



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> C734135		
<b>Site Name</b> Oil City/Carousel Center - Site 7		
Site Address: 311-71 Hiawatha Blvd. West	Zip Code: 13204	
City/Town: Syracuse		
County: Onondaga		
Site Acreage: 22.843		
Reporting Period: December 27, 2017 to April 27, 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"/>
<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

**Box 2A**

YES    NO

8. Has any new information revealed that assumptions made in the Qualitative Exposure Assessment regarding offsite contamination are no longer valid?

  

**If you answered YES to question 8, include documentation or evidence that documentation has been previously submitted with this certification form.**

9. Are the assumptions in the Qualitative Exposure Assessment still valid?  
(The Qualitative Exposure Assessment must be certified every five years)

  

**If you answered NO to question 9, the Periodic Review Report must include an updated Qualitative Exposure Assessment based on the new assumptions.**

**SITE NO. C734135**

**Box 3**

**Description of Institutional Controls**

<u>Parcel</u>	<u>Owner</u>	<u>Institutional Control</u>
116.-02-01.0	Destiny USA Real Estate LLC	Ground Water Use Restriction Soil Management Plan Landuse Restriction Monitoring Plan Site Management Plan O&M Plan IC/EC Plan
		<ul style="list-style-type: none"> <li>• Allow the use and development of the Controlled Property as Commercial and Industrial;</li> <li>• Prohibition against the use of groundwater without treatment;</li> <li>• Compliance with an Excavation Work Plan for intrusive work that penetrates cover;</li> <li>• Compliance with an Operation and Maintenance Plan;</li> <li>• Compliance with the Site Monitoring Plan including monitoring of groundwater;</li> <li>• Periodic certification of all Institutional and Engineering Controls; and</li> <li>• Evaluation of potential vapor intrusion for any future buildings developed on the site.</li> </ul>
116.-02-07.0	Destiny USA Land Company LLC	Ground Water Use Restriction Soil Management Plan Monitoring Plan Site Management Plan O&M Plan IC/EC Plan
		<ul style="list-style-type: none"> <li>• Allow the use and development of the Controlled Property as Commercial and Industrial;</li> <li>• Prohibition against the use of groundwater without treatment;</li> <li>• Compliance with an Excavation Work Plan for intrusive work that penetrates cover;</li> <li>• Compliance with an Operation and Maintenance Plan;</li> <li>• Compliance with the Site Monitoring Plan including monitoring of groundwater;</li> <li>• Periodic certification of all Institutional and Engineering Controls; and</li> <li>• Evaluation of potential vapor intrusion for any future buildings developed on the site.</li> </ul>
116.-02-08.1	Destiny USA Land Company LLC	Ground Water Use Restriction Soil Management Plan Landuse Restriction Monitoring Plan Site Management Plan O&M Plan IC/EC Plan
		<ul style="list-style-type: none"> <li>• Allow the use and development of the Controlled Property as Commercial and Industrial;</li> <li>• Prohibition against the use of groundwater without treatment;</li> <li>• Compliance with an Excavation Work Plan for intrusive work that penetrates cover;</li> <li>• Compliance with an Operation and Maintenance Plan;</li> <li>• Compliance with the Site Monitoring Plan including monitoring of groundwater;</li> <li>• Periodic certification of all Institutional and Engineering Controls; and</li> <li>• Evaluation of potential vapor intrusion for any future buildings developed on the site.</li> </ul>

**Description of Engineering Controls**

**Box 4**

<u>Parcel</u>	<u>Engineering Control</u>
116.-02-01.0	Vapor Mitigation Cover System
	<ul style="list-style-type: none"> <li>• Soil Cover over 5 acres; and</li> <li>• Sub-Slab Vapor Mitigation System on the Site building.</li> </ul>
116.-02-07.0	

Parcel

Engineering Control

Vapor Mitigation  
Cover System

- Soil Cover over 5 acres; and
- Sub-Slab Vapor Mitigation System on the Site building.

116.-02-08.1

Vapor Mitigation  
Cover System  
Fencing/Access Control

- Soil Cover over 5 acres; and
- Sub-Slab Vapor Mitigation System on the Site building;
- Fencing around drainage swale.

**Periodic Review Report (PRR) Certification Statements**

**Box 5**

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

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. C734135

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 ROBERT J. SCHOENECK at DESTINY USA  
9090 DESTINY USA DR, SYRACUSE, NY 13204  
print name print business address

am certifying as AUTHORIZED AGENT (Owner or Remedial Party)

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

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

MAY 20, 2019  
Date

IC/EC CERTIFICATIONS

Box 7

Professional Engineer 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, Paul Adel at 19 British American Blvd Latham NY  
print name print business address

am certifying as a Professional Engineer for the Destiny USA Land Co. LLC  
(Owner or Remedial Party)

Paul M Adel



5/22/14

Signature of Professional Engineer, for the Owner or Remedial Party, Rendering Certification

Stamp  
(Required for PE)

Date