

15.6

Inactive Hazardous Waste Site Operations and Maintenance Review Report

Form Date 96.10.01

EX

Site Name: <u>Rose Valley Landfill</u>		Class: <u>2</u>	Number: <u>6-22-017</u>
O&M Funding Source: <input type="checkbox"/> State Superfund <input type="checkbox"/> Federal Superfund <input type="checkbox"/> Municipal <input type="checkbox"/> Responsible Party			
O&M Information: O&M Start: <u>10/13/92</u> End: <u>—</u> Annual Cost: <u>\$3000</u> Estimated			
Interim Remedial Measures/Operable Units in O&M Phase:			<u>3,000</u>
<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: <u>Whole house GAC system on drinking water well</u>			
Institutional Controls: <input type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Department of Health			
Sampling <input type="checkbox"/> Other: <u>None</u>			
O&M Review Information:			
Reports:	<u>Semi annual by Consultant, Earth Tech. Inc</u>		
Inspection:	<u>under WA # D003821-5 Task #4</u>		
Sampling:			
Other:			
Conclusions:			
Remedy Effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No:	
ROD Compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No:	
Consent Order Compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No:	
Other:			
Recommendations:			
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>One private residence with GAC system which continues to function well rendering site related contaminants low well water</u>			
Project Manager:		Reviewer:	
<u>Thomas Vickerson</u> <u>10/20/99</u>		Signature _____ Date _____	
Signature _____ Date _____		Signature _____ Date _____	
Name _____ Region or Bureau _____ Telephone _____		Name _____ Region or Bureau _____ Telephone _____	