



BROOKS-TLC HOSPITAL SYSTEM, INC.

March 11th, 2025

Mr. Bradley Demo, Project Manager – via email: bradley.demo@dec.ny.gov
Division of Environmental Remediation
NYS Department of Environmental Conservation
700 Delaware Avenue
Buffalo, New York 14209-2202

RE: Cornell University Vineyard Research Lab #V00417
Voluntary Cleanup Agreement No.: B9-0587-00-11
Institutional and Engineering Controls Certification Form

Dear Mr. Demo:

I am writing in response to your February 28, 2025 submittal regarding the Institutional and Engineering Controls Certification Form (IC/EC Certification Form) that was submitted in late December 2024 with respect to the 2.02-acre Cornell University Vineyard Research Lab Site #V00417 (the Site) on behalf of 412 Main Street, LLC (a subsidiary of Brooks-TLC Hospital System, Inc.), the new owner of the Site as of June 1, 2023.

My understanding is that you corrected the use of the Site in item 6 in Box 2 of the IC/EC Certification Form attached to your February 28, 2025 letter so that the use is now appropriately listed as "Commercial and Industrial." The IC/EC Certification Form that was provided to us by the Department in October 2024 for use in our prior submittal in late December 2024 incorrectly identified the use of the Site in item 6 in Box 2 as "Industrial".

Otherwise, the attached IC/EC Certification Form is the same as the form we submitted in late December 2024.

I hereby certify that the applicable institutional controls that were put in place by Cornell University (Cornell) pursuant to its obligations under the Department's Voluntary Cleanup Program are still in place, have not been altered, and are still effective.

In addition and as explained in the cover letter sent with our late December 2024 IC/EC Certification Form submittal, we would like to point out the following:

1. The change of ownership of the property located at 412 Main Street in Fredonia, which includes the Site, from Cornell to 412 Main Street, LLC was described in the October 9, 2023 letter to the Department from Cornell that was attached to our late December 2024 submittal. Thus, the information in Box 3 of the Department's IC/EC Certification Form, which still lists Cornell as the owner, is no longer correct and should be updated to reflect ownership by 412 Main Street, LLC.

2. For this IC/EC Certification Form, we have followed the format of Cornell's 2015 and 2020 IC/EC Certification Form submittals.

Please feel free to contact me at 716-363-7207 should you have any questions about the attached updated IC/EC Certification Form.

Regards,

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

Kenneth Morris
President & CEO
Brooks-TLC Hospital System, Inc.



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



Site Details	Box 1
Site No. V00417	
Site Name Cornell University Vineyard Research Lab	
Site Address: 412 East Main Street Zip Code: 14063	
City/Town: Fredonia	
County: Chautauqua	
Site Acreage: 2.020	
Reporting Period: December 10, 2019 to December 10, 2024	
	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 checked="" type="checkbox"/> <input 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 in place and functioning as designed?	<input checked="" type="checkbox"/> <input type="checkbox"/>
IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.	
A Corrective Measures Work Plan must be submitted along with this form to address these issues.	
_____ Signature of Owner, Remedial Party or Designated Representative	_____ Date

SITE NO. V00417

Box 3

Description of Institutional Controls

Parcel

Owner

Institutional Control

113.08-1-28

~~Cornell University C/O Real Estate Dept.~~

Landuse Restriction

Ground Water Use Restriction

412 Main Street, LLC C/O Brooks-TLC Hospital
System Inc.

Box 4

Description of Engineering Controls

None Required

Not Applicable/No EC's

Periodic Review Report (PRR) Certification Statements

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

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

YES NO



2. For each Engineering control listed in Box 4, I certify by checking "YES" below that all of the following statements are true:

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

YES NO



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

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

Signature of Owner, Remedial Party or Designated Representative

Date

IC CERTIFICATIONS
SITE NO. V00417

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 Chuck Villafranca at 529 Cental Ave. DumKirk NY 14048
print name print business address

am certifying as Owner Representative (Owner or Remedial Party)

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


Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

3/11/25
Date