

**Operations, Maintenance and Monitoring Review Report**

PERIOD COVERED BY THE REPORT 01/12/01 - 01/17/02

Form Date 2001.09.28

Site / Spill Number: 558001		Site Name: Fort Edward Landfill		Op Unit: 01		Class: 2	
Project Lead: <input checked="" type="checkbox"/> State Superfund <input type="checkbox"/> State Oil Spill Fund <input type="checkbox"/> Brownfields <input type="checkbox"/> Volunteer <input type="checkbox"/> Responsible Party							
OM&M Start Date: 11/98 <input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED COST: <input type="checkbox"/> Federal Superfund							
MEDIA/RECEPTORS: <input type="checkbox"/> soil <input type="checkbox"/> air <input type="checkbox"/> indoor air <input checked="" type="checkbox"/> groundwater <input checked="" type="checkbox"/> surface water <input type="checkbox"/> drinking water <input type="checkbox"/> sediment							
Contaminant(s) of Concern: scrap capacitors, 850 tons (containing PCB oil); solvents, 200 to 400 tons							
Remedies: (mark all technologies that have been used, circle the remedy that is currently active)							
<input type="checkbox"/> Air Sparge		<input type="checkbox"/> LNAPL Product Recovery		<input type="checkbox"/> Permeable Reactive Wall			
<input type="checkbox"/> Bio Sparge		<input type="checkbox"/> DNAPL Product Recovery		<input type="checkbox"/> Plume Management Monitoring			
<input type="checkbox"/> Enhanced Bio Remediation		<input type="checkbox"/> Monitoring w / No other action		<input checked="" type="checkbox"/> Pump and Treat (w/phragmites)			
<input checked="" type="checkbox"/> Cap / Cover		<input type="checkbox"/> Monitored Natural Attenuation		<input type="checkbox"/> Soil Removal			
<input type="checkbox"/> Containment / Stabilization		<input type="checkbox"/> Multi Phase Extraction		<input type="checkbox"/> Soil Vapor Extraction			
<input type="checkbox"/> Hydraulic Control		<input type="checkbox"/> Off Gas Treatment		<input type="checkbox"/> Soil Washing			
<input type="checkbox"/> In-situ Chemical Oxidation		<input type="checkbox"/> On-site Soil Treatment		<input type="checkbox"/> Vapor Abatement			
<input type="checkbox"/> Alternate/Treated Potable Supply		<input type="checkbox"/> Other Please specify:					
Alternate Potable Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No (check all that apply) <input type="checkbox"/> New Well Installation							
<input type="checkbox"/> Waterline Extension / Hook Up (# ) <input type="checkbox"/> Drinking Water Filters (# ) <input type="checkbox"/> Supplied Bottle Water (# )							
Size of Treatment System: <input type="checkbox"/> small (<10 gpm) <input checked="" type="checkbox"/> medium (10-50 gpm) <input type="checkbox"/> large (>50 gpm)							
Institutional Controls: <input type="checkbox"/> none required <input type="checkbox"/> Consent Order/Decree <input type="checkbox"/> Condemnation of Property							
<input type="checkbox"/> Deed Notice <input type="checkbox"/> Deed Restriction <input checked="" type="checkbox"/> Discharge Permit <input type="checkbox"/> Ground Water Use Restrictions <input type="checkbox"/> Site Security (not fence)							
<input type="checkbox"/> Environmental Easement <input checked="" type="checkbox"/> Haz. Waste Site Registry <input type="checkbox"/> Local Permit <input type="checkbox"/> Part 360 Permit <input type="checkbox"/> Zoning Restriction							
<input type="checkbox"/> Public Health Advisories <input type="checkbox"/> Spill Database Notification <input type="checkbox"/> Other:							
Annual Institutional Controls Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No date: Any Engineering Controls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
OM&M Review Information: Last Date of DEC Inspection <u>01/09/02</u> DEC Split or Check Sampling date							
Report(s) used for Evaluation: Site Constructed Wetland Treatment System Data Collection Sheets							
Long-Term Monitoring (effectiveness sampling): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency semiannual # of wells <u>12</u>							
Treatment System (performance sampling): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency monthly							
Remedial Status: Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
ROD Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Consent Order/Decree Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A							
<input checked="" type="checkbox"/> NONE (if problem, please add comments)		<b>OM&amp;M/REMEDY PROBLEM STATUS</b>					
<input type="checkbox"/> SLIGHT							
<input type="checkbox"/> MODERATE							
<input type="checkbox"/> SEVERE							
Evaluation: <input checked="" type="checkbox"/> Continue OM&M <input type="checkbox"/> Optimize OM&M Remedy <input type="checkbox"/> Closeout (time frame: )							
The Constructed Wetland Treatment System effluent meets all discharge limits for contaminants of concern (PCBs and Volatiles). Both Iron (total) and Total Dissolved Solids consistently exceed the permit limits. Total Iron is present above gw standards as a natural condition of the gw in the area. Neither of these exceedances are site related contaminants.							
The Wetland Mitigation Study, done by Delaware Engineering as a subcontract to the URS Work Assignment, was completed (Year 3 of 5). This report is sent to the Army Corp of Engineers and fulfills our obligation on the wetland replacement in kind.							
Comments/Changes/Attachments? (site map, plume map, data table)							
The groundwater pumps in Pump Chambers W4 and P5 continually need watching. P5 was replaced in Nov. 2001. W4 is currently in need or repair or replacement. Both pumps run continuously and were changed in late 2000.							
The Work Assignment will be extended for one year.							
ROD/Consent Order Modifications? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (per above) Reclassify the Site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class:							
Next Review:							
Project Manager/Lead: <u>John R. Strang</u> <u>8/17/02</u>				Reviewer: <u>Gerald J. Rider, Jr.</u> <u>2/5/02</u>			
Signature		Date		Signature		Date	
John R. Strang		DER, BHSC		Gerald J. Rider, Jr.		DER, BHSC	
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