

June 6, 2018

Mr. Michael McLean  
New York State Department of Environmental Conservation  
PO Box 296  
Raybrook, New York 12977

RE: Site No. B000140 30-34 Ridge Street, Glens Falls NY

Dear Mr. McLean:

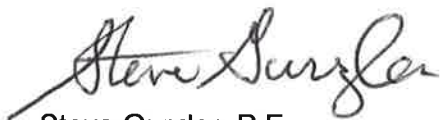
I have done a thorough inspection of the brownfield project site at 30-34 Ridge Street. This site is used as a parking area and is maintained by the City of Glens Falls.

The asphalt is in need of some repairs; patching is underway and sealing has been scheduled for early this summer. The area is also on the schedule to be completely re-paved within the next two years.

I am enclosing the IC/EC form for your review.

Please contact me at (518)761-3850 x 126 or [engineer@cityofglensfalls.com](mailto:engineer@cityofglensfalls.com) if you have any questions.

Sincerely,



Steve Gurzler, P.E.  
Water and Sewer Superintendent  
City Engineer  
City of Glens Falls

SG:sm

Ec: Mayor Daniel Hall  
Bob Schiavoni



**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
<b>Site No.</b> <b>B00140</b>		
<b>Site Name</b> <b>Ridge Street Site</b>		
Site Address: 30-34 Ridge Street	Zip Code: 12801-	
City/Town: Glens Falls (C)		
County: Warren		
Site Acreage: 0.1		
Reporting Period: May 16, 2013 to May 16, 2018		
		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"/>
<b>If you answered YES to questions 2 thru 4, include documentation or evidence that documentation has been previously submitted with this certification form.</b>		
5. Is the site currently undergoing development?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>Box 2</b>
		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"/>
<b>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.</b>		
<b>A Corrective Measures Work Plan must be submitted along with this form to address these issues.</b>		
Signature of Owner, Remedial Party or Designated Representative		Date

SITE NO. B00140

Box 3

**Description of Institutional Controls**

Parcel

Owner

Institutional Control

302.20-30-9

City of Glens Falls

Soil Management Plan

If development or excavation occurs on site, any soils that are excavated would have to be managed, characterized, and properly disposed of in accordance with NYSDEC regulations and directives.

Box 4

**Description of Engineering Controls**

Parcel

Engineering Control

302.20-30-9

Cover System

The owner must maintain the existing asphalt cover over the site and perform an annual certification that the cover is properly maintained, as identified in March 20, 2002 ROD.

**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.**

Steve Gargler  
Signature of Owner, Remedial Party or Designated Representative

June 6, 2018  
Date

IC CERTIFICATIONS  
SITE NO. B00140

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 STEVEN GURZLER at 2 SHERMANTOWN RD GUENSFALLS, NY  
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.

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

June 6, 2018  
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 STEVEN GURZLER at 25 HERMANTOWN RD, GLEN S FAUS, NY  
print name print business address

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

Steven Gurzler  
Signature of Qualified Environmental Professional, for  
the Owner or Remedial Party, Rendering Certification



June 6, 2018  
Date