

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

Site / Spill Number: 152108		Site Name: Liberty Finishing		Op Unit No.: 00		Class: 02			
Current Use: Land is Vacant									
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: 10/01/2001 <input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED				SM End Date: 12/30/2031				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:				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"/> LNAPL Product Recovery		<input type="checkbox"/> Permeable Reactive Wall					
<input type="checkbox"/> Bio-sparging		<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 type="checkbox"/> Pump and Treat					
<input checked="" type="checkbox"/> Cap / Cover (acreage? _____)		<input checked="" type="checkbox"/> Monitored Natural Attenuation		<input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> Yes (check all that apply)									
<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 checked="" 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 type="checkbox"/> Vapor Mitigation <input type="checkbox"/> Water Treatment Filters									
<input checked="" type="checkbox"/> Cap/Containment/Barriers <input checked="" type="checkbox"/> Fence <input type="checkbox"/> Slurry Walls <input checked="" 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 _____ Date of DEC Split / Check Sampling _____									
Report(s) used for Evaluation: Sampling data dated 04/2006									
Long-Term Monitoring (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____ # of wells <u>8</u>									
Treatment System Monitoring (performance sampling data): <input 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 Site Management / Remedy Problem Status (if problem, please refer to Problem Severity Table)									
<input type="checkbox"/> SLIGHT									
<input type="checkbox"/> MODERATE									
<input type="checkbox"/> SEVERE									
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.): Damage has occurred to the perimeter fence. As a result of the damage to the fence the site is being used as a C&D landfill. Repairs to the fence, removal of the C&D debris, and the Posting of the site are underway.									
Frequency of Conducting SM Periodic Review: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3									
Consent Order End Date:				Next Review Date: 10/19/2008					
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: <u>Payson Long</u> Date: <u>6 FEB 07</u> Agency/Division/Region: <u>DER</u> Telephone: <u>402 7812</u>				Date Entered into UIS / PR Report submitted for Review:					
Reviewer Signature		Title		Date		Agency/Division/Region Telephone			