

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: 038, Uncapped Well East of Argonne	
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. An uncapped well was found about 5 miles northeast of the Argonne West facility, 300 ft north of T-4. During the August 1999 site visit, the USGS well casing was observed to be 12" diameter carbon steel and it extends about 30" above the ground surface. The GPS coordinates of the site are N714098.26 by E394548.652. The reference number for this site is 038 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: 5/25/01

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Part C – To Be Completed By INEEL FFA/CO WAG Managers

7. WAG Operable Unit:

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

Signature: Patti Krupa

Date: 5/3/00

EPA

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

Signature: Red Roan

Date: 6/5/00

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

Signature: Mary Winters

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: Kathleen E Hain Date: 7/12/00 Concur
 Do not concur. Explanation follows:

For EPA Region X

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

For State of Idaho

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



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