

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Remediation

625 Broadway, 11th Floor, Albany, NY 12233-7020

P: (518)402-9543 | F: (518)402-9547

www.dec.ny.gov

11/16/2020

David Hill
Industrial Hygienist
State of New York Department of Health
Wadsworth Center Safety Office
P.O. Box 509, Room B940
Albany, NY 12201
david.hill@health.ny.gov

Re: Reminder Notice: Site Management Periodic Review Report and IC/EC Certification Submittal

Site Name: New Scotland Ave. (Wadsworth Laboratory)

Site No.: 401031

Site Address: 120 New Scotland Avenue
Albany, NY 12208

Dear David Hill:

This letter serves as a reminder that sites in active Site Management (SM) require the submittal of a periodic progress report. This report, referred to as the Periodic Review Report (PRR), must document the implementation of, and compliance with, site-specific SM requirements. Section 6.3(b) of DER-10 *Technical Guidance for Site Investigation and Remediation* (available online at <http://www.dec.ny.gov/regulations/67386.html>) provides guidance regarding the information that must be included in the PRR. Further, if the site is comprised of multiple parcels, then you as the Certifying Party must arrange to submit one PRR for all parcels that comprise the site. The PRR must be received by the Department no later than **January 30, 2021**. Guidance on the content of a PRR is enclosed.

Site Management is defined in regulation (6 NYCRR 375-1.2(at)) and in Chapter 6 of DER-10. Depending on when the remedial program for your site was completed, SM may be governed by multiple documents (e.g., Operation, Maintenance, and Monitoring Plan; Soil Management Plan) or one comprehensive Site Management Plan.

A Site Management Plan (SMP) may contain one or all of the following elements, as applicable to the site: a plan to maintain institutional controls and/or engineering controls (“IC/EC Plan”); a plan for monitoring the performance and effectiveness of the selected remedy (“Monitoring Plan”); and/or a plan for the operation and maintenance of the selected remedy (“O&M Plan”). Additionally, the technical requirements for SM are stated in the decision document (e.g., Record of Decision) and, in some cases, the legal agreement directing the remediation of the site (e.g., order on consent, voluntary agreement, etc.).

When you submit the PRR (by the due date above), include the enclosed forms documenting that all SM requirements are being met. The Institutional Controls (ICs) portion of the form (Box 6) must be signed by you or your designated representative. The Engineering Controls (ECs) portion of the form (Box 7) must be signed by a Qualified Environmental Professional (QEP). If you cannot certify that all SM requirements are being met, you must submit a Corrective Measures Work Plan that identifies the actions to be taken to restore compliance. The work plan must include a schedule to be approved by the Department. The Periodic Review process will not be considered complete until all necessary corrective measures are completed and all required controls are certified. Instructions for completing the certifications are enclosed.

All site-related documents and data, including the PRR, must be submitted in electronic format to the Department of Environmental Conservation. The required format for documents is an Adobe PDF file with optical character recognition and no password protection. Data must be submitted as an electronic data deliverable (EDD) according to the instructions on the following webpage:

<https://www.dec.ny.gov/chemical/62440.html>

Documents may be submitted to the project manager either through electronic mail or by using the Department's file transfer service at the following webpage:

<https://fts.dec.state.ny.us/fts/>

The Department will not approve the PRR unless all documents and data generated in support of the PRR have been submitted using the required formats and protocols.

You may contact Payson Long, the Project Manager, at or payson.long@dec.ny.gov with any questions or concerns about the site. Please notify the project manager before conducting inspections or field work. You may also write to the project manager at the following address:

New York State Department of Environmental Conservation
Division of Environmental Remediation, BURE
625 Broadway

Albany, NY 12233-7017

Enclosures

PRR General Guidance
Certification Form Instructions
Certification Forms

cc: w/ enclosures

Payson Long, Project Manager

Jeffrey Dyber, Section Chief

Andrew Fleck, Hazardous Waste Remediation Supervisor, Region 4

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.



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. 401031		
Site Name New Scotland Ave. (Wadsworth Laboratory)		
Site Address: 120 New Scotland Avenue Zip Code: 12208		
City/Town: Albany		
County: Albany		
Site Acreage: 1.000		
Reporting Period: December 31, 2017 to December 31, 2020		
		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 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. 401031

Box 3

Description of Institutional Controls

Parcel

76.05-1-9

Owner

N.Y. STATE LABORATORY

Institutional Control

IC/EC Plan
Ground Water Use Restriction
Landuse Restriction
Monitoring Plan
Site Management Plan

Pursuant to a Deed Restriction recorded on 6/6/2013, groundwater and land use restrictions apply.

Box 4

Description of Engineering Controls

Parcel

76.05-1-9

Engineering Control

Cover System

The pump and treat system has been decommissioned. The asphalt cover is a parking lot which must be inspected in accordance with the site management plan. Monitoring of the groundwater is required.

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. 401031

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 David Hill at Biggs Laboratory
Wadsworth Center
NYSDOH, Empire State Plaza, Albany, NY 12237
print name print business address

am certifying as Owner (Owner or Remedial Party)

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

David J. Hill
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

1/28/2021
Date

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 David Hill at Biggs Laboratory
Wadsworth Center
NYS DOH, Empire State Plaza, Albany, NY 12237
print name print business address

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

David Hill _____ 1/28/2021
Signature of Qualified Environmental Professional, for Stamp Date
the Owner or Remedial Party, Rendering Certification (Required for PE)