

Inactive Hazardous Waste Site Operations and Maintenance Review Report

Form Date 96.10.01

Site Name: <u>Macbeth Kollmorgen</u>		Class: <u>4</u>	Number: <u>336037</u>
08M Funding Source: <input type="checkbox"/> State Superfund <input type="checkbox"/> Federal Superfund <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Responsible Party			
08M Information:		O&M Start: <u>3-95</u>	End: _____
		Annual Cost: \$ _____	<input type="checkbox"/> Estimated
Interim Remedial Measures/Operable Units in O&M Phase: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Drum Removal</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Soil Removal</div> <div style="width: 33%;"><input type="checkbox"/> Tank Removal</div> <div style="width: 33%;"><input type="checkbox"/> Cap/Cover</div> <div style="width: 33%;"><input type="checkbox"/> Containment Structure</div> <div style="width: 33%;"><input type="checkbox"/> Fence/Security</div> <div style="width: 33%;"><input type="checkbox"/> Groundwater Recovery/Treatment</div> <div style="width: 33%;"><input type="checkbox"/> Leachate Collection/Treatment</div> <div style="width: 33%;"><input type="checkbox"/> Vapor Extraction/Treatment</div> <div style="width: 33%;"><input type="checkbox"/> Air Sparging/Stripper System</div> <div style="width: 33%;"><input type="checkbox"/> Treatment/Filtration Plant/System</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Potable Water Supply/System</div> <div style="width: 33%;"><input type="checkbox"/> Other: <u>Monitoring Wells</u></div> </div>			
Institutional Controls: <input type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Department of Health Sampling <input type="checkbox"/> Other: _____			
08M Review Information:			
Reports: <u>Correspondence between NYSDEC and Macbeth Kollmorgen</u>			
Inspection: <u>Dec 01 by J. Rashak</u>			
Sampling: <u>Dec 01 by J. Rashak - VOC's @ MW 13 conc. 150 ppb</u>			
Other: _____			
Conclusions:			
Remedy Effective? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: _____			
ROD Compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: _____			
Consent Order Compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: _____			
Other: _____			
Recommendations:			
<u>① Decommission any MW's not needed after taking final round of samples</u>			
<u>② DEC in negotiations to have MW 13 sampled for 4 quarters</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>① Macbeth has agreed to sample for 4 quarters</u>			
<u>② May want to "suspend" O&M status of this site until all issues resolved.</u>			
<u>③ Residence @ #7 Steel Road has been recently sampled and seems okay.</u>			
Project Manager:		Reviewer:	
<u>[Signature]</u> Signature _____ Date <u>2-20-02</u>		<u>[Signature]</u> Signature _____ Date <u>Feb 20, 02</u>	
<u>Jim Schreyer</u> Name _____ Region or Bureau <u>3</u> Telephone <u>845-256-5148</u>		<u>R. P. [Signature]</u> Name _____ Region or Bureau <u>R3</u> Telephone <u>x 3146</u>	