


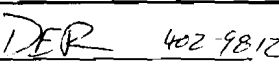
Figure 1.

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: 738012		Site Name: Columbia Mills		Op Unit No.: 00		Class: 04	
Current Use: Site is vacant land enclosed with a fence. Zoned:							
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: 07/01/1996		<input checked="" type="checkbox"/> ACTUAL <input type="checkbox"/> PLANNED		SM End Date: 07/01/2078		SM Cost/Yr.:	
Media / Receptors: <input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Indoor Air <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Drinking Water <input type="checkbox"/> Sediment							
Contaminant(s) of Concern: PCBs, VOC's, sVOC's, Metals, and Asbestos 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 (off Site) <input checked="" 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: Slurry Wall							
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 checked="" type="checkbox"/> Deed Restriction <input checked="" 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 checked="" type="checkbox"/> Cap/Containment/Barriers <input checked="" 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>2004</u> Date of DEC Split / Check Sampling <u>12/08/2004</u>							
Report(s) used for Evaluation: Sampling data dated: 12/08/2004							
Long-Term Monitoring (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency: 5 Quarter # of wells <u>8</u>							
Treatment System Monitoring (performance sampling data): <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: _____) <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.): Need to investigate Storage tank and discharge. Discussed with Thruway Authority and Stewart's development							
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: July 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							
 Signature / Date				Date Entered into UIS / PR Report submitted for Review:  402-9812 Reviewer Signature Title Date Agency/Division/Region Telephone			