

NEW SITE IDENTIFICATION

Part A – To Be Completed By Observer

1. Person Initiating Report: Jacob Harris

Phone: 526-1877

Contractor WAG Manager: Douglas Burns

Phone: 526-4324

2. Site Title: 006, Cistern North of NRF

3. Describe the conditions that indicate a possible inactive or unreported waste site. Include location and description of suspicious condition, amount or extent of condition and date observed. A location map and/or diagram identifying the site against controlled survey points or global positioning system descriptors shall be included to help with the site visit. Include any known common names or location descriptors for the waste site.

This site is located along a canal 3.5-4 miles north of NRF. During the July 1999 site visit, a cistern with a collapsed wall and an unknown amount of liquid was observed. The liquid is 10 feet below ground level and appears to be clear with a viscosity similar to water. GPS coordinates of the site are E309535.909 N745867.140. The reference number for this site is 006 and can be found on the summary map as provided.

Part B – To Be Completed By Contractor WAG Manager

4. Recommendation:

This site meets the requirements for an inactive waste site, requires investigation, and should be included in the INEEL FFA/CO Action Plan. Proposed Operable Unit assignment is recommended to be included in the FFA/CO.

WAG: 10

Operable Unit: 10-08

This site DOES NOT meet the requirements for an inactive waste site, DOES NOT require investigation and SHOULD NOT be included in the INEEL FFA/CO Action Plan.

5. Basis for the recommendation:

The conditions that exist at this site indicate the potential for an inactive waste site according to Section 2 of MCP-3448 Reporting or Disturbance of Suspected Inactive Waste Sites.

The basis for recommendation must include: (1) source description; (2) exposure pathways; (3) potential contaminants of concern; and (4) descriptions of interfaces with other programs, as applicable (e.g., D&D, Facility Operations, etc.)

6. Contractor WAG Manager Certification: I have examined the proposed site and the information submitted in this document and believe the information to be true, accurate, and complete. My recommendation is indicated in Section 4 above.

Name: Douglas E Burns

Signature: [Handwritten Signature]

Date: 5/25/00

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Part C - To Be Completed By INEEL FFACO/CO WAG Managers

7. WAG Operable Unit:

DOE WAG Manager Concurrence: Concur with recommendation. Do not concur with the recommendation.

Signature: Patti Krumpa

Date: 5/31/00

^{EPA} WAG Managers Concurrence: Concur with recommendation. Do not concur with the recommendation.

Signature: [Signature]

Date: 6/5/00

State of Idaho WAG Managers Concurrence: Concur with recommendation. Do not concur with the recommendation.

Signature: [Signature]

Date: 6-14-00

Explanation follows:

Part D - To Be Completed By The INEEL FFA/CO Responsible Program Managers (RPM's)

8. FFA/CO RPM's Concurrence:

For DOE-ID

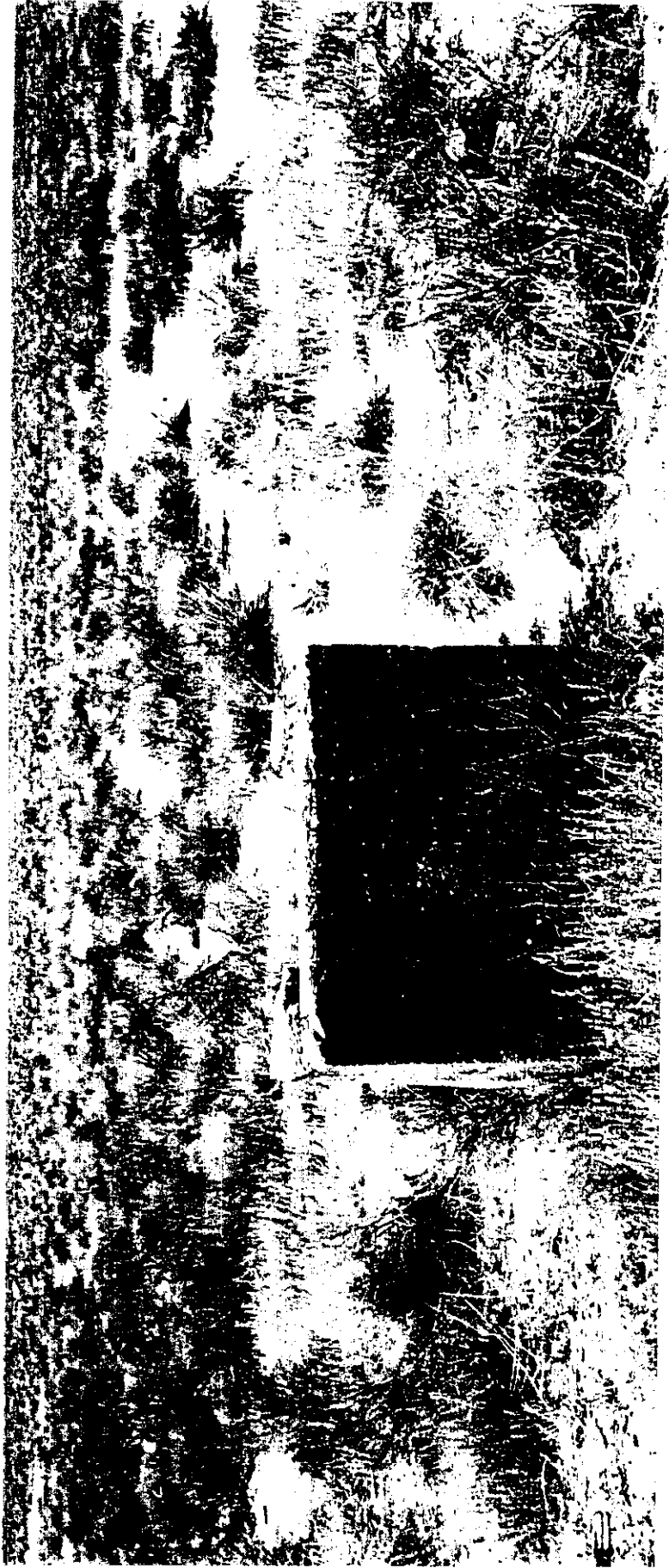
Name: Kathleen Hain Signature: [Signature] Date: 7/12/00 Concur
 Do not concur. Explanation follows:

For EPA Region X

Name: Wayne Pierre Signature: [Signature] Date: 7/5/00 Concur
 Do not concur. Explanation follows:

For State of Idaho

Name: Dean Nygard Signature: [Signature] Date: 6/23/00 Concur
 Do not concur. Explanation follows:



MISC-06, Cistern North of NRE



MISC-06, Cistern North of NRF