## New York State - Department of Environmental Conservation Division of Environmental Remediation Periodic Review Evaluation Report

## Period covered by -- 2010-11

| Site Code: V00678 Site Name: Former Henrietta Wastewater Treatment Class: C   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Program Lead: Voluntary Cleanup Program Site Management Funding Source: Responsible Party (RP)  |  |  |  |  |  |  |  |
| <b>Start Date:</b> 12/31/2004 ACT   |  |  |  |  |  |  |  |
| IC/EC Certification: Received Date: 06/04/2010 Accept Date: 06/24/2010  |  |  |  |  |  |  |  |
| DEC Inspection Date: Last Date of DEC Inspection  |  |  |  |  |  |  |  |
| Report Used for Evaluation: Site Management   |  |  |  |  |  |  |  |
| ROD Compliance? Yes   |  |  |  |  |  |  |  |
| Long Term Monitoring (effectiveness of remedy): No Frequency: None Required   |  |  |  |  |  |  |  |
| Treatment System (Monitoring performance of remedy): No Frequency: None Required Number of Wells:   |  |  |  |  |  |  |  |
| Problem Status:   |  |  |  |  |  |  |  |
| Comments/Changes/Attachments:  This site was investigated under a voluntary cleanup agreement (NOT a BCP) and the approved remedy was institutional controls, development of a soils management plan, and periodic certification. As noted in the periodic review report, the property was subdivided into two parcels in November 2005. The western parcel has SBL number 150.18-1-3.12 and it is currently owned by Ascent Ventures, LLC. The eastern parcel (landfill area) has SBL number 150.18-1-13.11 and is owned by the Town of Henrietta. Both parcels are currently vacant, and the deed restriction applies to both parcels. The approved Soils Management Plan is referenced in the deed restrictions and applies to both parcels. There have been no improvements to either parcel.  ROD/Consent Order Modifications?  No  Site reclassification recommended: |  |  |  |  |  |  |  |
| Contaminent of concern OU Media/Receptor 01   |  |  |  |  |  |  |  |
| Evaluation: The Remedy is performing properly and is effective.   |  |  |  |  |  |  |  |
| Remedies OU Site of Treatment Date in Remedy Place Effective  |  |  |  |  |  |  |  |
| No Action 01 XX 12/31/2004 Yes  |  |  |  |  |  |  |  |

| Next Review:     |                  |           | Priority: 03 |          |                  |            |
|------------------|------------------|-----------|--------------|----------|------------------|------------|
| Project Manager: | tmcaffoe         |           | Reviewer:    | BXPUTZIG |                  |            |
| Signature:       | Date:            |           | Signature:   |          | Date:            | 06/24/2010 |
| Name             | Region or Bureau | Telephone | Name         |          | Region or Bureau | Telephone  |