

# NEWYORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

## Division of Environmental Remediation Operation Maintenance and Monitoring Review Report Period covered by -- 2003

<b>Site / Spill Number :</b> 633027		<b>Site Name:</b> Primoshield, Inc.		<b>Class:</b> 04	
<b>Program Lead:</b> Hazardous Waste Program			<b>OM&amp;M Funding Source:</b> Title3		
<b>Start Date :</b> 08/01/1998		<b>ACT</b>			
<b>Annual IC/EC Certification :</b>					
<b>DEC Inspection Date:</b> 08/01/2002		--- Last Date of DEC Inspection			
<b>Report Used for Evaluation:</b> Quarterly reports, Semi-Annual GW Permit Reports					
<b>ROD Compliance ?</b> YES		<b>Consent order/Decree Compliance ?</b> YES			
<b>LongTerm Monitoring(effectiveness of remedy):</b> Yes		<b>Frequency:</b> 5-Quarter		<b>Act. Date:</b> / /	
<b>Treatment System(Monitoring performance of remedy):</b> Yes		<b>Frequency:</b> Quarterly		<b>Pln. Date:</b> / / <b>#wells :</b> 0	
<b>PROBLEM STATUS :</b> 99B		----- None			
<b>Evaluation :</b> The Remedy is performing properly and effectiveness will be evaluated					
<b>Comments/ Changes/ Attachments:</b> 2003: VOCs are un-detect. Detection limit is above the gw std, recommend that future analysis be conducted w/ EPA Method 524. Need to obtain GPS coordinates for wells & need to draw contour maps. All data should be re-plotted using EQUIS. Post-reorganization, change the phone # on the high level remote alarm & install new locks on the wells & gate. Last Resgistry update recommended quarterly POTW sampling; since then, the decision was to increase to quarterly monitoring only if semi-annual reports reveal exceedances of contamination limits.GW velocity estimate would be useful for this.					
<b>ROD/Consent Order Modifications?</b>		NO			
<b>reclassification recommended :</b>		None			
<b>Contaminant of concern</b>	<b>OU</b>	<b>Contaminant of concern</b>	<b>Media/Receptor</b>		
	01	CYANIDE SALTS			
	01	HYDROFLUORIC ACID			
	01	CORROSIVE LIQUIDS			
	01	SOLVENTS			
	01				
	01				
	01				
<b>Remedies</b>	<b>OU</b>	<b>Remedies</b>	<b>Size of Treatment</b>	<b>Date in Place</b>	<b>Remedy Effective</b>
	01	Not Otherwise Specified	Small (<10gpm or < 5 acres)	/ /	Yes

<b>Next Review</b> 03/31/2004			<b>Priority:</b> 2		
<b>Subject Manager</b> Lasdin			<b>Reviewer:</b> Rider		
<b>Signature</b>		<b>Date</b>	<b>Signature</b>		<b>Date</b>
<b>Name</b>	<b>Region or Bureau</b>	<b>Telephone</b>	<b>Name</b>	<b>Region or Bureau</b>	<b>Telephone</b>