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: 738001 **Site Name: Pollution Abatement Services** **Op Unit No.:** 00 **Class:** 02

Current Use: Site is vacant land enclosed with a fence.

Site Management Lead / Funding: ☐ State Superfund ☐ Petroleum Remediation (PET) PIN ☐ Environmental Restoration Program (ERP) ☐ Brownfields Cleanup Program (BCP) ☒ Responsible Party ☒ Federal Superfund (NPL)

SM Start Date: 09/26/1987 ☒ ACTUAL ☐ PLANNED **SM End Date:** 03/31/2078 **SM Cost/Yr.:**

Media / Receptors: ☒ Soil ☐ Air ☐ Indoor Air ☒ Groundwater ☒ Surface Water ☐ Drinking Water ☐ Sediment

Contaminant(s) of Concern: **PCBs, Phenol, and other Waste Chemicals** **Release estimate:**

Remedies: (mark all technologies that have been used, circle the remedy (ies) that is/are currently active)

☐ Air Sparging	☐ LNAPL Product Recovery	☐ Permeable Reactive Wall
☐ Bio-sparging	☐ DNAPL Product Recovery	☐ Plume Management Monitoring
☐ Enhanced Bio-remediation	☐ Monitoring w / No other action	☒ Pump and Treat (off Site)
☒ Cap / Cover (acreage? _____)	☐ Monitored Natural Attenuation	☐ Soil Removal
☐ Containment / Stabilization	☐ Multi-phase Extraction	☐ Soil Vapor Extraction
☐ Hydraulic Control	☐ Off Gas Treatment	☐ Soil Washing
☐ In-situ Chemical Oxidation	☐ On-site Soil Treatment	☐ Vapor Abatement
☐ Alternate/Treated Potable Supply	☒ Other Please specify: Slurry Wall	

Alternate Potable Supply: ☒ NO ☐ Yes (check all that apply) ☐ New Well Installation ☐ Waterline Extension / Hook Up (#_____) ☐ Drinking Water Filters (#_____) ☐ Supplied Bottle Water (#_____)

Treatment System Size: ☐ small (<10 gpm) ☒ medium (10-50 gpm) ☐ large (50-500 gpm) ☐ extra-large (>500 gpm)

Institutional Controls: ☐ **none required** ☐ Consent Order/Decree ☐ Condemnation of Property ☐ Deed Notice ☐ Deed Restriction ☐ Discharge Permit ☐ Ground Water Use Restrictions ☐ Site Security ☐ Environmental Easement ☐ Hazard. Waste Site Registry ☐ Local Permit ☐ Part 360 Permit ☐ Zoning Restriction ☐ Public Health Advisory ☐ Spill Database Notification ☐ Intrusion Restriction

Engineering Controls: ☐ **none required** ☒ Pump & Treat (In-situ remediation) ☐ Vapor Mitigation ☐ Water Treatment Filters ☒ Cap/Containment/Barriers ☒ Fence ☒ Slurry Walls ☐ Access Control ☐ Alternate Water Supply ☐ Public Water Supply Treatment

Engineering / Institutional Controls Certification: ☐ Yes ☐ No date:

SM Periodic Review Information: Date of last **DEC Inspection** 10 MAY 06 Date of **DEC Split / Check Sampling**

Report(s) used for **Evaluation:** Sampling data dated: May 24, 2005 **Annual Report Date**: January 1, 2006

Long-Term Monitoring (effectiveness sampling data): ☐ Yes ☐ No Frequency: # of wells _____

Treatment System Monitoring (performance sampling data): ☐ Yes ☐ No Frequency:

Remedial Status: **Remedy Effective?** ☒ Yes ☐ No ☐ Not Applicable (N/A)

ROD Compliance? ☒ Yes ☐ No ☐ N/A **Consent Order/Decree Compliance?** ☒ Yes ☐ No ☐ N/A

☒ NONE **Site Management / Remedy Problem Status** (if problem, please refer to Problem Severity Table)
☐ SLIGHT
☐MODERATE
☐ SEVERE

Evaluation: ☒ Continue Site Management ☐ Optimize Site Management / Remedy ☐ Close Remedial Process

☐ Site Closeout (date:)

☒ The remedy is performing properly and is effective.
☐ The remedy is performing properly and effectiveness will be evaluated.
☐ The remedy is not performing properly and is being evaluated further.
☐ The remedy is performing properly but is not effective and is being evaluated.
☐ 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.):

No change suggested at this time.

Frequency of Conducting SM Periodic Review: ☐ 1 ☒ 2 ☐ 3

Consent Order End Date: March 31, 2009 **Next Review Date: August 2008**

ROD/Consent Order Modifications? ☒ No ☐ Yes (per above) **Reclassify the Site?** ☒ No ☐ Yes Class:

Project Manager / Lead: Payson Long

Signature	Date	Agency/Division/Region	Telephone
Payson D Long	20 Oct 06	DER	402-9812

Date Entered into UIS / PR Report submitted for Review:

Reviewer Signature	Title	Date	Agency/Division/Region	Telephone