

Figure 1.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
Division of Environmental Remediation

**Site Management Periodic Review Data Collection Form**

PERIOD COVERED BY THE REPORT 2006

Form Date 2005.08.30

<b>Site / Spill Number:</b> 152026		<b>Site Name:</b> SMS Instruments		<b>Op Unit No.:</b> 00		<b>Class:</b> 02	
<b>Current Use:</b> The On-site building is vacant							
<b>Site Management Lead / Funding:</b> <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)							
<b>SM Start Date:</b> 07/15/1995 <input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED				<b>SM End Date:</b> 12/31/2007		<b>SM Cost/Yr.:</b>	
<b>Media / Receptors:</b> <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							
<b>Contaminant(s) of Concern:</b> BTEX and VOC's				<b>Release estimate:</b>			
<b>Remedies:</b> (mark all technologies that have been used, circle the remedy (ies) that is/are currently active)							
<input checked="" type="checkbox"/> Air Sparging		<input type="checkbox"/> LNAPL Product Recovery		<input type="checkbox"/> Permeable Reactive Wall			
<input checked="" type="checkbox"/> Bio-sparging		<input type="checkbox"/> DNAPL Product Recovery		<input checked="" 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			
<input type="checkbox"/> Cap / Cover (acreage? _____)		<input type="checkbox"/> Monitored Natural Attenuation		<input type="checkbox"/> Soil Removal			
<input type="checkbox"/> Containment / Stabilization		<input type="checkbox"/> Multi-phase Extraction		<input checked="" 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 type="checkbox"/> Other Please specify:					
<b>Alternate Potable Supply:</b> <input type="checkbox"/> NO <input checked="" 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 (# _____)							
<b>Treatment System Size:</b> <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)							
<b>Institutional Controls:</b> <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							
<b>Engineering Controls:</b> <input type="checkbox"/> none required <input type="checkbox"/> Pump & Treat (In-situ remediation) <input 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							
<b>Engineering / Institutional Controls Certification:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No date:							
<b>SM Periodic Review Information:</b> Date of last DEC Inspection <u>09/11/2006</u> Date of DEC Split / Check Sampling _____							
<b>Report(s) used for Evaluation:</b> Sampling data dated 10/2006							
<b>Long-Term Monitoring</b> (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ # of wells <u>24</u>							
<b>Treatment System Monitoring</b> (performance sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____							
<b>Remedial Status: Remedy Effective?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)							
<b>ROD Compliance?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Consent Order/Decree Compliance?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
<input checked="" type="checkbox"/> NONE <b>Site Management / Remedy Problem Status</b> (if problem, please refer to Problem Severity Table) <input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE							
<b>Evaluation:</b> <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.							
<b>Comments / Recommendations</b> (i.e., how to optimize Site Management or the remedy; change monitoring frequency, etc.): A study is underway to determine if the continuation of the groundwater treatment system is required. The Phoster system remediation will continue as well as the Groundwater monitoring.							
<b>Frequency of Conducting SM Periodic Review:</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
<b>Consent Order End Date:</b>				<b>Next Review Date:</b> 10/19/2007			
<b>ROD/Consent Order Modifications?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (per above)				<b>Reclassify the Site?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class:			
<b>Project Manager / Lead:</b> Payson Long							
Signature <u>Payson Long</u> Date <u>6 FEB 07</u> Agency/Division/Region <u>DER</u> Telephone <u>402-9812</u>				<b>Date Entered into UIS / PR Report submitted for Review:</b> Reviewer Signature _____ Title _____ Date _____ Agency/Division/Region _____ Telephone _____			