



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. E905029

Site Name Bush Industries Site

Site Address: 1 North Main St Zip Code: 14719
City/Town: Cattaraugus
County: Cattaraugus
Site Acreage: 4.430

Reporting Period: April 22, 2018 to April 22, 2023

- | | 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?
Restricted-Residential, 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.

Colleen P. Jones
Signature of Owner, Remedial Party or Designated Representative

1020-23
Date

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.

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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

10-20-23

Date

SITE NO. E905029

Box 3

Description of Institutional Controls

Parcel

Owner

Institutional Control

35.081-1-16

Historic Cattaraugus Corporation

Ground Water Use Restriction
Soil Management Plan
Landuse Restriction

Industrial - shovel ready

Commercial - 1 foot of fill

Restricted Residential - 2 feet of fill

Box 4

Description of Engineering Controls

None Required

Not Applicable/No EC's

IC CERTIFICATIONS
SITE NO. E905029

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 Colleen Young at Historic Cattaraugus Co'p
print name print business address

am certifying as President (Owner or Remedial Party)

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

Colleen Young Pres.
Signature of Owner, Remedial Party, or Designated Representative
Rendering Certification

10-20-23
Date