

Operations, Maintenance and Monitoring Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT _____

Form Date 2002 08 19

Site / Spill Number: **203001** Site Name: **PELHAM BAY LANDFILL** Op Unit No.: **01** Class: **2**

Current Use:

OM&M Lead Funding: ☐ State Superfund ☐ State Oil Spill Fund ☐ Brownfields ☐ Voluntary Cleanup
☒ Responsible Party ☐ Federal Superfund (NPL)

OM&M Start Date: ☐ ACTUAL ☐ PLANNED OM&M End Date: Cost/Yr: **750,000**

Media / Receptors: ☐ Soil ☒ Air ☐ Indoor Air ☐ Groundwater ☒ Surface Water ☐ Drinking Water ☐ 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"/> Biosparging | <input type="checkbox"/> DNAPL Product Recovery | <input type="checkbox"/> Plume Management Monitoring |
| <input type="checkbox"/> Enhanced Bioremediation | <input type="checkbox"/> Monitoring w / No other action | <input type="checkbox"/> Pump and Treat |
| <input checked="" type="checkbox"/> Cap / Cover (acreage? 89.3) | <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 type="checkbox"/> Hydraulic Control | <input checked="" 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: ☐ NO ☐ Yes (check all that apply) ☐ New Well Installation
☐ Waterline Extension / Hook Up (#) ☐ Drinking Water Filters (#) ☐ Supplied Bottle Water (#)

Treatment System Size: ☐ small (<10 gpm) ☐ medium (10-50 gpm) ☐ large (50-500 gpm) ☐ extra-large (>500 gpm)

Institutional Controls: ☐ none required ☒ Consent Order/Decree ☐ Condemnation of Property ☐ Deed Notice ☐ Deed Restriction

☐ Discharge Permit ☐ Ground Water Use Restrictions ☒ Site Security ☐ Environmental Easement ☒ Haz. Waste Site Registry

☐ Local Permit ☐ Part 360 Permit ☐ Zoning Restriction ☐ Public Health Advisories ☐ Spill Database Notification ☐ Other:

Engineering Controls: ☐ none required ☐ Pump & Treat (In-situ remediation) ☐ Vapor Mitigation ☐ Water Treatment Filters

Annual Institutional Controls Certification: ☐ Yes ☐ No date:

OM&M Review Information: Date of last DEC Inspection _____ Date of DEC Split / Check Sampling _____

Report(s) used for Evaluation:

Long-Term Monitoring (effectiveness sampling data): ☒ Yes ☐ No Frequency: # of wells _____

Treatment System Monitoring (performance sampling data): ☐ Yes ☐ No Frequency:

Remedial Status: Remedy Effective? ☒ Yes ☐ No ☐ Not Applicable (N/A)

ROD Compliance? ☒ Yes ☐ No ☐ NIA Consent Order/Decree Compliance? ☒ Yes ☐ No ☐ N/A

☐ NONE ☐ SLIGHT ☒ MODERATE ☐ SEVERE
OM&M Remedy Problem Status (if problem, please refer to problem severity table)
THE LANDFILL FLARE ONLY WORKS INTERMITTENTLY.

Evaluation: ☐ Continue OM&M ☒ Optimize OM&M Remedy ☐ Close Remedial Process ☐ Closeout (date:)
☐ The remedy is performing properly and effectiveness will be evaluated.
☐ The remedy is performing properly and is effective.
THE FLARE IS DOWN. ☒ The remedy is not performing properly and is being evaluated further.
☐ The remedy is performing properly but is not effective and is being evaluated.
☐ The remedy has failed and the site will be reclassified.

Comments / Recommendations

OM & M MANUAL NEEDS TO BE UPDATED, REVIEWED AND APPROVED.
THE LANDFILL GAS FLARE NEEDS TO BE FIXED. THIS INCLUDES
GETTING NEW BLOWERS ELABORATE ON I.C.
NOW CRABION DOWNHOLE ON SOUTHEAST SLOPE.

Workplan Priority:

Consent Order End Date: Next Review Date:

ROD/Consent Order Modifications? ☒ No ☐ Yes (per above) Reclassify the Site? ☐ No ☐ Yes Class:

Project Manager / Lead:

Signature: **N. Coughlin** Date: **10/11/02** Agency/Division/Region: **DEC/DER/02** Telephone: **(718) 232-2000**
Date Entered into DER Tracking System and submitted to Supervisor as a Review Report: _____