

**Inactive Hazardous Waste Site Operations and Maintenance Review Report**

Form Date 96 10 01

Site Name: HUNTINGTON LANDFILL		Class: 2	Number: 152040
O&M Funding Source: <input type="checkbox"/> State Superfund <input type="checkbox"/> Federal Superfund <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Responsible Party			
O&M Information: O&M Start: 03/96		End:	Annual Cost: \$ <input type="checkbox"/> Estimated
Interim Remedial <b>Measures/Operable</b> Units in O&M Phase:			
<input type="checkbox"/> Drum Removal	<input type="checkbox"/> Soil Removal	<input type="checkbox"/> Tank Removal	
<input checked="" type="checkbox"/> Cap/Cover	<input type="checkbox"/> Containment Structure	<input checked="" type="checkbox"/> Fence/Security	
<input type="checkbox"/> Groundwater Recovery/Treatment	<input type="checkbox"/> Leachate Collection/Treatment	<input type="checkbox"/> Vapor Extraction/Treatment	
<input type="checkbox"/> Air Sparging/Stripper System	<input type="checkbox"/> Treatment/Filtration Plant/System	<input checked="" type="checkbox"/> Potable Water Supply/System	
<input checked="" type="checkbox"/> Other: Active gas collection system to vent methane			
Institutional Controls: <input checked="" type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Department of Health Sampling			
<input type="checkbox"/> Other:			
<b>O&amp;M Review Information:</b>			
Reports: Landfill Gas Monitoring, and Site Inspection Reports through May 2001, Semi Annual Groundwater & Surface Water Sampling and Analysis Report April 2001			
Inspection: <u>Site viewed on February 5, 2001</u>			
Sampling: _____			
Other: _____			
<b>Conclusions:</b>			
Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: _____			
ROD compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: _____			
Consent Order Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: _____			
Other: _____			
<b>Recommendations:</b> <u>Semi-annual sampling results from April 2001 are generally consistent with past sampling. Groundwater highlights show decreases of 1,1,1-TCE from 5.3 ppb to 4.7 ppb in one well and decreases of chlorobenzene from 6.7 ppb to ND in another. in CW-4 from 47.3 ppm to 1.43 ppm, and ammonia decreased from 4.5 ppm to ND. Notable increases included benzene from ND to 2.9 ppb in CW1-S, chromium from 1 ppb to 83.9 ppb in CW1-M and iron from 16.4 ppb to 2,100 ppb in EN6-S.</u>			
<u>Surface water sampling indicates a decrease of sulfate in SW-7 from 270 ppm to 240 ppm.</u>			
ROD/Consent Order Modifications? <input type="checkbox"/> No <input type="checkbox"/> Yes (per above) Reclassify the Site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes → Class:			
Comments: <u>This landfill has an active gas collection and venting system and consequently methane levels do vary but generally are within expected levels for a landfill. Monthly landfill gas migration control program monitoring reports are submitted regularly by the Town of Huntington. An unusually high reading of methane was observed at 5% at the Animal Control Facility well AS-NE during March 2001's sampling event. The previous high was 1% at well AS-SW in late 2000. During May and April 2001 methane was not detected in either of these two wells.</u>			
NEXT ANNUAL REVIEW DUE JULY 2001			
Project Manager: <i>Carl Hoffman</i> Signature		Reviewer: <i>Thomas A. Reardon</i> Signature	
7/26/01 Date		7/26/01 Date	
Carl Hoffman	Hazardous Site Control		
Name	Region or Bureau	Name	Region or Bureau
402-9564	Telephone		Telephone

O&M Review Report Data Collection Form

- revised 3-15-01

Explanation	WRITE HERE	Fields
Site Code	152040	s_code
Funding source (key) Circle one:	S   F   <input checked="" type="checkbox"/>   L   R   L   V   L   B	funding
O&M responsibility (key)	<input checked="" type="checkbox"/> DER   DO   DHSM   EPA   USAF   USN   ARMY   DOD   DOE   T3   RP	aegis
O&M Oversight Lead (key)	<input checked="" type="checkbox"/> CO   RO   DOW   DOH   FED   P360   RCRA	os_lead
Lead bureau, if Central Office lead (key)	ERA   CRA   WRA   <del>ESA</del>   <input checked="" type="checkbox"/> HSC	co_bur
O&M Start Date	Month 3 Day 0 Year 96	om_start
PLN or ACT (planned or actual)	Circle one: PLN or <input checked="" type="checkbox"/> ACT	pln_act
Enter the amount or NA	\$ NA or NA	an_cost
Remedy (key) ie. "AS, CA, CP, GM"	(key) CP FS MO OT	remedy
Institutional control type (key)	NA or Circle one: <input checked="" type="checkbox"/> 1 2 3 4 5 6 7	ins-type
Which reports were used for the review?	NA or list: see front	rpt_name
Was an inspection made? (Y/N)	DRIVE By but NOT Circle one: Y <input checked="" type="checkbox"/> N	insp_md
Sampling done? (Y/N)	ON 2/5/01 Circle one: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N RP	sampling
DEC sampling date	Month Day Year	sampl_dt
Next planned DEC sampling date	Month Day Year	pl_sampl
Other (Y/N)	Circle one: <input checked="" type="checkbox"/> Y N	other
Comments if "Y" in OTHER, ie. "DEC INSPECTION ON 4/3/00"	Comment: Regular monthly inspections by the RP.	other
Remedy effective? (Y/N, D = as designed, NA)	Circle one: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N D NA	rem_eff
ROD compliance? (Y/N, NA)	Circle one: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N NA	rod_cmpl
Consent order compliance (Y/N, NA)	Circle one: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N NA	con_cmpl
Problems? (key)	(key) NO	problems
Rating of the degree of problem: SLight, MODerate, SEVere, NA	Circle one: SL MOD SEV NA	prob_dgr
Describe the current site status with respect to the problem	E-mail to Will or use back of this form	descr
Describe what's been done about the problem	E-mail to Will or use the back of this form	action
ROD/CO modifications? (Y/N)	Circle one: Y <input checked="" type="checkbox"/> N	rod_mod
Reclassify the site? (Y/N)	Circle one: Y <input checked="" type="checkbox"/> N	reclass
Recommended class (Enter reclass # or NA)	New or recommended class: NA	red_to
O&M Status (key)	Circle one: <input checked="" type="checkbox"/> 1 2 3 4 5	conduct
Comments: (If lengthy, e-mail to Will) ...		
SEE FRONT OF O&M Report Review for comments that might be of interest.		
Next Review Date	July 2001 Month 7 Day - e a 01	next_rev
Project Manager who signed the form	CARL H. Name: CARL H.	proi_mgr
Reviewer who signed the form	TOM R. Name: TOM R.	reviewer
Review report date, signature date	7/26/01 Month 7 Day 26 Year 01	rpt_date