

### 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: 023, Debris in Birch Creek Drainage Gravel Pit	
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 in a gravel pit that Birch Creek used to drain into north of TAN, just off road T-28. During the August 1999 site visit, the observed surface debris included aluminum irrigation pipes in one of the pits. The GPS coordinates of the site are E346687.307 by N821354.899. The reference number for this site is 023 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: [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

<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

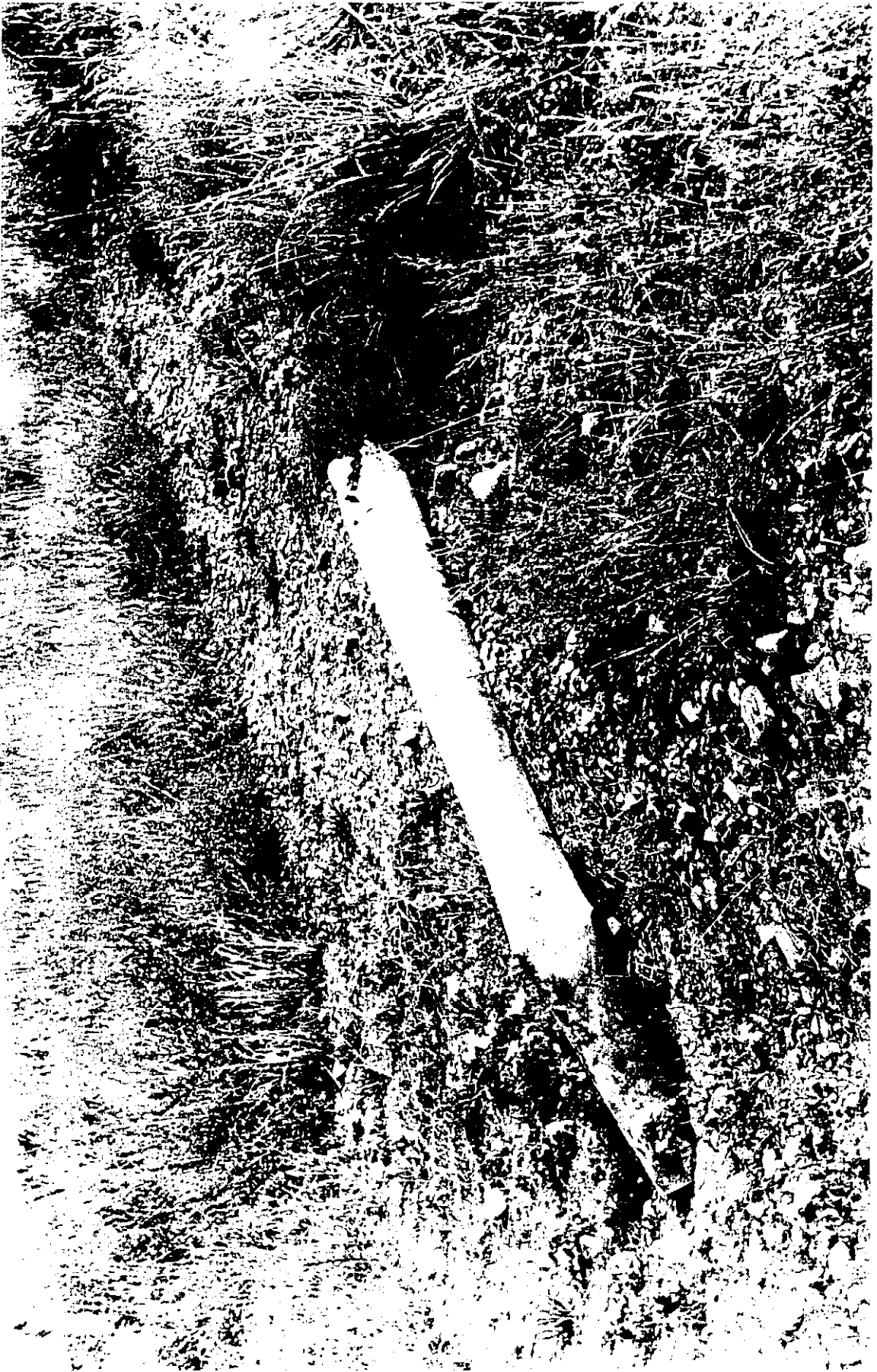
Name: Kathleen Hain Signature: [Signature] Date: 7/12/00  Concur  
 Do not concur. Explanation follows:

For EPA Region X

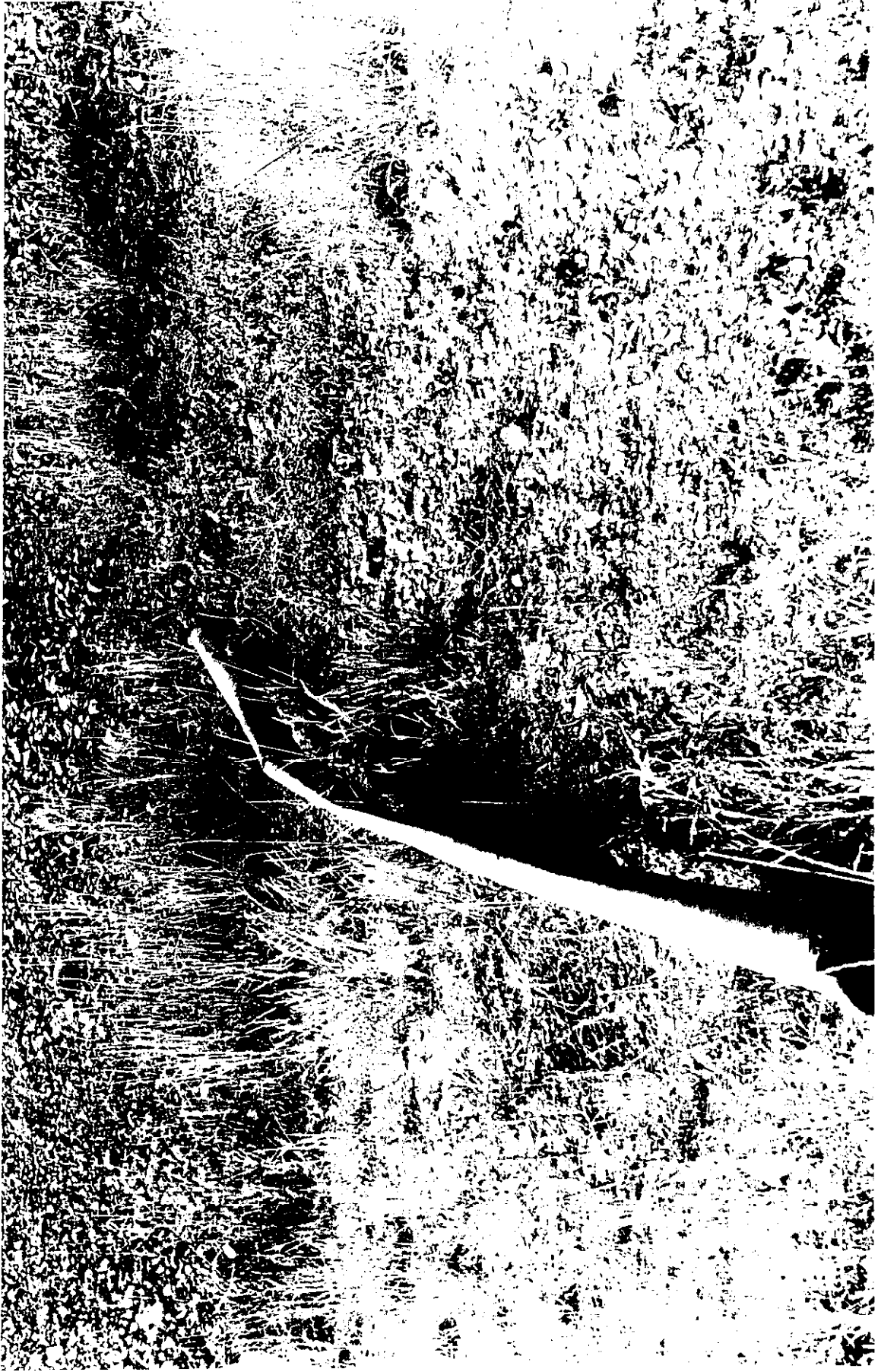
Name: Wayne Pierre Signature: [Signature] Date: 7/15/00  Concur  
 Do not concur. Explanation follows:

For State of Idaho

Name: Dean Nygard Signature: [Signature] Date: 6/28/00  Concur  
 Do not concur. Explanation follows:



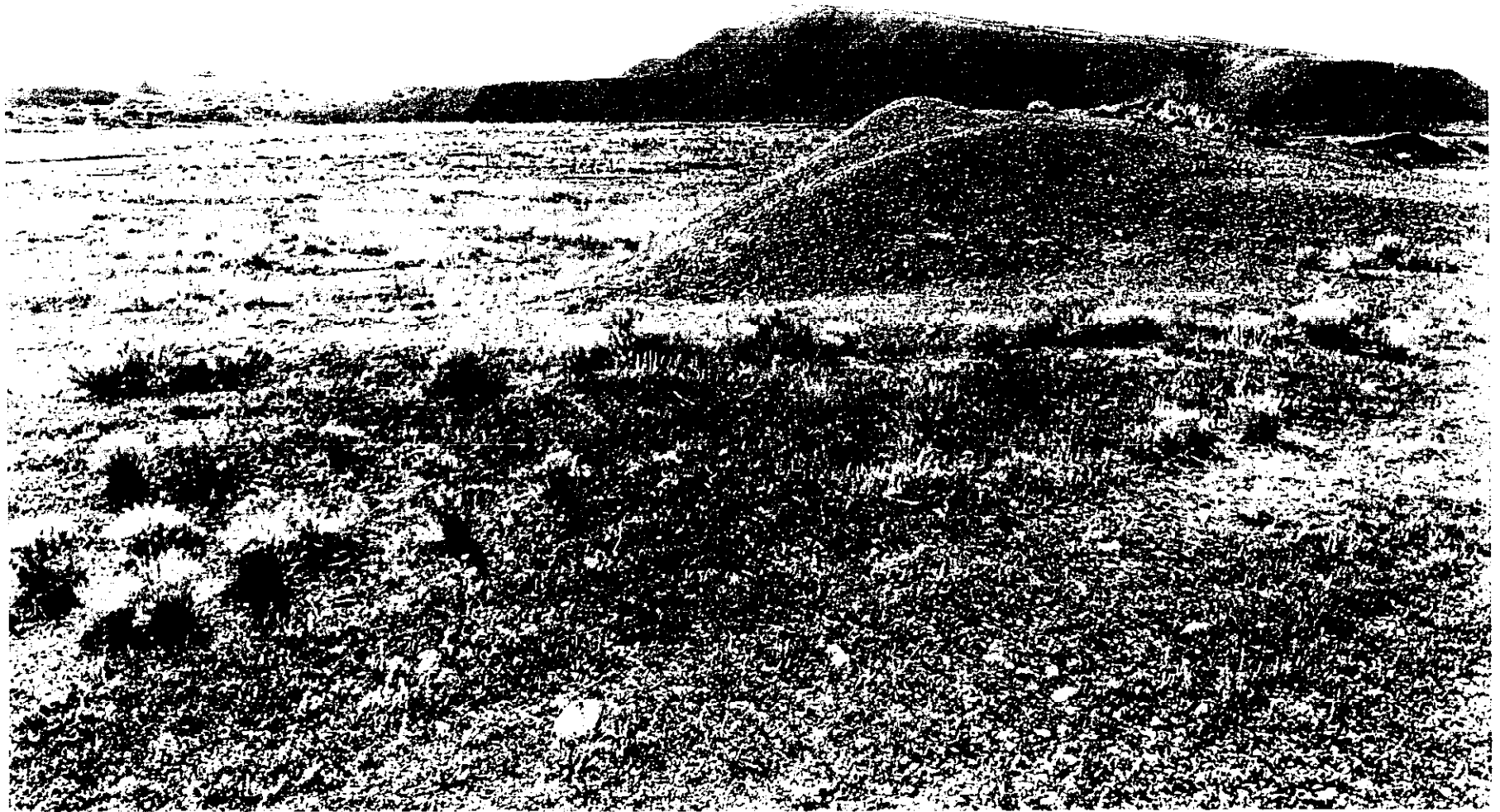
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