

STERLING
Sterling Environmental Engineering, P.C.

September 9, 2010

Mr. George Jacob
Project Manager
Emergency & Remedial Response Division
USEPA Region II
290 Broadway, 20th Floor
New York, New York 10007-1866

Subject: Town of Ramapo Landfill
USEPA 3rd 5-Year Review Report (December 2009)
STERLING File #20010 – Task 402 Monitoring Well Survey

Dear Mr. Jacob,

Sterling Environmental Engineering, P.C. (STERLING) conducted a survey of existing monitoring wells that are not currently sampled as part of the annual post-closure monitoring event at the Town of Ramapo Landfill (Landfill), Rockland County, New York. The survey was conducted on July 1 and 2, 2010.

The purpose of the survey was to determine the condition of each well and assess if the wells are usable for future monitoring of the Landfill. The attached Figure 1, Monitoring Well Survey July 1 & 2 2010, shows thirty-seven (37) monitoring wells installed by various drilling companies (STERLING's proposal dated April 20, 2010 to the Town of Ramapo identified forty-three (43) monitoring wells; however, it was determined in the field that locations with two (2) identification numbers (e.g., 2/2A) are for one monitoring well, not two).

STERLING located and inspected fourteen (14) monitoring wells. The located monitoring wells are identified on Figure 1. Located wells (listed from north to south) are 21, 113, 118, 119, 120, 15, 2/2A, 108, 109, 110, 107, 106, 12 and 101. Monitoring well 21 was not inspected because a bee nest in the well casing prevented entry. The monitoring well locations were surveyed using a Geographic Positioning System (GPS). The accuracy of the GPS location is provided on the attached Checklist for each well. Well depths and depths to water were measured and recorded and the condition of the protective casings, riser pipes, well caps and locks for each well were assessed and documented. GPS data and an assessment of the condition of each monitoring well are summarized on the attached USEPA Region 2 Superfund Well Assessment Checklists.

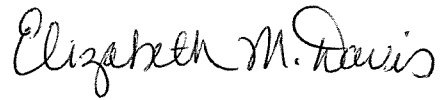
Some areas surrounding the Landfill are currently under construction. Monitoring wells 4/4A, 6, 5/5A, 8/8A, 10/10A and 18 may have been destroyed as a result of construction activities. In general, the fourteen (14) monitoring wells are in good condition and can be considered for future groundwater monitoring events if needed. Some wells need replacement of the concrete pad and/or protective casings. All wells should be redeveloped by surging and pumping, prior to sampling, to ensure groundwater can enter the well.

"Celebrating 15 Years of Client Service"

Please contact me should you have any questions or require any additional information.

Very truly yours,

STERLING ENVIRONMENTAL ENGINEERING, P.C.

A handwritten signature in black ink that reads "Elizabeth M. Davis". The script is cursive and fluid.

Elizabeth M. Davis
Hydrogeologist
liz.davis@sterlingenvironmental.com

EMD/bc
Email/First Class Mail
Attachments (Figure 1, EPA Region 2 Superfund Well Assessment Checklists)

cc: Ted Dzurinko, Town of Ramapo
Ed Moran, Town of Ramapo
Jerry Rider, NYSDEC Central Office

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493
Site Name: Ramapo Landfill
EPA Project Manager (contact name): George Jacob
Site Address Line 1: 198 Torne Valley Road
Site Address Line 2: _____
City: Hillburn
County: Rockland
State: New York
Zip Code: 10931
Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 2, 2A
Local Well Name (Well Tag ID): Well 2, 2A (1 well with both designations.)

	By Field GPS
Latitude, in decimal degrees	842290.74 N
Longitude, in decimal degrees	585758.11 E

GPS Instrument used: Trimble GeoXH
Datum: NAD83
Accuracy/Precision: 5'
Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one) Flush Mount Stick up Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet: 1.88'

Well inner casing material: PVC

Well inner casing diameter: 2 inches

Well Depth: 12.85' as measured, in feet below top of casing

Protective outer surface casing material: Steel

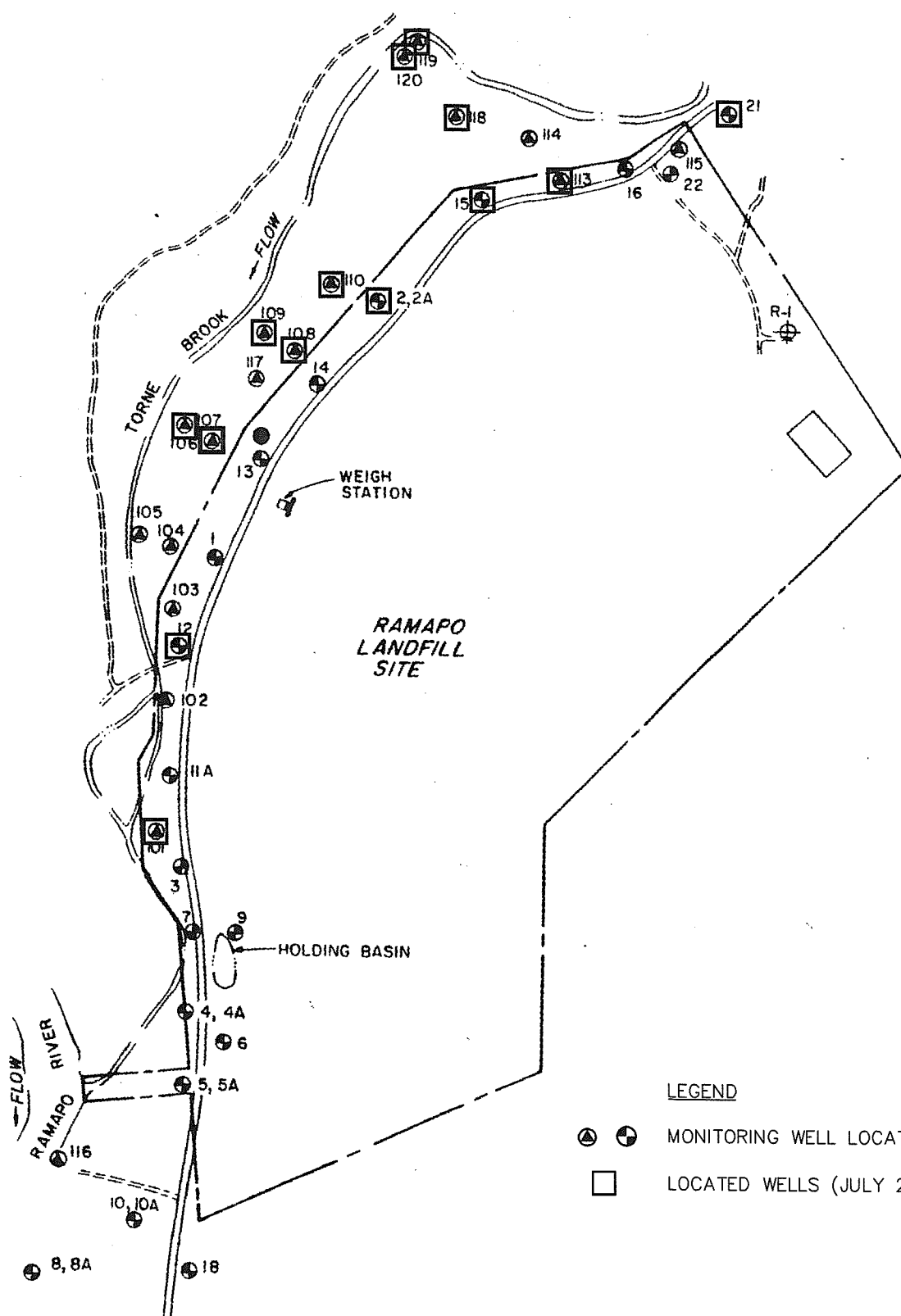
Protective outer surface casing diameter: 4 inches

Depth to water: 7.2 feet below measuring point (usually top of inner casing)
Date: 7-1-10 Time: 18:00

Elevation of Measuring Point, as surveyed (usually top of inner casing) Not Available
Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

Well 2/2A



MAP REFERENCE: BASE MAP FIGURE 1-7, PREVIOUS INVESTIGATIONS, WELL LOCATIONS, PROVIDED BY URS CONSULTANTS, INC.

FIGURE 1

STERLING

Sterling Environmental Engineering, P.C.

24 Wade Road • Latham, New York 12110

MONITORING WELL SURVEY
JULY 1 & 2, 2010
TOWN OF RAMAPO
RAMAPO LANDFILL

TOWN OF RAMAPO

ROCKLAND CO., N.Y.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	0	% LEL
O2:	20.9	40% Vol.
CO:	0	ppm
H2S:	0	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? - Broken	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is there any evidence of soil erosion or settling?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is the well surface casing in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the protective outer surface casing vertical and in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the inner cap or well seal in place?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Has there been physical damage to the well?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is measuring point marked?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well lock functional?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Type of lock and key number: _____	No lock; cannot close protective casing lid all the way.	
Flush mount - Are bolts and gasket in good condition?	Yes	No - N/A
Flush mount - Any evidence of ponded water?	Yes	No - N/A
Is the well currently used for water-level measurements?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is the well currently used for water-quality sampling?	Yes	<input type="radio"/> No <input checked="" type="radio"/>

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input checked="" type="checkbox"/> - Protective Casing, Concrete Pad
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____
Date of Inspection: _____ 7-1-10 _____
Reviewed by: _____ Elizabeth M. Davis _____ (Print)
_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 15

Local Well Name (Well Tag ID): Well 15

	By Field GPS
Latitude, in decimal degrees	842967.31 N
Longitude, in decimal degrees	586274.71 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 2.7'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.5'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

17.25'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

14.2 feet below measuring point (usually top of inner casing)

Date: 7-2-10 Time: 12:00

Elevation of Measuring Point, as surveyed (usually top of inner casing) Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken: LEL: _____ 0 _____ % LEL
O2: _____ 20.8 _____ 40% Vol.
CO: _____ 0 _____ ppm
H2S: _____ 0 _____ ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? - **Broken** Yes ☐ No ☒
Is there any evidence of soil erosion or settling? Yes ☐ No ☒
Is the well surface casing in good condition? ☒ Yes ☐ No
Is the protective outer surface casing vertical and in good condition? ☒ Yes ☐ No
Is the inner cap or well seal in place? Yes ☐ No ☒
Has there been physical damage to the well? Yes ☐ No ☒
Is measuring point marked? ☒ Yes ☐ No
Is the well clearly labeled? ☒ Yes ☐ No
Is the well lock functional? ☒ Yes ☐ No
Type of lock and key number: Protective casing lid closes however lock hole is too small to replace with Abus lock.
Flush mount - Are bolts and gasket in good condition? Yes ☐ No - N/A
Flush mount - Any evidence of ponded water? Yes ☐ No - N/A
Is the well currently used for water-level measurements? Yes ☐ No ☒
Is the well currently used for water-quality sampling? Yes ☐ No ☒

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped. ☒

Well needs to be re-surveyed. _____

Well needs to be repaired. ☒ - Concrete Pad

Well needs to be replaced. _____

Well needs new lock or security device. ☒

Well needs to be properly decommissioned. _____

Comments

Inspected by: _____ Jessica Sgambati _____
Date of Inspection: _____ 7-2-10 _____
Reviewed by: _____ Elizabeth M. Davis _____ (Print)
_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 12

Local Well Name (Well Tag ID): Well 12

	By Field GPS
Latitude, in decimal degrees	841338.1 N
Longitude, in decimal degrees	585316.14 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 1.1'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

3.42'

Well inner casing material:

Steel

Well inner casing diameter:

2

inches

Well Depth:

20.55'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

10.6 feet below measuring point (usually top of inner casing)

Date: 7-1-10

Time: 14:45

Elevation of Measuring Point, as surveyed (usually top of inner casing) Not Available

Elevation Datum

NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0.8 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	_____ 0 _____	% LEL
O2:	_____ 20.5 _____	40% Vol.
CO:	_____ 0 _____	ppm
H2S:	_____ 0 _____	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? – Cannot See Concrete Pad	Yes	No - NA
Is there any evidence of soil erosion or settling?	<input checked="" type="radio"/> Yes	No
Is the well surface casing in good condition?	Yes	<input checked="" type="radio"/> No
Is the protective outer surface casing vertical and in good condition?	Yes	<input checked="" type="radio"/> No
Is the inner cap or well seal in place?	Yes	<input checked="" type="radio"/> No
Has there been physical damage to the well?	<input checked="" type="radio"/> Yes	No
Is measuring point marked?	<input checked="" type="radio"/> Yes	No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	No
Is the well lock functional?	Yes	<input checked="" type="radio"/> No
Type of lock and key number: <u>No lock.</u>		
Flush mount - Are bolts and gasket in good condition?	Yes	No – N/A
Flush mount - Any evidence of ponded water?	Yes	No – N/A
Is the well currently used for water-level measurements?	Yes	<input checked="" type="radio"/> No
Is the well currently used for water-quality sampling?	Yes	<input checked="" type="radio"/> No

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input type="checkbox"/>
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-1-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 101

Local Well Name (Well Tag ID): Well 101

	By Field GPS
Latitude, in decimal degrees	840806.87 N
Longitude, in decimal degrees	585293.54 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: Not Available

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.13'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

23.1'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water: 21.04 feet below measuring point (usually top of inner casing)

Date: 7-1-10 Time: 13:45

Elevation of Measuring Point, as surveyed (usually top of inner casing) Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	_____ 0 _____	% LEL
O2:	_____ 20.9 _____	40% Vol.
CO:	_____ 0 _____	ppm
H2S:	_____ 0 _____	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? – Cannot See Concrete Pad	Yes	No – N/A
Is there any evidence of soil erosion or settling?	<input checked="" type="radio"/> Yes	No
Is the well surface casing in good condition?	<input checked="" type="radio"/> Yes	No
Is the protective outer surface casing vertical and in good condition?	<input checked="" type="radio"/> Yes	No
Is the inner cap or well seal in place?	Yes	<input checked="" type="radio"/> No
Has there been physical damage to the well? – Well lid broke; can't lock	<input checked="" type="radio"/> Yes	No
Is measuring point marked?	<input checked="" type="radio"/> Yes	No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	No
Is the well lock functional?	Yes	<input checked="" type="radio"/> No
Type of lock and key number: _____ No lock because protective casing lid is broken.		
Flush mount - Are bolts and gasket in good condition?	Yes	No – N/A
Flush mount - Any evidence of ponded water?	Yes	No – N/A
Is the well currently used for water-level measurements?	Yes	<input checked="" type="radio"/> No
Is the well currently used for water-quality sampling?	Yes	<input checked="" type="radio"/> No

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input checked="" type="checkbox"/> - Protective Casing
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-1-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 106

Local Well Name (Well Tag ID): Well 106

	By Field GPS
Latitude, in decimal degrees	842052.77 N
Longitude, in decimal degrees	585508.49 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 1.2'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

14.55'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

3.35

feet below measuring point (usually top of inner casing)

Date: 7-1-10

Time: 15:50

Elevation of Measuring Point, as surveyed (usually top of inner casing)

Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	_____ 0 _____	% LEL
O2:	_____ 20.8 _____	40% Vol.
CO:	_____ 0 _____	ppm
H2S:	_____ 0 _____	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is there any evidence of soil erosion or settling?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Is the well surface casing in good condition?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is the protective outer surface casing vertical and in good condition?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Is the inner cap or well seal in place?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Has there been physical damage to the well?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Is measuring point marked?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Is the well clearly labeled?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Is the well lock functional?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Type of lock and key number: _____ No lock.		
Flush mount - Are bolts and gasket in good condition?	Yes <input type="radio"/>	No - N/A <input type="radio"/>
Flush mount - Any evidence of ponded water?	Yes <input type="radio"/>	No - N/A <input type="radio"/>
Is the well currently used for water-level measurements?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is the well currently used for water-quality sampling?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	_____ <input checked="" type="checkbox"/>
Well needs to be re-surveyed.	_____ <input type="checkbox"/>
Well needs to be repaired.	_____ <input type="checkbox"/>
Well needs to be replaced.	_____ <input checked="" type="checkbox"/> - Protective Casing, Concrete Pad
Well needs new lock or security device.	_____ <input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	_____ <input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-1-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 107

Local Well Name (Well Tag ID): Well 107

	By Field GPS
Latitude, in decimal degrees	842112.13 N
Longitude, in decimal degrees	585445.63 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 1.7'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.5'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

29.8'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

8.33

feet below measuring point (usually top of inner casing)

Date: 7-1-10

Time: 16:05

Elevation of Measuring Point, as surveyed (usually top of inner casing)

Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	_____ 0 _____	% LEL
O2:	_____ 20.9 _____	40% Vol.
CO:	_____ 0 _____	ppm
H2S:	_____ 0 _____	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is there any evidence of soil erosion or settling?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well surface casing in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the protective outer surface casing vertical and in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the inner cap or well seal in place?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Has there been physical damage to the well?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is measuring point marked?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well lock functional?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Type of lock and key number:	<u>No lock. Cannot close protective casing lid.</u>	
Flush mount - Are bolts and gasket in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No - N/A
Flush mount - Any evidence of ponded water?	<input checked="" type="radio"/> Yes	<input type="radio"/> No - N/A
Is the well currently used for water-level measurements?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well currently used for water-quality sampling?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input checked="" type="checkbox"/> - Protective Casing
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-1-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 108

Local Well Name (Well Tag ID): Well 108

	By Field GPS
Latitude, in decimal degrees	842111.42 N
Longitude, in decimal degrees	585562.30 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 2.6'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one) Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

2.67'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

21.95'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

5.75

inches

Depth to water:

12.13 feet below measuring point (usually top of inner casing)

Date: 7-1-10

Time: 18:15

Elevation of Measuring Point, as surveyed (usually top of inner casing) Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	_____ 0 _____	% LEL
O2:	_____ 21.0 _____	40% Vol.
CO:	_____ 0 _____	ppm
H2S:	_____ 0 _____	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? - Broken	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is there any evidence of soil erosion or settling?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is the well surface casing in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the protective outer surface casing vertical and in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the inner cap or well seal in place?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Has there been physical damage to the well?	<input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is measuring point marked?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Is the well lock functional?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Type of lock and key number: _____ Replaced lock with Abus 55/50 lock		
Flush mount - Are bolts and gasket in good condition?	Yes	No - N/A
Flush mount - Any evidence of ponded water?	Yes	No - N/A
Is the well currently used for water-level measurements?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is the well currently used for water-quality sampling?	Yes	<input type="radio"/> No <input checked="" type="radio"/>

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input checked="" type="checkbox"/> - Concrete Pad
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-1-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 109

Local Well Name (Well Tag ID): Well 109

	By Field GPS
Latitude, in decimal degrees	842223.32 N
Longitude, in decimal degrees	585641.06 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 2.1'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.5'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

24.45'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

9.75

feet below measuring point (usually top of inner casing)

Date: 7-1-10

Time: 17:15

Elevation of Measuring Point, as surveyed (usually top of inner casing)

Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	0	% LEL
O2:	20.9	40% Vol.
CO:	0	ppm
H2S:	0	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition?	- Cannot see concrete pad.	Yes <input type="radio"/>	No - NA <input type="radio"/>
Is there any evidence of soil erosion or settling?		Yes <input type="radio"/>	No <input type="radio"/>
Is the well surface casing in good condition?		Yes <input type="radio"/>	No <input type="radio"/>
Is the protective outer surface casing vertical and in good condition?		Yes <input type="radio"/>	No <input type="radio"/>
Is the inner cap or well seal in place?		Yes <input type="radio"/>	No <input type="radio"/>
Has there been physical damage to the well?		Yes <input type="radio"/>	No <input type="radio"/>
Is measuring point marked?		Yes <input type="radio"/>	No <input type="radio"/>
Is the well clearly labeled?		Yes <input type="radio"/>	No <input type="radio"/>
Is the well lock functional?		Yes <input type="radio"/>	No <input type="radio"/>
Type of lock and key number:	No lock because cannot close protective casing lid all the way.		
Flush mount - Are bolts and gasket in good condition?		Yes <input type="radio"/>	No - N/A <input type="radio"/>
Flush mount - Any evidence of ponded water?		Yes <input type="radio"/>	No - N/A <input type="radio"/>
Is the well currently used for water-level measurements?		Yes <input type="radio"/>	No <input type="radio"/>
Is the well currently used for water-quality sampling?		Yes <input type="radio"/>	No <input type="radio"/>

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input checked="" type="checkbox"/> - Protective Casing
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-1-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 110

Local Well Name (Well Tag ID): Well 110

	By Field GPS
Latitude, in decimal degrees	842271.69 N
Longitude, in decimal degrees	585707.82 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 2.9'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.75'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

23.95'

as measured, in feet below top of casing

Protective outer surface casing material:

No Casing

Protective outer surface casing diameter:

N/A

inches

Depth to water:

11.08 feet below measuring point (usually top of inner casing)

Date: 7-1-10 Time: 17:40

Elevation of Measuring Point, as surveyed (usually top of inner casing)

Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	0	% LEL
O2:	20.9	40% Vol.
CO:	0	ppm
H2S:	0	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition?	- Cannot see concrete pad.	<input checked="" type="radio"/> Yes	No - NA
Is there any evidence of soil erosion or settling?		<input checked="" type="radio"/> Yes	No
Is the well surface casing in good condition?		<input checked="" type="radio"/> Yes	No - None.
Is the protective outer surface casing vertical and in good condition?		<input checked="" type="radio"/> Yes	No - None.
Is the inner cap or well seal in place?		<input checked="" type="radio"/> Yes	No
Has there been physical damage to the well?		<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Is measuring point marked?		<input checked="" type="radio"/> Yes	No
Is the well clearly labeled?		<input checked="" type="radio"/> Yes	No
Is the well lock functional?		<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Type of lock and key number:	No lock because no protective casing.		
Flush mount - Are bolts and gasket in good condition?		<input checked="" type="radio"/> Yes	No - N/A
Flush mount - Any evidence of ponded water?		<input checked="" type="radio"/> Yes	No - N/A
Is the well currently used for water-level measurements?		<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Is the well currently used for water-quality sampling?		<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input checked="" type="checkbox"/> - Install Protective Casing
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-1-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 113

Local Well Name (Well Tag ID): Well 113

	By Field GPS
Latitude, in decimal degrees	842877.3 N
Longitude, in decimal degrees	586415.5 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 3.3'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one) Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.25'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

22.4'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

11.75 feet below measuring point (usually top of inner casing)

Date: 7-2-10 Time: 11:30

Elevation of Measuring Point, as surveyed (usually top of inner casing) Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	_____ 0 _____	% LEL
O2:	_____ 20.7 _____	40% Vol.
CO:	_____ 0 _____	ppm
H2S:	_____ 0 _____	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? - Broken	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is there any evidence of soil erosion or settling?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is the well surface casing in good condition?	<input checked="" type="radio"/> Yes	No <input type="radio"/>
Is the protective outer surface casing vertical and in good condition?	<input checked="" type="radio"/> Yes	No <input type="radio"/>
Is the inner cap or well seal in place?	Yes <input type="radio"/>	<input type="radio"/> No <input checked="" type="radio"/>
Has there been physical damage to the well?	Yes <input type="radio"/>	<input type="radio"/> No <input checked="" type="radio"/>
Is measuring point marked?	<input checked="" type="radio"/> Yes	No <input type="radio"/>
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	No <input type="radio"/>
Is the well lock functional?	<input checked="" type="radio"/> Yes	No <input type="radio"/>
Type of lock and key number:	<u>Protective casing lid closes, however lock hole is too small to replace with Abus lock.</u>	
Flush mount - Are bolts and gasket in good condition?	Yes	No - N/A
Flush mount - Any evidence of ponded water?	Yes	No - N/A
Is the well currently used for water-level measurements?	Yes	<input type="radio"/> No <input checked="" type="radio"/>
Is the well currently used for water-quality sampling?	Yes	<input type="radio"/> No <input checked="" type="radio"/>

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	_____ ✓ _____
Well needs to be re-surveyed.	_____
Well needs to be repaired.	_____ ✓ - Concrete Pad _____
Well needs to be replaced.	_____
Well needs new lock or security device.	_____ ✓ _____
Well needs to be properly decommissioned.	_____

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-2-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 118

Local Well Name (Well Tag ID): Well 118

	By Field GPS
Latitude, in decimal degrees	843110.87 N
Longitude, in decimal degrees	586188.77 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 2.3'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one) Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.29'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

17.23'

as measured, in feet below top of casing

Protective outer surface casing material:

No Casing

Protective outer surface casing diameter:

N/A

inches

Depth to water:

15.7 feet below measuring point (usually top of inner casing)

Date: 7-2-10

Time: 12:35

Elevation of Measuring Point, as surveyed (usually top of inner casing)

Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	0	% LEL
O2:	20.6	40% Vol.
CO:	0	ppm
H2S:	0	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? – Cannot see concrete pad.	Yes	No - NA
Is there any evidence of soil erosion or settling?	<input checked="" type="radio"/> Yes	No
Is the well surface casing in good condition?	Yes	No – No casing
Is the protective outer surface casing vertical and in good condition?	Yes	No – N/A
Is the inner cap or well seal in place?	<input checked="" type="radio"/> Yes	No
Has there been physical damage to the well?	<input checked="" type="radio"/> Yes	No – No casing
Is measuring point marked?	<input checked="" type="radio"/> Yes	No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	No
Is the well lock functional?	Yes	<input checked="" type="radio"/> No
Type of lock and key number: No lock because there is no protective outer casing.		
Flush mount - Are bolts and gasket in good condition?	Yes	No – N/A
Flush mount - Any evidence of ponded water?	Yes	No – N/A
Is the well currently used for water-level measurements?	Yes	<input checked="" type="radio"/> No
Is the well currently used for water-quality sampling?	Yes	<input checked="" type="radio"/> No

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input checked="" type="checkbox"/> - Install Protective Casing
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____

Date of Inspection: _____ 7-2-10 _____

Reviewed by: _____ Elizabeth M. Davis _____ (Print)

_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 119

Local Well Name (Well Tag ID): Well 119

	By Field GPS
Latitude, in decimal degrees	843138.16 N
Longitude, in decimal degrees	586159.76 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 2.0'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one)

Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.63'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

6.65'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

No water _____ feet below measuring point (usually top of inner casing)

Date: 7-2-10

Time: 12:45

Elevation of Measuring Point, as surveyed (usually top of inner casing)

Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	_____ 0 _____	% LEL
O2:	_____ 20.6 _____	40% Vol.
CO:	_____ 0 _____	ppm
H2S:	_____ 0 _____	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? – Cannot see concrete pad	<input checked="" type="radio"/> Yes	No – N/A
Is there any evidence of soil erosion or settling?	<input checked="" type="radio"/> Yes	No
Is the well surface casing in good condition?	<input checked="" type="radio"/> Yes	No
Is the protective outer surface casing vertical and in good condition?	<input checked="" type="radio"/> Yes	No
Is the inner cap or well seal in place?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Has there been physical damage to the well?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Is measuring point marked?	<input checked="" type="radio"/> Yes	No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	No
Is the well lock functional?	<input checked="" type="radio"/> Yes	No
Type of lock and key number: Protective casing lid closes, however lock hole is too small to replace with Abus lock.		
Flush mount - Are bolts and gasket in good condition?	<input checked="" type="radio"/> Yes	No – N/A
Flush mount - Any evidence of ponded water?	<input checked="" type="radio"/> Yes	No – N/A
Is the well currently used for water-level measurements?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Is the well currently used for water-quality sampling?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input type="checkbox"/>
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by: _____ Jessica Sgambati _____
Date of Inspection: _____ 7-2-10 _____
Reviewed by: _____ Elizabeth M. Davis _____ (Print)
_____ Elizabeth M. Davis _____ (Sign)

EPA Region 2 Superfund Well Assessment Checklist

Facility Information

EPA Site ID Number: USEPA ID# NYD000511493

Site Name: Ramapo Landfill

EPA Project Manager (contact name): George Jacob

Site Address Line 1: 198 Torne Valley Road

Site Address Line 2: _____

City: Hillburn

County: Rockland

State: New York

Zip Code: 10931

Site Owner: Town of Ramapo

Well Locational Information

State Well ID Number: 120

Local Well Name (Well Tag ID): Well 120

	By Field GPS
Latitude, in decimal degrees	843082.15 N
Longitude, in decimal degrees	586110.04 E

GPS Instrument used: Trimble GeoXH

Datum: NAD83

Accuracy/Precision: 2.9'

Cross streets (if applicable): Torne Valley Road

Well Construction Details

Type of well (Circle one) Flush Mount

Stick up

Multilevel Well*

Height/Depth of well inner casing
above/below ground surface, in feet:

1.54'

Well inner casing material:

PVC

Well inner casing diameter:

2

inches

Well Depth:

20.0'

as measured, in feet below top of casing

Protective outer surface casing material:

Steel

Protective outer surface casing diameter:

4

inches

Depth to water:

12.7 feet below measuring point (usually top of inner casing)

Date: 7-2-10 Time: 13:00

Elevation of Measuring Point, as surveyed (usually top of inner casing) Not Available

Elevation Datum NGVD29 or NAVD88

* If multilevel well please see attached worksheet.

EPA Region 2 Superfund Well Assessment Checklist

Well Headspace Readings

PID/FID Reading taken inside top of casing: _____ 0 _____ ppm

Multi-gas/CGI meter Readings taken:

LEL:	0	% LEL
O2:	20.6	40% Vol.
CO:	0	ppm
H2S:	0	ppm

Do readings indicate unsafe conditions exist? Yes ☐ No ☒

Well Condition

Is the concrete pad in good condition? – Cannot see concrete pad	Yes	No - NA
Is there any evidence of soil erosion or settling?	<input checked="" type="radio"/> Yes	No
Is the well surface casing in good condition?	<input checked="" type="radio"/> Yes	No
Is the protective outer surface casing vertical and in good condition?	<input checked="" type="radio"/> Yes	No
Is the inner cap or well seal in place?	Yes	<input checked="" type="radio"/> No
Has there been physical damage to the well?	Yes	<input checked="" type="radio"/> No
Is measuring point marked?	<input checked="" type="radio"/> Yes	No
Is the well clearly labeled?	<input checked="" type="radio"/> Yes	No
Is the well lock functional?	<input checked="" type="radio"/> Yes	No
Type of lock and key number: Protective casing lid closes, however lock hole is too small to replace with Abus lock.		
Flush mount - Are bolts and gasket in good condition?	Yes	No - N/A
Flush mount - Any evidence of ponded water?	Yes	No - N/A
Is the well currently used for water-level measurements?	Yes	<input checked="" type="radio"/> No
Is the well currently used for water-quality sampling?	Yes	<input checked="" type="radio"/> No

Other Comments: _____

Recommendations

Does the well require any of the following actions? (Check all that apply)

Well needs to be redeveloped	<input checked="" type="checkbox"/>
Well needs to be re-surveyed.	<input type="checkbox"/>
Well needs to be repaired.	<input type="checkbox"/>
Well needs to be replaced.	<input type="checkbox"/>
Well needs new lock or security device.	<input checked="" type="checkbox"/>
Well needs to be properly decommissioned.	<input type="checkbox"/>

Comments

Inspected by:	Jessica Sgambati	
Date of Inspection:	7-2-10	
Reviewed by:	Elizabeth M. Davis	(Print)
	<i>Elizabeth M. Davis</i>	(Sign)