

Operations, Maintenance and Monitoring Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT - 010104-020105

Form Date 2003.01.08

<b>Site / Spill Number:</b> 915015	<b>Op Unit No.:</b>	<b>Class:</b> 4
<b>Site Name:</b> Chem-Trol		
<b>Current Use:</b> Inactive.		
<b>OM&amp;M Lead / Funding:</b> <input type="checkbox"/> State Superfund <input type="checkbox"/> State Oil Spill Fund <input type="checkbox"/> Brownfields <input type="checkbox"/> Voluntary Cleanup <input checked="" type="checkbox"/> Responsible Party <input type="checkbox"/> Federal Superfund (NPL)		
<b>OM&amp;M Start Date:</b> <input checked="" type="checkbox"/> ACTUAL 1999 (SVE) 2001 (Groundwater) <input type="checkbox"/> PLANNED <b>OM&amp;M End Date:</b> Continuing <b>Cost/Yr.:</b> UNK		
<b>Media / Receptors:</b> <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		
<b>Contaminant(s) of Concern:</b> C-56(liquid) , Xylene (sludge) , PCB's (soil), Spent sulfuric acid pickle liquor, PCB oils, PCB contaminate drums and capacitors.		
<b>Remedies:</b> (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"/> Biosparging	<input type="checkbox"/> DNAPL Product Recovery	<input type="checkbox"/> Plume Management Monitoring
<input type="checkbox"/> Enhanced Bioremediation	<input type="checkbox"/> Monitoring w / No other action	<input checked="" type="checkbox"/> Pump and Treat
<input checked="" type="checkbox"/> Cap / Cover	<input type="checkbox"/> Monitored Natural Attenuation	<input type="checkbox"/> Soil Removal
<input type="checkbox"/> Containment / Stabilization	<input type="checkbox"/> Multi-phase Extraction	<input checked="" type="checkbox"/> Soil Vapor Extraction
<input checked="" 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 type="checkbox"/> Other Please specify:	
<b>Alternate Potable Supply:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <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 (#____)		
<b>Treatment System Size:</b> <input checked="" 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)		
<b>Institutional Controls:</b> <input type="checkbox"/> none required <input checked="" 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 (SPDES) <input type="checkbox"/> Ground Water Use Restrictions <input type="checkbox"/> Site Security <input checked="" type="checkbox"/> Environmental Easement <input checked="" type="checkbox"/> Haz. Waste Site Registry		
<input type="checkbox"/> Local Permit <input type="checkbox"/> Part 360 Permit <input type="checkbox"/> Zoning Restriction <input type="checkbox"/> Public Health Advisories <input type="checkbox"/> Spill Database Notification <input type="checkbox"/> Other:		
<b>Engineering Controls:</b> <input checked="" type="checkbox"/> none required <input type="checkbox"/> Pump & Treat (In-situ remediation) <input type="checkbox"/> Vapor Mitigation <input type="checkbox"/> Water Treatment Filters		
<b>Annual Institutional / Engineering Controls Certification:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No date:		
<b>OM&amp;M Review Information:</b> Date of last DEC Inspection: August 16, 2004 Date of DEC Split / Check Sampling:		
<b>Report(s) used for Evaluation:</b> RP Monthly Reports		
<b>Long-Term Monitoring</b> (effectiveness sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Frequency: Annually # of wells: 6		
<b>Treatment System Monitoring</b> (performance sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Frequency: Monthly. SPDES: Monthly.		
<b>Remedial Status:</b> Remedy Effective? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)		
<b>ROD Compliance?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Consent Order/Decree Compliance?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input type="checkbox"/> NONE <b>OM&amp;M / Remedy Problem Status</b> (if problem, please refer to problem severity table)		
<input checked="" type="checkbox"/> SLIGHT Non-compliance of Iron and Orthochlorotoluene concentrations in effluent.*		
<input type="checkbox"/> MODERATE		
<input type="checkbox"/> SEVERE		
<b>Evaluation:</b> <input checked="" type="checkbox"/> Continue OM&M <input type="checkbox"/> Optimize OM&M / Remedy <input type="checkbox"/> Close Remedial Process <input type="checkbox"/> Closeout Site		
<input type="checkbox"/> The remedy is performing properly and effectiveness will be evaluated.		
<input type="checkbox"/> The remedy is performing properly and is effective.		
<input type="checkbox"/> The remedy is not performing properly and is being evaluated further.		
<input checked="" 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.		
<b>Comments / Recommendations</b> (i.e., gen, optimize OM&M or remedy, change monitoring frequency, when to close process or site)		
*This site officially went into Class 4 (site properly closed - required continued management) on January 7,2005. Prior to this date, it unofficially was in the OM&M phase since 1999 (SVE) and 2002 (Groundwater Treatment). Effluent from the plant was designed to discharge to Smokes Creek. However, due to high concentrations of iron above DEC receiving water standards, the effluent was diverted to a sanitary sewer on Lake Avenue that is part of the Erie County Sewer District #3. These waters were treated at the Erie County POTW by discharge permit ST-15. This operation however, ceased on 2/27/04 when the request to extend the permit was denied by the Erie County Division of Environment and Planning. The valve was closed to the sanitary sewer which directed flow to Smokes Creek. The basis of the denial was that discharge to the sanitary system was temporary until the treatment system stabilized or modified to meet the discharge limitations. Since the effluent is now entering Smokes Creek, McMahon and Mann for SC. Holdings submitted a request to DOW to increase the discharge limitations for Iron and Orthochlorotoluene. DER and DOW are currently working to resolve this issue. In the interim, DER instructed McMahon and Mann to evaluate and submit options to bring the plant into compliance. The option to modify the plant was not considered due to capital expense and space limitations. The option submitted and implemented was the increase in frequency of acid washing the SVE system. While the data indicates this as effective, it is brief before the discharge maximum is again exceeded. In regard to iron, no physical or chemical work has been done to increase fallout or change solution for trapping. There has been no iron staining at the effluent end pipe or into the waters of Smokes Creek. OM&M optimization continues.		
<b>Consent Order End Date:</b> Not applicable. <b>Next Review Date:</b> 2/06		
<b>Project Manager / Lead:</b> 716-851-7220 <i>Invent Jackson 2/2/05</i> <i>Danky 2/2/05</i> <i>Heath M May 2/2/05 DER-9</i>		
<b>Signature</b>	<b>Date</b>	<b>Agency / Division / Region</b>
		<b>Telephone</b>
<b>Date Entered into DER Tracking System and submitted to Supervisor as a Review Report:</b>		