

## 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 If there is a control that is no longer applicable the Owner / Remedial Party should petition the Department separately to request approval to remove the control.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**



|   |                |                                     |                                     |
|---|----------------|-------------------------------------|-------------------------------------|
| <b>Site No.</b>   | <b>C734142</b> | <b>Site Details</b>                 | <b>Box 1</b>                        |
| <b>Site Name</b> Former Camillus Cutlery Company Site   |                |                                     |                                     |
| Site Address: 52 - 54 Genesee Street  |                | Zip Code: 13031                     |                                     |
| City/Town: Camillus   |                |                                     |                                     |
| County: Onondaga  |                |                                     |                                     |
| Site Acreage: 4.297   |                |                                     |                                     |
| Reporting Period: April 21, 2019 to April 21, 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"/> |

|   |  |                                     |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | <b>Box 2</b>                        |                          |
|   |  | YES                                 | NO                       |
| 6. Is the current site use consistent with the use(s) listed below?<br>Restricted-Residential, 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"/> |

**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

**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. C734142****Box 3****Description of Institutional Controls**

ParcelOwnerInstitutional Control**002-01-02.1**

Camillus Mills, LLC

Ground Water Use Restriction  
Monitoring Plan  
Site Management Plan  
O&M Plan

IC/EC Plan

- require the remedial party or site owner to complete and submit to the Department a periodic certification that institutional and engineering controls are in place accordance with Part 375-1.8(h)(3);
- allow the use and development of the controlled property for restricted-residential and commercial use as defined by Part 375-1.8(g), although land use is subject to local zoning laws;
- restrict the use of groundwater as a source of potable or process water without necessary water quality treatment as determined by the NYSDOH or County DOH; and
- require compliance with the Department approved Site Management Plan.

**002-01-03.0**

Camillus Mills, LLC

Ground Water Use Restriction  
Monitoring Plan  
Site Management Plan  
O&M Plan  
IC/EC Plan

- require the remedial party or site owner to complete and submit to the Department a periodic certification that institutional and engineering controls are in place accordance with Part 375-1.8(h)(3);
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- require compliance with the Department approved Site Management Plan.

**002-01-04.0**

Camillus Mills, LLC

Ground Water Use Restriction  
Monitoring Plan  
Site Management Plan  
O&M Plan  
IC/EC Plan

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

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- require compliance with the Department approved Site Management Plan.

Box 4

### Description of Engineering Controls

#### Parcel

#### Engineering Control

**002-01-02.1**

#### Vapor Mitigation Cover System

Cover System - A site cover will be required to allow for restricted—residential and/or commercial use of the site, though use is governed by local zoning. The cover will consist either of the structures such as a buildings, pavement, sidewalks comprising the site development (or such structures that currently exist at the site), or a soil cover, in areas where the upper two feet of exposed surface soil will exceed the applicable soil cleanup objectives (SCOs). Where a soil cover is required, it will be a minimum of two feet of soil placed over a demarcation layer, with the upper six inches of the soil of sufficient quality to maintain a vegetation layer. Soil cover material, including any fill material brought to the site, will meet the SCOs for cover material as set forth in 6 NYCRR Part 375-6.7(d).

Vapor Mitigation - The existing on-site building will be required to have a sub-slab depressurization system, or a similar engineered system to prevent the migration of vapors into the building from soil and/or groundwater.

**002-01-03.0**

#### Vapor Mitigation Cover System

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**002-01-04.0**

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Vapor Mitigation - The existing on-site building will be required to have a sub-slab depressurization system, or a similar engineered system to prevent the migration of vapors into the building from soil and/or groundwater.

### 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

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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. C734142**

**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 James Kinder at 221 West Division St Syracuse, NY 13204  
print name print business address

am certifying as Member (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

6/17/20

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 JOHN C. HERRMANN at TDK ENGINEERING ASSOCIATES, P.C.  
19 GENESEE ST., CAMILLUS, NY 13031  
print name print business address

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

John C. Herrmann  
Signature of Professional Engineer, for the Owner or  
Remedial Party, Rendering Certification



6/16/20  
Date