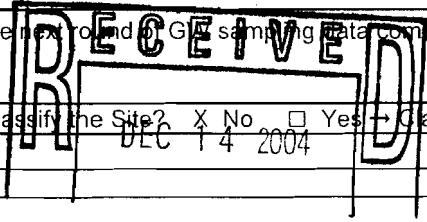
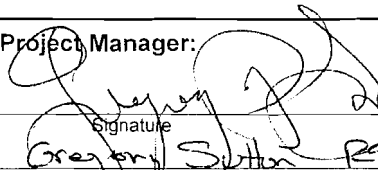
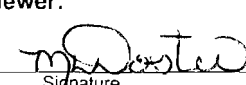


Inactive Hazardous Waste Site Operations and Maintenance Review Report

Form Date 96.10.01

Site Name: Nantional Fuel Gas - Mineral Spring Maintenance Facility Class: NL		Number: V00195-9																
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: June 2001 End: Annual Cost: \$ <input 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 checked="" type="checkbox"/> Soil Removal</td><td><input type="checkbox"/> Tank Removal</td></tr><tr><td><input checked="" type="checkbox"/> Cap/Cover (Pavement & Clay)</td><td><input type="checkbox"/> Containment Structure</td><td><input checked="" 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 checked="" type="checkbox"/> Other: DNAPL Recovery System</td></tr></table>				<input type="checkbox"/> Drum Removal	<input checked="" type="checkbox"/> Soil Removal	<input type="checkbox"/> Tank Removal	<input checked="" type="checkbox"/> Cap/Cover (Pavement & Clay)	<input type="checkbox"/> Containment Structure	<input checked="" 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 checked="" type="checkbox"/> Other: DNAPL Recovery System		
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<input checked="" type="checkbox"/> Other: DNAPL Recovery System																		
Institutional Controls: <input checked="" type="checkbox"/> Deed Restriction <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Department of Health Sampling <input checked="" type="checkbox"/> Other: Annual certification																		
O&M Review Information: Reports: OM&M Plan dated May 2002, Remedial Completion Report dated May 2002, Last GW Sampling Report dated October 9, 2003 Inspection: Performed 04/30/04 w/ Charlie Burke of NFG representing facility. No problems noted. Discussed NFG pursuing further investigation of why cyanide levels in site GW are not reducing since remedial measures have been put in place. Mr. Burke noted that NFG and RETEC have already been discussing issue and how to proceed. All clay capped areas well vegetated All pavement capped areas in good condition. Pavement around one DI behind Building #3 (area B3SAC) is damage due to subsurface settling. NFG has placed on maintenance schedule for repair this spring. All swale areas are sound, no seeps noted. Sampling: Facility conducts GW sampling 3 times per year, results sent to DEC. Annual report due November 2004, Annual Cert. Due May 2004. No sampling was conducted at the time of the inspection. 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: explain: _____																		
Other:																		
Recommendations: Further follow-up on cyanide levels required once next round of GW sampling data comes in for review.																		
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:																		
<div style="text-align: center;"></div>																		
Project Manager:  _____ Name Region or Bureau 11/30/04 Date 851-7220 Telephone		Reviewer:  _____ Name Region or Bureau 12/7/04 Date Telephone																