (if Required) Site Owner or Representative, Rendering Certification	Date

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Signature of Site Owner or Representative Rendering Certifi	cation	Date ,
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(print business address), am certifying as a Qualified Enviror  (Owner or Owner's Representative) for	5+	ils section of this
form.		
Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification	Stamp (if Required)	Date

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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I certify that all inform made herein is p	nation and states ounishable as a	ments in this Class "A" mis	certification is demeanor, p	orm are true oursuant to S	ection 210,4	nd that a fal 5 of the Pe	se staten nai Law.	nent
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Owner's Designate	•	•			properties, I h	nave been a	authorized	d ·
and designated by	all site owners	 to sign this ca	ertification) fo	or the Site na	med in the S	ite Details	section oi	f this
form.								•
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Signature of Site C	wner or Repres	entative Ren	dering Certif	cation			Date	
certify that all inform made herein is p	anon and staten unishable as a (	Class "A" mis	demeanor, p	ursuant to Se	ection 210.45	of the Per	ial Law.	
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Signature of Qualifi				Stamp (	(if Required)	a vertical and a second a second and a second a second and a second an	Date	

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OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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(print business a	ddress), am ce	rtifying as	SDR .	<del></del>	<del></del>	•		(Owner or
Owner's Designa	,		_					
and designated b	· y all site owner	, s to sign this	certification	n) for the S	Site name	d in the S	Site De <b>ta</b> ils	section of this
form.		•			1 . • • •			•
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Signature of Site	Owner or Repr	esentative Ra	endering Ce	ertification	•		•	Date .
certify that all inform	QUALIFIED l mation and stat punishable as	ements in this	certificatio	on form ar	e true. I t	ınderstar	id that a fal	se statement nai Law.
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(print business ac	ldress), am cer	tifying as a Q	ualified En\	/ironment	al Profess	ional for	the	·
	(Owner or 0	Dwner's Repre	esentątive)	for the Sit	te named	in the Sit	e Details s	ection of this
form.		•						
•					-			
Signature of Qual Site Owner or Rep				S	Stamp (if F	Required)		Date

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OTHER CONTROLS	
COVER MATERIAL	X
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I certify that all information and statements in this certification made herein is punishable as a Class "A" misdemeanor	n form are true. I understand that a false statement , pursuant to Section 210.45 of the Penal Law.
LOUIE DE JESUS . (print n	ame), 2620 University Avenue, Bronx, NY
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Owner's Designated Site Representative (if the site consis	ts 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.	
Tour plans	11/7/16
Signature of Site Owner or Representative Rendering Cert	iīication Date
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•	<b>^</b>
Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification	Stamp (if Required) Date

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OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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(print business ac				•			<del></del> :			<del>,</del>	(Owner	
Owner's Designa	ted Site Re	epresentat	ive (if	the site	e consis	sts of m	ultiple (	properties	, I ha	ve been	authorize	d .
and designated b	y all site o	wners to si	ign thi	is certif	ication)	for the	Site na	amed in th	e Sit	e Deiails	section o	fth
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Signature of Site (	Owner or f	Representa	ative f	Renderi	ing Cert	tificatio	<u> </u>		-		Date	
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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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

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

Date

form.

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

Stamp (if Required)

Date

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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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1	SITE OWNER OR DESIGNATED RE	PRESENTATIVE SIGNATURE
,	certify that all information and statements in this certification made herein is punishable as a Class "A" misdemeano	n form are true. I understand that a false statement, pursuant to Section 210.45 of the Penal Law.
	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 consi	
	and designated by all site owners to sign this certification)	for the Site named in the Site Details section of this
	form.	
	Signature of Site Owner or Representative Rendering Cert	incation Date
l o	QUALIFIED ENVIRONMENTAL PROF ertify that all information and statements in this certification made herein is punishable as a Class "A" misdemeanor,	form are true. I understand that a false statement
	[ cprint na	me),
	(print business address), am certifying as a Qualified Envir	/•
	(Owner or Owner's Representative) fo	r the Site named in the Site Details section of this
	form.	
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	Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification	Stamp (if Required) Date

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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	_ <del></del>	_ (Owner	or Owner'	's Repre	esentat	iye) for the	Site nam	ied in the	Site Details	section of	this
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Site Owner or Representative, Rendering Certification

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(print business add	dress), am	: certifying	asos	SDR		-			<del></del>	_ (Owne	er or
Owner's Designate	ed Site Rej	presentati	ve (if the	e șite	consists o	f multiple	properties	s, I have	been a	uthorize	ed ·
and designated by	all site ow	ners to sig	gn this o	certific	ation) for I	the Site n	amed in th	ne Site D	etails s	section c	of this
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Signature of Site O	wner or Ru	epresenta	itive Rer	nderin	g Certifica	tion			· i	Date	. '
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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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Signature of Qualified Environmental Professional, for

Site Owner or Representative, Rendering Certification

Date

Stamp (if Required)

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Louis De Jesus		1/23/17
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1(print nam	•	
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Signature of Qualified Environmental Professional, for Site Owner or Representative, Rendering Certification	Stamp (if Required)	Date

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

Stamp (if Required)

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

Stamp (if Required)

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certify that all informa made herein is pu	ation and statem	VIRONMENTAL nents in this certif Dlass "A" misdem	ication form	n are true.	Lunderst	and that a	false statem Penal Law.	ent .
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Date

Stamp (if Required)

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

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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Date

Stamp (if Required)

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

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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10	SITE OWNER OR DESIGNATED REPRESENTATIVE SI certify that all information and statements in this certification form are true. I und made herein is punishable as a Class "A" misdemeanor, pursuant to Section	ierstand that a false statement
	LOUIE DE JESUS . (print name), 2620 Univer	
	(print business address), am certifying as OSDR	(Owner or
	Owner's Designated Site Representative (if the site consists of multiple propert	ies, 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.	
•	Louis De 1 Pais	2/27/12
	Signature of Site Owner or Representative Rendering Certification	Date
c	QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) Societify that all information and statements in this certification form are true. I under made herein is punishable as a Class "A" misdemeanor, pursuant to Section 2	erstand that a false statement
	(print business address), am certifying as a Qualified Environmental Professiona	,
	(Owner or Owner's Representative) for the Site named in the	4.
	form.	
	Signature of Qualified Environmental Professional, for Stamp (if Requestre Owner or Representative, Rendering Certification	uired) Date

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	

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

Stamp (if Required)

Date

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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

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

Date

form.

#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? П If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

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COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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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

LouiE	DETESUS	(print nam	e), <u>2620 u</u>	niversity	Avenue,	Bronx, NY
(print business addre	ess), am certifying as $\frac{C}{C}$	OSDŖ .		<del></del>	<del></del>	_(Owner or
Owner's Designated	Site Representative (if the	he șite consists c	of multiple p	roperties, I ł	nave been a	uthorized ·
and designated by a	ll site owners to sign this	certification) for	the Site na	ned in the S	ite Details s	section of this
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Signature of Site Ow	ner or Representative Re	endering Certifica	ation		· · · · ·	Date
certify that all informati made herein is pun	UALIFIED ENVIRONME ion and statements in this ishable as a Class "A" m	s certification fon lisdemeanor, pur	m are true. suant to Se	1 understand ection 210,45	d that a fals of the Pen	al Law.
(print business addre	ss), am certifying as a Q	ualified Environn	nental Profe	essional for t	he	
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	I Environmental Professi sentative, Rendering Cer		Stamp (i	if Required)	A B. MODELLE CONTROL C	Date

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DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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### SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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	business a				•					_ (Owner o	
Owne	r's Design	ated Site I	Representa	ative (if t	he site	consists o	of multiple	properties, I	have been :	authorized ·	•
and d	esignated l	by all site	owners to	sign this	certifi	cation) for	the Site n	named in the	Site Details	section of th	iis
form.		•		•	•	•		•	•		
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Signa	ture of Site	·Owner o	r Represen	ntative R	enderi	ng Certific	ation			Date	
certify to made	hat all infor de herein is	mation ar punishat	nd stateme ble as a Cla	nts in thi ass "A" n	nisdem	fication for leanor, pui print name	rsuant to	e.   understar Section 210,4	5 <sub>.</sub> of the Par	nal Law.	ıt ,
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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.

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LouiE	DETESU	S . (print	name), <u>2620 U</u>	niversity Av	venue, Bronx, NY
	dress), am certifying as				
•	ed Site Representative	· .			
and designated by	all site owners to sign	this certification	) for the Site na	med in the Site	Details section of this
form.				•	
100		7	• • •		4/50/17
Signature of Site (	Owner or Representativ	e Rendering Ce.	rtification	· <u></u>	Date :
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	ied Environmental Prof resentative, Rendering		Stamp (	if Required)	Date

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SSD SYSTEM	<del>_</del>

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SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE
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(print busine	ess address),	am certifyi	ng as	OSDR		·			(Owner or
	•	•	• •	·.	consists c	f multiple p	properties	, I have be	een authorized ·
and designa	ted by all site	owners to	sign this	certifica	ation) for	the Site na	med in th	e Site Def	ails section of thi
form.			•				· · ·		
	Lou	e. )	e e		us		•	<u>-</u>	1/17/17.
Signature of	Site Owner o	r Represer	ntative R	endering	g Certifica	ation		•	Date
certify that all	information ar	nd stateme	ents in thi	s certifió	cation for	SIONAL (C n are true, suant to Se	Lunders	tand that a	ı false statement Penal Law.
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#### SITE DETAILS V00181 SITE NO. Jewish Home and Hospital for Aged SITE NAME: 2614-2620 University Avenue SITE ADDRESS: ZIP CODE: 10468 CITY/TOWN: Bronx New York COUNTY: **CURRENT USE:** Restricted Residential CURRENT CERTIFICATION FREQUENCY: EVERY 1 YEAR(S) **VERIFICATION OF SITE DETAILS** YES NO X П 1. Are the SITE DETAILS above, correct? $\Box$ If NO, are changes handwritten above or included on a separate sheet? 2. Has some or all of the site property been sold, subdivided, merged, or undergone a X П tax map amendment since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? 3. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or X at the property since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted included with this certification? X $\Box$ 4. Has a change of use occurred since the initial/last certification? If YES, is documentation or evidence that documentation has been previously submitted П included with this certification? 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 X non-significant threat sites subject to ECL 27-1415.7(c)? If YES, is the new information or evidence that new information has been previously submitted included with this certification? 6. Are the assumptions in the qualitative exposure assessment still valid (must be certified Xevery five years for non-significant threat sites subject to ECL 27-1415.7(c)? П П If NO, are changes in the assessment included with this certification:

Description of Institutional/Engineering Control	Control Certification
DEED RESTRICTIONS	X
OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

- (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;
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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.

### 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. JESUS . (print name) 2620 University Avenue, Bronx, NY (print business address), am certifying as 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. Signature of Site Owner or Representative Rendering Certification 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. \_\_ (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 Stamp (if Required) Date

Site Owner or Representative, Rendering Certification

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SSD SYSTEM	<del>_</del>

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	LOUIE DE JESUS . (print name), 2620 University Avenue, Bronx print business address), am certifying as OSDR (Owner	
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(	gnature of Site Owner or Representative Rendering Certification  QUALIFIED ENVIRONMENTAL PROFESSIONAL (QEP) SIGNATURE lify that all information and statements in this certification form are true. I understand that a false statemente made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.	nent ,
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OTHER CONTROLS	
COVER MATERIAL	X
SSD SYSTEM	<del>_</del>

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SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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1 0	SI certify that all inform made herein is	mation and	d statemen	its in this	s certific	ation for	SENTATI m are true. rsuant to Se	Lunders	tand that	a false statem Penal Law.	ent
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	(print business ac	ddress), ar	m certifying	aso	SDR	· .			<del></del>	(Owner	Cr.
	Owner's Designa	ted Site R	epresentat	· ive (if th	e șite co	nsists o	f multiple p	roperties	I have be	en authorized	j ·
	and designated b	· y all site o	wners to si	ign this	certificat	ion) for	the Site na	ned in th	e Site Det	ails section of	this
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•	Signature of Site	Owner or	Represent	ative Re	ndering	Certifica ·	SIONAL (C	EP) SIGI	NATURE	Date	oot.
l c	certify that all inform made herein is	nation and punishabi	d statemen e as a Clas	ts in this ss "A" m	isdemea	ation for anor, pur	mare frue. rsuant to Se	ection 210	).45 of the	Penal Law.	CIR,
					(pr	int name	∍),				
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SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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LOU	IE DE	JESUS	) (print	name), 2620 t	Jniversity Av	renue, Bronx, NY
		: am certifying as				(Owner or
Owner's De	esignated Site	: Representative (	if the site cons	ists of multiple (	properties, I have	been authorized
and design	ated by all sit	e owners to sign t	his certification	n) for the Site na	imed in the Site I	Details section of this
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Signature o	f Site Owner	or Representative	Rendering Ce	ertification		Date ,∙`
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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.

form.

\*\*Journell De Jesus\*\*

Signature of Site Owner or Representative Rendering Certification\*\*

Date

(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

(print business address), am certifying as

Stamp (if Required)

Date

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Date

Stamp (if Required)

Signature of Qualified Environmental Professional, for

Site Owner or Representative, Rendering Certification