



January 7, 2020

Mr. David Szymanski  
Division of Environmental Remediation  
NYS Department of Environmental Conservation  
270 Michigan Ave.  
Buffalo, NY 14203-2915

Re: Cornell University Vineyard Research lab #V00417  
Voluntary Cleanup Agreement No.: B9-0587-00-11

Dear Mr. Szymanski:

With regard to the Cornell University Vineyard Research Lab Site #V00417, I am writing to certify that the institutional controls put in place pursuant to the executed voluntary agreement, are still in place, have not been altered and are still effective.

Please feel free to contact me at 607-255-0485 should you have any questions about this certification.

Sincerely,

A handwritten signature in blue ink, appearing to read "Eric Harrington", written over the word "Sincerely,".

Eric Harrington  
Director, Occupational and Environmental Health

Enc.

xc: Dr. Terry Bates, CLEREL  
A. Vail, CALS Facilities  
A. Murphy, EH&S  
P. Paradise, CALS

J. Remillard, CALS Facilities  
M. Wessel, University Counsel  
K. Gutenberger, Cornell Real Estate



**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.	V00417		
<b>Site Name</b> Cornell University Vineyard Research Lab			
<b>Site Address:</b> 412 East Main Street <b>Zip Code:</b> 14063			
<b>City/Town:</b> Fredonia			
<b>County:</b> Chautauque			
<b>Site Acreage:</b> 2.020			
<b>Reporting Period:</b> December 10, 2014 to December 10, 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 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? 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. V00417**

**Box 3**

**Description of Institutional Controls**

**Parcel**

**113.09-1-28**

**Owner**

**Cornell University C/O Real Estate Dept.**

**Institutional Control**

**Land Use Restriction**

**Ground Water Use Restriction**

**Box 4**

**Description of Engineering Controls**

**None Required**

**Not Applicable/No EC's**

**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. V00417

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 Terence Bates at 6592 W. Main Rd. Portland NY 14769  
print name print business address

I am certifying as DESIGNATED REP (Owner or Remedial Party)

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

Terence Bates  
Signature of Owner, Remedial Party, or Designated Representative  
Rendering Certification

1/8/2020  
Date