

Operations, Maintenance and Monitoring Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT - 2005

Form Date 2003.01.08

Site / Spill Number: 932022		Op Unit No.:	Class: 4
Site Name: Hooker 102 nd St. Landfill/Olin 102 nd St. Landfill			
Current Use: Inactive.			
OM&M Lead / Funding: <input type="checkbox"/> State Superfund <input type="checkbox"/> State Oil Spill Fund <input type="checkbox"/> Brownfields <input type="checkbox"/> Voluntary Cleanup <input checked="" type="checkbox"/> Responsible Party <input type="checkbox"/> Federal Superfund (NPL)			
OM&M Start Date: <input checked="" type="checkbox"/> ACTUAL 3/99 <input type="checkbox"/> PLANNED		OM&M End Date: Continuing Cost/Yr.: Unknown.	
Media / Receptors: <input checked="" 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 checked="" type="checkbox"/> Sediment			
Contaminant(s) of Concern: Organic phosphites, sodium, hypophosphite, BHC cake, lindane, chlorobenzenes, chlorinated organics, brine sludge, and gypsum.			
Remedies: (mark all technologies that have been used, circle the remedy (ies) that is/are currently active)			
<input type="checkbox"/> Air Sparging	<input type="checkbox"/> LNAPL Product Recovery	<input type="checkbox"/> Permeable Reactive Wall	
<input type="checkbox"/> Biosparging	<input checked="" type="checkbox"/> DNAPL Product Recovery	<input type="checkbox"/> Plume Management Monitoring	
<input type="checkbox"/> Enhanced Bioremediation	<input checked="" type="checkbox"/> Monitoring w / No other action	<input checked="" type="checkbox"/> Pump and Treat *	
<input checked="" type="checkbox"/> Cap / Cover	<input type="checkbox"/> Monitored Natural Attenuation	<input type="checkbox"/> Soil Removal	
<input checked="" type="checkbox"/> Containment / Stabilization	<input type="checkbox"/> Multi-phase Extraction	<input type="checkbox"/> Soil Vapor Extraction	
<input checked="" 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 checked="" type="checkbox"/> Other Please specify: Sediment Removal.		
Alternate Potable Supply: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <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 (#____)			
Treatment System Size: <input checked="" type="checkbox"/> small (<10 gpm) <input type="checkbox"/> medium (10-50 gpm) <input type="checkbox"/> large (50-500 gpm) <input type="checkbox"/> extra-large (>500 gpm)			
Institutional Controls: <input type="checkbox"/> none required <input checked="" type="checkbox"/> Consent Order/Decree <input type="checkbox"/> Condemnation of Property <input type="checkbox"/> Deed Notice <input checked="" type="checkbox"/> Deed Restriction			
<input type="checkbox"/> Discharge Permit (SPDES) <input type="checkbox"/> Ground Water Use Restrictions <input checked="" type="checkbox"/> Site Security <input type="checkbox"/> Environmental Easement <input checked="" type="checkbox"/> Haz. Waste Site Registry			
<input checked="" type="checkbox"/> Local Permit (POTW) <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:			
Engineering Controls: <input checked="" type="checkbox"/> none required <input type="checkbox"/> Pump & Treat (In-situ remediation) <input type="checkbox"/> Vapor Mitigation <input type="checkbox"/> Water Treatment Filters			
Annual Institutional / Engineering Controls Certification: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No date:			
OM&M Review Information: Date of last DEC Inspection: April 28, 2005 Date of DEC Split / Check Sampling:			
Report(s) used for Evaluation: RP Reports and site inspection.			
Long-Term Monitoring (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Frequency: Semi- Annually. # of wells: 10. Water levels:			
Treatment System Monitoring* (performance sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Frequency: Monthly SPDES: N/A			
Remedial Status: Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)			
ROD Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Consent Order/Decree Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
OM&M / Remedy Problem Status (if problem, please refer to problem severity table)			
<input checked="" type="checkbox"/> NONE			
<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"/> Close Remedial Process <input type="checkbox"/> Closeout Site			
<input type="checkbox"/> The remedy is performing properly and effectiveness will be evaluated.			
<input checked="" type="checkbox"/> The remedy is performing properly and is effective.			
<input type="checkbox"/> The remedy is not performing properly and is being evaluated further.			
<input type="checkbox"/> The remedy is performing properly but is not effective and is being evaluated.			
<input type="checkbox"/> The remedy has failed and the site will be reclassified.			
Comments / Recommendations (i.e., gen, optimize OM&M or remedy, change monitoring frequency, when to close process or site)			
The site was found in acceptable condition during the inspection done on April 28, 2005. Cap: Very good. No significant signs of erosion. Vegetation is well established. Two groundhog dens observed. Gates and Fencing: Good with the exception of seperated top rails on the east and northeast sides. Access Roads: Good. Pumps: Good. Effectively discharging to PC-3 at Love Canal. Pump vaults: Very good. PLC system, controls, recorders, dialers: Very good. Monitoring wells: Good. Outfall to the Niagara River: Obstructed. NAPL Recovery Well NR-2: Passive state. MSRM preparing to commence auto. pump out. Subject to RCRA regulations. * Leachate is pumped and treated at the Love Canal Facility. The combined leachate and effluent after treatment is sampled quarterly. MSRM will take corrective measures on the groundhog dens, fence and outfall.			
Consent Order End Date: Not applicable.		Next Review Date: 4/06	
Project Manager / Lead: <i>Lorian P. Sabatini 5/16/05</i>			
<i>Jeff Korcella</i> Signature		Date: 5/16/05	
Agency / Division / Region: <i>NYS DEC Reg 9 DER</i>			
Telephone: <i>(716) 851-7220</i>			
		Date Entered into DER Tracking System and submitted to Supervisor as a Review Report: _____	