

Figure 1.

Site Management Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT 2006

Form Date 2005.08.30

Site / Spill Number: 7-34-047		Site Name: Peter Op Unit No.: 00		Class: 04
Winkelman				
Current Use:				
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 type="checkbox"/> Federal Superfund (NPL)				
SM Start Date: 7/14/04 <input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED		SM End Date: 7/31/06 PLN		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 type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Sediment				
Contaminant(s) of Concern:			Release estimate:	
Remedies: (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 type="checkbox"/> Monitoring w / No other action	<input 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 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: Oil Skimmer			
Alternate Potable Supply: <input checked="" type="checkbox"/> NO <input 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 (#_____)		
Treatment System Size: <input type="checkbox"/> small (<10 gpm) <input type="checkbox"/> medium (10-50 gpm) <input type="checkbox"/> large (50-500 gpm) <input 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 type="checkbox"/> Pump & Treat (In-situ remediation) <input 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 type="checkbox"/> Alternate Water Supply <input type="checkbox"/> Public Water Supply Treatment				
Engineering / Institutional Controls Certification: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No date:				
SM Periodic Review Information: Date of last DEC Inspection <u>3/23/06</u> Date of DEC Split / Check Sampling <u>N/A</u>				
Report(s) used for Evaluation: Sampling data dated 3/24/06				
Long-Term Monitoring (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency:			# of wells <u>3</u>	
Treatment System Monitoring (performance sampling data): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Frequency:				
Remedial Status: Remedy Effective? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)				
ROD Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Consent Order/Decree Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Site Management / Remedy Problem Status (if problem, please refer to Problem Severity Table)				
<input type="checkbox"/> NONE				
<input type="checkbox"/> SLIGHT				
<input checked="" type="checkbox"/> MODERATE				
<input type="checkbox"/> SEVERE				
Evaluation: <input type="checkbox"/> Continue Site Management <input checked="" 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 checked="" 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.):				
An IRM may be performed under the concrete slab since that portion of the building was burned. Work to identify additional VOC source on-site which was discovered in adjacent site wells. Site may need to be redefined or a new site created.				
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:	
ROD/Consent Order Modifications? <input type="checkbox"/> No <input type="checkbox"/> Yes (per above)			Reclassify the Site? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class: 02	
Project Manager / Lead: Payson Long				
<i>Payson Long</i> Signature		<i>11 May 2006</i> Date		<i>DEC</i> Agency/Division/Region
<i>2-9745</i> Telephone		Date Entered into UIS / PR Report submitted for Review: <i>3/29/06</i>		
<i>Shirley J. [unclear]</i> Reviewer Signature		<i>CO</i> Agency/Division/Region		
		<i>29641</i> Telephone		