



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



Site No. V00217	Site Details	Box 1
Site Name Olindo's Import Foods, Inc.		
Site Address: 1510 Lyell Avenue Zip Code: 14606-2183		
City/Town: Rochester		
County: Monroe		
Site Acreage: 2.000		
Reporting Period: June 17, 2014 to June 17, 2019		
		RECEIVED MAY 16 2019 DER/HWR REGION 8
		YES NO
1. Is the information above correct?		<input checked="" type="checkbox"/> <input type="checkbox"/>
If NO, include handwritten above or on a separate sheet.		
2. Has some or all of the site property been sold, subdivided, merged, or undergone a tax map amendment during this Reporting Period?		<input type="checkbox"/> <input checked="" type="checkbox"/>
3. Has there been any change of use at the site during this Reporting Period (see 6NYCRR 375-1.11(d))?		<input type="checkbox"/> <input checked="" type="checkbox"/>
4. Have any federal, state, and/or local permits (e.g., building, discharge) been issued for or at the property during this Reporting Period?		<input type="checkbox"/> <input checked="" type="checkbox"/>
If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.		
5. Is the site currently undergoing development?		<input type="checkbox"/> <input checked="" type="checkbox"/>

	Box 2
	YES NO
6. Is the current site use consistent with the use(s) listed below? Commercial and Industrial	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. Are all ICs/ECs in place and functioning as designed?	<input checked="" type="checkbox"/> <input type="checkbox"/>

IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.

A Corrective Measures Work Plan must be submitted along with this form to address these issues.

x John To Hicks
Signature of Owner, Remedial Party or Designated Representative

5-10-2019
Date

Enclosure 1

Certification Instructions

I. Verification of Site Details (Box 1 and Box 2):

Answer the three questions in the Verification of Site Details Section. The Owner and/or Qualified Environmental Professional (QEP) may include handwritten changes and/or other supporting documentation, as necessary.

II. Certification of Institutional Controls/ Engineering Controls (IC/ECs)(Boxes 3, 4, and 5)

1.1.1. Review the listed IC/ECs, confirming that all existing controls are listed, and that all existing controls are still applicable. If there is a control that is no longer applicable the Owner / Remedial Party should petition the Department separately to request approval to remove the control.

2. In Box 5, complete certifications for all Plan components, as applicable, by checking the corresponding checkbox.

3. If you cannot certify "YES" for each Control listed in Box 3 & Box 4, sign and date the form in Box 5. Attach supporting documentation that explains why the **Certification** cannot be rendered, as well as a plan of proposed corrective measures, and an associated schedule for completing the corrective measures. Note that this **Certification** form must be submitted even if an IC or EC cannot be certified; however, the certification process will not be considered complete until corrective action is completed.

If the Department concurs with the explanation, the proposed corrective measures, and the proposed schedule, a letter authorizing the implementation of those corrective measures will be issued by the Department's Project Manager. Once the corrective measures are complete, a new Periodic Review Report (with IC/EC Certification) must be submitted within 45 days to the Department. If the Department has any questions or concerns regarding the PRR and/or completion of the IC/EC Certification, the Project Manager will contact you.

III. IC/EC Certification by Signature (Box 6 and Box 7):

If you certified "YES" for each Control, please complete and sign the IC/EC Certifications page as follows:

- For the Institutional Controls on the use of the property, the certification statement in Box 6 shall be completed and may be made by the property owner or designated representative.
- For the Engineering Controls, the certification statement in Box 7 must be completed by a Professional Engineer or Qualified Environmental Professional, as noted on the form.

Description of Institutional Controls

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
		Ground Water Use Restriction Soil Management Plan Landuse Restriction
150.61-1-64	Olindo Enterprises, Inc.	Ground Water Use Restriction Soil Management Plan Landuse Restriction

Unless prior written approval by the NYSDEC is first obtained, there shall be no construction use or occupancy that results in disturbances or excavation which threatens the integrity of the asphalt cap covering excavation areas 4, 6, or 7, or which results in unacceptable human exposure to contaminated soils;

The asphalt cap in excavation areas 4, 6, and 7 shall be maintained;

The property is restricted to commercial or industrial uses

The use of groundwater beneath the site shall not be used for potable or industrial purposes without treatment and written permission from the NYSDEC;

Any on-site soil excavation shall comply with the approved Soil Management Plan; and

Environmental Easement Agreement made on June 17, 2004

Description of Engineering Controls

<u>Parcel</u>	<u>Engineering Control</u>
	Cover System Fencing/Access Control
150.61-1-64	Cover System

Periodic Review Report (PRR) Certification Statements

1. I certify by checking "YES" below that:

- a) the Periodic Review report and all attachments were prepared under the direction of, and reviewed by, the party making the certification;
- b) to the best of my knowledge and belief, the work and conclusions described in this certification are in accordance with the requirements of the site remedial program, and generally accepted engineering practices; and the information presented is accurate and complete.

YES NO

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2. If this site has an IC/EC Plan (or equivalent as required in the Decision Document), for each Institutional or Engineering control listed in Boxes 3 and/or 4, I certify by checking "YES" below that all of the following statements are true:

- (a) the Institutional Control and/or Engineering Control(s) employed at this site is unchanged since the date that the Control was put in-place, or was last approved by the Department;
- (b) nothing has occurred that would impair the ability of such Control, to protect public health and the environment;
- (c) access to the site will continue to be provided to the Department, to evaluate the remedy, including access to evaluate the continued maintenance of this Control;
- (d) nothing has occurred that would constitute a violation or failure to comply with the Site Management Plan for this Control; and
- (e) if a financial assurance mechanism is required by the oversight document for the site, the mechanism remains valid and sufficient for its intended purpose established in the document.

YES NO

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**IF THE ANSWER TO QUESTION 2 IS NO, sign and date below and
DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.**

A Corrective Measures Work Plan must be submitted along with this form to address these issues.

John T. Hicks

Signature of Owner, Remedial Party or Designated Representative

5-10-2019

Date

IC CERTIFICATIONS
SITE NO. V00217

Box 6

SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

I certify that all information and statements in Boxes 1, 2, and 3 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I JOHN T. HICKS at 1510 LYELL AVE, ROCHESTER
print name print business address MONROE COUNTY
am certifying as REMEDIAL PARTY (Owner or Remedial Party)

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

John T. Hicks
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

5-10-2019
Date

IC/EC CERTIFICATIONS

Box 7

Qualified Environmental Professional Signature

I certify that all information in Boxes 4 and 5 are true. I understand that a false statement made herein is punishable as a Class "A" misdemeanor, pursuant to Section 210.45 of the Penal Law.

I JOHN T. HICKS at 1510 LYELL AVE, ROCHESTER
print name print business address COUNTY OF MONROE
am certifying as a Qualified Environmental Professional for the OLINDO'S IMPORT FOODS, INC.
(Owner or Remedial Party)

John T. Hicks
Signature of Qualified Environmental Professional, for
the Owner or Remedial Party, Rendering Certification

Stamp
(Required for PE)

5-10-2019
Date