

Figure 1.

Site Management Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT 2006

Form Date 2005.08.30

Site / Spill Number: 738003		Site Name: Volney Landfill		Op Unit No.: 00		Class: 04	
Current Use: Capped/Closed municipal Landfill							
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 checked="" type="checkbox"/> Responsible Party <input type="checkbox"/> Federal Superfund (NPL)							
SM Start Date: 07/1987		<input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED		SM End Date: 07/2078		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 type="checkbox"/> Sediment							
Contaminant(s) of Concern: Metals, Volatile Organic Compounds, and Semi-Volatile Organic Compounds 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 checked="" type="checkbox"/> Pump and Treat <input checked="" type="checkbox"/> Cap / Cover (acreage? <u>.35</u>) <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 checked="" 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: Slurry Wall							
Alternate Potable Supply: <input type="checkbox"/> NO <input type="checkbox"/> Yes (check all that apply) <input type="checkbox"/> New Well Installation <input type="checkbox"/> Waterline Extension / Hook Up (# <u> </u>) <input type="checkbox"/> Drinking Water Filters (# <u> </u>) <input type="checkbox"/> Supplied Bottle Water (# <u> </u>)							
Treatment System Size: <input type="checkbox"/> small (<10 gpm) <input checked="" 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 checked="" type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Ground Water Use Restrictions <input type="checkbox"/> Site Security <input checked="" type="checkbox"/> Environmental Easement <input checked="" 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 type="checkbox"/> Vapor Mitigation <input type="checkbox"/> Water Treatment Filters <input checked="" type="checkbox"/> Cap/Containment/Barriers <input checked="" type="checkbox"/> Fence <input type="checkbox"/> Slurry Walls <input checked="" type="checkbox"/> Access Control <input 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: 9 MAY 2006							
SM Periodic Review Information: Date of last DEC Inspection <u>9 MAY 2006</u> Date of DEC Split / Check Sampling <u> </u>							
Report(s) used for Evaluation: Sampling data dated <u>May 2006</u> Monthly Report Dated <u>June 2006</u>							
Long-Term Monitoring (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Quarterly # of wells <u> </u>							
Treatment System Monitoring (performance sampling data): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Frequency: <u> </u>							
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 Site Management / Remedy Problem Status (if problem, please refer to Problem Severity Table) <input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE							
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: <u> </u>) <input checked="" 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.): No changes suggested at this time.							
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: 31 AUG 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: <u> </u>			
Project Manager / Lead: Payson Long							
Signature: <u>Payson Long</u> Date: <u>2/21/06</u> Agency/Division/Region: <u>DER</u> Telephone: <u>402-9612</u>				Date Entered into UIS / PR Report submitted for Review: Reviewer Signature: _____ Title: _____ Date: _____ Agency/Division/Region: _____ Telephone: _____			