

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Waste Site Cleanup

REMEDIAL SYSTEM AUDIT INSPECTION

	EASE TR	ACK	110110	MIDER
Dim	E OF INS	DECT	TON	
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A CENEDAL INCODMATION										
A. GENERAL INFORMATION Town:					ТмсР	action under w	hich remediation conducted:			
Address:	AMADES SUMMER SU			☐ IRA ☐ RAM ☐ Phase IV						
Related RTN(s):					4		ROS Class C RAO			
PRP/Person conducting work:					Date of approval of written plan:					
Address:					• • • • • • • • • • • • • • • • • • • •					
						Check if Remedial System(s) at site is addressing: ☐ An Imminent Hazard				
LSP:					1		azard Substantial Release Migration			
Contact person	Phone:	_			1 - 1		posure Pathway			
DEP Staff Conducting Inspection:					o migration to public water supply					
5 .										
B. TYPE(S) OF ACTIVE REMEI				T	- ca	~	11.1			
Recovery/treatment systems (check a	y):		Effluent/Discharge (check all that ap			** **				
□ NAPL recovery □ Air stripping			☐ Sanitary Sewer/POTW							
☐ Groundwater recovery ☐ Vapor-phase carbon adsorption				☐ Surface water (including storm drains)						
☐ Soil vapor extraction/bioventing ☐ Aqueous-phase carbon adsorption ☐ Dual/Multi-Phase Extraction ☐ Cat/Thermal oxidation				☐ Upgradient groundwater re-infiltration☐ Downgradient groundwater re-infiltration						
☐ Application of Remedial Additives ☐ Sparging/biosparging			□ Vapor phase discharge to ambient air							
□ N □ P □ Peroxide □ Other:				o off-gas controls o no off-gas controls						
☐ ORC ☐ Other:					☐ Drinking water supply					
				□ Other:						
Mode(s) of Operation: □ Continuous □ Intermittent □ Pulsed										
Mode(s) of Operation. — Con	tiliuous	Intermitted =	<u> </u>							
C. EFFLUENT/DISCHARGE RE	GULATIC	N - Indicate ho	w the effl	luent/di	ischarg	e limits were e	stablished			
□ NPDES EXCLUSION OR PERMIT		ERFORMANCE STA		□ DE	P APPR	OVAL LETTER	☐ OTHER			
Date of ☐ Exclusion ☐ Permit:	MCP citati	on(s):		Date of	of Appro	Explanation:				
					····					
					4-10-2-10-2					
D. INSPECTION OF RELEASE I	REVENT	ON SYSTEMS	[310 CM	IR 40.0	041(7)]					
Component		Applicable	Present			Not Present, Not Working Or Not Done				
Overflow/high water shut-off switch										
Pressure shut-off switch										
Data Collection Devices (flow meters, etc.)						,				
Process & Instrumentation Diagram										
System secured										
Posting the name & telephone numb										
contact in case of system malfunctio						•				
Wastewater Treatment Plant Operato	or					-				
inspections at regular intervals										

		nt damage to systen	1								
by freezing, hea								***************************************			
Comments [31	0 CMR 40.	.0041(7)]:									
		MEDIAL SYSTE			s applicable	e)					
		l during time of ins									
		ng on-site? ☐ Yes 「							formation		
		n memory after retu ewater Treatment P							mara than		
30 days)? □ Ye		ewater Treatment F	тапі Орегато	(Required ii	Keilleulai w	asiewaiei	is ireated & di	scharged for	inore man		
30 days): 🗖 10	23 🗀 140										
If yes – provide Name:		Grade:	Grade: License No.				☐ Not applicable ☐ Not required				
F. STATUS O	F REMED	IAL SYSTEM(S)	DURING IN	SPECTION	(check/fill i	n all that a	pply)				
□ Functional		□ Un	☐ UNSCHEDULED SHUT DOWNS				☐ PERMANENTLY SHUT DOWN				
> NAPL recovered (gals):		> date(s)	> date(s) unscheduled system(s) shutdown:				> date final shut down:				
	> gw recovered (gals):			date(s) unsolved a system(s) shatdown.							
				> reason for shut down(s):				☐ no further effluent discharges☐ no further application of Remedial Additives planned;			
➤ gw discharged (gals) :➤ avg soil gas recovery rate (scfin):			> reason								
							sufficient monitoring completed to demonstrate compliance with				
➤ avg sparging rate (scfin):											
							310 CMR 40.0046 ☐ other:				
➤ Remedial Additives											
date(s) applie	d:										
quantity applied(gal/lbs):											
-1			<u> </u>								
C INDITION	PARENT TIE	NT/DISCHARGE	CONCENT	DATIONS							
POINT OF	MEDIA	CONTAMINANT	TESTING		CONCENTRATIO	ОИ ³	PERMIS	s Conc	WITHIN		
MEASUREMENT ¹		AND/OR	METHOD ²		30110211111111		DISCHAR		PERMISS		
		MEASUREMENT		Influent Mid Dischar		GE CONC ⁴		LIMITS?			
~		PARAMETER							(Y/N)		
						1					
						1					
						-					
☐ Monitoring	conducted b	y (PID/FID) Scree	ning: • Vap	ors o Aqueo	us Headspac	e o Soil	Headspace	o Other:			
Screening In	nstrumentati	ion: o PID with 10					o FID	o Other			
	tion Calibra	tion Check: Date:	Time:	Test gas	ppmV:	Instrum	ent Reading p	pmV:			
NOTES:											

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H. OPERATIONAL PROBLEMS/NOTES
☐ Check here if additional information/data/maps/sketches are attached to this form
VIOLATION(S) OBSERVED: No Yes Possible
If yes, list violation(s):
Recommended for Comprehensive Audit?: Yes NO
Additional Comments: