## New York State - Department of Environmental Conservation Division of Environmental Remediation <u>Periodic Review Evaluation Report</u>

## Period covered by -- 2007-08

<b>Site Code:</b> 902014		Site Name	e: Patton's Busy Bee Disposal	Class: 04				
Program Lead: State Superfund	Program	Site Mana	gement Funding Source: State Sup	erfund				
<b>Start Date:</b> 09/01/1997	ACT							
IC/EC Certification: Recieved	Date:		Accept Date:					
<b>DEC Inspection Date:</b> 10/18/2007	7 Last Date of	of DEC Inspec	ction					
<b>Report Used for Evaluation:</b> Site	Management, Longter	m Monitoring	, Discharge Monitoring, Inspection					
<b>ROD Complicance?</b> Yes								
Long Term Monitoring (effectivenes	s of remedy):	res I	requency:					
Treatment System (Monitoring perfe	ormance of remedy):	Frequency:	: Number of Wells: 13					
Problem Status:								
Comments/Changes/Attachments:  By the 1996 ROD, DER-9N staff have performed the required Site Management inspections and sampling of the monitoring wells. Up through 2005, residential wells were part of the LTM program. Historical results indicate that there was no impact from the landfill relative to the drinking water quality supply wells. Thus, year 2005 was the last year for the residential water well sampling. Site MW data, does not indicate a significant off site release or continued degradation of groundwater quality. Leachate continues to be removed as necessary from the two on site leachate tanks and disposed at the Hornell WWTP. The Division of Operations mows the site once per year and maintains the roads and gate. Site Management to continue.  ROD/Consent Order Modifications?  No  Site reclassifiaction recommended:								
Contaminent of concern		OU	Media/Receptor					
CORROSIVE LIQUID (PH APR ALKALINE METAL CLEANIN		01 01						
Evaluation: The Remedy is perform								
Remedies	OU	Site of Treat	tment Date in	Remedy				
			Place	Effective				
No Further Action	01	XX		Ongoing				
Plume Management Monitoring	01	XX		Ongoing				
Leachate Recovery	01	XX		Ongoing				

Next Review:			Priority: 01			
Project Manager: bpsadows			Reviewer:	Reviewer: GPSUTTON		
Signature:	Date:		Signature:	Date:	Date:	
Name	Region or Bureau	Telephone	Name	Region or Bureau	Telephone	