

NEWYORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

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

Spill Number : 645013		Site Name: North Lawrence Oil		Class: 04	
Program Lead: Hazardous Waste Program			OM&M Funding Source: State Super Fund		
Start Date : 09/01/1997		ACT			
Annual IC/EC Certification :					
DEC Inspection Date: / /		--- Last Date of DEC Inspection			
Report Used for Evaluation: Sampling results 8/99					
ROD Compliance ? YES		Consent order/Decree Compliance ? YES			
LongTerm Monitoring(effectiveness of remedy): Yes		Frequency: Annually		Act. Date: / /	
Treatment System(Monitoring performance of remedy): No		Frequency:		Pln. Date: / / #wells : 5	
PROBLEM STATUS : 99A		----- None			
Evaluation : The Remedy is performing properly and is effective.					
Comments/ Changes/ Attachments: 2003: A work assignment is being managed to accomplish biota monitoring requirements. A report is expected from the consultant the week of 4/21/03 & will be reviewed by Rich Koeppicus, DFW. Most of the contaminants of concern are un-detect; however, the detection limit is above the gw standards; therefore, different test methods need to be used in the future. GPS coordinates for the wells need to be obtained & contour maps need to be drawn. A gw velocity estimate would be useful when considering a change in monitoring frequency. All data for the site should be re-plotted using					
ROD/Consent Order Modifications? NO		Site reclassification recommended : None			
Contaminant of concern	OU	Contaminant of concern	Media/Receptor		
	01	PCBS AND HEAVY METALS			
	01	POLYCHLORINATED	Soil,Sediment Water		
	01	TETRACHLOROETHYLENE	Soil,Ground Water		
	01	XYLENE (MIXED)	Soil,Ground Water		
	01	1,1,1-TRICHLORETHYLENE	Soil,Ground Water		
	01	LEAD	Soil,Sediment Water		
Remedies	OU	Remedies	Size of Treatment	Date in Place	Remedy Effective
	01			/ /	Yes
	01	Solidification/Stabilization		/ /	Yes
	01	Low Temperature Thermal		/ /	Yes
	01	DNAPL Recovery - Manual		/ /	Yes

Next Review 03/31/2004			Priority: 1		
Project Manager Lasdin			Reviewer: Rider		
Signature		Date	Signature		Date
Name	Region or Bureau	Telephone	Name	Region or Bureau	Telephone