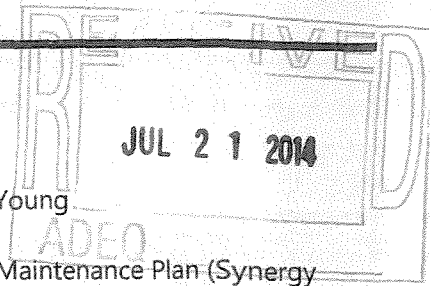


## Jerry Worsham

**From:** Jerry Worsham  
**Sent:** Monday, July 21, 2014 1:36 PM  
**To:** Danielle R. Taber (Taber.Danielle@azdeq.gov)  
**Cc:** Laura L. Malone (Malone.Laura@azdeq.gov); Anthony E. Young (anthony.young@azag.gov); 'Wendy Flood'  
**Subject:** Meritor Inc.'s Public Comments on RID's Operation and Maintenance Plan (Synergy October 2013-Revision 3) (Supplement)  
**Attachments:** 060910\_Five-Year Review Site Inspection Checklist.doc



Danielle:

Previously on behalf of Meritor, Inc., I submitted to ADEQ significant comments on the Roosevelt Irrigation District's (RID) Operation and Maintenance (O&M) Plan. In reference to the previous comment #6 concerning the information/form of the Monthly Report required by ADEQ, I suggest that ADEQ review the attached form which has been adopted by ADEQ for the Five Year Review of Operation and Maintenance Plans. This form, in particular pages 2-6 provides the kind of monthly information which is relevant to require in RID's O&M Plan. It includes information on Onsite Documents, O&M Costs, Access and Institutional Controls, Site Inspection Checklist, Groundwater Remedies and Monitoring Data. There is additional information which should be required by ADEQ but I believe this makes a good starting template to work create a monthly report under Appendix K.

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Please include this information as a Supplement to my prior comments!

Jerry

Jerry D. Worsham II

Member

*Ridenour Hienton, P.L.L.C.*

Chase Tower

201 North Central Avenue, Suite 3300

Phoenix, Arizona 85004

E. [jworsham@rhlfirm.com](mailto:jworsham@rhlfirm.com) | O (602) 254-9900 | F (602) 254-8670 | W. [www.rhlfirm.com](http://www.rhlfirm.com)

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**From:** Wendy Flood [<mailto:Flood.Wendy@azdeq.gov>]

**Sent:** Monday, July 21, 2014 11:26 AM

**To:** Jerry Worsham

**Subject:** FW: Site Inspection Form

## Danielle R. Taber

---

**From:** Jerry Worsham <JWorsham@rhlfirm.com>  
**Sent:** Monday, July 21, 2014 1:36 PM  
**To:** Danielle R. Taber  
**Cc:** Laura L. Malone; Anthony E. Young (anthony.young@azag.gov); Wendy Flood  
**Subject:** Meritor Inc.'s Public Comments on RID's Operation and Maintenance Plan (Synergy October 2013-Revision 3) (Supplement)  
**Attachments:** 060910\_Five-Year Review Site Inspection Checklist.doc

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Please include this information as a Supplement to my prior comments!

Jerry

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Jerry D. Worsham II

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---

**From:** Wendy Flood [<mailto:Flood.Wendy@azdeq.gov>]

**Sent:** Monday, July 21, 2014 11:26 AM

**To:** Jerry Worsham

**Subject:** FW: Site Inspection Form

So long time coming but here is the blank inspection form you requested( I was out last week).

---

**From:** Brian J. Stonebrink  
**Sent:** Monday, July 14, 2014 7:58 AM  
**To:** Wendy Flood  
**Subject:** FW: Site Inspection Form

---

**From:** Neese, William [<mailto:william.neese@urs.com>]  
**Sent:** Friday, July 11, 2014 2:50 PM  
**To:** Brian J. Stonebrink  
**Subject:** RE: Site Inspection Form

Brian:

Please find the blank checklist for your use.

Thanks,  
Will

William J. Neese, P.E.  
URS Corporation  
Environmental Services Group Leader

333 E. Wetmore Road #400  
Tucson, AZ 85705

(520) 407-2825 (direct dial)  
(520) 465-7219 (cellular)  
(520) 887-8438 (fax)

[william.neese@urs.com](mailto:william.neese@urs.com)



---

**From:** Brian J. Stonebrink [<mailto:Stonebrink.Brian@azdeq.gov>]  
**Sent:** Thursday, July 10, 2014 1:40 PM  
**To:** Neese, William  
**Subject:** Site Inspection Form

Will,

Could you send us a blank site inspection list for 5-Year reviews?  
Wendy was requesting this for another site.

Thanks,

Brian Stonebrink

---

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## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

Site Name:	EPA ID:
Review Report:	Review Period:
Treatment Facility Name:	Operable Unit Region:

### I. SITE INFORMATION

Location and Region:	Date(s) of Inspection:
Treatment Facility Address:	Weather/Temperature:

Agency, Office, or Company Leading the Five-Year Review: \_\_\_\_\_

Remedy Includes: (check all that apply)

<input type="checkbox"/> Landfill cover/containment	<input type="checkbox"/> Monitored natural attenuation
<input type="checkbox"/> Access controls	<input type="checkbox"/> Groundwater containment
<input type="checkbox"/> Institutional controls	<input type="checkbox"/> Vertical barrier walls
<input type="checkbox"/> Groundwater pump and treatment	
<input type="checkbox"/> Surface water collection and treatment	
<input type="checkbox"/> Other: _____	

Attachments:     Inspection team roster attached                       Site map/diagrams attached

### II. INTERVIEWS (check all that apply)

**1. O&M Site Manager:** \_\_\_\_\_

Name	Title	Date	
Interviewed: <input type="checkbox"/> at site <input type="checkbox"/> at office <input type="checkbox"/> by phone	Phone number: _____	Interview record attached: <input type="checkbox"/>	
Problems, suggestions: _____			

**2. O&M Staff:** \_\_\_\_\_

Name	Title	Date	
Interviewed: <input type="checkbox"/> at site <input type="checkbox"/> at office <input type="checkbox"/> by phone	Phone number: _____	Interview record attached: <input type="checkbox"/>	
Problems, suggestions: _____			

**3. Local Regulatory Authorities and Response Agencies:**

Agency: _____	Interview record attached: <input type="checkbox"/>
Contact: _____	
Problems, suggestions: _____	
Agency: _____	Interview record attached: <input type="checkbox"/>
Contact: _____	
Problems, suggestions: _____	
Agency: _____	Interview record attached: <input type="checkbox"/>
Contact: _____	
Problems, suggestions: _____	
Agency: _____	Interview record attached: <input type="checkbox"/>
Contact: _____	
Problems, suggestions: _____	

**4. Names of Other Individuals Interviewed:** \_\_\_\_\_ Interview records attached:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

Site Name:	EPA ID:
Review Report:	Review Period:
Treatment Facility Name:	Operable Unit Region:

### III. ON-SITE DOCUMENTS AND RECORDS VERIFIED (check all that apply)

<p><b>1. O&amp;M Documents:</b></p> <p><input type="checkbox"/> _____ O&amp;M Manual</p> <p><input type="checkbox"/> _____ O&amp;M Manual</p> <p><input type="checkbox"/> _____ O&amp;M Manual</p> <p><input type="checkbox"/> Groundwater Monitoring Plan (SAP)</p> <p><input type="checkbox"/> Treated System Monitoring Plan (SAP)</p> <p><input type="checkbox"/> Ambient Air Monitoring Plan</p> <p><input type="checkbox"/> Storm Water Pollution Prevention Plan (SWPPP)</p> <p><input type="checkbox"/> As-Built Drawings</p> <p><input type="checkbox"/> Maintenance Logs</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Remarks: _____</p>	<p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p>
<p><b>2. Site-Specific Health and Safety Plan:</b></p> <p><input type="checkbox"/> Contingency plan/emergency response plan</p> <p>Remarks: _____</p>	<p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p>
<p><b>3. Permits and Service Agreements:</b></p> <p><input type="checkbox"/> Air discharge permit</p> <p><input type="checkbox"/> Effluent discharge permit/agreement</p> <p><input type="checkbox"/> Waste disposal permit/agreement</p> <p><input type="checkbox"/> Poor Quality Groundwater Withdrawal Permit (PQGWP)</p> <p><input type="checkbox"/> _____</p> <p>Remarks: _____</p>	<p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p>
<p><b>6. Discharge Compliance Records:</b></p> <p><input type="checkbox"/> Air</p> <p><input type="checkbox"/> Water (effluent)</p> <p><input type="checkbox"/> _____</p> <p>Remarks: _____</p>	<p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p>
<p><b>7. Daily Access/Security Logs:</b></p> <p>Remarks: _____</p>	<p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p>
<p><b>8. Operations, Maintenance, and Inspection Logs:</b></p> <p><input type="checkbox"/> Daily Activity Logs</p> <p><input type="checkbox"/> Monthly Operations Logs</p> <p><input type="checkbox"/> Pump/Blower Maintenance Logs</p> <p><input type="checkbox"/> Instrumentation Calibration Logs</p> <p><input type="checkbox"/> Peripheral Equipment Maintenance Logs</p> <p><input type="checkbox"/> Vent Scrubber Valve Sequence Logs</p> <p><input type="checkbox"/> Extraction Well Maintenance Logs</p> <p><input type="checkbox"/> GW Monitoring Well Maintenance Logs</p> <p><input type="checkbox"/> Solvent Recovery and Disposal Logs</p> <p><input type="checkbox"/> Carbon Regeneration Logs</p> <p><input type="checkbox"/> Liquid Phase Carbon Changeout Logs</p> <p><input type="checkbox"/> Vapor Phase Carbon Changeout Logs</p> <p><input type="checkbox"/> SWPPP Inspection Logs</p> <p><input type="checkbox"/> SWPPP Discrepancy Logs</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Remarks: _____</p>	<p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Readily Available      <input type="checkbox"/> Up to Date      <input type="checkbox"/> N/A</p>

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

Site Name:	EPA ID:
Review Report:	Review Period:
Treatment Facility Name:	Operable Unit Region:

**9. Records:**

<input type="checkbox"/> Employee O&M Training Records	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Employee OSHA Certification Records	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Site Incident Records	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Effluent Monitoring Records	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Air Emissions Records/Inventories	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Recovered Solvent Disposal Records	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Liquid Phase Carbon Changeout Records	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Vapor Phase Carbon Changeout Records	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> _____	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> _____	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A

Remarks: \_\_\_\_\_

**10. Monitoring Data:**

<input type="checkbox"/> Groundwater Monitoring Data	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Treated Groundwater Effluent Data	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> pH Monitoring Data	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Air Emissions Data	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Ambient Air Monitoring Data	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> Waste Analysis/Characterization Data	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> _____	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A
<input type="checkbox"/> _____	<input type="checkbox"/> Readily Available	<input type="checkbox"/> Up to Date	<input type="checkbox"/> N/A

Remarks: \_\_\_\_\_

### IV. O&M COSTS

**1. O&M Organization:**

<input type="checkbox"/> State in-house	<input type="checkbox"/> Contractor for State
<input type="checkbox"/> PRP in-house	<input type="checkbox"/> Contractor for PRP
<input type="checkbox"/> Federal Facility In-house	<input type="checkbox"/> Contractor for Federal Facility
<input type="checkbox"/> Other: _____	

**2. O&M Cost Records:**

Readily Available  Up to date

Funding mechanism/agreement in place: \_\_\_\_\_

Original O&M cost estimate: \_\_\_\_\_  Breakdown attached  Not available

Total Annual Cost by Year for Review Period

2006 _____	<input type="checkbox"/> Breakdown attached	<input type="checkbox"/> Not available
2007 _____	<input type="checkbox"/> Breakdown attached	<input type="checkbox"/> Not available
2008 _____	<input type="checkbox"/> Breakdown attached	<input type="checkbox"/> Not available
2009 _____	<input type="checkbox"/> Breakdown attached	<input type="checkbox"/> Not available
2010 _____	<input type="checkbox"/> Breakdown attached	<input type="checkbox"/> Not available

**3. Unanticipated or Unusually High O&M Costs During Review Period:**  
Describe costs and reasons (by year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. ACCESS AND INSTITUTIONAL CONTROLS

**1. Access Restrictions:**

A. *Perimeter Fencing:*  Good Condition  Poor Condition  N/A

Remarks: \_\_\_\_\_

## FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST

Site Name:	EPA ID:
Review Report:	Review Period:
Treatment Facility Name:	Operable Unit Region:
B. <i>Access Gates:</i>	<input type="checkbox"/> Good Condition <input type="checkbox"/> Poor Condition <input type="checkbox"/> N/A
Remarks: _____	
C. <i>Signs and Other Security Measures:</i>	<input type="checkbox"/> Good Condition <input type="checkbox"/> Poor Condition <input type="checkbox"/> N/A
Remarks: _____	
<b>2. Institutional Controls (ICs):</b>	
A. <i>Implementation and Enforcement:</i>	
Site conditions imply ICs not properly implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Site conditions imply ICs not being fully enforced	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Type of monitoring (e.g., self-reporting, drive-by): _____	
Frequency: _____	
Responsible party/agency: _____	
Contact: _____	
Name	Title
Date	Phone No.
Reporting is up-to-date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reports are verified by the lead agency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Specific requirements in deed or decision documents have been met	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Violations have been reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other problems or suggestions:	<input type="checkbox"/> Report attached
Remarks: _____	
B. <i>Adequacy:</i>	<input type="checkbox"/> ICs are adequate <input type="checkbox"/> ICs are inadequate <input type="checkbox"/> N/A
Remarks: _____	
<b>3 General:</b>	
A. <i>Vandalism/Trespassing:</i>	<input type="checkbox"/> Location shown on site map <input type="checkbox"/> No vandalism evident
Remarks: _____	
B. <i>Land use changes on site:</i>	<input type="checkbox"/> N/A
Remarks: _____	
C. <i>Land use changes off site:</i>	<input type="checkbox"/> N/A
Remarks: _____	
<b>VI. GENERAL SITE CONDITIONS</b>	
1. <b>Roads:</b>	<input type="checkbox"/> Applicable <input type="checkbox"/> N/A
Roads Condition:	<input type="checkbox"/> Location shown on site map <input type="checkbox"/> Roads Adequate <input type="checkbox"/> N/A
Remarks: _____	
2. <b>Other Site Conditions:</b> _____	
Remarks: _____	
<b>VII. GROUNDWATER REMEDIES</b>	
1. <b>Groundwater Extraction Wells, Pumps, and Pipelines:</b>	<input type="checkbox"/> Applicable <input type="checkbox"/> N/A
A. <i>Pumps, Wellhead Plumbing, and Electrical:</i>	
<input type="checkbox"/> Good condition	<input type="checkbox"/> All required wells properly operating <input type="checkbox"/> Needs maintenance <input type="checkbox"/> N/A
Remarks: _____	
B. <i>Extraction System Pipelines, Valves, Valve Boxes, and Other Appurtenances:</i>	
<input type="checkbox"/> Good condition	<input type="checkbox"/> Needs maintenance
Remarks: _____	
C. <i>Spare Parts and Equipment:</i>	
<input type="checkbox"/> Readily Available	<input type="checkbox"/> Good Condition <input type="checkbox"/> Requires upgrade <input type="checkbox"/> Needs to be provided
Remarks: _____	



**FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST**

Site Name: \_\_\_\_\_ EPA ID: \_\_\_\_\_

Review Report: \_\_\_\_\_ Review Period: \_\_\_\_\_

Treatment Facility Name: \_\_\_\_\_ Operable Unit Region: \_\_\_\_\_

2. **Treatment System:**  Applicable  N/A

A. *Treatment Train* (check components that apply):

Metals removal       Oil/water separation       Bioremediation

Air stripping       Carbon adsorbers

Filters: \_\_\_\_\_

Additive (e.g., chelation agent, flocculent): \_\_\_\_\_

Others: \_\_\_\_\_

Good condition       Needs maintenance

Sampling ports properly marked and functional

Sampling/maintenance log displayed and up to date

Equipment properly identified

Quantity of groundwater treatment annually: \_\_\_\_\_

Quantity of surface water treatment annually: \_\_\_\_\_

Remarks: \_\_\_\_\_

B. *Electrical Enclosures and Panels* (properly rated and functional):

N/A       Good condition       Needs maintenance

Remarks: \_\_\_\_\_

C. *Tanks, Vaults, Storage Vessels:*

N/A       Good condition       Proper secondary containment       Needs maintenance

Remarks: \_\_\_\_\_

D. *Discharge Structure and Appurtenances:*

N/A       Good condition       Needs maintenance

Remarks: \_\_\_\_\_

E. *Treatment Building(s):*

N/A       Good condition (esp. roof and doorways)       Needs repair

Chemicals and equipment properly stored

Remarks: \_\_\_\_\_

F. *Monitoring Wells* (pump and treatment remedy):

Properly secured/locked       Functioning       Routinely sampled       Good condition

All required wells located       Needs maintenance       N/A

Remarks: \_\_\_\_\_

3. **Monitoring Data:**  Applicable  N/A

A. Monitoring data:  Is routinely submitted on time       Is of acceptable quality

B. Monitoring data suggest:

Groundwater plume is effectively contained       Contaminant concentrations are declining

**VIII. OTHER REMEDIES**

If there are remedies applied at the site which are not covered above, attach an inspection sheet describing the physical nature and condition of any facility associated with the remedy. An example would be soil vapor extraction.

Remarks: \_\_\_\_\_

**IX. OVERALL OBSERVATIONS**

1. **Adequacy of Remedy:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>FIVE-YEAR REVIEW SITE INSPECTION CHECKLIST</b>	
Site Name:	EPA ID:
Review Report:	Review Period:
Treatment Facility Name:	Operable Unit Region:
<b>2. Adequacy of O&amp;M:</b>	
<p>_____</p> <p>_____</p>	
<b>3. Early Indicators of Potential Remedy Failure:</b>	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<b>4. Opportunities for Optimization of O&amp;M and Monitoring Activities:</b>	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	