

Figure 1.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
Division of Environmental Remediation

Site Management Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT 2006

Form Date 2005.08.30

<b>Site / Spill Number:</b> 558008		<b>Site Name:</b> Kingsbury Landfill		<b>Op Unit No.:</b> 00		<b>Class:</b> 02	
<b>Current Use:</b> Vacant Land							
<b>Site Management Lead / Funding:</b> <input checked="" type="checkbox"/> State Superfund <input type="checkbox"/> Petroleum Remediation (PET) PIN <input type="checkbox"/> Environmental Restoration Program (ERP) <input type="checkbox"/> Brownfields Cleanup Program (BCP) <input type="checkbox"/> Responsible Party <input type="checkbox"/> Federal Superfund (NPL)							
<b>SM Start Date:</b> 10/1/1989		<input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED		<b>SM End Date:</b> 08/01/2078		<b>SM Cost/Yr.:</b>	
<b>Media / Receptors:</b> <input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Indoor Air <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Drinking Water <input type="checkbox"/> Sediment							
<b>Contaminant(s) of Concern:</b> PCB's and VOC's				<b>Release estimate:</b>			
<b>Remedies:</b> (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"/> Bio-sparging		<input type="checkbox"/> DNAPL Product Recovery		<input type="checkbox"/> Plume Management Monitoring			
<input type="checkbox"/> Enhanced Bio-remediation		<input checked="" type="checkbox"/> Monitoring w / No other action		<input type="checkbox"/> Pump and Treat			
<input checked="" type="checkbox"/> Cap / Cover (acreage? _____)		<input type="checkbox"/> Monitored Natural Attenuation		<input type="checkbox"/> Soil Removal			
<input type="checkbox"/> Containment / Stabilization		<input type="checkbox"/> Multi-phase Extraction		<input type="checkbox"/> Soil Vapor Extraction			
<input type="checkbox"/> Hydraulic Control		<input 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 checked="" type="checkbox"/> Other Please specify: Slurry Wall					
<b>Alternate Potable Supply:</b> <input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes (check all that apply)				<input type="checkbox"/> New Well Installation			
<input type="checkbox"/> Waterline Extension / Hook Up (#_____)		<input type="checkbox"/> Drinking Water Filters (#_____)		<input type="checkbox"/> Supplied Bottle Water (#_____)			
<b>Treatment System Size:</b> <input type="checkbox"/> small (<10 gpm) <input checked="" type="checkbox"/> medium (10-50 gpm) <input type="checkbox"/> large (50-500 gpm) <input type="checkbox"/> extra-large (>500 gpm)							
<b>Institutional Controls:</b> <input type="checkbox"/> none required <input type="checkbox"/> Consent Order/Decree <input type="checkbox"/> Condemnation of Property <input type="checkbox"/> Deed Notice <input type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Ground Water Use Restrictions <input type="checkbox"/> Site Security <input type="checkbox"/> Environmental Easement <input type="checkbox"/> Hazard. Waste Site Registry <input type="checkbox"/> Local Permit <input type="checkbox"/> Part 360 Permit <input type="checkbox"/> Zoning Restriction <input type="checkbox"/> Public Health Advisory <input type="checkbox"/> Spill Database Notification <input type="checkbox"/> Intrusion Restriction							
<b>Engineering Controls:</b> <input type="checkbox"/> none required <input checked="" type="checkbox"/> Pump & Treat (In-situ remediation) <input type="checkbox"/> Vapor Mitigation <input type="checkbox"/> Water Treatment Filters <input checked="" type="checkbox"/> Cap/Containment/Barriers <input checked="" type="checkbox"/> Fence <input checked="" type="checkbox"/> Slurry Walls <input type="checkbox"/> Access Control <input type="checkbox"/> Alternate Water Supply <input type="checkbox"/> Public Water Supply Treatment							
<b>Engineering / Institutional Controls Certification:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No date:							
<b>SM Periodic Review Information:</b> Date of last DEC Inspection <u>09/19/06</u> Date of DEC Split / Check Sampling _____							
<b>Report(s) used for Evaluation:</b> Sampling data dated _____							
<b>Long-Term Monitoring</b> (effectiveness sampling data): <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____						# of wells _____	
<b>Treatment System Monitoring</b> (performance sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: _____							
<b>Remedial Status: Remedy Effective?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)							
<b>ROD Compliance?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<b>Consent Order/Decree Compliance?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> NONE <b>Site Management / Remedy Problem Status</b> (if problem, please refer to Problem Severity Table) <input type="checkbox"/> SLIGHT _____ <input type="checkbox"/> MODERATE _____ <input type="checkbox"/> SEVERE _____							
<b>Evaluation:</b> <input checked="" type="checkbox"/> Continue Site Management <input type="checkbox"/> Optimize Site Management / Remedy <input type="checkbox"/> Close Remedial Process							
<input type="checkbox"/> Site Closeout (date: _____)		<input type="checkbox"/> The remedy is performing properly and is effective.		<input type="checkbox"/> The remedy is performing properly and effectiveness will be evaluated.		<input type="checkbox"/> The remedy is not performing properly and is being evaluated further.	
		<input type="checkbox"/> The remedy is performing properly but is not effective and is being evaluated.		<input type="checkbox"/> The remedy is performing properly but is not effective and is being evaluated.		<input type="checkbox"/> The remedy has failed and the site will be reclassified.	
<b>Comments / Recommendations</b> (i.e., how to optimize Site Management or the remedy; change monitoring frequency, etc.): The treatment plant is currently receiving minor modifications to streamline operations and improve reliability of the over all plant.							
<b>Frequency of Conducting SM Periodic Review:</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3							
<b>Consent Order End Date:</b> _____				<b>Next Review Date:</b> 10/19/2008			
<b>ROD/Consent Order Modifications?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (per above)				<b>Reclassify the Site?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class: _____			
<b>Project Manager / Lead:</b> Payson Long							
<b>Signature:</b> <u>Payson Long</u> <u>29 Feb 07</u> <u>DER</u> <u>402-9812</u>				<b>Date Entered into UIS / PR Report submitted for Review:</b>			
Signature		Date		Agency/Division/Region		Telephone	
Reviewer Signature		Date		Agency/Division/Region		Telephone	