

Inactive Hazardous Waste Site Operations and Maintenance Review Report

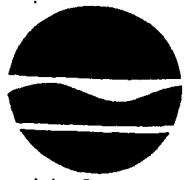
Form Date 96.10.01

Site Name: <u>IBM 952/982</u>		Class: <u>4</u>	Number: <u>314076</u>
O&M Funding Source: <input type="checkbox"/> State Superfund <input type="checkbox"/> Federal Superfund <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Responsible Party			
O&M Information:		O&M Start: <u>Oct 93</u>	End: _____ Annual Cost: \$ <input type="checkbox"/> Estimated
Interim Remedial Measures/Operable Units in O&M Phase:			
<input type="checkbox"/> Drum Removal	<input checked="" type="checkbox"/> Soil Removal	<input checked="" type="checkbox"/> Tank Removal	
<input type="checkbox"/> Cap/Cover	<input type="checkbox"/> Containment Structure	<input checked="" type="checkbox"/> Fence/Security	
<input checked="" type="checkbox"/> Groundwater Recovery/Treatment	<input type="checkbox"/> Leachate Collection/Treatment	<input type="checkbox"/> Vapor Extraction/Treatment	
<input type="checkbox"/> Air Sparging/Stripper System	<input type="checkbox"/> Treatment/Filtration Plant/System	<input type="checkbox"/> Potable Water Supply/System	
<input checked="" type="checkbox"/> Other: <u>Monitoring Wells</u>			
Institutional Controls: <input type="checkbox"/> Deed Restriction <input checked="" type="checkbox"/> Discharge Permit <input type="checkbox"/> Department of Health Sampling			
<input type="checkbox"/> Other: _____			
O&M Review Information:			
Reports: <u>Annual Groundwater Science Report 3-31-2001</u>			
Inspection: _____			
Sampling: _____			
Other: _____			
Conclusions:			
Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: <u>2 monitoring wells near source show little improvement since 94 ✓</u>			
ROD Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No: <u>N/A</u>			
Consent Order Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No: <u>N/A</u>			
Other: _____			
Recommendations: _____			
<u>Continue to run pump and treat system.</u>			
<u>There is a need to assess the effectiveness of the remedy. An appreciable downward trend is not evident.</u>			
ROD/Consent Order Modifications? <input type="checkbox"/> No <input type="checkbox"/> Yes (per above) Reclassify the Site? <input type="checkbox"/> No <input type="checkbox"/> Yes → Class:			
Comments: _____			
<u>Last year, asked owner to consider modifications to speed up clean-up @ MWS 10RA and 31R.</u>			
<u>Received proposal from owners engineer in 3-2001 Report stating that they will keep running system as presently designed.</u>			
Project Manager: _____		Reviewer: _____	
Signature	Date	Signature	Date
<u>Tim Schreyer</u>	<u>2-19-02</u>	<u>Raman and Bergada</u>	<u>Feb 29, 2002</u>
Name	Region or Bureau	Name	Region or Bureau
<u>3</u>	<u>845-256-3148</u>	<u>R3</u>	<u>845-256-3146</u>
Telephone		Telephone	

New York State Department of Environmental Conservation

Division of Environmental Remediation

Operation and Maintenance Inspection Report



John P. Cahill
Commissioner

Site # 314076 Site Name IBM B952/982 Location Poughkeepsie

Date 1-25-02 Contact Steve Brannan Phone# 845-433-1509

Type of Treatment: Pump and Treat Vapor Extraction Air Sparge
Monitoring Wells Other

Site Conditions: ① Very good ; site well maintained.

Treatment equipment status:

- ① Very good ; remote sensor on line allowing constant monitoring
- ② System also checked daily by technicians

Monitoring well status:

- ① Checked condition of every well on site. All are in good condition and accessible.

Improvements needed:

- ① None

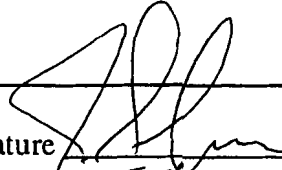
Person(s) present:

- ① Steve Brannan

General Comments

- ① None

Inspectors name Jim Schreyer

Inspectors signature 

Date 1-25-02