

### 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: 014, Debris in the Big Lost River Sinks Area

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.

There is debris along the western boundary line 300 yards south of Highway 33. During the July 1999 visit the observed surface debris included 5 timbers and smaller pieces of wood. The GPS coordinates for this site are E313336.578 by N775826.357. The reference number for this site is 014 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: 

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 Kraupa

Date: 5/3/00

<sup>EPA</sup>  
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 FFACO Responsible Program Managers (RPM's)

8. FFACO RPM's Concurrence:

For DOE-ID

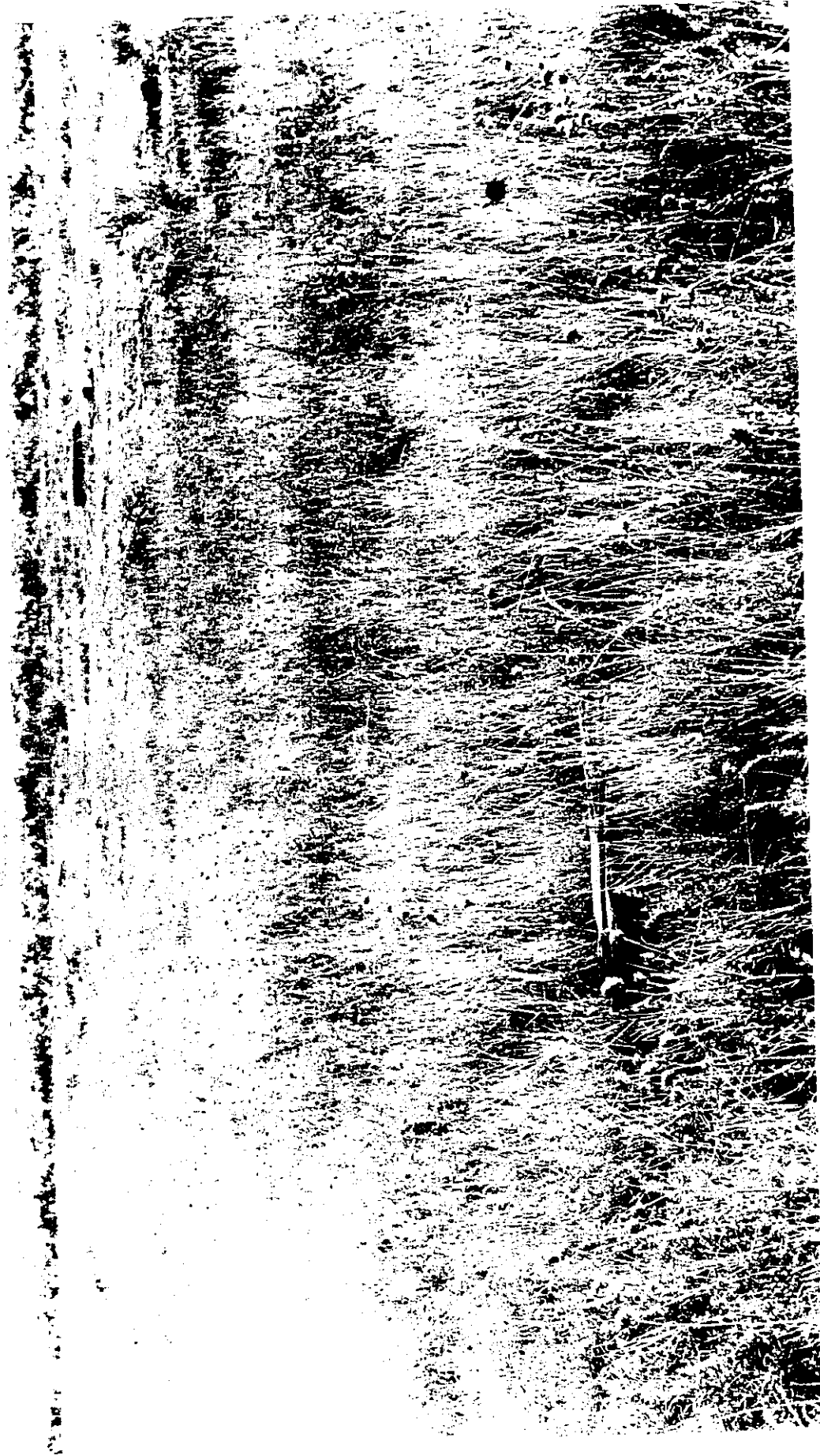
Name: Kathleen Hain Signature: [Signature] Date: 7/21/00  Concur  
 Do not concur. Explanation follows:

For EPA Region X

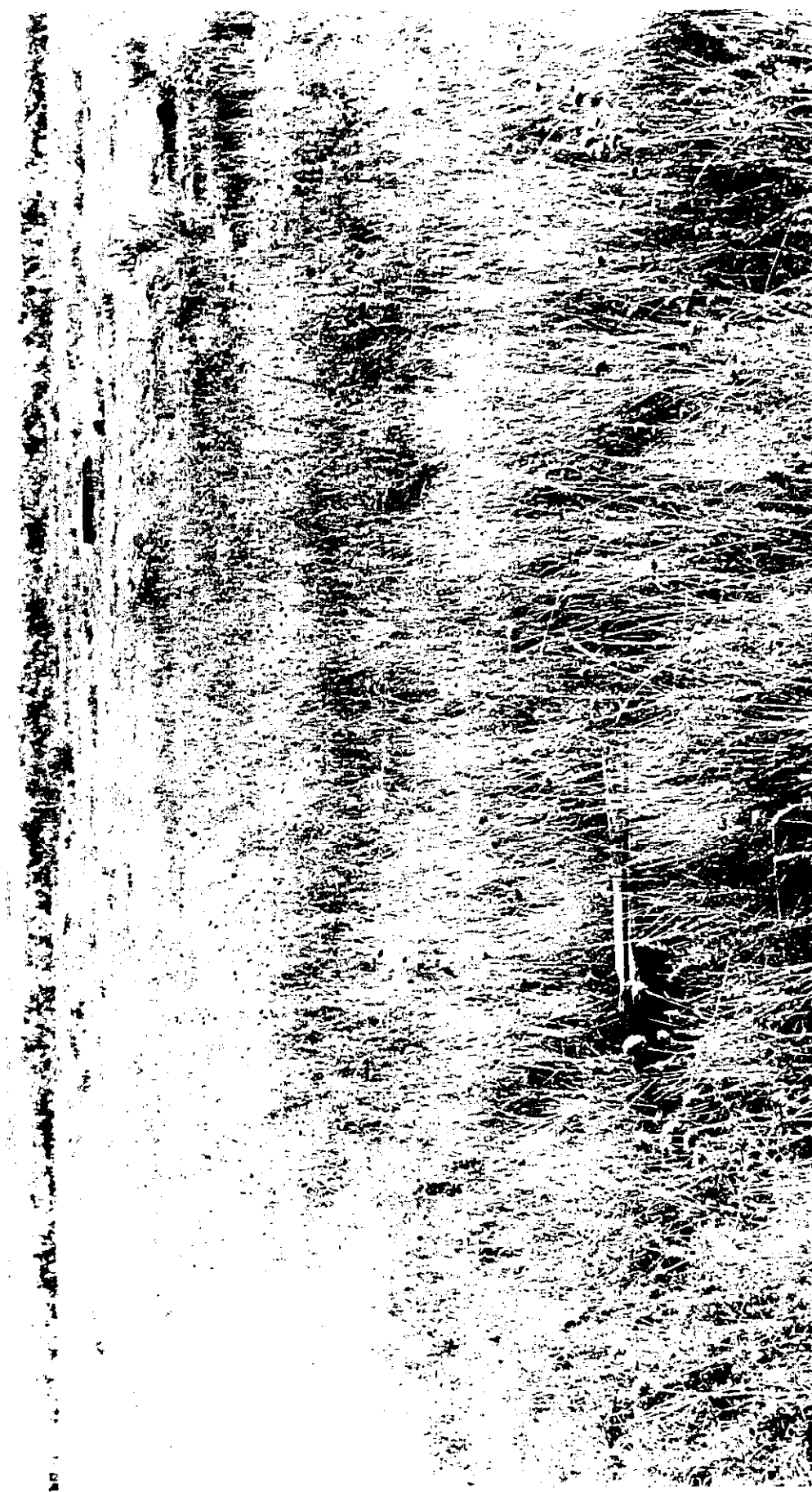
Name: Wayne Pierre Signature: [Signature] Date: 7/21/00  Concur  
 Do not concur. Explanation follows:

For State of Idaho

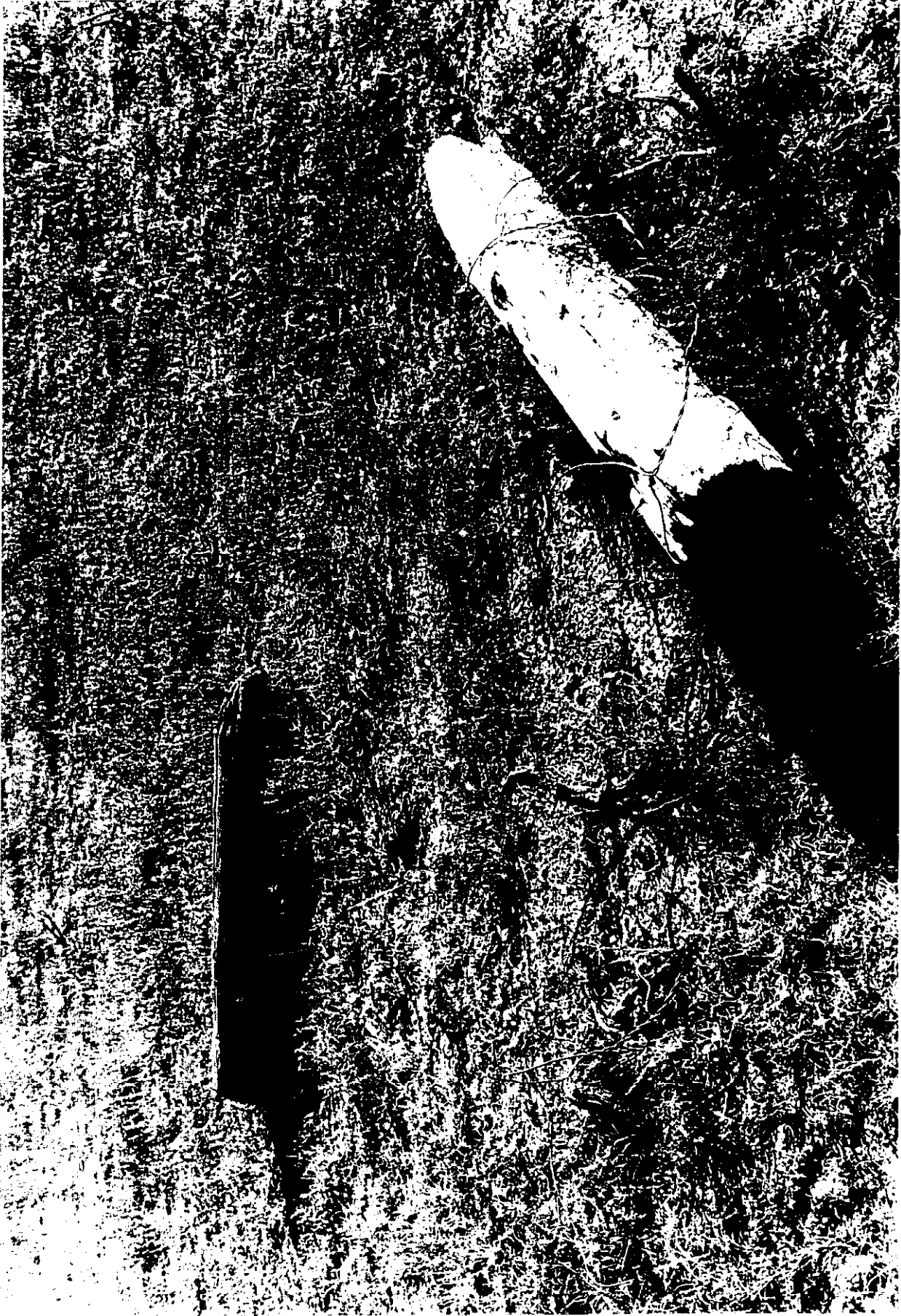
Name: Dean Nygard Signature: [Signature] Date: 6/23/00  Concur  
 Do not concur. Explanation follows:



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