

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 Division of Environmental Remediation
 Inactive Hazardous Waste Site Operations and Maintenance Review Report

Form Date 96 10 01

Site Name: Marx Residence		Class: 2	Number: 3-60-024
O&M Funding Source: <input checked="" type="checkbox"/> State Superfund <input type="checkbox"/> Federal Superfund <input type="checkbox"/> Municipal <input type="checkbox"/> Responsible Party			
O&M Information: O&M Start: 9401		End:	Annual Cost: \$2,395 <input type="checkbox"/> Estimated
Interim Remedial Measures/Operable Units in O&M Phase:			
<input type="checkbox"/> Drum Removal	<input type="checkbox"/> Soil Removal	<input type="checkbox"/> Tank Removal	
<input type="checkbox"/> Cap/Cover	<input type="checkbox"/> Containment Structure	<input type="checkbox"/> Fence/Security	
<input 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: LTM; soil gas & indoor air sampling			
Institutional Controls: <input type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Department of Health Sampling			
<input type="checkbox"/> Other:			
O&M Review Information:			
Reports: <u>October 1997 indoor air and soil vapor sample results.</u>			
Inspection: <u>10/8/97</u>			
Sampling: <u>1018197</u>			
Other:			
Conclusions:			
Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: <u>Indoor air levels for PCE remain below the recommended level of 0.015 ppm</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>NYSDOH has recommended that no further air monitoring is required.</u>			
ROD/Consent Order Modifications? <input type="checkbox"/> No <input type="checkbox"/> Yes (per above) Reclassify the Site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes → Class:			
Comments: <u>Drinking water issues remain to be addressed at this site.</u>			
Project Manager:		Reviewer:	
<i>Ronnie E. Lee</i>			
Signature		Signature	
Date		Date	
Ronnie E. Lee, P.E.	BHSC	Gerald J. Rider, Jr., P.E.	BHSC
7-0927		7-0927	
Name	Region or Bureau	Name	Region or Bureau
Telephone		Telephone	