

## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION Division of Environmental Remediation

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

			Form Date 96.10.01
Şite Name: Purex-Mitchell Field	Class:	4 1	Number: 1-30-014
OBM Funding Source:   State Superfun	d 🛘 Federal Superfund	☐ Municipal	✓ Responsible Party
O&M Information: O&M Start: 89/10	End:	Annual Cost:	\$
Interim Remedial <b>Measures/Operable</b> Units in	n <b>O&amp;M</b> Phase:		
☐ Drum Removal ☐ S	Soil Removal	☐ Tank Re	moval
☐ Cap/Cover ☐ (	Containment Structure	☐ Fence/S	ecurity
✓ Groundwater Recovery/Treatment □ L	_eacnate Collection/Treatment	□ Vapor Ex	xtraction/Treatment
☐ Air <b>Sparging/Stripper</b> System ☐ <b>1</b> ☐ <b>Other</b> :	Freatment/Filtration Plant/Systen	n	Water Supply/System
Institutional Controls:   Deed Restriction	✓ Discharge Permit	□ Denar	tment of Health Sampling
☐ Other:	<b>₽</b> Discharge i ennit	ц Бераі	unent of Fleatur Sampling
O&M Review Information:			
Reports: Nassau County DPW, Hazardous Se	rvices Unit receives all reports a	nd monitors this t	facility.
			domy.
Inspection: Nassau County DPW performs rou	•		
Sampling: Nassau County DPW performs per			2070
Other: Update from Peter Witkowski of Nassau	County on May 7,2002 telepho	one (516) 5/1 - 6	1970
Conclusions:			
Remedy Effective?   ✓ Yes □ No:			
ROD Compliance? ☐ Yes ☐ No:			
Consent Order Compliance?   ✓ Yes □ No	):		
Othory			
Other:			
Recommendations: The Nassau County DPV	V indicates that capital improver	nents have been	made to increase pumping
and improve the capture of contamination. Mec			
in the horsepower from 15 to 20 will improve pu			
contaminate concentrations have been seen. A			
from the air-stripper is being passed through ca			
a number of years and the influent contamination			
chloride has been higher that expected and the Nassau County will assume the responsibility to			term treatment options.
Trassau County will assume the responsibility to	operate this facility of January	1 2003.	
ROD/Consent Order Modifications? ✔ No [	☐ Yes (per above) Reclassify t	he Site? ✔ No	☐ Yes → Class:
Comments: Deeper zone monitoring wells, on t	•		
the bottom of plume has been reached and sam			
contained. Four parties are involved in this site, Purex.	Nassau County, the Town of He	empstead, the INY	'S Attorney General and
T diex.			
NEXT REVIEW DUE: May 2003			,
Project Manager:	Reviewer: ### ### ############################	S. Leamon	5 heloz
Signature ///	Date Signature		Date
Carl Hoffman WIS/BHSC/DER (51  Name Region or Bureau Teleph	18) 402-9564 Thomas Reamon I	P.E. WIS/BHSC/D Region or Bure	

Own Review Report Data Collection Form	- revised 3-15-01	
Explanation	WRITE HERE	Fields
Site Code	130014	s_code
Funding source (key) Circle one:	ISIFITIL (B) (L) IVILIBI	funding
O&M responsibility (key)	DER IDO I DHSM JEPA JUSAF JUSN JARMY JOOD JOOE T3 J RP	
O&M Oversight Lead (key)	@   RO   DOW   DOH   FED   P360   RCRA	os lead
Lead bureau, if Central Office lead (key)	ERA CRA WRA BCS (SC)	co bur
O&M Start Date	Month / Day Year 87	om start
PLN or ACT (planned or actual)	Circle one: PLN or (C)	pln act
Enter the amount or NA	\$ or NA	an cost
Remedy (key) ie. "AS, CA, CP. GM"	(key) AS GW	remedy
Institutional control type (key)	(NA) or Circleone: 1 2 3 4 5 6 7	ins_type_
Which reports were used for the review?	NA Orlist: REPORT FROM PETER	
Was an inspection made? (Y/N)	Circle one: Y/N	insp md
Sampling done? (Y/N)	Circle one: Y I(N)	sampling
DEC sampling date	Month Day Year	sampi dt
Next planned DEC sampling date	Month Dav Year	pi sampi
Other (Y/N)	Circle one: Y∎N	
Comments if "Y" in OTHER, ie. "DEC INSPECTIONON 4/3/00"	Comment:	
Remedy effective? (Y/N, D = as designed, NA)	Circle one: (2) N D NA	
ROD compliance? (Y/N, NA)	Circle one: Ø/N NA	
Consent order compliance WIN, NA)	Circle one: (2)/N NA	
Problems? (key)	(key) NO	
Rating of the degree of problem: SLight, MODerate, SEVere, NA	Circle one: SL MOD SEV NA	
Describe the current site status with respect to the problem	E-mail to Will or use back of this form	
Describe what's been done about the problem	E-mail to Will or use the back of this form	
ROD/CO modifications? (Y/N)	Circle one: Y/65	
Reclassify the site? (Y/N)	Circle one: Y (N)	
Recommended class (Enter reclass # or NA)	New or recommended class:	
O&M Status (key)	Circle one: 1 (2) 3 4 5	conduct
Comments: (if lengthy, e-mail to Will)		
	Month 5 Day Year 2003	next rev
Next Review Date		
Next Review Date  Project Manager who signed the form  Reviewer who signed the form	Name: CARL HOFFMAN Name: Tom REAMON	proj_mgr_

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