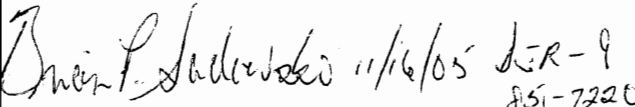


NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
Division of Environmental Remediation

Operations, Maintenance and Monitoring Periodic Review Data Collection Form

PERIOD COVERED BY THE REPORT - 121704-110905

Form Date 2003.01.08

<b>Site / Spill Number:</b> 932021 <b>Site Name:</b> Hyde Park	<b>Op Unit No.:</b>	<b>Class:</b> 4																								
<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 12/79 <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 checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Indoor Air <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Sediment																										
<b>Contaminant(s) of Concern:</b> CaF2, C56 derivatives, brine sludge, organic phosphates, decolorane, BTC, chlorotoluenes, DDM, TCP, BTF derivatives, benzoyl chloride, LOS/MCT, chlorobenzenes, thiodan, acid chlorides and misc. chlorination products. Release Est.: ~ 80,000 tons																										
<b>Remedies:</b> (mark all technologies that have been used, circle the remedy (ies) that is/are currently active)																										
<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Air Sparging</td> <td><input type="checkbox"/> LNAPL Product Recovery</td> <td><input type="checkbox"/> Permeable Reactive Wall</td> </tr> <tr> <td><input type="checkbox"/> Biosparging</td> <td><input checked="" type="checkbox"/> DNAPL Product Recovery</td> <td><input checked="" type="checkbox"/> Plume Management Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Enhanced Bioremediation</td> <td><input type="checkbox"/> Monitoring w / No other action</td> <td><input checked="" type="checkbox"/> Pump and Treat</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cap / Cover</td> <td><input type="checkbox"/> Monitored Natural Attenuation</td> <td><input checked="" type="checkbox"/> Soil Removal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Containment / Stabilization</td> <td><input checked="" type="checkbox"/> Multi-phase Extraction</td> <td><input type="checkbox"/> Soil Vapor Extraction</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hydraulic Control</td> <td><input type="checkbox"/> Off Gas Treatment</td> <td><input type="checkbox"/> Soil Washing</td> </tr> <tr> <td><input type="checkbox"/> In-situ Chemical Oxidation</td> <td><input type="checkbox"/> On-site Soil Treatment</td> <td><input type="checkbox"/> Vapor Abatement</td> </tr> <tr> <td><input type="checkbox"/> Alternate/Treated Potable Supply</td> <td colspan="2"><input checked="" type="checkbox"/> Other Please specify: Soil Vapor Sampling</td> </tr> </table>			<input type="checkbox"/> Air Sparging	<input type="checkbox"/> LNAPL Product Recovery	<input type="checkbox"/> Permeable Reactive Wall	<input type="checkbox"/> Biosparging	<input checked="" type="checkbox"/> DNAPL Product Recovery	<input checked="" 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 checked="" type="checkbox"/> Soil Removal	<input checked="" type="checkbox"/> Containment / Stabilization	<input checked="" type="checkbox"/> Multi-phase Extraction	<input 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 checked="" type="checkbox"/> Other Please specify: Soil Vapor Sampling	
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<input type="checkbox"/> Alternate/Treated Potable Supply	<input checked="" type="checkbox"/> Other Please specify: Soil Vapor Sampling																									
<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 type="checkbox"/> small (<10 gpm) <input type="checkbox"/> medium (10-50 gpm) <input checked="" 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 type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit (SPDES) <input type="checkbox"/> Ground Water Use Restrictions <input checked="" type="checkbox"/> Site Security <input type="checkbox"/> Environmental Easement <input checked="" type="checkbox"/> Haz. Waste Site Registry <input checked="" 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: 11/08/05. Date of DEC Split / Check Sampling: None																										
<b>Report(s) used for Evaluation:</b> RP Bedrock and Overburden Quarterly Monitoring Reports including Treatment Plant Performance.																										
<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: ~36 w/approval of PMP.																										
<b>Treatment System Monitoring</b> (performance sampling data): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Frequency: Continuous, Weekly and Quarterly																										
<b>Remedial Status:</b> <b>Remedy Effective?</b> <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																										
<b>OM&amp;M / Remedy Problem Status</b> (if problem, please refer to problem severity table) <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SLIGHT _____ <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 checked="" 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 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) OXY/MSRM Inc. continue to work and prove total APL capture and NAPL plume reduction in the overburden and bedrock; respectively. The treatment plant is improved as necessary for efficiency. The EPA continues to be the lead agency. Approval of the March 2005 proposed Performance Monitoring Plan by the RP is pending. Gloria Sosa; PM for the EPA and Don McLeod for OXY are working on agreeable criteria. DEC and DOH comments have been submitted.																										
<b>Workplan Priority:</b> Not applicable.																										
<b>Consent Order End Date:</b> Not applicable.		<b>Next Review Date:</b> 11/06.																								
<b>Project Manager / Lead:</b>																										
 Signature Date Agency / Division / Region Telephone		<b>Date Entered into DER Tracking System and submitted to Supervisor as a Review Report:</b> _____																								