

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

Site / Spill Number: 704009A		Site Name: Vestal Water Supply (site 1-1)		Op Unit No.: 00	Class: 02
Current Use: Building on-site is vacant and the field adjacent to the treatment facility serves as flood control					
Site Management Lead / Funding: <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 checked="" type="checkbox"/> Federal Superfund (NPL)					
SM Start Date: 04/01/1990		<input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED	SM End Date: 09/30/2008		SM Cost/Yr.:
Media / Receptors: <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Indoor Air <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Sediment					
Contaminant(s) of Concern: Chlorinated solvents			Release estimate:		
Remedies: (mark all technologies that have been used, circle the remedy (ies) that is/are currently active)					
<input checked="" 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 type="checkbox"/> Monitoring w / No other action	<input checked="" type="checkbox"/> Pump and Treat			
<input 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 checked="" type="checkbox"/> Soil Vapor Extraction			
<input checked="" 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 type="checkbox"/> Other Please specify:				
Alternate Potable Supply: <input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes (check all that apply)			<input checked="" type="checkbox"/> New Well Installation		
<input type="checkbox"/> Waterline Extension / Hook Up (# _____)		<input type="checkbox"/> Drinking Water Filters (# _____)	<input type="checkbox"/> Supplied Bottle Water (# _____)		
Treatment System Size: <input type="checkbox"/> small (<10 gpm) <input type="checkbox"/> medium (10-50 gpm) <input type="checkbox"/> large (50-500 gpm) <input checked="" type="checkbox"/> extra-large (>500 gpm)					
Institutional Controls: <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					
Engineering Controls: <input type="checkbox"/> none required <input checked="" type="checkbox"/> Pump & Treat (In-situ remediation) <input checked="" type="checkbox"/> Vapor Mitigation <input type="checkbox"/> Water Treatment Filters					
<input type="checkbox"/> Cap/Containment/Barriers <input type="checkbox"/> Fence <input type="checkbox"/> Slurry Walls <input type="checkbox"/> Access Control <input checked="" type="checkbox"/> Alternate Water Supply <input type="checkbox"/> Public Water Supply Treatment					
Engineering / Institutional Controls Certification: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No date:					
SM Periodic Review Information: Date of last DEC Inspection <u>10/16/2006</u> Date of DEC Split / Check Sampling _____					
Report(s) used for Evaluation: Sampling data dated 10/17/2006					
Long-Term Monitoring (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency:				# of wells <u>17</u>	
Treatment System Monitoring (performance sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency:					
Remedial Status: Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)					
ROD Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Consent Order/Decree Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE					
Site Management / Remedy Problem Status (if problem, please refer to Problem Severity Table)					
Evaluation: <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 has failed and the site will be reclassified.			
Comments / Recommendations (i.e., how to optimize Site Management or the remedy; change monitoring frequency, etc.):					
Site was transferred from EPA on 10/16/2006. NYSDEC has accepted this site and will continue site management until such time that remediation is no longer required.					
Frequency of Conducting SM Periodic Review: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3					
Consent Order End Date:			Next Review Date: 10/19/2007		
ROD/Consent Order Modifications? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (per above)				Reclassify the Site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class:	
Project Manager / Lead: Payson Long					
<i>Payson Long</i> Signature Date Agency/Division/Region Telephone			Date Entered into UIS / PR Report submitted for Review: Reviewer Signature Title Date Agency/Division/Region Telephone		