

Inactive Hazardous Waste Site Operations and Maintenance Review Report

Form Date 96 10 01

Site Name: Moench Tanning		Class: 4	Number: 905004															
O&M Funding Source: <input type="checkbox"/> State Superfund <input type="checkbox"/> Federal Superfund <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Responsible Party																		
O&M Information: O&M Start: 1992		End: 2022	Annual Cost: \$15,000 <input checked="" type="checkbox"/> Estimated															
Interim Remedial Measures/ Operable Units in O&M Phase: <table border="0"><tr><td><input type="checkbox"/> Drum Removal</td><td><input type="checkbox"/> Soil Removal</td><td><input type="checkbox"/> Tank Removal</td></tr><tr><td><input checked="" type="checkbox"/> Cap/Cover</td><td><input type="checkbox"/> Containment Structure</td><td><input type="checkbox"/> Fence/Security</td></tr><tr><td><input type="checkbox"/> Groundwater Recovery/Treatment</td><td><input type="checkbox"/> Leachate Collection/Treatment</td><td><input type="checkbox"/> Vapor Extraction/Treatment</td></tr><tr><td><input type="checkbox"/> Air Sparging/Stripper System</td><td><input type="checkbox"/> Treatment/Filtration Plant/System</td><td><input type="checkbox"/> Potable Water Supply/System</td></tr><tr><td colspan="3"><input type="checkbox"/> Other:</td></tr></table>				<input type="checkbox"/> Drum Removal	<input type="checkbox"/> Soil Removal	<input type="checkbox"/> Tank Removal	<input checked="" type="checkbox"/> Cap/Cover	<input type="checkbox"/> Containment Structure	<input type="checkbox"/> Fence/Security	<input type="checkbox"/> Groundwater Recovery/Treatment	<input type="checkbox"/> Leachate Collection/Treatment	<input type="checkbox"/> Vapor Extraction/Treatment	<input type="checkbox"/> Air Sparging/Stripper System	<input type="checkbox"/> Treatment/Filtration Plant/System	<input type="checkbox"/> Potable Water Supply/System	<input type="checkbox"/> Other:		
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Institutional Controls: <input checked="" type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Department of Health Sampling <input type="checkbox"/> Other:																		
O&M Review Information: Reports (List reports submitted during year): 2 SEMI-ANNUAL GW MONITORING REPORTS Inspection (State observations/problems noted during inspection): NONE NOTED - 5/29/03 Sampling (Was sampling performed during inspection?): NO Other:																		
Conclusions: Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain): ROD Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: (Explain) Consent Order Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: Other:																		
Recommendations: Repair of well casings, seals, caps and locks as noted during inspection. Continue Routine Monitoring. CONTINUE ROUTINE MONITORING																		
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:																		
Comments:																		
Project Manager: Signature: Stanley Radon Date: 12/26/03 Name: Stanley Radon, Region or Bureau: Reg. 9 Telephone: 716-851-7220		Reviewer: Signature: M. Doster Date: 12/29/03 Name: M. Doster, Region or Bureau: Telephone:																