



**Massachusetts Department of Environmental Protection**  
*Bureau of Waste Site Cleanup*

**BWSC106 A**

**RAM REMEDIAL MONITORING REPORT**

Pursuant to 310 CMR 40.0400 (SUBPART D)

Release Tracking Number

**3** - **362**

Remedial System or Monitoring Program: **1** of: **2**

**A. DESCRIPTION OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM:**

1. Type of Active Remedial System or Active Remedial Monitoring Program: (check all that apply)

- ☒ a. Active Remedial System: (check all that apply)
- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> i. NAPL Recovery | <input type="checkbox"/> ii. Soil Vapor Extraction/Bioventing | <input type="checkbox"/> iii. Vapor-phase Carbon Adsorption  |
| <input type="checkbox"/> iv. Groundwater Recovery    | <input type="checkbox"/> v. Dual/Multi-phase Extraction       | <input type="checkbox"/> vi. Aqueous-phase Carbon Adsorption |
| <input type="checkbox"/> vii. Air Stripping          | <input type="checkbox"/> viii. Sparging/Biosparging           | <input type="checkbox"/> ix. Cat/Thermal Oxidation           |
| <input type="checkbox"/> x. Other Describe: _____    |   |  |
- ☐ b. Application of Remedial Additives: (check all that apply)
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> i. To the Subsurface | <input type="checkbox"/> ii. To Groundwater (Injection) | <input type="checkbox"/> iii. To the Surface |
|---|---|--|
- ☐ c. Active Remedial Monitoring Program Without the Application of Remedial Additives: (check all that apply; Sections C, D and E are not required; attach supporting information, data, maps and/or sketches needed by checking Section F5)
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> i. Reactive Wall | <input type="checkbox"/> ii. Natural Attenuation | <input type="checkbox"/> iii. Other Describe: _____ |
|---|--|---|

2. Mode of Operation: (check one)

- ☐ a. Continuous ☒ b. Intermittent ☐ c. Pulsed ☐ d. One-time Event Only ☐ e. Other: \_\_\_\_\_

3. System Effluent/Discharge: (check all that apply)

- ☐ a. Sanitary Sewer/POTW
- ☐ b. Groundwater Re-infiltration/Re-injection: (check one) ☐ i. Downgradient ☐ ii. Upgradient
- ☐ c. Vapor-phase Discharge to Ambient Air: (check one) ☐ i. Off-gas Controls ☐ ii. No Off-gas Controls
- ☐ d. Drinking Water Supply
- ☐ e. Surface Water (including Storm Drains)
- ☐ f. Other Describe: \_\_\_\_\_

**B. MONITORING FREQUENCY:**

1. Reporting period that is the subject of this submittal: From: **12/3/2009** To: **3/31/2010**  
(mm/dd/yyyy) (mm/dd/yyyy)

2. Number of monitoring events during the reporting period: (check one)

- ☐ a. System Startup: (if applicable)
- |  |
|--|
| <input type="checkbox"/> i. Days 1, 3, 6, and then weekly thereafter, for the first month. |
| <input type="checkbox"/> ii. Other Describe: _____   |
- ☒ b. Post-system Startup (after first month) or Monitoring Program:
- |   |
|---|
| <input checked="" type="checkbox"/> i. Monthly      |
| <input type="checkbox"/> ii. Quarterly              |
| <input type="checkbox"/> iii. Other Describe: _____ |

☒ 3. Check here to certify that the number of required monitoring events were conducted during the reporting period.

**C. EFFLUENT/DISCHARGE REGULATION:** (check one to indicate how the effluent/discharge limits were established)

- ☐ 1. NPDES: (check one) ☐ a. Remediation General Permit ☐ b. Individual Permit  
☐ c. Emergency Exclusion Effective Date of Permit: \_\_\_\_\_  
(mm/dd/yyyy)
- ☐ 2. MCP Performance Standard MCP Citations(s): \_\_\_\_\_
- ☐ 3. DEP Approval Letter Date of Letter: \_\_\_\_\_  
(mm/dd/yyyy)
- ☒ 4. Other Describe: **THERE IS NO DISCHARGE NAPL RECOVERY ONLY**

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**D. WASTEWATER TREATMENT PLANT OPERATOR:** (check one)

- ☐ 1. Required due to Remedial Wastewater Treatment Plant in place for more than 30 days.

a. Name:  b. Grade:

c. License No.:  d. License Exp. Date:  (mm/dd/yyyy)

☐ 2. Not Required

☒ 3. Not Applicable

**E. STATUS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM DURING REPORTING PERIOD:**

(check all that apply)

- ☒ 1. The Active Remedial System was functional one or more days during the Reporting Period.

a. Days System was Fully Functional:  b. GW Recovered (gals):

c. NAPL Recovered (gals):  d. GW Discharged (gals):

e. Avg. Soil Gas Recovery Rate (scfm):  f. Avg. Sparging Rate (scfm):

☐ 2. Remedial Additives: (check all that apply)

☐ a. No Remedial Additives applied during the Reporting Period.

☐ b. Enhanced Bioremediation Additives applied: (total quantity applied at the site for the current reporting period)

i. Nitrogen/Phosphorus:

Name of Additive	Date	Quantity	Units

☐ ii. Peroxides:

Name of Additive	Date	Quantity	Units

- iii. Microorganisms:

Name of Additive	Date	Quantity	Units

☐ iv. Other:

Name of Additive	Date	Quantity	Units

- ☐ c. Chemical oxidation/reduction additives applied: (total quantity applied at the site for the current reporting period)

☐ i. Permanganates:

Name of Additive	Date	Quantity	Units

☐ ii. Peroxides:

Name of Additive	Date	Quantity	Units

- iii. Persulfates:

Name of Additive	Date	Quantity	Units

iv. Other:

Name of Additive	Date	Quantity	Units



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**E. STATUS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM DURING REPORTING PERIOD: (cont.)**  
(check all that apply)

☐ d. Other additives applied: (total quantity applied at the site for the current reporting period)

Name of Additive	Date	Quantity	Units

Name of Additive	Date	Quantity	Units

☐ e. Check here if any additional Remedial Additives were applied. Attach list of additional additives and include Name of Additive, Date Applied, Quantity Applied and Units (in gals. or lbs.)

**F. SHUTDOWNS OF ACTIVE REMEDIAL SYSTEM OR ACTIVE REMEDIAL MONITORING PROGRAM: (check all that apply)**

☐ 1. The Active Remedial System had unscheduled shutdowns on one or more occasions during the Reporting Period.

a. Number of Unscheduled Shutdowns: \_\_\_\_\_ b. Total Number of Days of Unscheduled Shutdowns: \_\_\_\_\_

c. Reason(s) for Unscheduled Shutdowns: \_\_\_\_\_

☐ 2. The Active Remedial System had scheduled shutdowns on one or more occasions during the Reporting Period.

a. Number of Scheduled Shutdowns: \_\_\_\_\_ b. Total Number of Days of Scheduled Shutdowns: \_\_\_\_\_

c. Reason(s) for Scheduled Shutdowns: \_\_\_\_\_

☐ 3. The Active Remedial System or Active Remedial Monitoring Program was permanently shutdown/discontinued during the Reporting Period.

a. Date of Final System or Monitoring Program Shutdown: \_\_\_\_\_  
(mm/dd/yyyy)

☐ b. No Further Effluent Discharges.

☐ c. No Further Application of Remedial Additives planned; sufficient monitoring completed to demonstrate compliance with 310 CMR 40.0046.

☐ d. No Further Submittals Planned.

☐ e. Other: Describe: \_\_\_\_\_

**G. SUMMARY STATEMENTS: (check all that apply for the current reporting period)**

☒ 1. All Active Remedial System checks and effluent analyses required by the approved plan and/or permit were performed when applicable.

☒ 2. There were no significant problems or prolonged (>25% of reporting period) unscheduled shutdowns of the Active Remedial System.

☒ 3. The Active Remedial System or Active Remedial Monitoring Program operated in conformance with the MCP, and all applicable approval conditions and/or permits.

4. Indicate any Operational Problems or Notes:

☐ 5. Check here if additional/supporting Information, data, maps, and/or sketches are attached to the form.