



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.	907010		
Site Name Pelican Manufacturing, Inc.			
Site Address: 2223 Washington Street		Zip Code: 14701	
City/Town: Jamestown			
County: Chautauqua			
Site Acreage: 1.280			
Reporting Period: December 06, 2014 to December 06, 2019			
		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? Industrial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Are all ICs/ECs in place and functioning as designed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IF THE ANSWER TO EITHER QUESTION 6 OR 7 IS NO, sign and date below and DO NOT COMPLETE THE REST OF THIS FORM. Otherwise continue.			
A Corrective Measures Work Plan must be submitted along with this form to address these issues.			
_____ Signature of Owner, Remedial Party or Designated Representative		_____ Date	

Description of Institutional ControlsParcelOwnerInstitutional Control**370.14-1-17**

City of Jamestown

Ground Water Use Restriction
Landuse Restriction

The controls identified in the Declaration of Covenants and Restrictions, recorded with Chautauqua County on October 28, 2005, include: the property cannot be used for purposes other than restricted commercial or industrial use; the use of groundwater underlying the property is prohibited without treatment to render it safe for use. These restrictive covenants are binding and shall run with the land. A Vapor venting system is required if structures or buildings are constructed.

370.14-1-18

City of Jamestown

Ground Water Use Restriction
Landuse Restriction

The controls identified in the Declaration of Covenants and Restrictions, recorded with Chautauqua County on October 28, 2005, include: the property cannot be used for purposes other than restricted commercial or industrial use; the use of groundwater underlying the property is prohibited without treatment to render it safe for use. These restrictive covenants are binding and shall run with the land. A Vapor venting system is required if structures or buildings are constructed.

Description of Engineering ControlsParcelEngineering Control**370.14-1-17**

Vapor Mitigation

370.14-1-18

Vapor Mitigation

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

☒ ☐

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

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

YES NO

☒ ☐

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

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

Signature of Owner, Remedial Party or Designated Representative

Date

IC CERTIFICATIONS
SITE NO. 907010

Box 6

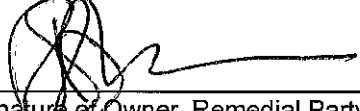
SITE OWNER OR DESIGNATED REPRESENTATIVE SIGNATURE

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 JEFFREY LEHMAN at 200 E. THIRD ST. JAMESTOWN NY 14701
print name print business address

am certifying as OWNERS AGENT (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

1/27/2020

Date

IC/EC CERTIFICATIONS

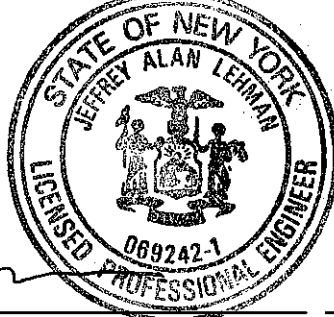
Box 7

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 JEFFREY LEHMAN at 200 E. THIRD ST JAMESTOWN NY 14701
print name print business address

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



[Signature] 2-3-2020
Signature of Qualified Environmental Professional, for Stamp Date
the Owner or Remedial Party, Rendering Certification (Required for PE)