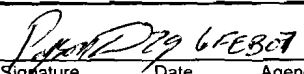


Figure 1.

Site Management Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT 2006

Form Date 2005.08.30

Site / Spill Number: 130050		Site Name: Franklin Cleaners		Op Unit No.: 00		Class: 02	
Current Use:							
Site Management Lead / Funding: <input checked="" type="checkbox"/> State Superfund <input type="checkbox"/> Petroleum Remediation (PET) PIN <input type="checkbox"/> Environmental Restoration Program (ERP) <input type="checkbox"/> Brownfields Cleanup Program (BCP) <input type="checkbox"/> Responsible Party <input type="checkbox"/> Federal Superfund (NPL)							
SM Start Date: 04/01/2004		<input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED		SM End Date: 03/31/2024		SM Cost/Yr.:	
Media / Receptors: <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Indoor Air <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Drinking Water <input type="checkbox"/> Sediment							
Contaminant(s) of Concern: PCE				Release estimate:			
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"/> Bio-sparging	<input type="checkbox"/> Enhanced Bio-remediation	<input type="checkbox"/> Cap / Cover (acreage? _____)	<input type="checkbox"/> Containment / Stabilization	<input checked="" type="checkbox"/> Hydraulic Control	<input type="checkbox"/> In-situ Chemical Oxidation	<input type="checkbox"/> Alternate/Treated Potable Supply
<input type="checkbox"/> LNAPL Product Recovery	<input type="checkbox"/> DNAPL Product Recovery	<input type="checkbox"/> Monitoring w / No other action	<input type="checkbox"/> Monitored Natural Attenuation	<input type="checkbox"/> Multi-phase Extraction	<input type="checkbox"/> Off Gas Treatment	<input type="checkbox"/> On-site Soil Treatment	<input checked="" type="checkbox"/> Other Please specify: Sir Stripper
<input type="checkbox"/> Permeable Reactive Wall	<input checked="" type="checkbox"/> Plume Management Monitoring	<input type="checkbox"/> Pump and Treat	<input type="checkbox"/> Soil Removal	<input checked="" type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Soil Washing	<input type="checkbox"/> Vapor Abatement	
Alternate Potable Supply: <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes (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 (# _____)			
Treatment System Size: <input 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 type="checkbox"/> Consent Order/Decree <input type="checkbox"/> Condemnation of Property <input type="checkbox"/> Deed Notice <input type="checkbox"/> Deed Restriction							
<input type="checkbox"/> Discharge Permit <input type="checkbox"/> Ground Water Use Restrictions <input type="checkbox"/> Site Security <input type="checkbox"/> Environmental Easement <input type="checkbox"/> Hazard. Waste Site Registry							
<input type="checkbox"/> Local Permit <input type="checkbox"/> Part 360 Permit <input type="checkbox"/> Zoning Restriction <input type="checkbox"/> Public Health Advisory <input type="checkbox"/> Spill Database Notification <input type="checkbox"/> Intrusion Restriction							
Engineering Controls: <input type="checkbox"/> none required <input type="checkbox"/> Pump & Treat (In-situ remediation) <input checked="" type="checkbox"/> Vapor Mitigation <input type="checkbox"/> Water Treatment Filters							
<input type="checkbox"/> Cap/Containment/Barriers <input type="checkbox"/> Fence <input type="checkbox"/> Slurry Walls <input type="checkbox"/> Access Control <input type="checkbox"/> Alternate Water Supply <input type="checkbox"/> Public Water Supply Treatment							
Engineering / Institutional Controls Certification: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No date:							
SM Periodic Review Information: Date of last DEC Inspection <u>02/22/2006</u> Date of DEC Split / Check Sampling _____							
Report(s) used for Evaluation: Sampling data dated 05/09/2006							
Long-Term Monitoring (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ # of wells _____							
Treatment System Monitoring (performance sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____							
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			
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE							
Site Management / Remedy Problem Status (if problem, please refer to Problem Severity Table)							
Evaluation: <input checked="" type="checkbox"/> Continue Site Management <input type="checkbox"/> Optimize Site Management / Remedy <input type="checkbox"/> Close Remedial Process							
<input type="checkbox"/> Site Closeout (date: _____)		<input type="checkbox"/> The remedy is performing properly and is effective. <input type="checkbox"/> The remedy is performing properly and effectiveness will be evaluated. <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., how to optimize Site Management or the remedy; change monitoring frequency, etc.):							
Currently the Extraction wells (RW-1 and RW-2) are in the process of being repaired as well as the re development of these wells. The plume is being monitored to ensure that the public water supply is protected during this maintenance period.							
Frequency of Conducting SM Periodic Review: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3							
Consent Order End Date:				Next Review Date: 10/19/2009			
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:			
Project Manager / Lead: Payson Long							
 Signature Date Agency/Division/Region Telephone				Date Entered into UIS / PR Report submitted for Review: Reviewer Signature Title Date Agency/Division/Region Telephone			